Report of the Royal Commissioners appointed to inquire into the medical acts : with minutes of evidence, appendices, and index.

Contributors

Great Britain. Parliament. Medical Acts Commission.
Camperdown, Robert Adam Philips Haldane-Duncan, Earl of, 1841- (Chairman)
Royal College of Physicians of London

Publication/Creation

London : [Printed by George Edward Eyre and William Spottiswoode, printers for the Queen's most Excellent Majesty] [for H.M.S.O.], 1882.

Persistent URL

https://wellcomecollection.org/works/xafuwayw

Provider

Royal College of Physicians

License and attribution

This material has been provided by This material has been provided by Royal College of Physicians, London. The original may be consulted at Royal College of Physicians, London. where the originals may be consulted.
This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.

wellcome collection

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

SL(f) 614.25:34



SL/24-3-f-6

Digitized by the Internet Archive
in 2015

https://archive.org/details/b24906700

GREAT BRITAIN. Parliament

REPORT

OF

THE ROYAL COMMISSIONERS

APPOINTED TO

INQUIRE INTO THE MEDICAL ACTS,

WITH

MINUTES OF EVIDENCE, APPENDICES, AND INDEX.

Presented to both Houses of Parliament by Command of Her Majesty.

COLLEGE OF PHYSICIANS

LONDON:
PRINTED BY GEORGE E. B. EYRE AND WILLIAM SPOTTISWOODE,
PRINTERS TO THE QUEEN'S MOST EXCELLENT MAJESTY.
FOR HER MAJESTY'S STATIONERY OFFICE.

1882.

[C.—3259.-I.] *Price* 5*s.*

CONTENTS.

	Pages
Commission - - - - - - - -	iii–iv
Report and subjoined Memoranda, and Appendix to Report -	v–xlix
Minutes of Evidence - - - - - - -	1–379
General Appendices - - - - - - -	380–415
Index to Minutes of Evidence - - - - - -	416–430

ROYAL COLLEGE OF PHYSICIANS
CLASS 614·25:34
ACCN 13437
SOURCE
DATE
SL(7)

COMMISSION.

VICTORIA, R.

VICTORIA, by the Grace of God of the United Kingdom of Great Britain and Ireland Queen, Defender of the Faith, to Our right trusty and right well-beloved Cousin Robert Adam Philips Haldane, Earl of Camperdown; the Right Reverend Father in God William Connor Bishop of Peterborough; Our right trusty and well-beloved Councillor William Henry Ford Cogan; Our right trusty and well-beloved Councillor Sir George Jessel, Knight, Master or Keeper of the Rolls and Records in Chancery; Our right trusty and well-beloved Councillor George Sclater-Booth; Our trusty and well-beloved Sir William Jenner, Baronet, Knight Commander of Our Most Honourable Order of the Bath; Our trusty and well-beloved John Simon, Esquire, Companion of Our Most Honourable Order of the Bath; Our trusty and well-beloved Thomas Henry Huxley, Esquire, Doctor of Laws; Our trusty and well-beloved Robert McDonnell, Esquire, Doctor of Medicine; Our trusty and well-beloved William Turner, Esquire, Bachelor of Medicine; and Our trusty and well-beloved James Bryce, Esquire, Greeting!

Whereas it is of importance to all classes of Our subjects that the conditions under which persons are permitted to represent themselves as qualified Medical Practitioners should be such as to afford the best attainable security for their skill and knowledge in Medicine and Surgery:

And whereas powers in relation to the education and examination for a grant of Medical Degrees, Diplomas, or Licences to Medical Practitioners are by various Statutes and Charters vested in certain Universities, Medical Colleges, and other Bodies in the United Kingdom:

And whereas under "The Medical Act, 1858," and the Acts amending the same, the General Council of Medical Education and Registration was constituted, and vested with a superintendence over the exercise of the said powers, and also with entering in a Register of Medical Practitioners and removing therefrom the holders of certain medical qualifications obtained in the United Kingdom, exclusive of those obtained in Our Colonies or in Foreign States:

And whereas by the last-mentioned Acts certain exclusive privileges were conferred on the persons so registered, and persons not so registered were placed under certain restrictions, disabilities, and penalties:

And whereas divers representations have been made in Parliament, and otherwise, and both from Our subjects in the United Kingdom, and from the Governments of Our Possessions out of the United Kingdom, in relation to the unsatisfactory position of the above matters:

And whereas We have thought it expedient that, with a view to legislation, further inquiries should be made into the above matters, and that a Commission should forthwith issue to inquire into the grant of Medical Degrees, Memberships, Fellowships, Licenses, and other Diplomas by Universities, Colleges, and Bodies in the United Kingdom, and the courses of education and examination, payments, and other conditions required as a preliminary to such grant, and into the skill and knowledge which such Degrees, Memberships, Fellowships, Licences, or Diplomas represent; and further to inquire into the conditions and manner under or in which Medical Practitioners are entered in and are struck off the Register of Medical Practitioners, and the privileges of registered and the disabilities of unregistered Practitioners, and

the position of Medical Practitioners so registered in Our Possessions out of the United Kingdom, and the position in the United Kingdom of Medical Practitioners educated in Our Possessions out of the United Kingdom, or in a Foreign State :

And further to inquire into the constitution, functions, powers, and procedure of the General Council of Medical Education and Registration, and their relation to the above-mentioned Universities, Colleges, and Bodies, and to the Medical Profession:

And further to inquire into the result of "The Medical Act, 1858," and the Acts amending the same, and into all matters dealt with by those Acts.

Now know ye, that We, reposing great trust and confidence in your knowledge, discretion, and ability, have authorised and appointed, and do by these presents authorise and appoint you, the said Robert Adam Philips Haldane, Earl of Camperdown, William Connor, Bishop of Peterborough, William Henry Ford Cogan, Sir George Jessel, George Sclater-Booth, Sir William Jenner, John Simon, Thomas Henry Huxley, Robert McDonnell, William Turner, and James Bryce, to be Our Commissioners for the purposes aforesaid.

And for the better effecting the purposes of this Our Commission, We do give and grant unto you, or any three or more of you, full power and authority to call before you, or any three or more of you, such persons as you shall judge necessary by whom you may be the better informed of the truth on the subjects herein submitted for your consideration, and every matter connected therewith; and also to call for, have access to, and examine all such books, documents, papers, and records as may afford the fullest information on the subjects of this inquiry; and to inquire of and concerning the premises by all other lawful ways and means whatsoever.

And Our further will and pleasure is that you, or any three or more of you, do report to Us, with all convenient speed, under your hands and seals, the result of your inquiries into the above matters, and what amendments are required in the above-mentioned Acts, and what provisions it is expedient to make in the matters above-mentioned, or any of them.

And We further will and command, and by these presents ordain, that this Our Commission shall continue in full force and virtue, and that you, Our said Commissioners, or any three or more of you, may from time to time proceed in the execution thereof, although the same be not continued from time to time by adjournment.

And for the purpose of aiding you in such matters, We hereby appoint Our trusty and well-beloved John White, Esquire, Barrister-at-Law, to be Secretary to this Our Commission.

Given at Our Court at *Saint James*, the thirtieth day of April, one thousand eight hundred and eighty-one, in the forty-fourth year of Our reign.

By Her Majesty's Command,

W. V. Harcourt.

Report.

WHEREAS Your Majesty was graciously pleased to issue to us on the 2nd day of May 1881 a Commission under Your Majesty's Royal Sign Manual, directing us to inquire into the grant of medical degrees, memberships, fellowships, licenses, and other diplomas to medical practitioners by certain Universities, Medical Colleges, and other Bodies in the United Kingdom, as well as into the courses of education and examination, the payments, and other conditions, required as a preliminary to such grant, and also into the skill and knowledge which such degrees, memberships, fellowships, licenses, or diplomas represent:

And further to inquire into the constitution, functions, powers, and procedure of the General Council of Medical Education and Registration, and the relation of the aforesaid Council to the Universities, Colleges, and Bodies aforesaid, and to the Medical Profession:

And further to inquire into the privileges conferred upon registered practitioners, and into the restrictions, disabilities, and penalties imposed upon practitioners not so registered:

And further to inquire into the position in Your Majesty's possessions out of the United Kingdom of registered medical practitioners, and the position in the United Kingdom of medical practitioners educated in Your Majesty's possessions out of the United Kingdom or in a Foreign State:

And further to inquire into the conditions and manner under or in which medical practitioners are entered in and are struck off the Register of medical practitioners:

And further to inquire into the result of "the Medical Act, 1858," and the Acts amending the same, and into all matters dealt with by those Acts:

And further to report to Your Majesty the result of our inquiries, and what amendments are required in the above-mentioned Acts, and what provisions it is expedient to make in the matters above mentioned, or any of them:

We, in obedience to Your Majesty's commands, have inquired into all the subjects committed to us for consideration. We have held forty meetings. We have called before us such persons as we have judged necessary, and we have requested and have received from other persons, and also from the several Bodies above referred to, written statements for our better information on the subjects aforesaid:

We have examined books, documents, papers, and records, and more especially the Acts of Parliament specified to us, and also the Bills relating to the above subjects which have been from time to time presented to Parliament by Your Majesty's Ministers and by other Members of Parliament with a view to legislation.

We have also had before us the evidence given before a Select Committee of the House of Commons specially appointed in the years 1879 and 1880 to consider certain of the Bills aforesaid.

And we do now humbly beg to report as follows:—

I.

"GRANT OF MEDICAL LICENSES."

1. The present system of medical licensing was established by the Medical Act of 1858. 21 & 22 Vi c. 90.

By that Act the Universities and certain Medical Corporations, in all nineteen Bodies, were recognised as the Licensing Authorities. Every person holding a license, diploma, or degree from one of these Licensing Authorities was thereby entitled to have his name entered upon the Medical Register, which was instituted by the Act (section 27) and declared to be an exhaustive list of the medical practitioners known to the English law.

A "General Council of Medical Education and Registration of the United Kingdom" was created by the Act, consisting of seventeen representatives of the Licensing Bodies, six nominees of the Crown, and a President elected by the Council itself. To this Council was entrusted by the Act a general supervision of licensing; and to the Privy Council, acting on the representation of this Council, was given a power to suspend the licensing privilege of any Body.

Such, in brief, is the system under which medical licenses are at present given; for a more detailed account of which we beg to refer to a statement annexed to our Report. Appendix Report, p. xxxi.

2. The Act of 1858 would appear to have been passed rather in the interests of the general public than with a view to protecting the separate interests of the Medical Profession. Parliament was not prepared to enact that registered persons alone should practise medicine or surgery, but it seems to have been assumed that, if a statutory distinction were drawn between registered and unregistered practitioners, the public would know how to protect itself against unqualified persons. At the same time, the importance of obtaining the concurrence of the Universities and Medical Corporations made it impossible then to do more than to require that their examinations should be subject to the supervision of a central authority, appointed to the extent of more than two-thirds by themselves, and not having any direct control over them but only a power of representing their shortcomings to the Privy Council.

3. The Licensing Bodies being nineteen in number, dissimilar in constitution, and conferring different titles, it was not to be expected, and not to be desired, that their examinations should be uniform in character, or even approximately equal in standard. If, for instance, an extent of medical knowledge and skill sufficient to obtain an M.B. degree at the London University were in all cases required for registration, it is obvious that the supply of registered medical men would fall very far short of the demand.

Sir J. Paget, 251–2. Marshall, 2471–5.

4. We think it fair to state, that the large majority of the Licensing Authorities have shown a praiseworthy readiness to introduce improvements in their examinations, whether originated by themselves or suggested by the General Medical Council. Since 1858, all the Authorities have agreed to insist on a preliminary examination of each intending medical student in general knowledge prior to admission to medical study; and the examinations in science, and, in most cases, the practical examinations, have been improved.[1]

5. On the other hand, it has been stated in evidence, and especially by witnesses who have been engaged in private tuition, that not only do the diplomas and degrees of these Medical Authorities imply very different standards of skill and knowledge,[2] but that in some cases the possession of a diploma affords no guarantee that the practitioner holding it possesses a competent knowledge of medicine, surgery, and midwifery.[3]

6. Several distinct causes appear to us to lead to this result, such as the imperfections and low standard of some examinations; the fact that some examinations are injudiciously divided into parts, the first part of the examination of one Corporation being accepted by another, as in the case of the Apothecaries' Hall of Ireland and the Edinburgh Corporations[4]; to which may be added the unsatisfactory manner in which the examiners themselves are in some instances appointed, as appears from the evidence laid before us by the representatives of the two Societies of Apothecaries.[5]

7. Another prominent defect of the present licensing system lies in the fact that nearly all the Medical Corporations grant diplomas in medicine alone or in surgery alone. Further, even the diploma of the Royal Colleges of Surgeons of England and Ireland does not imply a knowledge of midwifery. There is no point of medical reform on which there is so general an agreement as that the holding of a medical license ought to imply the possession of a complete qualification for practice, that is to say, the attainment of a sufficient standard of proficiency in all the three essential branches of medical practice—medicine, surgery, and midwifery.

Acland, 15. Jacob, 1369. Pitman, 3705–6. Gairdner, 4751.

8. Again, new Universities will doubtless from time to time be created in the United Kingdom, each of which will, of course, lay claim to the privilege of giving a medical degree and of thereby becoming, if the present licensing system be continued, a Licensing Authority. Already the Victoria University has claimed this; and it is not easy to see on what reasonable ground such claims can be resisted. Yet the evidence convinces us, that the fact of the Licensing Bodies being even so numerous as they already are makes the adequate visitation of their examinations a matter of great difficulty and expense.

Greenwood, 6602.

9. Moreover, were the present system continued, new Universities would claim not only to be added to the Licensing Authorities, but to send representatives to the Medical Council—a Body generally allowed to be already too large[6]; though the representation upon it of some of the Licensing Authorities (as, for instance, of Edinburgh University,) is acknowledged to be, under the present system, disproportionately small.

Haldane, 2668. Redfern, 6243.

10. For these and other reasons, it is almost universally admitted that some changes in the system of licensing are required.

[1] Acland, 51; Professor Paget, 1107; Scott-Orr, 2356–8; Finny, 5276.

[2] C. Heath, 3992–4002; Morris, 4590–6; Cooke, 4899–911; Stoker, 5127–38.

[3] Waters, 3155; Gamgee, 3229–32; Macnamara, 4131–2; Moore, 5437.

[4] Semple, 3670–1; Stoker, 5126, 5212–7; Struthers, 5874.

[5] Byass, 2866–78, 2889–96; Semple, 3525–47, 3557–64, 3620–4; Collins, 5697–701, 5785–94.

[6] Erichsen, 614; Pitman, 3705; Moore, 5442; Struthers, 5847.

11. With a view to preserving the principle of the present system, a proposal has been made that no limit should be fixed as to the number of licensing Universities and Corporations, provided that in every case coadjutor examiners, sent by a central authority, be admitted by the Corporation or University to its examining board. For this proposal it is claimed that it causes the least disturbance of existing interests, while ensuring that the Medical Register shall be, what it was intended to be, a record of those persons who have satisfied a State-recognised authority that they are duly instructed and practically competent in medicine, surgery, and midwifery. Having considered this proposal from every point of view, we are unable to recommend its adoption. The difficulty and expense of adequately inspecting so many examinations and of guaranteeing their efficiency would be great, and the difficulty in the way of a fair adjustment of the representation of existing interests and of the representation of new interests upon the General Medical Council would be almost insuperable.

Memorandum by Prof. Huxley, p. xxv.

Sir J. Paget, 525–9. Prof. Paget, 849, 852. Marshall, 2481–91.

12. The present system might also be preserved in another way. It would be possible to require that an examination, conducted on behalf of the State, should be the necessary preliminary to enrolment on the Medical Register; and also that such examination should be open only to those who had previously obtained a complete qualification by license or degree from some chartered Medical Authority or Authorities. It is urged that, by such an arrangement, the State would only so far interfere with vested interests as to exercise its right to test for itself the qualifications of those to whom it grants exclusive powers and privileges. It is represented that such a plan would tend to raise the standard of medical education by affording a public competitive test of the examination standard of each Medical Authority. It is further urged that the diplomas of the less worthy Bodies would be less and less sought by a process of natural selection. To these arguments there is one powerful answer, that the general voice of the Profession is opposed to any plan which will add a new examination; and this objection is based not only on the additional expense, but on the distraction of the students by two different examinations, of which the last would be, to them, the most important.

Memorandum by Bishop of Peterborough, p. xxvi.

Humphry, 1748–67. Glover, 2156. Barton, 5019–21. Fraser, 6338. Quain, 6784–6.

13. A sketch of the history of the several attempts to reform the licensing system, which have been made since 1858 by measures introduced into Parliament by successive Governments, is appended to the Report. It will be found that for many years a common Board for licensing has been very generally advocated even by those whose opinions on other points of medical reform differ most. A proposal to form such a Board for England has been agreed to by all the English Medical Authorities, and on two occasions approved by the General Medical Council; and a similar proposal for Ireland was also agreed to by nearly all the Medical Authorities of that country. The principle of a common Board was introduced into Lord Ripon's Bill of 1870, and has found a place in all the later Government Bills. It has also been advocated by a large majority of the witnesses who have appeared before us.[7]

14. It is our opinion that the holding of a license ought to be conclusive evidence of sufficient proficiency in medicine, surgery, and midwifery. After a long and careful inquiry, we have arrived at the conclusion, that such a standard of proficiency can only be ensured by reducing the number of Licensing Authorities.

15. Our proposal, stated in general terms, is: that there shall be one Medical Council, and that, in each of the three Divisions of the United Kingdom, there shall be a Divisional Board, representing all the Medical Authorities of the Division; that the right of admitting to the Medical Register, and a general control over the proceedings of the Divisional Boards, shall vest in the Medical Council; and that, subject to such control, each Divisional Board shall, in its own Division, conduct the examinations for license.

16. Our detailed proposals with regard to Divisional Boards are as follows:—

(1) In each Division of the United Kingdom a Divisional Board shall be appointed, whose certificate shall be necessary for admission to the Medical Register.

---

[7] *For:* Acland, 22; Sir J. Paget, 210; Erichsen, 655; Prof. Paget, 849; Humphry, 1153; Jacob, 1376; Glover, 1903; Marshall, 2386; Byass, 2864; Waters, 2982; Gamgee, 3225; Semple, 3608; Pitman, 3705; Macnamara, 4186; G. Y. Heath, 4405; Morris, 4603; Cooke, 4919; Barton, 5040; Moore, 5446; Richardson, 5606; Collins, 5704; Quain, 6757.

Against (or do not support): Scott-Orr, 2281; Haldane, 2640; Spence, 3438; Gairdner, 4752; Stoker, 5238; Finny, 5290; Struthers, 5980; Redfern, 6049; Fraser, 6260; Haughton, 6451; Young, 6575.

(2) Each Divisional Board shall contain one or more delegates of each chartered University and Medical Corporation, whether now existing or hereafter to be created.

(3) The number and proportion of such delegates should, in the first instance, be fixed by Parliament, due regard being had to the special claims of particular Universities and Corporations, as, for instance, in Scotland, the Universities of Edinburgh, Glasgow, and Aberdeen; and, in England, the Colleges of Physicians and Surgeons; and provision being made for a decennial revision of the allotment of members, with a view to altering the proportion, if changes in the relative importance of the Bodies hereafter render such alteration desirable; such revision to be made by the Medical Council subject to appeal to the Privy Council.

(4) The members of the Divisional Board shall be elected from time to time for a term not exceeding five years, and shall be capable of re-election.

The duties and functions of each Divisional Board shall be—

(1) To appoint a certain number of persons to be members of the Medical Council.

(2) To prepare regulations for a course of professional study and rules for examination, so far as may be necessary to secure the requirements and the standard prescribed by the Medical Council.

(3) To nominate from time to time the medical educational Bodies, whose certificates shall be accepted as to sufficiency of education, and from time to time to expunge, when desirable, any so nominated.

(4) To take all necessary steps, by inquiry or otherwise, to ascertain the sufficiency of the education given in each medical school in the Division.

(5) To appoint the examiners for the Divisional Board examinations, and to supervise those examinations.

(6) To visit from time to time any separate professional examinations conducted in the Division, which are accepted by the Medical Council.

(7) To take such cognizance as may be necessary of the preliminary examinations, and to keep a Register of the medical students in the Division.

(8) To receive and act upon the reports of the examiners, and to report, after each examination, the result thereof to the Medical Council.

(9) To make an annual report of their proceedings to the Medical Council.

Power should be given to a Divisional Board to delegate any of its functions or powers to any committee of its number, of which the quorum ought not to be less than three. Every decision, however, of a committee should be subject to revision by the Divisional Board at a subsequent meeting.

In our opinion any corporation or individual aggrieved by the action of a Divisional Board ought to be entitled to an appeal to the Medical Council.

We think it right that all proposals for regulations should proceed, in the first instance, from the Divisional Boards, as directly representing the professional and teaching Bodies, but always subject to the subsequent approval of the Medical Council.

II.

"The General Medical Council.—Constitution, Functions, Powers, and Procedure.—Relation to the Universities, Colleges, and Medical Bodies, and to the Medical Profession."

17. The duties assigned by the Act of 1858 to the General Medical Council in connection with medical education and examination are of a limited character. The Medical Authorities indeed are required to furnish the Council with such information as to their courses of study and examinations as the Council may ask, and to allow any persons deputed by the Council to be present at the examinations. But, on the other hand, no power was given to the General Council to interfere directly with the Medical Authorities. If dissatisfied with the regulations of the Medical Authorities, the Council could only represent the case to the Privy Council.

Sec. 18.

Sec. 20.

18. It is, in our opinion, clearly proved that the General Medical Council has rendered valuable services to the Profession and to the public. It is to the General Medical Council that the universal adoption of a preliminary examination for intending medical students is mainly due. The Council has also elaborated and published full and detailed recommendations, which have had a very beneficial influence upon the education and examinations of medical students. Humphry, 1188.

Further, it has instituted visitations, which, so far as they have gone, have had an excellent effect in improving particular examinations and generally raising the standard of examination. Marshall, 2471–5. Haldane, 2633.

19. It has, indeed, been urged that in visitation of the examinations of the Medical Authorities the Council has done comparatively little, and that, though inefficient examinations exist, the power of representation to the Privy Council has not been used.[8]

Whether the Council has in these respects done all that might have been done, appears open to question. It is not, however, difficult to discern causes which may probably have influenced the Council; the expense of conducting frequent and systematic inquiries; the great power of the individual Medical Authorities, of which most send a representative to the Council itself; the desire to persuade rather than to compel; and, also, the constant expectation of further legislation. Humphry, 1188. Marshall, 2483. Glover, 1914–5, 2136–9. Haughton, 6504–5.

20. We consider, as we have already stated, that there ought to be one supreme controlling authority in regard to medical licensing, and, therefore, we propose to entrust to the General Medical Council, which we suggest should in future be styled the Medical Council, larger powers than it has hitherto possessed.

21. We propose that the Medical Council shall consist of eighteen members, chosen for a term of five years, and eligible for re-election; of whom six shall be nominated by the Crown; two elected by the registered members of the Medical Profession resident in England; one by the registered members resident in Scotland and in Ireland respectively; four by the English Divisional Board, and two by the Scotch and Irish Divisional Boards respectively.

22. In our opinion, the Crown ought to make its selections on the ground of fitness alone, irrespective of nationality; and we would suggest, that one or two distinguished persons, not members of the Medical Profession, might with advantage be appointed.

23. The Branch Councils will in our opinion cease to be necessary, as the Divisional Boards will take their place. We think that the invested funds belonging to each Branch Council should be transferred to the Divisional Board, and that the annual income arising from funds so transferred should be applicable to the expenses of the Divisional Board.

24. The Medical Council should have power to reduce the amount of the registration-fee fixed by them, whenever they may find themselves enabled so to do, and should also have power out of any surplus-funds at any time in their possession to contribute towards the payment of the expenses of the Divisional Boards.

25. The direct representation of the Profession upon the Medical Council is a question which has been so long and fully argued that we feel it unnecessary to enter upon it further than for the purpose of expressing our conclusion. While we insist that the reason of the existence of the Medical Council is the interest of the public, we cannot but recognise the vital interest of the whole Medical Profession in the constitution of that Body. It seems to us highly important that the Profession should have full and complete confidence in the Council, and, seeing that the governing Bodies of the Medical Corporations, which now elect members of the Council, can hardly be said to represent the great majority of practitioners, we think it advisable to give the general practitioner an effective voice in the Body which will be the principal authority of the Medical Profession. We see no reason to suppose that the members elected by direct representation will be less eminent than those nominated either by the Crown or the Divisional Boards.

26. Holding the opinion that the Medical Council ought to be as far as possible removed from individual influences and prejudices, we have proposed that the members representing upon it the Medical Authorities should be appointed by the Divisional Boards, and no longer by single Universities and Corporations. It will be seen also that the proposed form of election does away with the difficulty in regard to representation on the Council, which, if the present system were continued, would arise from an increase in the number of Medical Authorities.

27. The Medical Council should annually elect from among their own number a President; who should be eligible for re-election.

28. We propose that the Medical Council shall be the sole licensing authority.

---

[8] Gamgee, 3307; Finny, 5283; Moore, 5519–23; Haughton, 6444.

29. The Medical Council will receive annual reports from the Divisional Boards of their proceedings. It ought also to be in general communication with the Boards, and it will be familiar with their opinions through the members sent by the Boards. The Council should also have power to visit any examinations, to make any inquiries, and to call for any information from the medical schools, the Medical Authorities, or the Divisional Boards. The Council should also have power to take such evidence and to make such inquiries as they think fit, with a view to arriving at a decision on any matter submitted to them. The Council should also have power to vary or annul any resolution of a Divisional Board; and we consider that in any such case the decision of the Council should take effect (unless its operation be suspended by a resolution of the Council) and should hold good until reversed on appeal by the Privy Council.

30. In the event of a Divisional Board failing to perform its duties, the Medical Council should be empowered to act in its stead.

31. The Medical Council ought also to take proper steps to ensure, as far as possible, equality in curriculum and examination between the three Divisional Boards.

32. But while the Medical Council will thus be the supreme medical authority, and will exercise a general control over everything relating to medical licensing, we do not intend, or anticipate, that the Council shall be the executive, or even the initiating, Body in questions relating to medical education and examination. It will, indeed, be in the power of the Council to inform the Divisional Boards with regard to such conditions of education and examination as ought in its opinion to be of universal obligation throughout the United Kingdom; and, when the proposals of the Boards are submitted for approval, the Council will have the power of varying them as it may see fit. But the regulations will originate with the Divisional Boards, which also will be the executive Bodies for administration.

33. We expect that the Divisional Boards will be composed largely of persons actually engaged in medical teaching, who will be personally cognizant both of the wants of the students and of the peculiarities of their own Division of the Kingdom. It may be assumed that the majority of the Council will be persons of ripe experience, well able to form a sound judgment on questions of principle, the details of which have been submitted to them by the Divisional Boards.

34. We consider that the Council should be allowed to delegate any of their powers to any committee of their number, of which the quorum should not be less than three. Every decision of a committee should, however, be subject to revision by the Council.

35. In our opinion, any corporation or individual aggrieved by the action of the Medical Council ought to be entitled to an appeal to the Privy Council.

36. With the administrative functions in connection with the Medical Register and Pharmacopœia hitherto discharged by the Medical Council we do not propose to interfere.

III.

"Courses of Education."

37. Although we have recommended that the Divisional Boards should prepare, and submit for the approval of the Medical Council, regulations for courses of study, we are of opinion that these should be only a general outline of what is necessary. It would be a mistake to introduce absolute uniformity into medical education. One great merit of the present system, so far as teaching is concerned, lies in the elasticity which is produced by the variety and the number of educating Bodies. Being anxious not in any way to diminish the interest which the teaching Bodies now take in medical education, or to lessen their responsibility in that respect, we desire to leave to them as much initiative as possible. In certain matters of general importance, such as the duration of study and the age at which a student should be permitted to practise, common regulations ought, we think, to be laid down; but we wish to record our opinion that nothing should be done to weaken the individuality of the Universities and Corporations, or to check emulation between the teaching institutions of the country.

Acland, 47–9.
Sir J. Paget, 460–2.
Prof. Paget, 879.
Macnamara, 4164.

IV.

"Courses of Examination."

38. As we propose that in future a medical license shall be given only after satisfying the examiners of the Divisional Boards, we have not thought it necessary to institute a minute inquiry into the examinations of the present Licensing Bodies. There is however a notable concurrence of opinion among the witnesses that the examinations

of the Apothecaries' Societies have not been satisfactory, and opinions to the same effect have been expressed with regard to the Edinburgh College of Surgeons and the Glasgow Faculty of Physicians and Surgeons.[9]

39. Nor do we think it within the scope of our inquiry to enter into details with reference to the examinations to be held hereafter by the Divisional Boards. If our recommendations are adopted, these matters will be considered and arranged hereafter by the Divisional Boards with the concurrence of the Medical Council.

40. We agree in the opinion universally held by the witnesses, that every intending medical student ought to pass an examination in general education before entering on medical study. We are of opinion that, as the purpose of this examination is only to test the possession by the candidate of a reasonable amount of general culture, its subjects should not be of a technical or professional nature, and that care should be taken to prevent its standard being unduly raised or lowered by individual examiners, and, further, that a sufficient diversity of subjects should be included in it to allow of candidates making a sufficient selection from them according to their previous education and mental qualifications. We are also of opinion that the general scope of the examination should be defined by the Divisional Boards, subject to the approval of the Medical Council; but that the conduct of the examination should be left to the Universities or such other educational or examining Bodies as may be approved by the Medical Council.

41. According to the recommendations of the General Medical Council, every student of medicine is now required to be registered on passing his preliminary examination. We think that this system should be continued. We consider that the full period of medical study should be passed after the date of registration. The registration of medical students ought, we think, to be placed under the charge of the Divisional Boards, and an officer of each Board should keep a list of the names. A person ought to be able to register himself as a medical student on producing, or forwarding, to the Divisional Board of that part of the United Kingdom, in which he is residing, a certificate of his having passed a preliminary examination as required by the Medical Council.

Each Divisional Board should transmit from time to time, as may be required by the Medical Council, to the Registrar of the Medical Council a list of all medical students registered during the preceding six months in the Division.

42. During the course of medical study, professional examinations, other than the final examination next mentioned, ought, we think, to be held by examiners of the Divisional Boards. But we think also that power should be given to the Medical Council to accept the results of similar professional examinations conducted by the separate Medical Authorities, on being satisfied that such examinations are of a sufficient standard.

43. The final examination in systematic and clinical medicine and surgery and in midwifery ought, in our opinion, to be conducted by the examiners of the Divisional Boards in every case.

44. It has been strongly urged upon us by the Scottish Universities that, in their case, we should make an exception with regard to the final examination. In other words, it is proposed that they should retain their licensing power, on condition of admitting a certain number of examiners *ab extra*. To this request we much regret that we find ourselves unable to accede. We readily acknowledge all that the Scottish Universities have done for medical teaching and examination, and we should hesitate to make any recommendation which, in our belief, would interfere with their usefulness or prosperity. We do not propose in any way to interfere with their teaching, nor do we believe that students will cease to recognise the cheapness and excellence of their education. We propose that all their examinations, save the final one, should, if satisfactory to the Medical Council, be accepted by the Divisional Board, and we require from them no concession which is not required from every other University and Corporation in the kingdom. To accede to their request would be to raise the Scottish Universities above all the existing Medical Authorities, and to leave to them alone the licensing power which we propose in every other case to take away. It must not, however, be imagined that we are transferring the licensing power to a central authority in which the Scottish Universities will have no share. The fact is very different. On the Scottish Divisional Board the Scottish Universities will possess a preponderating influence which will be felt in many ways. They will send to the Board a majority of its members. The examinations will doubtless in many cases be held in their halls,

Memorandum by Prof. Turner, p. xxvii.

[9] Waters, 2985–7; Gamgee, 3229; Semple, 3640–60; C. Heath, 3994–8; Morris, 4591–6; Cooke, 4911–2; Barton, 5030; Redfern, 6046.

and it is only natural to suppose that any requests which they may make will have great weight with the Scottish Divisional Board and with the Medical Council. We hope, that, when our proposals have been thoroughly considered and understood, the Scottish Universities will admit that it is impossible to leave them a power which is taken from every other Licensing Authority, and which is incompatible with the institution of a common licensing system.

45. We consider that there should be power to hold the examinations of the Divisional Board at more than one place in each Division of the Kingdom, if this should be found desirable.

46. The examiners, while placing in one class all candidates who pass, should have power to state that any individuals have passed the examination with distinction.

47. We consider that the Medical Council should take steps to ensure that equality of value should be assigned to the same subjects in the examinations of all the Divisional Boards, and that the standard for passing in each subject and in the whole examination should be the same.

48. Subject to the discretion of the Medical Council, examiners ought not to fill the office of examiner for a continuous period of more than from four to six years.

49. With a view to promoting approximate equality in the examinations, some of the examiners in each Division may with advantage be selected from another Division of the United Kingdom.

50. The fees to be paid by candidates for admission to the examinations of the Divisional Boards should be of such amount as will be sufficient to cover the cost of the examinations and the other expenses of the Divisional Board, and also to provide the sum required to compensate the Medical Authorities, or such of them as may be entitled to compensation, for any pecuniary losses they may hereafter sustain by reason of the abolition of their privilege of conferring a license to practise; provided that the fee to be paid by medical graduates, or persons holding university certificates of having passed the professional examinations qualifying for admission to the final examination of the Divisional Boards, shall not exceed their proportion of the sum sufficient to cover the cost of the examination and other expenses aforesaid; but this reduction of fee is not to be allowed to a member of any University which obtains such compensation as aforesaid.

51. The Divisional Boards shall prepare schemes for the division of the surplus fees arising from the examinations applicable to compensation, which schemes shall be submitted to the Medical Council for approval.

V.

"Grant of Medical Degrees, Memberships, Fellowships, Licenses, and other Diplomas by Universities, Medical Colleges, and other Bodies."

52. Diplomas and degrees are granted by the Medical Authorities in virtue of powers conferred by Royal Charter, or Act of Parliament.

Sec. 15. The Medical Act of 1858 gave to the diplomas and degrees of the Medical Authorities the additional value of carrying with them a title to registration, and thus gave to the State a direct interest in ascertaining that these diplomas and degrees were granted in a worthy manner.

53. If our recommendations be adopted, the statutory privilege of conferring a medical license will no longer attach to the diplomas and degrees of the Medical Authorities, and in a certain sense their importance will be diminished.

We have therefore considered it unnecessary to report upon the circumstances and manner in which the degrees, diplomas, and licenses of all the Authorities individually are given.

54. We do not propose to interfere with the present powers of Universities or Corporations to confer their titles, with or without examination. We think, however, that, in the case of persons entitled to be registered, a discretion should be given to the Medical Council to permit these titles to be registered or not, as they see fit.

55. We think that each Medical Corporation ought to receive a statutory power to accept the certificate of a Divisional Board, in lieu of any examination, for admission to its lowest qualification, and that each University should receive a statutory power to accept the same certificate in lieu of its final examination in systematic and clinical medicine and surgery and in midwifery for primary graduation.

56. We cannot too strongly deprecate any interference with the examinations of the Medical Authorities for their higher titles. To higher titles we attach the greatest

value, as a means of encouraging the acquisition of knowledge and skill in the Medical Profession.

57. It must, we think, also be conceded to every University, which has received, or shall hereafter receive, a charter, to give its own medical degrees; and we recommend that the Victoria University be in this respect placed, without delay, on the same footing as the older Universities.

58. In order to obtain admission to the Medical Register it has hitherto been necessary to possess the diploma or degree of one of the Medical Authorities; but if our recommendations be adopted, the certificate of a Divisional Board will in future of itself confer a right to registration on payment of the fees. Affiliation to a Medical Authority will thus no longer be necessary; but we hope and believe that medical men will not be contented with a bare license to practise, and that they will continue to seek to belong to one or more of the Universities or Medical Corporations.

59. We do not propose to interfere with the discretion of the Universities or Medical Corporations in the matter of fees.

VI.

"Privileges conferred upon registered Practitioners; Restrictions, Disabilities, and Penalties imposed upon Practitioners not so registered."

60. The assumption of medical titles by unregistered persons has constantly attracted attention and excited much indignation in the Medical Profession. An attempt was made to deal with the offence by clause 40 of the Medical Act of 1858, but in practice the attempt has proved unsuccessful. A portion of the Profession have thrown the blame upon the General Medical Council, but it appears to us that the failure has arisen chiefly from the difficulty of defining the offence in words which do not admit of circumvention by unscrupulous persons. Jacob, 1354–6. Nelson Hardy, p. 255. Barton, 4984.

61. We consider it undesirable to attempt to prevent unregistered persons from practising, but, at the same time, we think they should be prevented from representing themselves as being registered, or from assuming titles, which would lead the public to believe that they are regular medical men. The assumption by registered persons of titles, to which they have no right, is an offence with which the Medical Council may deal (*see* paragraph 78).

62. We consider that prosecutions for offences under the Medical Acts should be undertaken in England by the Public Prosecutor, or by anybody with the assent of the Attorney-General; in Scotland by the Procurator Fiscal, or by anybody with the assent of the Lord Advocate; and in Ireland by the Crown Prosecutor, or by anybody with the assent of the Attorney-General.

The sums of money arising from conviction and recovery of penalties should be paid to the Medical Council.

63. The Association of Surgeons practising Dental Surgery appeared before us by their President, asking that qualified dentists not on the Medical Register should be prevented from styling themselves "surgeon-dentists." We do not see our way to make such recommendation. Edgelow, 6402 *et seq.*

64. The British Dental Association have asked for direct representation upon the Medical Council. We cannot recommend that this should be granted. Tomes, 6356–66.

65. The London School of Homœopathy has laid before us a petition praying for the establishment of a Homœopathic School or the appointment of some Homœopathic lecturer in each medical school or college. Their request does not appear to fall within the terms of Your Majesty's Commission. General Appendix. No. 7, p. 410.

66. The National Association of Medical Herbalists presented a petition and deputed a member of the Association to appear before us on their behalf. We are unable to recognise the justice of their demands, which strike at the principle of the Medical Act of 1858 by seeking to extend to unregistered persons all legal rights and privileges of registered persons. Crick, 6034 *et seq.*

67. On behalf of women desiring to study and practise medicine, Mrs. Garrett Anderson submitted to us a paper, which will be found in the Appendix and which contains a statement of the position of women at the present time in reference to the Medical Profession. General Appendix, No. 4, p. 401.

In effect Mrs. Garrett Anderson contents herself with entering a *caveat* against placing women in a worse position than they occupy at present.

The following extract contains the points which are most material:

"(1.) That as the London University, the King and Queen's College of Physicians (Ireland), and the Royal University of Ireland, now admit women to their examinations

and degrees, no conjoint scheme which may include these three bodies, in England and Ireland respectively, should be permitted to exclude women."

"(2). That in framing any conjoint scheme which shall not include the three examining Bodies now open to women, it is desirable so to frame the scheme that at any future time women could be admitted without further legislation."

"*e.g.* The College of Surgeons and the College of Physicians (London) do not at present admit women to their examinations. In the event of any conjoint examination being arranged as between these two corporations, it should be expressly enacted that they *may* admit women even if it be not thought proper to compel them to do so."

"(3). That in the event of any conjoint examination being made *compulsory*, i.e., *as a necessary step to getting upon the Register*, it should not be permitted to the Bodies holding such a compulsory examination to exclude women."

If Divisional Boards be appointed as we have recommended, it appears to us only fair and reasonable that women should be admitted to the examinations on the same terms as men, and should, if successful, be entitled to registration.

We do not propose to enter further into a much disputed question, but it is only right to acknowledge the moderation with which the views of women have been laid before us, and the unwillingness of their advocate to retard medical reform by bringing forward extreme demands.

VII.

"Position in Your Majesty's Possessions out of the United Kingdom of Registered Medical Practitioners:

"Position in the United Kingdom of Medical Practitioners educated in Your Majesty's Possessions out of the United Kingdom, or in a Foreign State."

68. Registered medical practitioners are legally qualified to practise medicine or surgery in any part of Your Majesty's dominions whether within the United Kingdom or in the colonies. Complaint has been made in Canada that in this respect the Imperial law binds the colonies in a matter which is of purely local concern. On the other hand, as under the Medical Act of 1858 no person is legally qualified to practise medicine or surgery in the United Kingdom unless he is registered in the Medical Register, it follows that the holders of foreign and colonial medical diplomas cannot legally practise in England, Scotland, or Ireland without having undergone an examination in one or other Division of the United Kingdom.

69. This state of things is felt in the colonies, and more especially in Canada, to be a great hardship. Persons who only hold colonial diplomas are practically excluded from medical service in the army and navy, and also are excluded by the Merchant Shipping Act, 1854, from holding the position of medical officer on board British ships. In the latter case, it is only in consequence of the Board of Trade having abstained from prosecuting, that penalties have not been recovered from owners of ships for having on board Canadian instead of British practitioners as medical officers.

70. In foreign countries also exception has been taken to the English law on this subject as it now stands. In Switzerland the permission to practise enjoyed by foreign medical men who exhibited a satisfactory diploma of their own country to a central medical board has been withdrawn; and in France it has been proposed to insist in future on a certificate of competency in accordance with the French law.

71. It has been maintained, that in strict justice there is no reason why persons holding foreign or colonial diplomas should be exempted from an ordeal to which every British student must of necessity have been submitted; and it is undoubtedly true, that, if the examination of the foreign or colonial graduate be dispensed with in this country, an immunity will be granted to foreign Universities which will be denied to graduates of British Universities.

72. When looked at, however, from the point of view of practical convenience and international comity, the case presents itself in a rather different light. In the public interest it is not desirable to hinder competent foreign or colonial doctors from practising in the United Kingdom, and medical men in England seem to be generally agreed that, if a satisfactory guarantee of competency can be obtained, doctors holding foreign and colonial diplomas ought to be registered in the United Kingdom without further examination.

73. The majority of professional witnesses are in favour of conceding the foreign and colonial demand. The evidence on this point, however, is by no means unanimous.[10]

---

[10] *For*: Acland 58–60, 127–33; Sir J. Paget, 267–71, 333–65; Erichsen, 632; Cooke, 4970–1; Richardson, 5587–8.

Against: Prof. Paget, 889–96; Humphry, 1199–204.

74. It is evident that there must be considerable difficulty in discriminating between the diplomas given by different Universities abroad and in the colonies. We cannot, however, suggest a better solution of the difficulty than that proposed in the Government Bill of 1880.* The duty of discriminating between the different foreign and colonial diplomas is thereby entrusted to the Medical Council; and safeguards are provided against the possibility of a British subject obtaining a foreign or colonial diploma merely for the purpose of avoiding the medical examinations in England, Scotland, or Ireland.

VIII.

"The Conditions and Manner under or in which Medical Practitioners are entered in or struck off the Register of Medical Practitioners."

75. If our recommendations as to Divisional Boards be adopted, it appears to us unnecessary to maintain more than one registrar and one office of registration, the Registrar and the Office of the Medical Council.

76. On issuing certificates to successful candidates, the Divisional Boards should return to the Registrar of the Medical Council a list of the names. On the receipt, or the personal presentation, of the certificate, the Registrar (having by reference to his list verified the authenticity of the certificate) should enter in the Medical Register the name of the person holding the certificate, upon payment by him of the registration fee. The fee should be applied in discharge of the expenses of the Medical Council. In this manner much cost and correspondence, entailed by the present system of three local registers, would be saved, without, so far as we can see, any disadvantage to the Medical Profession or the public. As to the inconvenience of the present system, we would refer to a memorandum prepared by the Registrar of the General Medical Council.

General Appendix, No. 6, p. 403.

77. The correctness of the Register being very important to the public and also to the Medical Profession, we think that there would be no hardship in requiring every registered practitioner to send his address and correct designation to the Registrar annually, and that, in the event of his failing to do so, and also failing for six months to answer a letter from the Registrar, the latter should be empowered to remove his name from the Register. It should, however, also be provided that the Registrar should be entrusted with power to restore a name so erased to the Register immediately on obtaining clear evidence that the person so erased was alive and in practice, and on receiving the fee payable for such restoration. The Registrar should report all cases of erasure and restoration to the Medical Council, or their executive committee, at their next meeting.

---

* The provisions of the Bill in regard to foreign and colonial diplomas are as follows :—

Registration of colonial practitioner with recognised diploma.

7. Where a person shows that he holds some recognised medical diploma or diplomas (as herein-after defined) granted to him in a British possession, and that he is of good character, and either that the grant of such diploma or diplomas occurred when he was not domiciled in the United Kingdom, or in the course of a period of not less than *five years*, during which he resided out of the United Kingdom (or if he was practising in the United Kingdom at the time of the passing of this Act, that he has practised medicine or surgery, or a branch of medicine or surgery, for not less than ten years, either in the United Kingdom or elsewhere), such person shall upon payment of the registration fee be entitled, without examination in the United Kingdom, to be registered as a colonial practitioner in the medical register.

Registration of foreign practitioner with recognised diploma.

8. Where a person shows that he obtained some recognised medical diploma or diplomas (as herein-after defined) granted in a foreign country, and that he is of good character, and either that he is not a British subject, or that if a British subject he has practised medicine or surgery, or a branch of medicine or surgery, for more than ten years elsewhere than in the United Kingdom (or if he was practising in the United Kingdom at the time of the passing of this Act, for not less than *ten years*, either in the United Kingdom or elsewhere), and either continues to hold such diploma or diplomas, or has not been deprived thereof for any cause which disqualifies him for being registered under this Act, such person shall upon payment of the registration fee be entitled, without examination in the United Kingdom, to be registered as a foreign practitioner in the medical register.

Recognised medical diploma of colonial and foreign practitioner.

9. The medical diploma or diplomas granted in a British possession or in a foreign country, which are to be deemed such recognised medical diploma or diplomas as are required for the purposes of this Act, shall be such medical diploma or diplomas as may be recognised for the time being by the General Medical Council as furnishing a sufficient guarantee of the possession of the requisite knowledge and skill for the efficient practise of both medicine and surgery, including therein midwifery, and as entitling the holder thereof to practise medicine and surgery, including therein midwifery, in such British possession or foreign country.

If a person is refused registration as a colonial practitioner or as a foreign practitioner, the medical registrar shall, if required by him, state in writing the reason for such refusal, and if such reason be that the medical diploma or diplomas held or obtained by such person is or are not such recognised medical diploma or diplomas as above defined, such person may appeal to the Privy Council, and the Privy Council, after communication with the General Medical Council, may dismiss the appeal or may order the General Medical Council to recognise such medical diploma or diplomas, or any of them, and such order shall be duly obeyed.

21 & 22 Vict. c. 90. s. 29.

78. We propose that the power of erasing names from the Register for misconduct should vest, as now, in the Medical Council.

79. The insertion of a name in the Medical Register should, in our opinion, by itself confer upon the holder a license to practice.

80. We think that all titles now registrable, if recognised by the Medical Council, and all titles of a similar character hereafter recognised by the Medical Council, should be registrable.

81. We think that a column should be set apart in the Register for the registration of the higher titles recognised by the Medical Council as indicating substantially higher medical qualifications than are required for a license.

82. We are of opinion that any University or Corporation should be permitted to appeal to the Privy Council, if dissatisfied with the refusal of the Medical Council to recognise its diploma as worthy of registration or its higher title as a higher title.

83. There should be separate lists in the Medical Register for the registration of persons holding recognised foreign or colonial diplomas.

IX.

"The Medical Act, 1858, and the Acts amending the same."

84. If it be deemed hereafter expedient to lay before Parliament a Bill further amending the Medical Acts, we would suggest that the Act of 1858 and the subsequent Acts should be wholly repealed, and that the parts of the same, which it is proposed to continue, should be re-enacted; so that the law affecting the Medical Profession may be brought together in a simple and codified form.

We desire in conclusion to acknowledge the valuable assistance we have received from Mr. White, our Secretary. It is in great part owing to his perseverance and tact that we have been able to conclude without longer delay an intricate and laborious inquiry, during the course of which we have enjoyed the most harmonious relations with all the corporations and persons whose interests have been affected or from whom we have required information.

All which we humbly submit to Your Majesty's gracious consideration.

(Signed) CAMPERDOWN.
W. C. PETERBOROUGH.*
W. H. F. COGAN.
G. JESSEL, M. R.
GEORGE SCLATER-BOOTH.*
WILLIAM JENNER.
JOHN SIMON.*
THOMAS HENRY HUXLEY.*
ROBERT McDONNELL.
WILLIAM TURNER.*
JAMES BRYCE.*

John White, Secretary,
June 1882.

* The Commissioners, to whose signatures an asterisk is affixed, dissent from parts of the Report, and express their respective opinions in the subjoined memoranda.

Subjoined Memoranda.

(A.) By Mr. Simon.

Dissent from paragraphs 54 and 80 of the Report.

With reference to the future granting of diplomas and degrees by individual Medical Authorities, and with reference to the registrability of such diplomas and degrees as may be granted to registrable persons, I find myself not able to concur in some of the proposals which the Report contains.

1. Grant of titles.

1. First, as regards the grant of diplomas and degrees,—the intention being that the new licensing-system which the Report proposes shall take from all the chartered Authorities their present powers of individually *licensing* for practice, I do not concur in the opinion, conveyed in paragraph 54 of the Report, that the discretion of each Authority, *as to conferring in future such titles as those by which it now licenses*, needs not be restricted by the new law. The discretion proposed to be left, that Authorities, if they see fit, may confer medical titles on persons not qualified for registration under the new law, ought not, in my opinion, to be allowed. That some university of high standing might wish to confer an honorary medical degree on some person with no registrable medical qualification, is a case which I do not know ever to have arisen, and which I cannot conceive as legitimately arising except now and then in relation to some person medically eminent in a foreign country: to which extent it might well be covered by special provision: but an universal discretion, such as the Report proposes to allow, might in my opinion somewhat easily give rise to abuses on a considerable scale. Administrators, for the time being, of some one or more of the chartered institutions might find it within their discretion to soften down for particular purposes the strict distinction, which the law has meant to be universal, between "qualified" and "unqualified" practitioners: they might be of opinion that some title which they could confer, after an education less complete, or an examination less searching, than that of the Divisional Board, would admirably meet some particular demand—colonial, foreign, or mercantile, or that of providing a guarantee for professional assistants: and under the name of "licentiates" of this or that chartered institution, a class of semi-qualifications, outside the jurisdiction of the Medical Council, might come into such currency in the market as would seriously obscure, in the eye of the Public, distinctions, which the law has meant to make precise, as to the limits of the Medical Profession. Against possibilities of that sort, I am of opinion that the grant of diplomas and degrees by individual Authorities under the new system ought to be subject to restrictions substantially such as were proposed in clauses 18 and 19 of Lord Ripon's Bill of 1870, in its first form.

2. Registrability of titles.

2. Secondly, as regards the registrability of titles which may be conferred on registrable persons, I do not concur in the opinion expressed in paragraph 80 of the Report, that "*all* titles now registrable, if recognised by the Medical Council, "and *all* titles of a similar character hereafter recognised by the Medical Council, "should be registrable." Persons and public bodies desirous of engaging medical aid and service, and wishing therefore to compare together the pretensions of different registered practitioners, are, I submit, entitled to expect that the Register shall clearly exhibit those distinctions of grade to which importance is attached by persons who understand them, and that it shall refrain from insignificant additions which must mystify and may mislead the Public. Our hitherto Register, in which 62 different (United Kingdom) titles of professional qualification have been confused, has, in those respects, under compulsion of the licensing-system which the Report condemns, been exemplary as to what a Register ought not to be: and if the licensing-system is to be amended as the Report proposes, the new system ought in my opinion to be represented by a simple Register, expressing no distinctions but such as have substantial meaning. These, under the amended system, would be:—(*a*) that all persons entering the Profession will be describable under some *common title of license*, such as that of "Registered Medical Practitioner" or "Licentiate in Medicine and Surgery"; and (*b*) that certain of them will possess, in addition to their mere license, *authenticated higher titles*, which individual Authorities will grant, and which the Medical Council or (on appeal) the Privy Council will have declared to indicate professional attainments substantially higher than those required for mere license. My opinion is, that, if the Register is to be made as intelligible to the Public, and as valuable to the Medical Profession, as it ought to be, none but those distinctions

can properly be recognised in it; that the one common "title of license" and the duly authenticated "higher titles" ought alone to be registrable; and that all *separate* minor titles ought to be understood as merged in the one *common* minor title which all the Authorities will have had share in granting. The Report, it will be remembered, does not propose to put any restriction on individual Authorities as to the terms on which they grant any of their titles; it expressly proposes that the minor titles (for which a fee may or may not be charged) may be offered to the licentiate without further examination; and it intends that the licentiate shall be allowed free option whether he will or will not take any of the titles on such terms as may thus have been fixed for them respectively. It is evident that titles, granted on such conditions as those, cannot possibly add any particle of educational meaning to that which the mere license will imply; that indeed a licentiate's non-possession of them may merely represent his unwillingness or inability to pay certain additional fees. that therefore, as regards the public uses of the Register, they would be worthless. And a more serious objection to their registrability, would, in my opinion, be this: that the Public, if they find the titles registered, can hardly be expected to understand them in their true nugatory sense; that the titles, any of which may be purchasable, might thus come to possess an entirely factitious importance; that showy strings of them might be appealed to as testimonials in undesirable sorts of professional rivalry; and that Authorities, no longer at liberty to compete in the grant of licenses, might be under most undesirable temptation to compete in the grant of titles.

3. Title of "Doctor."

3. Finally, adverting to inconveniences which are much complained of in this division of the United Kingdom, as consequent on the uncertain use of the word "Doctor," partly because of the difference between the popular and the legal senses of the word, partly because of differences of practice as to medical graduation in the different divisions of the United Kingdom, and partly from other causes, I beg to submit that, in my opinion, it would be of convenience, both to the Medical Profession and to the Public, that all holders of registered "higher titles," whether from universities or from medical corporations, should have legal right to prefix (if they so wish) the title of "Doctor" to their names.

(Signed) JOHN SIMON.

(B.) By Mr. Simon and Professor Turner.

Dissent from proposed constitution of the Medical Council.

We, the undersigned, dissent from certain recommendations, made in Part II of the above Report, with regard to the future constitution of the Medical Council. And considering that the matter there in question is one of great public concern—(for the amount of benefit which the Public may expect to derive from the proposed legislation must mainly depend on the rightness of constitution of the Council)—we trust we may be permitted to explain in some detail the dissent which we feel obliged to express.

1. As to members by universal suffrage of the Profession.

Is such suffrage due as of right?

1. We do not concur in the recommendation, approved by a majority of our colleagues, that part of the Medical Council should be appointed by a process of general election in which every medical practitioner of the United Kingdom should be entitled to vote.

It does not appear to us that the Council has to stand in any such relation of trust or duty towards the individual members of the Profession as to make it reasonable for them to expect any electoral privilege in relation to it. The Council has not to act in the spirit of a trustee in regard of separate beneficiary interests of theirs, nor does it (in any proper sense of the words) govern or tax them. Its essential function, that of keeping the Medical Register, and of watching over the educational qualifications which admit thereto, is assigned to it, in the interests of the general Public, in order "that persons requiring medical aid should be enabled to distinguish between qualified and unqualified practitioners;" and in exercising that function, the Council has nothing to do with any beneficiary interest of members of the Profession except as included in the interest of the Public. It stands in particular relations of control towards the chartered institutions which grant professional titles, and which by law are represented on it, and through those institutions it influences the education and examination of persons not yet within the professional pale; but it has almost nothing to do with persons who are actually of the Profession. If a registered medical practitioner has

been convicted of crime, or is of infamous professional conduct, the Council (as on behalf of the Public) may remove his name from the Register; but, except in that case, the status of the registered practitioner is outside the jurisdiction of the Council, and is entirely uninterfered with by it. It is true that Parliament, in order to meet the expenses of carrying the Medical Acts into operation, has required that each person seeking to be admitted into the Profession shall pay an entrance-fee for his privilege of being registered, and that the Medical Council shall receive and apply the fee; but in connexion with those enactments it is expressly provided that the financial accounts of the Council shall be annually rendered to Parliament, and that in certain respects the financial acts of the Council shall be subject to the approval of the Treasury; and these provisions seem sufficiently to show that, in the intention of the law, the money is held on behalf of the Public, not on behalf of the Medical Profession. In none of the above-stated circumstances, then, nor in any others which are known to us, is there, in our opinion, any reasonable ground on which voting-power in relation to the Council should be assigned, as of right, to the individual members of the Profession; and it appears to us that the admission of any claim to that effect would represent a false principle as to the nature of the responsibilities of the Council.

Would such suffrage tend to improve the structure of the Council?

It further appears to us that the proposed electoral process, considered as means to an end, not only would offer no special advantages for securing a best-possible selection of men to serve on the Council, but would, on the contrary, be distinguished by its disadvantages, and would perhaps in the particular case be about the least appropriate method of election which could be proposed. Of the 23,000 practitioners, diffused over the United Kingdom, to whom the power of selecting four members to sit in the Medical Council would be given, no large proportion could be supposed to watch with interest the action of the Medical Council in government of medical education; and few would possess personal means of judging (as regards ability to take part in that action) between the qualifications of the different candidates whose names might come before them. The question, whether, or in what degree, a particular man is likely to conduce to the usefulness of a small body charged with special duties, is a question as to distinctive personal qualities; and when, in the case of the Medical Council, appointment is to be made by the Crown on behalf of the Public, or by the governing bodies of represented institutions on behalf of their respective commonalties, the required qualities are definitely sought for; but the proposed universal suffrage, necessarily deficient as it would be in personal knowledge of candidates, would in this respect be mere hap-hazard. Of some few chief men in the Profession, familiarly known by name (though in general not by characteristic qualifications) to their professional brethren in all parts of the kingdom, it may be assumed that, if they were in competition against comparatively unknown candidates, their vague credential of "eminence" would certainly tend to bring them in: but it may be doubted whether the fittest of such men, if willing to serve on the Council, would be ready to run the chances of a popular election, when they probably might have the option of serving as nominees of Medical Authorities or of the Crown: and in general any exact comparison between particular candidates would hardly be a possibility of the case. Anything like the process by which in Parliamentary elections a candidate comes face to face with a constituency, and in case of contest argues his own case against those of his opponent, would here manifestly be impossible: considerations of cost would make independent printed appeals almost as improbable as personal canvass: the business of canvassing must in the main be limited to such appeals as the medical journals of the time, with or without combinations of the nature of clubs, might see fit to make for candidates whom they respectively favoured; and the mass of the constituency could hardly be conceived as exercising its electoral privilege except under solicitation by that sort of machinery. It is possible, and at least as regards England highly probable, that, in the first start of such a system, the British Medical Association and its Journal would obtain mastery of the situation; and it may be assumed that, should this be so, the many high-class men who are among the 9,000 members of the Association would sincerely wish to see the privilege turned to good account, and would certainly not lend themselves to any jobbing of influence for purposes which they deemed illegitimate. But not even in regard of that prominent Association and its Journal, and certainly not more in regard of the other such influences as would be brought to bear, ought it, in our opinion, to be taken for granted that irresponsible election-agencies, made so powerful, and practically worked by very small groups of persons, would permanently have chief regard to public interests.

Attempts which have been made, to show that the proposed method of election would tend in particular ways to improve the structure of the Council as a machinery

for governing medical education, have in our opinion entirely failed.—Thus, it has been claimed as a special advantage of the method, that it would provide for an admixture of general practitioners on the Council: but those who have taken this position seem not sufficiently to have remembered that the Council, as hitherto constituted, has never failed to have general practitioners among its members; and it is noteworthy that even those who propose the new method of representation refrain from distinctly proposing that the new representatives shall be general practitioners.*—Another advantage claimed for the method, and the one which has been most of all insisted on, is, that, through members thus returned to the Council, the Profession at large would be able to antagonise in certain respects the Medical Authorities which are represented there. As regards this alleged advantage, we would submit that, supposing the Medical Profession really to think ill of its own chartered institutions as authorities for the purposes of the Medical Act, and supposing the opinion to be well-founded, this would be an excellent reason for endeavours on the part of the Profession to reform those institutions, and might even, if they could not be reformed, be a reason to the Legislature for deposing them from their present functions under the Act; but that it can hardly be held to justify so cumbrous and costly an arrangement as that the Profession should be represented twice over in the elective system of the Council, once by representation of its institutions, and once by representation of its individuals, in order that one set of elected councillors shall "neutralise the preponderance" of the other; and it appears to us that, if this principle were accepted, the Council would inevitably be involved in disputations for which it is no proper place, and which would hinder its public usefulness. As of detail, too, it deserves notice that, apart from "direct representation," other changes which the Report proposes to make in the Council—(the substitution of eight members to represent Divisional Boards instead of seventeen members to represent individual chartered institutions)—would make the Council an essentially different body from that in which the advocates of direct representation have proposed to "counterbalance" the institutions.

Waters, 3126–33.

Alleged popularity of the demand.

It is however alleged, as if in answer to all objections, that a claim for universal professional suffrage in the election of part of the Medical Council is extensively popular in the Profession. It is certain that in 1869 the then Secretary of State for the Home Department received a memorial with nearly 10,000 signatures attached to it, in which the suffrage was asked for; and that in 1870 a Government Bill, which would have made radical amendments in our present very faulty system of medical licensing, and on which the Ministers who introduced it had the substantially full concurrence of the Medical Council, was (after it had passed the House of Lords) deprived of its prospects of passing the House of Commons by resistance pertinaciously opposed to it, in the name of the British Medical Association, on the ground that it did not satisfy the demand for direct representation. At various later times, the demand has been renewed in Parliament on behalf of the same Association. And on the present occasion it is suggested, not to say threatened, that, should the Report of this Commission prove unfavourable to the demand in question, the demand will nevertheless continue to be pressed, and Parliamentary obstruction will be used against any Bill not conceding it. It is of course desirable not to undervalue considerations such as those, but it is equally desirable not to overvalue them. To appraise them at their right value, apparently the first necessary step is to interpret, as exactly as possible, the real meaning of the popularity which the demand is said to have at its back; and in aiming at that interpretation, it is essential to distinguish between the reasoning which is now used to support the claim, and, on the other hand, the line of argument by which the claim was first brought into extensive popularity with the Profession. The present reasoning consists chiefly in endeavours to show that the individual members of the Profession have some sort of right to the vote, and that their voting, if they had the vote, would improve the working of the Council for its professed (chiefly educational) purposes. Apart from any question of popularity, the two contentions of that reasoning are of course entitled to be judged on their merits; and in that respect we have already expressed our opinion, as regards the first of them, that it has no just foundation, and as regards the second, that the proposed electoral process would of necessity be untrustworthy for any useful result. We however have no reason to believe that the reasoning, taken by itself, would have excited any general enthusiasm for the suffrage; and much of it seems only to have come forward as an argumentative

* *See* the Bills promoted by the British Medical Association.

afterthought, when reasons had to be stated for a demand which had previously become popular.

Meaning of the popularity.

The influence which first gave popularity to the demand was of a well-marked special character. It was the influence of a particular professional agitation, conducted extensively, and with much vehemence of language, during the three years 1866–9: the work, at first, of one particular journal and association:* but in which, as it advanced, many sympathetic voices, journalistic and personal, were joined to those of the first movers. The argument with which the agitation started, and which in various forms constantly reappeared in it, was, that the Medical Council ought to be made an instrument for improving certain financial relations of the general practitioner. The agitators assumed that the Council, which exists for specific purposes assigned to it by statute, may equally act in any other kind of matter which is of interest to members of the Profession; and that, could but each man have voting-power in relation to the Council, the Council would be likelier to concern itself for those objects which are of nearest personal interest to the voter. In that point of view the agitators referred to particular grievances which are much felt by members of the Profession: to the mischief of certain sorts of competition among the members themselves; to the losses which are suffered by the general practitioner through the competition of prescribing-chemists and other unqualified practitioners and of "quacks;" above all to the hardships of "unpaid and underpaid medical labour," especially in branches of the public service and in connexion with medical charities. Favourite positions of the agitators were, that grievances such as those are due to conditions which the Medical Council could control,—that the Council ought to be the "Parliament" of the Profession, discussing such grievances, and taking steps to redress them,—that medical practitioners, not having votes for members of the Council, are "excluded from all participation in the management of their own affairs,"†—that, if such voting-power were conceded to them. the Council would be brought into proper sympathy with the various "interests" of the general practitioner, would be taught to care for his financial relations to charities and benefit-clubs, and to the poor-law and other branches of the public service, &c. It was in proportion as arguments to the above effect were urged in print and at public meetings, that a demand for "direct representation" rose into popularity with the Profession. Complaints began now to be heard in all directions that the Medical Council had "done nothing for the Profession,"—"nothing," namely, of the advantageous sort which the new theory of its functions suggested for it; and, in that context, "Justice to the General Practitioner" and "Reform of the Medical Council" became the most telling of professional cries. The striking events which we mentioned, as having happened in the years 1869 and 1870, represented the culmination of the excitement. We have no reason to believe that they, or any other expression of general interest in "direct representation" would have occurred, had it not been for a very wide acceptance of the arguments of that particular agitation; nor are we aware that the demand has at present any better-founded popularity than such as it may have derived from the arguments of those years.

Mistaken beliefs as to Council.

It will not, we believe, be maintained by any responsible person, that the kind of programme which we have just quoted could be fulfilled under any Act of Parliament. The hopes which it inculcated, of good to accrue to certain class-interests of the Profession on condition of the Medical Council's being ready to act with a more particular regard to those interests, derived all their strength from radical misconceptions as to the constitution and functions of the Council. The body which it imagined as its Council was rather the syndicate of some commercial guild of bygone ages than the Council of the Medical Act of 1858. Objects such as it proposed for its Council might perhaps in part be aimed at even now by particular chartered corporations of the Profession; or far more freely they might be made a special aim of unchartered voluntary associations, in which too the principle of "direct representation" could be freely realised,—such as was the Medico-Political Association of 1867–9, and such as are now the British Medical Association (with its more than 9,000 members) and the Medical Defence Association and the Medical Alliance Association; but the Medical Council, created by Act of Parliament for purposes which have to be fulfilled in a judicial spirit as between the Public and the Medical Profession, appears to us peculiarly a body *not* to be charged with class-interests in that distinct sense; and the Report of the Commission does not contain the shadow of a suggestion that functions of that sort ought to be expected of the Council.

---

* The journal referred to was the "Medical Mirror"; and the Association was one which the Editor of that journal started in 1867 under the name of "Medico-Political Association of Great Britain and Ireland."

† These words are quoted from a petition which (with more than 400 signatures attached to it) was presented to the House of Commons, July 22, 1867, by Mr. Gladstone.

Danger sanctioning such beliefs.

We therefore think it as clear as any such thing can be, that the mere popularity of the demand not only is no conclusive reason why the demand should be conceded, but is rather an extremely impressive warning as to dangers which concession of the demand might involve. It shows the stake not to be a mere abstract principle concerning the constitution of the Council, but a principle fraught with immediate practical consequences; and it is in fear of what we believe these would be, that we deprecate concession of the principle. We believe that such concession would be popularly understood as concession to an extreme doctrine of class-interests, and that the members of Council, "representing the mass of the Profession," would be regarded as having a special mandate for class-interests as distinguished from the general public purposes of the Council. We have already explained that under the proposed method of election, there could be little communication between candidates and electors except so far as particular organisations (especially journals) might be ready to agitate for their own particular lists of candidates; and we think it certain that such organisations, when considering by what cries to promote the popularity of their canvassing-lists, would sooner or later have to fall back on the cries which first brought "direct representation" into popular favour. If we are right in our belief that the Medical Council could not answer, and is not intended to answer, to any such cries, the suffrage, thus far, could but eventuate in disappointment to those who have desired it in that connexion; and as regards the Medical Council itself, we can hardly imagine a greater disadvantage wherewith the new body could begin its labours for the Public, than that a section of it should consist of persons specially missioned for a purpose which is not the common purpose of the body, and having, as under the circumstances they almost of necessity would have, particular election-obligations to particular medical journals. Adverting to the fact that the body to which the proposal applies is (so to speak) the Judicial Bench of the Medical Profession, we suggest for consideration, whether an analogous proposal would be deemed reasonable if it were advanced in the Profession of the Law.

Conclusion.

On the above grounds—(substantially those which one of us stated in evidence before the Select Committee of the House of Commons on the Medical Act Amendment Bills of 1879*)—we are of opinion that the proposal to represent in the Council "the mass of "the Profession" by means of members to be chosen by universal professional suffrage is one which could not be accepted without serious danger to the essential objects for which an amendment of the Medical Acts is to be desired.

In support of the opinion which we express as our own, we beg leave to point out that opinions, more or less to the same effect as ours, have been very decidedly expressed by men whose experience and authority in the Medical Profession would in general make their concurrent opinions in any such matter conclusive. In illustration of this, we beg to refer to Vol. XVI of the Minutes of the General Medical Council: particularly as to a vote passed by the Council itself, three years ago, on the subject of "direct representation;"† and secondly, as to a series of letters in which former members of the Council, in accordance with a request which had recently been made to them, expressed their personal opinions on various questions concerning the constitution of the Council. Opinions to which we would particularly refer in the present connexion, and from which we subjoin extracts, are those of Sir Thomas Watson,‡ Sir George Burrows,§

---

* Evidence, taken by the Select Committee in 1879, Qq. 643–78, 912–24, 986–1023, 1145, 1151, 1171–81, and Appendix, No. 2.

† The motion, made in the Council by Professor Humphry, and seconded by Sir William Gull, was:—"That "this Council, taking into consideration the duties which devolve, and are likely to devolve upon it as a "Council of Medical Education and Registration, is of opinion that the principle of election of members of "the Council by 'the direct representation of the whole Profession' does not afford sufficient guarantee for the "selection of the persons best qualified to perform those duties, and that the Council cannot therefore recom-"mend that such a principle should be adopted." An amendment to this, moved by Sir Dominic Corrigan and seconded by Dr. Haughton, in favour of direct representation, was negatived by a large majority: only three members (Dr. Haldane and the proposer and seconder) having voted for it. The original motion was then carried by 17 votes to 4. The members voting for it were:—Of *English* members, Prof. Humphry, Sir William Gull, Sir James Paget, Dr. Pitman, Dr. Quain, Dr. Storrar, Dr. Pyle, Mr. Bradford; of *Scotch* members, Dr. Andrew Wood, Prof. Turner, Dr. Scott Orr, Dr. Fergus, Dr. Pettigrew; of *Irish* members, Dr. Aquilla Smith, Mr. Macnamara, Dr. Leet, Dr. Hudson. Did not vote (including one absent) at the first division, 4, at the second division. 3. *See* in Minutes of G. M. C., Vol. XVI, the proceedings of March 24, 1879.

‡ Sir Thomas Watson, formerly President of the Royal College of Physicians of London, says:—"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."

§ Sir George Burrows, formerly President of the General Medical Council, and previously President of the Royal College of Physicians of London, says:—"Whether the Council were increased or diminished in numbers,

Dr. (now Sir James) Risdon Bennett,* Mr. Cæsar Hawkins,† and Professor Lister.‡

2. We do not concur in the suggestion made in the Report, that the Crown, in appointing to the Council, might with advantage appoint one or two distinguished persons not of the Medical Profession. 2. As to proposed non-medical members.

Discretionary power of appointing non-medical persons to sit on the Council already rests with the Crown and with the Universities; but neither the Crown nor any University has ever seen fit to exercise the power; and, subject to one partial exception, we see no reason why it should ever be exercised. As regards one special class of persons—that of experts in the Natural Sciences, intimately related as it is to the Medical Profession by affinities of study and teaching,—we can quite conceive that now and then a member of that class, though not legally of the Medical Profession, might be eminently fit to be nominated to the Council; but, except as regards such particular instances, we are of opinion that the Medical Council could not be benefited by the appointment of any non-medical member or members.

Of course it is only so far as questions are really technical, that Medicine can have right or reason to claim a separate council-chamber for itself as against fellow-councillors from the laity; but our knowledge of the work of the Medical Council tells us that it all does substantially answer to that description; and we therefore believe that the habitual presence of a layman as member of the Council would be equally irksome to himself and to his colleagues; to him, because he would almost always feel himself in a strange uncongenial element; and to them, because he could hardly become a *bonâ fide* participator in the transaction of business, except on condition of the business standing still while he should be receiving such particular explanations as other members of the body would not require.

" 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. . . . 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. . . . 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."

* Dr. (now Sir James) Risdon Bennett, late President of the Royal College of Physicians of London, says:—" Election 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."

† Mr. Cæsar Hawkins, formerly President of the Royal College of Surgeons of England, says:—" 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."

‡ Professor Lister, now of the Council of the Royal College of Surgeons of England, after explaining in some detail that universal suffrage, as compared with present methods of election, does not commend itself to him, and expressing his fear that " the popular favourite would often be a person distinguished for busy prominence rather than a man of sterling worth," further says:—" 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."

We recognise perhaps as fully as any of our colleagues, that, in some sorts or stages of question concerning the Medical Profession and the Public, the judgment of the first-class non-medical mind may be at least as valuable as that of the medical, and even in certain respects more valuable than it; but those sorts or stages are eminently such as, in the case of the Medical Council, will allow right of appeal to the Privy Council; and it appears to us that, in that right of appeal, security may be given in the amplest, and at the same time most convenient, form, that in all needful cases the decisions of an exclusively medical Council shall be subject to correction by lay judgment.

If lay members are not to be added to the Council, the number of Crown nominations would not, we presume, need to be as many as the Report proposes.

3. As to numerical proportions in the Council.

3. Apart from the dissent which we have expressed from the recommendations of the Report with regard to the suggested two new classes of Councillors, we further submit that, as regards mere numerical proportions, it would not in our opinion be just, or in any other respect desirable, that the representatives of the Medical Authorities should (as the Report proposes) be only a minority of the Council. Under the system of Joint Licensing, if adopted, the individual Medical Authorities would no longer need to be separately represented on the Council; and with joint representation of Authorities, the Council, immensely to the benefit of its working, might be reduced to half its present size. But except in that sense we see no reason for departing from the spirit of the Act of 1858 in respect of the constitution of the Council. We take as a cardinal principle that the new system is intended only to modify by consolidation, and not otherwise in any degree to weaken, much less to subvert, the trust and authority which the Universities and Medical Corporations of the United Kingdom have heretofore by law had in the matter of medical licensing; and taking that view, we should think it a fatal error to reduce the proportionate influence and responsibility of those bodies in the Council in the manner which the Report recommends.

Recommendation.

4. Finally, we submit that in our opinion the best constitution of Council, for the purposes which the Council will have to fulfil, would be, that the Council should consist of only 12 members, viz.: 8 to be appointed by the Divisional Boards, and 4 to be appointed by the Crown; and we concur in the recommendation of the Report, that the members to be appointed by the Divisional Boards should be 4 for England, 2 for Scotland, and 2 for Ireland.

(Signed) JOHN SIMON.
WILLIAM TURNER.

(C.) By Mr. Sclater-Booth.

1. I concur in the dissent of Mr. Simon and Professor Turner from the recommendations contained in Part II. of this Report, as to direct representation of registered medical practitioners on the Medical Council, and, generally, in the reasons stated by them.

2. No one has urged that the Medical Council is, or ought to be, charged with the duty of supervising the general interests and policy of the Medical Profession. On the contrary, it is stated in the Report, that "the Act of 1858 was passed primarily in the "interests of the public." If, therefore, the Medical Profession is to have direct representation on the Council, much more should the general public; while, if the general public are content with the representation indirectly secured for their interests through the Crown nominees, much more should the members of the Medical Profession be satisfied with the preponderating influence on the Council allotted to the Universities and Corporations to which they are affiliated.

3. The machinery by which the election of direct representatives is to be secured must be of an elaborate character, difficult to settle, and expensive in working.

The Commission have not attempted to deal with these difficulties, nor to point out from what source the necessary expenses are to be defrayed.

(Signed) GEORGE SCLATER-BOOTH.

(D.) By Professor Huxley.

I have signed the Report to which the majority of the members of the Commission have agreed, because it appears to me that, if the principle of that Report is adopted, the method of carrying it into effect, which is suggested, is the best that can be devised.

But, as I am opposed to the principle of the scheme which is recommended, I think it is proper that I should express my dissent, and state as briefly as may be my reasons for disagreeing with my colleagues.

It appears to me that any legislative interference with the Medical Profession is justifiable solely on the ground that the State, under certain circumstances, requires the certificates of medical experts, or accepts the evidence of certain persons as such, and that it employs a large number of medical practitioners. The State has an obvious right to demand from all these persons satisfactory evidence of their professional capacity.

The simplest way in which these legitimate requirements of the State could be satisfied would doubtless be the establishment of a special examination, under Government authority, for all those practitioners of medicine who desired the legal status of experts or employment in the public service, and the registration of every one who had passed that examination.

I agree, however, with the majority of the members of the Commission that the adoption of the "State examination" system in this country, is, for many reasons, impracticable.

It follows that some other plan for securing to the State that which it has a right to ask must be devised, and the conditions of the acceptability of any such plan appear to me to be, first, that it shall be efficient; secondly, that it shall interfere as little as possible with the just claims of the existing Licensing Bodies; and, thirdly, that it shall not unduly tax, or otherwise burden, the Medical Profession.

The plan of the so-called "conjoint scheme" recommended in the Report appears to me to violate the second and the third of these conditions.

It has been stated abundantly in the evidence laid before us, and it is a matter of common repute, that the diplomas and the degrees of the existing Licensing Bodies are, in most cases, given only after a satisfactory examination. It is further notorious that, in the course of the last 20 years, a vast improvement has been voluntarily effected in their examinations by the great majority of the Universities and Medical Corporations, and that many of these examinations leave little or nothing to be desired in point of stringency and thoroughness.

To strip a large proportion of the Medical Authorities of privileges which they can be shown to be using well and wisely, because of the abuses which obtain among a small minority, does not appear to me to be a justifiable employment of the authority of the State.

The Report objects to the principle of a State examination on the ground that "the "general voice of the Profession is opposed to any plan which will add a new exami- "nation." But it appears to me that the adoption of the scheme recommended in the Report must be followed by one of two consequences. The certificated examinees of the Divisional Board either will not affiliate themselves to some Medical Authority or they will do so.

If they do not, the injury done to these Authorities will be very serious, and the burden of compensation imposed on the Profession, by a subsequent provision of the scheme, will be proportionately heavy. On the other hand, if they do, either they will affiliate without examination, which will give them the pretence of a further qualification, without any corresponding reality; or they will affiliate with examination, in which case the new examination deprecated by the general voice of the Profession will be added, and any real difference between the plan proposed and the "State examination" scheme will vanish.

The third condition of just legislation appears to me to be contravened by the proposal that the examination fees exacted by Divisional Boards shall be sufficient, not only to cover the expenses of the examinations, but to compensate any losses which may result to the Medical Authorities from the adoption of the new system.

This proposition appears to me to be extremely objectionable. For it comes to this, that the Medical Profession is to be subjected by the Legislature to a tax of uncertain amount and unlimited duration, which is to be paid to corporate bodies over the

disposal of whose funds the State has no control whatever. Moreover, inasmuch as affiliation is left optional, it is probable that the certificated examinees of the Divisional Boards will affiliate themselves only to those Medical Authorities which have done and are doing their work so creditably as to make their degrees or diplomas worth having; while they will ignore those bodies which have degraded the titles which they confer by offering them on easy terms.

The loss, therefore, of the discredited Medical Authorities will be great, while that of those who have won an honourable reputation will be small or none. And the effect of the provision will be this, that, for all time, the Medical Profession will be taxed for the benefit of those Medical Authorities which have failed to obtain, or have lost, public esteem, while those who have done their duty, and are correspondingly respected, will get nothing.

I find it difficult to imagine that the Legislature will enact a provision which carries such singular consequences.

The plan which I ventured to suggest is of extreme simplicity; and, while I cannot but think that it would prove thoroughly efficient, it interferes with no fair vested interest in such a manner as to give a claim for compensation, and it inflicts no burden, either in the way of taxation or of extra examination, on the Medical Profession.

This proposal is, that, if any examining body satisfies the Medical Council (or other State authority) that it requires full and efficient instruction and examination in the three branches of medicine, surgery, and midwifery; and, if it admits a certain number of coadjutor examiners appointed by the State authority, the certificate of that examining body shall give admission to the Medical Register.

I submit that, while the adoption of this proposal would secure a practically uniform minimum standard of examination, it would leave free play to the individuality of the various existing, or future, Universities and Medical Corporations; that the revenues of such bodies, in so far as they are derived from medical examinations, would thenceforth increase or diminish in the ratio of their deserts; that a really efficient inspection of the examinations would be secured; and that no one could come upon the Register without a complete qualification.

Although I have had a good deal to do with examinations during the last 30 years, I confess I am unable to understand the objection raised to this scheme on the score of difficulty or of expense. The Universities of Scotland find no difficulty in obtaining as many coadjutor examiners as they need; and the expense would certainly not reach the dimensions of the proposed compensation tax. And, as the adoption of this plan is perfectly compatible with the creation of the machinery suggested in the Report for the representation of diverse interests on the Medical Council I am as little able to admit the force of the other objection which has been urged against it.

(Signed) T. H. HUXLEY.

(E.) By the Bishop of Peterborough.

I entirely agree with Professor Huxley in his view of the proper limits of State interference with the Medical Profession. I also entirely agree with him in his objections to the recommendations of the Report as to voluntary affiliation and as to the compensation of Medical Authorities by means of increased examination fees. On these points I am compelled to dissent from the Report.

I cannot concur, however, in Professor Huxley's condemnation of a State examination of previously fully qualified and affiliated practitioners, with a view to their admission to the Medical Registry, as being "impracticable."

It appears to me that the testing by the State of the qualifications of those who seek exceptional privileges at the hands of the State is not only the most obvious and natural, but also the most easily practicable, mode of giving effect to the sound principles laid down by Professor Huxley and of avoiding the ill effects which, in common with him, I anticipate from those recommendations in the Report to which we object.

I cannot but think that a Staats Examen, such as that described in paragraph 12 of this Report, would effect, with least cost of time and money to the student and with least disturbance of existing interests, the reform of admitted defects in the present licensing system; and it also seems to me better calculated than the alternative scheme recommended by Professor Huxley to secure that uniform minimum standard of examination which it should be the aim of every licensing system to attain.

It is with much hesitation that I thus express an opinion in entertaining which I stand alone among the Commissioners. My hesitation is, however, lessened by the consideration that my proposal of a Staats Examen has obtained the approval of more than one witness of ability and eminence amongst those examined by the Commission.

I concur with Professor Huxley in signing the Report on the ground that, if its principle be adopted, its mode of giving effect to that principle is the best that can be devised; and also, because I fully assent to its recommendations on all points other than those above named.

(Signed) W. C. PETERBOROUGH.

(F.) By Professor Turner.

In addition to the dissent expressed by me conjointly with Mr. Simon from certain recommendations of the Report, I desire to express the following further dissent from certain other of its recommendations. Dissent from proposal to form divisional boards.

1. As to the proposal to deprive the existing Medical Authorities of their power to confer a license to practise, and to transfer that power to the Medical Council acting through a single Divisional Board in each Division of the United Kingdom,—

I may premise by saying that I entirely concur with my colleagues that the holding of a license to practise ought to imply, on the part of the holder, the attainment of a proper standard of proficiency in medicine, surgery, and midwifery, to be tested by examination.

Of the nineteen Medical Authorities who, under the existing law, confer qualifications to practise, which admit to the Medical Register, some do so after examinations which do not test the knowledge of the candidates in all these essential branches of medical practice; whilst others of the Authorities confer their qualifications only on those who have passed a complete examination in all these branches.

This is, undoubtedly, an anomaly which requires to be corrected; but I venture to submit that it can be corrected without fusing all the Universities and Corporations in each Division of the United Kingdom into a single Board.

As a majority of the Commission have given as a reason in support of their proposal of a common licensing board, that it has been advocated by a large majority of the witnesses, it may not be without interest to look a little more closely into the evidence on this head.

An expression of opinion has been obtained both from witnesses examined orally before the Commission, and by written replies furnished by the several Universities and Corporations to questions submitted to them by the Commission. General Appendix, No. 1, p. 380.

An analysis of the replies by the Universities and Corporations furnishes the following results.

Of the nineteen bodies the formation of a common Board in each Division is recommended by the seven English and by one Irish Medical Authority (the Apothecaries' Hall) and by certain of these with some qualification, whilst the institution of a common Board is either not supported, or is strongly objected to, by the seven Scottish and four of the Irish Medical Authorities.

Of the 33 witnesses examined before the Commission who have expressed an opinion on this matter, 22 have advocated the formation of a common examining licensing Board, and 11 either did not support, or urged strong objections to it. The 22 supporters of the Board consisted of all the English witnesses and four of the Irish. The 11 who either did not support it or objected to it were all the Scottish and four of the Irish witnesses.

From this analysis it would appear that, whilst in England the institution of a common Board is regarded with favour, there is no desire for its establishment in

Spence, 3446.

Scotland either on the part of the public or of the Profession. In Ireland professional opinion on this matter is divided ; though, as regards the Medical Authorities themselves, the majority either express no opinion in its favour or oppose it. It may also be noted that three more witnesses were examined from England than from Scotland and Ireland together, and of the 18 English witnesses eight had taken a prominent part in framing the English Conjoint Scheme.

This difference of opinion in the three Divisions of the United Kingdom is not without significance as illustrating important differences in medical education, examination, and licensing, which at present prevail in them, and which may be regarded as national characteristics.

In Scotland candidates for the Medical Profession are for the most part educated in the national Universities ; which also examine in the various branches of medical study, including the three essentials of medicine, surgery, and midwifery, and confer on the successful candidates degrees in both medicine and surgery, which are at the same time licenses to practise.

In Ireland a similar arrangement largely prevails, although not apparently to the same extent as in Scotland.

In England, on the other hand, only a small proportion of the candidates enter the Medical Profession through the Universities. The great majority are educated in the hospital schools, and obtain the license to practise by passing the examinations of one or more of the Medical and Surgical Corporations. The larger number obtain the diploma of the Royal College of Surgeons of England, which, as is stated in the Report, "does not imply a knowledge of midwifery," and which confers only a surgical qualification. It is in England, therefore, that the anomaly of a qualification to practise after passing an incomplete examination especially prevails. Candidates who desire a medical as well as a surgical qualification, and the possession of both is essential in the public medical service, require, therefore, to pass a second examination before either a College of Physicians in England, Scotland, or Ireland, or one of the two Societies of Apothecaries, in order to make their qualifications complete. To such candidates it would, undoubtedly, be a great boon to have an examining Board, formed by a conjunction of representatives of both medical and surgical institutions, which should conduct a complete examination in all the essential subjects of practice and confer a complete qualification.

Erichsen, 686–92.

But it is obvious that this anomaly does not exist to the same extent in Scotland, in which country the Universities now confer a full qualification granted after a complete examination, and the Corporations have for many years united, as empowered by the Medical Act, 1858, to conduct examinations, and confer a complete qualification. Hence has arisen the objection which for so many years has been urged in Scotland against such a proposal as the majority of the Commission have recommended. The Scottish Universities already have in action a competent machinery for both educating and testing the proficiency of all those who enter the Medical Profession through their portals. Throughout this long inquiry no reflection has been made on the manner in which they conduct their examinations; their statutes have all been framed by a Royal Commission and approved by the Privy Council, and the Report itself amply recognises all that they have done for medical teaching and examination. Further, it should be stated that several of the English witnesses, whilst advocating a combination of all the Medical Authorities in each Division for purposes of licensing, acknowledge that Scotland in this respect stands on a different footing from England, and that the same system could not be carried out in both countries.

Sir J. Paget, 215.
Erichsen, 688.
Prof. Paget, 857.

In my judgment the State is bound to ensure in the settlement of this question that the method of medical education and examination should be efficient. Whether these methods are or are not carried out according to a uniform system is quite a secondary question. If good reason can be shown for believing that efficiency can be obtained, without fusing for purposes of licensing all the Authorities in each Division of the Kingdom into one common Board, then I submit that in legislating on this subject uniformity of method should not be insisted on, but that due weight should be given to existing national characteristics.

Recommendation.

The proposal which I venture to suggest is as follows :—

(*a.*) No person shall receive a license to practise and be admitted to the Medical Register who does not possess a complete qualification in both medicine and surgery, including therein midwifery.

(*b.*) The diplomas granted by those Authorities, viz., the Universities, which conduct complete examinations, and confer degrees in medicine and surgery, shall also be licenses to practise and admit to the Register.

(*c.*) Those Authorities, viz., the Corporations, which grant diplomas in medicine alone, or in surgery alone, shall combine in each Division of the Kingdom, conduct a complete examination, and confer a qualification both in medicine and surgery which shall admit to the Register. Erichsen, 698. Struthers, Scheme No. 1 5800 *et seq.*

(*d.*) The Medical Council shall appoint Assessors to attend the several examinations conducted with the view of conferring the license to practise both by the Universities and by the conjoined Corporations. These Assessors shall report after each examination if it be satisfactory or not, and the Medical Council shall have power to suspend all examinations which are not of a sufficient standard of proficiency. Under this system the visitation of examinations now made periodically by the Medical Council would be no longer required, and the money at present expended on visitations could be employed to pay these Assessors.

As regards the two Societies of Apothecaries I am of opinion that their existence as licensing bodies is an anachronism, and that they should in future cease to take a part in conducting examinations for a license to practise.

My proposal approximates in its main features to that made by Professor Huxley in his Memorandum, and may be supported on very similar grounds to those stated by him. It would secure a satisfactory standard of examination, and induce the various bodies to be always on the alert to perfect their system, and adjust it to the advancing state of knowledge and new methods in education; it would not destroy the individuality of the Universities and the Royal Colleges and Faculty of Physicians and Surgeons, and would utilise their existing examination machinery; their revenues derived from examination would be in the ratio of their deserts; an efficient inspection of their examinations would be secured; no person would gain access to the Register without a complete qualification; and the number of the Licensing Authorities would be reduced.

But further, it could, I believe, be worked with much more economy, both of time and money, than the Divisional Board system. Under that system not only would the examiners have to be properly remunerated and the other expenses of the examination provided for, but the members of the Divisional Board would have to be paid. It is not to be expected that eminent members of the Profession would give the time necessary to discharge efficiently the important duties specified in paragraph 16 of the Report without adequate remuneration. It has been stated in evidence, and on the highest professional authority, that the final examination should be conducted by persons who have a complete familiarity with practice and practitioners; and it is to be feared, that, if a new examining and licensing Board were instituted, persons holding a similar high position as practitioners to those who now examine for the final examination of their respective Corporations would not continue to examine, unless for some very unexpectedly large fee; that with a new Licensing Board the class of examiners would be likely to deteriorate, and there would not be the same *esprit de corps*, and desire to initiate or develop improvements in the systems of examination as at present actuate the great majority of the examining bodies. Sir J. Paget, 218, 424–7, 523–4. Spence, 3438. Gairdner, 4768–9. Redfern, 6217.

To provide, therefore, for a continuance of the same high class of examiners, to pay all the expenses of examination and of the Divisional Boards, and to give compensation to those Medical Authorities that may sustain pecuniary loss from the abolition of their licensing privilege (par. 50), a heavy fee would have to be exacted from the candidates.

It is true, the Report proposes (par. 23) that the annual income of the invested funds now belonging to each Branch Council should be applicable to the expenses of the Divisional Board. But this income would be quite inadequate to meet those expenses, for, although it amounts in England to 731*l.*, in Scotland it is only 70*l.*, and in Ireland 50*l.*, yearly. Returns furnished to Parliament Jan. 1, 1882.

On the question of compensation I would remark that the two Societies of Apothecaries do not appear to me to have established any adequate claim. From the evidence it is clear that their corporate funds do not reap any benefit from the examination fees paid by candidates. In the case of the Irish Society of Apothecaries the examination fee is quite inadequate to pay the expenses; and the Society, so far from gaining anything for its corporate funds under the present system, actually sustains a pecuniary loss. Byass, 2913–29. Collins, 5759–66.

Under the proposal recommended in the Report a person who has obtained a certificate from a Divisional Board is to be enrolled on the Medical Register, but without a title. To obtain a title or titles he must apply to one or more of the Medical Authorities. It can scarcely be supposed that an Authority will grant a title without the payment of an adequate fee, so that before a candidate could legally call himself physician, surgeon, or doctor, he must again put his hand in his pocket and disburse a sum of money.

Year by year the progress of medical science, and the introduction of more exact methods of demonstration into medical teaching, add to the expense of a medical education. It is now proposed to introduce a system of examination, licensing, and title-giving, which will, I believe, be far more costly than the present or such a modification of it as I have suggested. It has been shown in evidence that the Medical Profession does not attract many of the upper and richer classes, that the remuneration scarcely repays the general practitioner, and that in some of the rural districts there is complaint that medical men are not in sufficient numbers. To add to the cost of entry into the Profession will not improve this state of things, and will I believe tend still more to encourage irregular practitioners.

Humphry, Memorandum, and 1167. Scott-Orr, 2353. Redfern, 6070.

In Germany, where a system of central or State control is exercised over the examinations for a license to practise, the cost of medical education is small, because the Universities and teachers are endowed by the State, and the fees for the State examination amount only to a few shillings.

If the State is dissatisfied with the examinations conducted by the Medical Authorities of the United Kingdom, and thinks it necessary to impose a central control in the form of Divisional Boards, then I would submit that the additional cost of this machinery should not fall upon the already heavily weighted candidate, but should be borne by the State.

For the reasons above given I have found it necessary to differ from the majority of my colleagues in their proposal to transfer the privilege of licensing to the Medical Council acting through Divisional Boards. But it is only right that I should admit that they have also recommended many concessions in matters both of education and examination, which would diminish in these matters (though not in that of cost) the rigidity of a uni-portal system. Without such concessions a common Board system would undoubtedly be most detrimental to the best kind of medical education, and the progress of medical science. It would destroy all freedom and originality on the part of the teacher, convert him into a mere crammer for a pass examination, lead students to regard their examination as the most important factor in their career, and would in course of time become an intolerable burthen.

If it should ultimately be decided that legislation is to take place on the Divisional Board system, then I should regard it as absolutely necessary that all these concessions should be incorporated in the Act. If the principle of the Report is adopted, it should be carried into effect in the way suggested, and it is on this understanding that I have signed the Report.

Scott-Orr, 2352–8. Spence, 3454. Cooke, 4899–903, 4956–60. Stoker, 5225–7.

2. I take exception to the reference, in paragraph 38, to the one-sided expression of opinion of the character of the examinations of the Edinburgh College of Surgeons and the Glasgow Faculty of Physicians and Surgeons. It would only have been fair to these Bodies to have also stated that other witnesses had expressed themselves very decidedly that their examinations are satisfactory and of a thoroughly practical character.

3. I have joined Mr. Simon in a Memorandum of dissent against the proposed introduction into the Medical Council of members elected by universal suffrage and of lay members, also against the numerical proportions recommended in the Report. As to the constitution of the Medical Council which we have suggested it is of course to be understood that my assent is on the supposition that Divisional Boards are to be instituted and is not to be regarded as prejudicing my preference for the proposals for conferring a license made in this Memorandum.

(Signed) WILLIAM TURNER.

(G.) By Mr. Bryce.

I dissent from so much of the Report of the Commission as proposes the establishment of a new Examining Board for each part of the United Kingdom, by which alone licenses to practice are to be given, and in particular I dissent from the conclusions stated in paragraphs 11 and 44. However, as I not only agree with the rest

of the Report, but also consider that, if the principle of the so-called Conjoint Scheme for medical examination and licensing be adopted, the method suggested in the Report is a proper one, I have joined my five colleagues who dissent from particular parts of the Report in signing it as a whole.

As the reasons which determine my opinion are substantially the same as those set forth by Professor Huxley in his Memorandum, and largely coincide with those stated by Professor Turner in his Memorandum, it does not seem necessary for me to repeat them here. I may, however, add that, if such a scheme as Professor Huxley proposes were adopted, much might be said for withdrawing the licensing power from several of the bodies which now exercise it, and particularly from the two Societies of Apothecaries, whose examinations appear from the evidence laid before the Commission to be scarcely satisfactory.

So far from regarding the establishment of one examination and one course of instruction for all students of medicine as in itself a desirable object, I venture to consider it a positive advantage to preserve a number of different examinations and different courses, so long as these are maintained at a sufficiently high level. This view is clearly and forcibly stated (as respects instruction) in the 37th paragraph of the Report, and the practical suggestions of the Report seem to me hardly in accord with the principles laid down in that paragraph, principles which may be thought to point rather to the continuance of the present free system, in an amended form, than to that Conjoint Scheme which has commended itself to the majority of the Commission. To what is said in paragraph 37 I desire to add the remark that it is desirable that the work of teaching and examining should be as far as possible kept in the hands of the same bodies, due provision being made for fairness by the introduction of certain external examiners to act along with the teachers.

The case of Scotland requires a few words. Her circumstances, especially in educational matters, are so unlike those of England, that there is *primâ facie* ground for treating her differently. The Scottish Universities combine professional with general instruction in a manner and with a success which no English University has yet reached or even attempted to reach. Three of them are highly efficient (one of these is indeed eminently brilliant) as medical schools. It would be a serious misfortune, not only to Scotland but to the whole country, if anything were done which would affect this efficiency by cramping the teaching of the Universities or diminishing the afflux of students to them, for to maintain the highest and most thorough teaching, and to bring under it the greatest possible number of minds, are surely the chief objects at which legislation ought to aim, more important than even the securing of a respectable minimum of knowledge in all practitioners. And I cannot but fear that under the Conjoint Scheme the freedom, popularity, and influence of the Universities might decline.

Though not convinced of the superiority of that scheme for any part of the United Kingdom, I admit that there is much to be said for its establishment in England. But if England were out of the question, would anyone propose it for Scotland? And obvious as is the convenience of having uniformity of system in the three divisions of the United Kingdom, can Scotland be fairly asked to sacrifice to such uniformity the interests of her Universities, which are largely also the interests of medical science?

(Signed) JAMES BRYCE.

Appendix to the Report.

Statement in regard to recent Attempts at Medical Reform.

The "Medical Act" of 1858 was the result of a general desire to establish a central authority in the medical profession; to institute a Register of its qualified practitioners, which might be recognised throughout the whole United Kingdom; to impose a uniformly sufficient test of qualification, before names were entered upon such Register; and to have a national Pharmacopœia. Before 1858, twenty-one separate Licensing Bodies, wholly without central control or supervision, issued certificates or conferred titles purporting to be evidence of professional qualification, but obtained by the

satisfaction of widely different tests, and, for the most part, only recognised within certain localities. That many of these titles and certificates were granted on insufficient evidence of qualification, was notorious; and so slight was the legal restraint upon imposture in regard to them as even to make it difficult to be sure that those who used them had been granted them at all. Thus the profession was discredited by having no competent authority to guard the entrances to it, to exclude the unqualified from admission, and to set on the admitted some common mark, which might distinguish them and be protected from counterfeit; while the public was without guarantee that membership of the profession, or the use of its titles, implied the attainment of any known and definite standard of qualification; and, on both sides, the resultant evils were so keenly felt, that nearly every Session of Parliament from 1840 to 1858 saw the introduction of some Bill intended to establish a central medical authority, which might undertake, or supervise, the urgently needed reforms. The proposed methods of constituting such an authority were very various, including (1) nomination by the Crown; (2) election by the profession; (3) appointment by the Licensing Bodies, or by some of them; but the general tendency of the successive proposals was to approach more and more nearly to the mode of constitution ultimately adopted by the Act of 1858 for the "General Medical Council" thereby formed.

The Council, as constituted by this Act, consists of seventeen representatives of the several Licensing Bodies of the United Kingdom; six Crown nominees; and a President elected by the Council. Of the Licensing Bodies, now nineteen in number,[1] each elects a representative, except in the case of the Universities of Edinburgh and Aberdeen which elect conjointly, and of the Universities of Glasgow and St. Andrew's which are similarly conjoined. The representatives of the seven English Licensing Bodies, viz., of the Universities of Oxford, Cambridge, Durham, and London, of the London College of Physicians, the English College of Surgeons, and the London Apothecaries' Society, together with four of the six Crown nominees who are appointed specially for England, form an English Branch Council of eleven members. Similarly, the representatives of the seven Scottish Licensing Bodies, viz., of the Edinburgh and Aberdeen Universities conjoined, of the Glasgow and St. Andrew's Universities conjoined, of the Edinburgh College of Physicians and College of Surgeons, and the Glasgow Faculty of Physicians and Surgeons, with one of the six Crown nominees, who is appointed specially for Scotland, form a Scottish Branch Council of six members; and in the same way the representatives of the five Irish Licensing Bodies, namely, of the Dublin and Queen's Universities,[2] and of the Irish College of Physicians, College of Surgeons, and Apothe- Apothecaries' Hall, together with one of the Crown nominees appointed specially for Ireland, form an Irish Branch Council of six members. The President of the General Council is *ex-officio* member of all the Branch Councils; and the Medical Corporations can only elect as representatives persons qualified to be registered practitioners under the Act, a restriction from which the Crown and the Universities are free, as is also the Council itself in its selection of a President. [Medical Act, 1858, §§ 3–7.]

The duties and powers assigned by the Act to the General Council so constituted [any of which, with the single exception below noted, might be delegated to the Branch Councils (§ 6) or to the Executive Committee hereafter mentioned (§ 9)] were, in the main, as follows:—

1. To make, keep, and publish a Register of the qualified practitioners of the United Kingdom (§§ 14–17 and 25–27).

2. To require information from the several Licensing Bodies, and procure it by personal visitation, in regard to the qualifications demanded by them as a condition of license to practise (§ 18).

3. To represent the case of any Licensing Body which seemed to be licensing on insufficient qualifications, or imposing improper conditions on licensing, to the Privy Council; which might thereupon suspend the licensing power of such Body (§§ 20–24).

---

[1] The "Medical Act, 1858," by taking away the licensing privilege of the Archbishop of Canterbury, reduced the 21 Licensing Authorities, above mentioned, to 20. Another Act of the same year, by uniting the two Aberdeen Universities, King's College and Marischal College, further reduced the number to 19.

[2] The Queen's University has now given place to the new Royal University; but no provision has yet been made for the representation of the latter on the Medical Council. The Lord President has, however, been advised that the representative duly nominated by the Queen's University to be a Member of the Council until 1st January 1883 continues to be such up to that date. The nomination, having been valid when it was made, is not invalidated by the subsequent extinction of the Body which made it.

[This power of representation to the Privy Council is the power above mentioned as given to the General Council only, not to be delegated either to Branch Councils, or to the Executive Committee.]

4. To erase from the Register the name of any practitioner struck off by a Licensing Body from its own list of members (§ 28), or convicted of any misdemeanor or offence, or "judged by the General Council to have been guilty of infamous conduct "in any professional respect."[1] (§ 29.)

5. To make, keep, and publish a British Pharmacopœia (§ 54); which, by the amending Act of 1862, was declared to be substituted for the separate Pharmacopœias of England, Ireland, and Scotland.

6. To make rules for their own procedure, and to appoint, from themselves, an Executive Committee, and delegate thereto any power except the power of representation to the Privy Council above mentioned (§ 9).

The Act further provided, that any two or more Licensing Bodies might "with the "sanction, and under the directions of the General Council, unite or co-operate in "conducting" the examinations for licenses (§ 19); that every person registered under the Act should be entitled "according to his qualification or qualifications" to practise medicine or surgery, or both, in any part of Her Majesty's dominions (§ 31); and no person not thus registered could recover fees for such practise (§ 32), or hold certain medical appointments (§ 36), or issue valid medical certificates (§ 37); and that any person falsely assuming any medical title, or pretending to be registered, should be subject to penalties (§ 40).

In some respects the Act proved undoubtedly effective. It broke down the territorial privileges of Licensing Bodies, and made a licence, valid anywhere in the United Kingdom, to be valid throughout. It further unified the profession by placing the entrances to it under the guardianship of one General Council. Question soon arose, indeed, whether the Council, as constituted by it, was representative of all the interests that should have been represented and whether it was not excessively representative of some interests; but it is beyond question that the Council thus constituted has personally been a body of the highest authority, largely composed of the eminent men of the profession and having had on its roll not a few of the most illustrious. Again, of the duties assigned to this Council, some have been discharged with an efficiency that has scarcely been disputed. The "British Pharmacopœia," compiled by it, is of acknowledged excellence; and, whatever may at first have been the fact, of late years, at all events, the troublesome work of registration has been admirably performed by the Council's permanent staff. Nor is it often denied that the Council has exercised an influence for good upon the several Licensing Bodies. Elaborate recommendations as to study and examination have been from time to time circulated by it, and have been very generally adopted by the Bodies. It has sent visitors to inspect their examinations, whose reports have been the means of exposing defect and of drawing attention to whatever was specially worthy of imitation. Even by those most dissatisfied with the present licensing system, it is admitted, that the entrances to the medical profession are now more strictly guarded than they were in 1858, and, though the advance of science and progress of education may account for much of this improvement, credit for it is also assigned, by a strong concurrence of testimony, to the Medical Council.

But it soon became evident in many ways, that the Act, weakened as it had been in its passage through Parliament, was failing to realise all the hopes of its promoters or to satisfy the demand for medical reform. Fault was found with the working of particular institutions; defects were shown in the general system established by the Act. The diplomas issued by some of the Bodies were said not to prove that amount of fitness for practice which they professed to guarantee. The examinations, on which they were granted, were pronounced insufficient, and the machinery provided by the Act for putting a stop to such laxity of licensing, when brought to the test of experience, was declared to be ill-constructed. For the Medical Council had been given by the Act no direct control of the Licensing Bodies. It could only recommend and remonstrate, or, in the ultimate resort, appeal to the Privy Council to suspend the licensing privilege of a Body persistent in

[1] The Medical Council have been advised that this power, like that of making representations to the Privy Council, cannot be delegated by them to a committee (Ev. 191). This, however, is not expressly stated in the Act.

default; and no such appeal was ever made by it. The critics of its constitution alleged that the Licensing Bodies were too strongly represented upon it for it ever to be able or willing to proceed to such a measure against them. The Council, on the other hand, had no lack of reasons to adduce why such a measure would be impolitic or impracticable. In a statement drawn up by its Executive Committee on 6th December 1869 it is distinctly asserted, that the Council "have encountered no "such resistance to their recommendations as would have justified appeal to the "Privy Council." But, whatever the Council's justification, the fact remained, that some of the Bodies were generally believed not to examine thoroughly in the subjects in which they licensed. Further, not only were some diplomas not considered proof of due acquaintance with the subjects in which they were granted, but a great number of diplomas were being granted which did not even profess to guarantee acquaintance with one half of the subjects deemed indispensable for the efficient practice of the profession. Medical corporations issued registrable diplomas in medicine alone, Surgical corporations in surgery alone, and the Act had been so drawn that either the purely medical diploma, or the purely surgical, sufficed to place a candidate on the Register. Some attempt had indeed been made in the Act to deal with this evil of "half qualifications." It had provided, as above stated, for a voluntary co-operation and conjunction between Licensing Bodies (§ 19), and some of the Medical and Surgical corporations, speedily availing themselves of this provision, had established conjoint examinations. Thus, in the year after the passing of the Act, the Edinburgh College of Physicians arranged a conjoint examination with the Edinburgh College of Surgeons, and also with the Glasgow Faculty, a Surgical Body, and both arrangements were sanctioned by the Medical Council on 8th August 1859. But even these Bodies, beside the "complete qualification" (*i.e.*, qualification in both medicine and surgery) granted on their joint examinations, continued to grant "half qualifications" on examinations held by them separately; while other Bodies entirely refrained from co-operation, and went on giving "half qualifications" only. That, under the Act, these half qualifications enabled a man to get upon the Register and thereby to appear before the public as a State-guaranteed medical practitioner, although his qualification lay in one only of the two essential branches of practice, and although the purpose of the Act was expressly declared in its preamble to be to enable a distinction to be made between "qualified and unqualified practitioners," this was felt to be so serious a defect as, in itself, to call for further legislation. As early as 1867, we find a motion brought forward in the Medical Council reciting that "the power of combining the examinations of the Licensing Bodies under "Clause 19 of the Medical Act has been sparingly used," and calling for "further "concentration of the examinations," and in 1868 a motion was agreed to, that "it is "desirable that the different Licensing Bodies should combine their examinations, "when this is practicable, so as to secure that the knowledge of every practitioner, "whose name appears on the Register, shall have been tested in all the subjects of "professional education which the Council has determined to be essential." Already, before the date of either of these motions, the Medical Council had been urging the Government to bring in a Bill amending the Medical Acts in certain minor particulars, such as the admission of foreign and colonial diplomas to the Register, and other points of less importance than the general licensing system of the country, and, after much discussion as to whether such a Bill should be a Government measure, and if so, what should be its provisions, Mr. Simon, writing to the Council on behalf of the Lord President on the 14th May 1869, brought the matter to a point by intimating that the Government would take up the subject in the following Session, provided that a Bill could be agreed upon, not merely dealing with minor points, but "covering all the ground where amendment of the Medical "Act is wanted." Mr. Simon specified as the most crying evil the fact that persons "practising on half qualifications are to be counted by thousands in the United "Kingdom." In response to this invitation from the Government, the Executive Committee of the Council, on 26th October 1869, appointed a sub-committee to prepare a statement for the Lord President. The statement appeared upon 6th December 1869, and in it occurred the following paragraph in regard to the conjunction of the Examining Bodies. "It may be questioned whether it would not "be desirable to grant to the Council power of enforcing amalgamations of "Boards, in the event of recommendations of voluntary amalgamation not proving "sufficient. It is probable that no more efficient Examining Boards for granting "the initiatory licence to practice 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." This was perhaps the strongest advocacy of what has been known as the " Conjoint Scheme " that had yet been put forward on high official authority, and it is worthy of observation that one of the three members of Council, who drew up the statement containing it, was the late Doctor Andrew Wood, afterwards a leader of the strongest opposition that has ever been offered to Conjoint Schemes, viz., the subsequently organised Scottish opposition. Further exchange of views between the Lord President and the Council followed and, in a more explicit letter addressed to the Council on 2nd February 1870, Mr. Simon thus enlarged upon the need for a radical reform of the licensing system. "That examinations for " admission to the Medical Register are held by many mutually independent and " in great part competing corporations, and that each examining board has its own " separate set of conditions for admitting candidates to examination, is the system " which now exists under supervision by your Medical Council." The Lord President doubted " whether this system under any practicable kind of supervision can work " satisfactorily ; " and the letter proceeded to specify as reforms possibly requisite, of which the Council had already expressed some approval, " a single code of regu- " lations common to all the examining boards of the United Kingdom," and " a more " or less consolidated examining authority," concluding with an appeal to the Council to aid the Lord President in a bold reorganisation of licensing. Thus stimulated by the Government to consider the reform of the whole system, the Council on 26th February 1870 passed, by a majority of seventeen to one (the single dissentient being the late Sir Dominic Corrigan), a resolution in favour of a " joint examining board in " each of the three divisions of the United Kingdom," and thenceforward continued for some time in frequent communication with the Government upon the subject of the needed legislation. From another quarter also came a demand for an amendment of the law affecting medical practitioners. The profession found the provisions of the Act of 1858 (§ 40) inadequate to check the assumption of medical titles of a misleading kind, and on this account asked for further legislation. For these two purposes, in the main, the better securing of sufficient and uniform tests of qualification as a condition of entry upon the Register, and the more effectual restraining of " quacks," the Lord President (Lord Ripon) brought in a Bill in 1870.

This Bill [1] provided that no person should be registered without a " double qualification," *i.e.*, without qualifying in both medicine and surgery (§§ 3 and 24); that each of the three Divisions of the United Kingdom (England, Ireland, and Scotland) should have a Conjoint Board for examining candidates for the profession ; that the existing Licensing Bodies (called in the Bill " Medical Authorities," and henceforth so called in this paper) should submit schemes for the establishment of such Boards for their respective Divisions to the General Medical Council, which should propose such schemes, when approved by it, to the Privy Council for confirmation ; or, in default of the submission of a scheme by the Medical Authorities of a Division, or of approval by the Medical Council, or confirmation by the Privy Council, of a scheme submitted by such Authorities, the General Medical Council might frame a scheme for such Division and propose it to the Privy Council for confirmation (§§ 4–9). Each scheme might provide for the constitution and duties of the Divisional Board ; the fees for admission to its examinations ; the application of such fees toward the Board's expenses, and of any surplus therefrom toward " the support of museums, libraries, or lectureships, under " the control of any of the Medical Authorities," or toward " the public purposes " of any of those Authorities, or toward " any public purposes connected with the medical " profession, or for the promotion of education in medicine and surgery " (§§ 9 and 29). The Medical Council should propose to the Privy Council for confirmation rules regulating the examinations of the Boards, and determining the courses of study and other conditions necessary for admission to such examinations, and providing for the superintendence of such examinations by the Medical Council, and securing that a license should " be granted on the like terms throughout the whole United Kingdom " (§ 10). The Medical Council might represent the case of a [defaulting Board to the Privy Council, which might thereupon dissolve such Board (§ 12). The Medical Council should issue a license to every person certified to them to have passed the Divisional Boards' license examinations, and such person should be called " a licentiate " in medicine and surgery," and should be entitled to be registered, and no other

[1] The Bill is here described in the form in which it was brought from the Lords to the Commons, in July 1870.

persons should receive licenses (§ 13). The Medical Council might add to the Register a column for "higher titles," *i.e.*, diplomas, degrees, and titles granted, in respect of higher qualifications than were required for a license, to persons who also held a license (§ 16). The Medical Authorities should cease to grant the title of "licentiate" (§ 19), but might grant their membership to license-holders, without examination or fee (§ 21). The Medical Council was empowered under specified conditions to register foreign and colonial licentiates (§ 22). Further provision was made against the unauthorised assumption of medical titles, and for the prosecution of offenders by, or with the consent of, the Medical Council or any Branch Council (§ 23). A majority of the Medical Authorities in each Division were empowered to act for the Medical Authorities of that Division (§ 30).

The attempt made by this Bill to promote a uniform sufficiency of license examinations by consolidating the nineteen separate Medical Authorities, for the purposes of such examinations, into three national Boards, and by subjecting these Boards to common rules, was not unfavourably received by the several Authorities, and gained the acceptance of the Medical Council. On the latter Body there was at first some opposition to the complete transfer of licensing from the Medical Authorities, and a desire seems to have been entertained that a "certificate of competency" from the Boards should merely be a condition of obtaining a licensing diploma from a Medical Authority, and should not, in itself, give a right to a license. The Government, however, stood firm to the principle, embodied in § 13 of their Bill, that the sole examiners for license should be the Divisional Boards, and the Council, by a majority of fifteen to five, gave in their adherence to this principle. Subsequently, after a full consideration of the Bill, paragraph by paragraph, the Council, by a majority still larger (fifteen to three—the three being Sir D. Corrigan and two other Irish members), in thanking Lord Ripon for his readiness to adopt suggestions from them, expressed an "earnest hope" that the Bill might "become law during the present Session."

But the Bill encountered an opposition from a part of the medical profession which ultimately led to its withdrawal. This part of the profession objected to any medical legislation which did not provide for a reconstitution of the Medical Council by admitting thereto representatives of the whole body of registered practitioners, and evinced their desire for a reconstitution of the Council, not only by opposing the Government Bill, but by frequently procuring the introduction of Private Bills, having among their main objects such a change in the constitution of the Council. From the Schedule appended to this paper, descriptive of recent Private Bills upon medical subjects, it will be seen that, apart from questions connected with the entrance to the profession, these Bills have been prompted by a wish, widely felt in the profession, for two main changes in the law, one of them admitting to the Council representatives elected by the registered practitioners, the other making more stringent the provisions directed against "quacks" and the assumption of deceptive medical titles.

After the failure of the Bill of 1870, the Government made no further attempt at medical legislation for eight years; but the stimulus given by the Bill to arrangements between Medical Authorities for the holding of conjoint examinations continued to make itself felt. The English Colleges of Physicians and Surgeons agreed to such arrangements; and on 7th July 1871 the Medical Council resolved, without a dissentient voice, to urge all the Medical Authorities in a circular letter to undertake without delay the formation of a Conjoint Examining Board for each of the three Divisions of the Kingdom. On 25th July 1871, this circular was despatched; and, in answer to it, the London College of Physicians announced their agreement with the College of Surgeons of England, and their belief that Oxford, Cambridge, London, and Durham Universities would join in the Scheme agreed upon. Separate letters from those Universities confirmed this belief in their common desire to participate in the Scheme, intimating, however, that in the case of the London University a legal disability would have to be removed before such participation would be possible. The Society of Apothecaries became the only Medical Authority in England which dissented from the Scheme. At first this Body did not ground their refusal of the Scheme upon any legal disability affecting their Society, but declared themselves to object to "the conditions and restrictions attempted to be imposed by the Scheme," in that it bound each Medical Authority taking part in it "to abstain from the exercise "of its independent privilege of giving admission to the Medical Register." The Apothecaries, in fact, though not objecting to grant their diploma on joint examinations, thought they should retain a right to grant it on examinations held by them

separately: which would have frustrated much of the intention of the Scheme by continuing the evil of "half qualifications." It afterwards appeared, however, that their Society, like London University, was under actual disability to join in the Scheme, only to be removed by legislation. On the 1st March 1872, the Medical Council passed the following Resolution:—"That the Council approve of and sanction "the Conjoint Scheme of examination submitted by the Royal College of Physicians "of London and the Royal College of Surgeons of England, to which the Universities "of Oxford, Cambridge and Durham have given in their adhesion. The Council has, "at the same time, to express its desire, that means may be found by which the "University of London and the Apothecaries' Society may be enabled to join in the "Scheme; so as to render it a complete Scheme for a Conjoint Board for England."

From Ireland also answers were received not unfavourable to the Council's advocacy of conjunction. The Irish College of Surgeons invited the other Medical Authorities of the country to send delegates to a conference, which, beginning on 13th December 1871, continued in sixteen subsequent meetings, and succeeded in drawing up a Conjoint Scheme for submission to the several Irish Authorities. This Scheme was, in the main, accepted by Dublin University; which declared "that it would conduce to the "interests of medical education, if the various Licensing Bodies in Ireland were to "agree in a plan of conjoint medical and surgical examinations." It was still more cordially accepted by the Irish Apothecaries; who approved of nearly all its details. But the Queen's University opposed the Scheme, expressing a general disbelief in Schemes of voluntary conjunction, and a special objection to the control of curriculum which this particular Scheme would give to the Divisional Board. The King and Queen's College of Physicians, while advocating a conjoint system, also opposed this particular Scheme, and likewise affirmed strongly, "that any Central or Conjoint Board or Boards should have no concern whatever with the details of education." Opposition was also offered to certain details of the Scheme by the Surgeons, who, believing that conjunction would injuriously affect the finances of the several Medical Authorities, thought that fees should be charged for admission to the conjoint examinations, not, as then proposed in the Irish Scheme, merely of sufficient amount to cover the cost of those examinations, but of higher amount; so as (for such appears to have been the intention of the Surgeons) to compensate the Medical Authorities for losses which would be incurred by them through the operation of the Scheme. It was notable, however, that none of these dissentient Authorities expressed a general repugnance to conjunction. Even the Queen's University, always the least favourable to such a movement, seemed of opinion that legislation on the subject might be beneficial; and it is clear that the Medical Council did not despair of agreement between the Irish Authorities; for on 4th March 1872 it passed this Resolution: "That "this Council expresses its regret that no Scheme has been framed and submitted to "the Council by the Medical Authorities in Ireland for establishing a conjoint "examination. The Council has considered the resolutions of the conference of "representatives on this question, and hopes that a Scheme for a conjoint examina- "tion, which the Council will be able to sanction, may be submitted to the Council "by the 1st of July 1872."

In Scotland, also, delegates from the several Medical Authorities, in conference with the Scottish Branch Council, succeeded on 24th May 1872 in drawing up a Conjoint Scheme; and before that date the Scottish Authorities had severally communicated to the Council their views on the subject of conjunction. At meetings held by them in January and February 1872, the Edinburgh Colleges of Physicians and Surgeons, and the Glasgow Faculty, "taking into consideration the urgent representations of the "General Medical Council," agreed to plans of conjunction, and in the same months the Scottish Universities gave to the proposal of conjunction a qualified approval, indicating what sort of arrangements for the purpose they would deem best, but expressing doubt as to whether they should be conjoined at all. Edinburgh University saw "no necessity for revolutionising the whole system of examinations in the United "Kingdom." Aberdeen held "that the evils complained of in regard to medical "licensing may be met simply by the combination, under the 19th clause of the "Medical Act, of the Medical and Surgical Corporations." Glasgow regretted "the "prospect of renewal of the difficulties and confusion which have attended every "change in the regulations as to the qualification of medical practitioners, more "especially as that now proposed is one of a fundamental character;" while St. Andrew's, in assenting without so full a statement of preliminary objections as was made by the sister Universities, reserved for herself the right to concert with them all further action

in the matter. The qualified approval of Edinburgh and Glasgow Universities was soon followed up by protests addressed by many of their Professors to the Medical Council, objecting to the whole movement in favour of conjunction; and on March 2nd and 4th the Council passed resolutions signifying their regret at the failure of the Scottish Medical Authorities to frame a Conjoint Scheme, urging upon them the desirability of such Scheme, and expressing a hope that one might be submitted by 1st July 1872.

When the Scheme adopted by the delegates of the Scottish Medical Authorities on 24th May 1872 came to be considered by those Authorities severally, it was accepted in its entirety by the Edinburgh Physicians and the Glasgow Faculty, the latter Body expressing an opinion, that, if any such Scheme were "necessary in Scotland, the con- "solidation of the existing examinations should be more complete and comprehensive "than the proposed Scheme provides for." The Edinburgh Surgeons adopted the Scheme with some few modifications; but the Universities of Edinburgh and Glasgow forwarded to the Scottish Branch Council elaborate arguments against the Scheme; St. Andrew's did not "acknowledge any real necessity for adopting such a Scheme," or "see that the interest of the public or the profession are thereby to be improved;" while Aberdeen, in giving a qualified assent, stated, like the Glasgow Faculty, that the Scheme appeared to them "open to objection and not to be so complete as is desirable, "in the event of its being considered expedient to form a General Conjoint Board."

On receipt of these answers from the several Authorities, the Scottish Branch Council resolved, that the result of their efforts, "and the circumstance that several "important Bodies have declined to accede to any of the schemes proposed, have con- "vinced this Branch Council that it is expedient at present to desist from the attempt "to form a Conjoint Board for Scotland, and rather to endeavour to improve the exist- "ing system by carrying out a fuller inspection of the examinations as authorised by "the Medical Act."[1]

Meanwhile, negotiations between the Irish Medical Authorities (except the Queen's University, which stood aloof,) had been renewed at conferences of delegates held on 20th April 1872 and subsequently. At the close of that year and beginning of 1873, three of the Irish Bodies, viz., Dublin University, the Physicians, and the Surgeons, reported themselves to the Council as having agreed upon a Scheme, and, on 31st March 1873, this Scheme was sanctioned by the Medical Council, who added to their resolution these words. "The Council also desire to express a strong hope that the "Queen's University and the Apothecaries' Hall in Ireland may be able to co-operate "in the Scheme." The Apothecaries, it was known, refused co-operation on some mere point of detail, and were in reality the most eager of the Irish Authorities for conjunction.

Not only, however, did this Scheme of the Irish Authorities not come into operation, but, on 26th June 1875, more than two years after it had been sanctioned, questions were asked in the Medical Council as to whether the agreement had not been altogether broken up by the withdrawal from it of the Irish College of Surgeons. It was denied, indeed, by their representative that the Surgeons had so withdrawn; but it was admitted by him that certain objections had been raised to the Scheme by the Fellows of the College, and he added, with regard to the whole question of con- junction of Medical Authorities in Ireland, that "during the past year the question "had fallen into abeyance. The present feeling in Ireland would seem to be that "we should be very much influenced by the steps which may be taken in England "and Scotland." Eleven months later, the President of the Medical Council, being again interrogated as to what was happening in regard to Conjoint Schemes in Scotland and Ireland, referred to this inquiry and answer as the last mention of Schemes for those countries which had been brought under his official notice.

To revert to England, in July 1874 the Council learnt that the legal obstacles in the way of an acceptance of the Conjoint Scheme by the University of London and the Society of Apothecaries had been removed,[2] but, on 26th May 1876, they learnt further, that the negotiations between the Medical Authorities were still proceeding and had not yet resulted in an agreement upon a Scheme.

On 2nd June 1876, the Council passed the following resolution by a majority of fifteen to six: "That this Council express their regret that, up to this time and after

---

[1] Dr. Andrew Wood, before Select Committee, 1879: Qu. 4054.

[2] In 1873, an Act enabling London University to join in the Scheme was passed; in 1874, an Act enabling the London Apothecaries; in 1875, an Act was passed the better to enable the English Surgeons to join.

" so long a delay, no Scheme for a Conjoint Examining Board for England, Scotland, " or Ireland, has yet been put in operation. The Council further desire urgently to " press this matter of conjoint examinations upon the Bodies whose duty it is to " arrange and supervise the medical examinations in the several divisions of the " Kingdom." Of the six members of the Council who opposed this motion, five represented Medical Authorities, viz.: The combined Edinburgh and Aberdeen Universities, the Edinburgh Physicians, the Edinburgh Surgeons, the Queen's University, and the Irish Physicians.

Nearly a year elapsed after the passing of this Resolution before the Council was called upon to sanction a Conjoint Scheme agreed to by all the Medical Authorities of one of the three countries; but at length, on 27th May 1877, such a Scheme was sanctioned for all the Medical Authorities of England. No Councillor voted against this Scheme; and the representatives of Edinburgh and Aberdeen Universities combined, of the Edinburgh Physicians, and of the Glasgow Faculty, voted for it.

The same month (May 1877), which saw for the first time the sanction of a Conjoint Scheme agreed to by all the Medical Authorities of a Division, saw also the beginning of a movement in favour of renewed attempts by the Government at legislation upon medical subjects. A deputation of the Council pressed upon the Lord President (the Duke of Richmond) the need of a Government Bill to settle several questions of interest to the profession. These were: (1) the recognition of foreign and colonial qualifications; (2) the privileges of women in regard to medical qualifications; (3) the appropriation of penalties under the Medical Act; (4) the education of Midwives; (5) the emendation of the law affecting certificates of lunacy. At the same time the Dentists urged on the attention of Parliament their claims to better organisation. To these representations the Duke of Richmond replied (as Lord Ripon had replied in 1869), that, if the Government took up medical reform at all, it must try to reform thoroughly; and, hoping for the support of the Council in such thorough reform, the Government, on 19th March 1878, introduced a Bill into the Upper House.

This Bill, like that of 1870, required a " double qualification " for license. Such qualification might be either (1) two diplomas from the Medical Authorities, of which one should be medical, the other surgical; or (2) if the candidate had got from a conjoint " Medical Board " a " qualifying certificate " in medicine and surgery, then a single diploma from a Medical Authority would suffice (§ 3). The provisions proposed in 1870 for the registration of foreign and colonial licentiates were repeated in a more liberal form (§§ 5–8); and the Bill contained minute directions as to registration generally (§§ 9–10). Further, it had provisions bearing upon the duty assigned to the Medical Council (Medical Act, 1858, § 29) of erasing from the Register practitioners convicted of crime, or guilty of misconduct " in a professional respect " (§§ 11 & 12), and declared that this duty should be exercised by a committee of not more than five members of the Council, to be always maintained for the purpose (§ 13). With regard to the examinations of candidates for license, the Medical Council should (subject to appeal to the Privy Council) make rules for their conduct, and for the conditions of admission to them, " in order that the double qualification may be granted " on the like terms in all cases "; such rules should provide for the admission of women to the examinations, but should not compel any Medical Authority to admit women to examination which had not already done so, or was not already under obligation to do so (§ 14). Provision, more amplified than that of § 19 of the Medical Act, 1858, was made for voluntary Conjoint Schemes between Medical Authorities (§§ 15, 18, 21); and regulations applicable to the " Medical Boards " so to be formed, and their procedure, were laid down (§ 16). A " qualifying certificate " from a conjoint " Medical Board " should entitle an examinee of such Board to a diploma from any Medical Authority taking part in such Board; but such diploma need not give any share in the government of such Medical Authority, and an Authority might issue a diploma to women which gave no share in its government (§§ 17–20). The Bill, like the Bill of 1870, amended the powers given by § 40 of the Act of 1858 for the suppression of a wrongful assumption of medical titles (§ 22), and introduced provisions, which had not appeared in the 1870 Bill, for empowering the Medical Council, with the approval of the Privy Council, to make schemes for the examination, licensing, and registration of Dentists (§ 23)—who in this Session got a Bill passed for themselves, " The Dentists Act, 1878 "—and of Midwives (§ 24); and amended the law relating to certificates of lunacy (§ 29).

It will be observed that this Bill differed in two main particulars from that of 1870, viz. (1) it made " affiliation " to one or more of the Medical Authorities necessary, by

leaving the diplomas of those Bodies the only passports to a license; (2) it made conjunction between the Medical Authorities of each Division optional instead of (as in the 1870 Bill) obligatory. Exception was at once taken by Lord Ripon, on the introduction of the Bill, to this latter departure from the Government policy of 1870, and the two English Royal Colleges, the Physicians and Surgeons, hastened to join in the protest. "The consolidation of all present Licensing Authorities into Conjoint "Boards, one for each Division of the Kingdom," said the College of Surgeons, was an object to which they attached "the highest importance." The part they had played in "the settlement of a voluntary Joint Scheme for England" proved their "willing-"ness to make all needful sacrifices for that object," but it, in their opinion, "the "object would not only remain unpromoted, but even the progress already made "towards it would be seriously endangered, and in all probability lost, if the Legisla-"ture were now to affirm that it leaves the principle of joint examinations for the "option of the individual Medical Authorities." The protest of the Physicians was not less strong. "The College desires," they said, "to express its extreme regret and "disappointment that the Bill altogether fails to provide for that compulsory establish-"ment of Conjoint Examining Boards, which was recommended and urged on the "Medical Authorities by the Medical Council, for which the College has been "strenuously labouring during many years, and which constituted the main feature "of Lord Ripon's Bill. For the attainment of this object the College has spared "neither time nor labour, has manifested its readiness to sacrifice its own individual "interests and independence of action, and has loyally co-operated with the other "English Authorities, believing that by so doing it was acting in the common interests "of the profession and for the good of the public. But this object, admitted on "all hands to be of supreme importance in any scheme of medical reform, would "certainly be hindered rather than advanced should the present Bill become law."

To the protest of the English Royal Colleges, the English Apothecaries added theirs. Addressing the Lord President on 13th April 1878, the Master of that Society wrote, "Upon the general features of the Bill the Society desire me to state that "their views are in accordance with those which have been already expressed to your "Grace by the Royal Colleges of Physicians and Surgeons."

All the labour expended in England upon establishing a conjunction between the Medical Authorities seemed likely to be rendered of no avail by the merely permissive character of the Bill. Sir James Paget, who had taken a leading part in that labour, interrogated in the Medical Council on 12th April 1878 as to the prospect of the Conjoint Scheme, agreed upon by the English Authorities and sanctioned by the Council, coming into operation, stated, that the Authorities were still working out the details of their Scheme, but added the expression of a grave fear lest their agreement should be completely destroyed if "the institution of conjoint examinations in "all divisions of the Kingdom were not made compulsory."

With these strictures upon the Government proposal before them, the Council passed a resolution in favour of compulsory conjunction; but, of twenty four members voting, ten opposed the resolution. Nine of the ten represented Medical Authorities, viz., all the Scotch Authorities without exception, and all the Irish except the Apothecaries; and the tenth opponent of the resolution was the Crown nominee for Scotland. Further, not only was the Scotch vote thus solidly cast against obligatory conjunction, but there was presented to the Council a petition addressed to the House of Lords by one important Scottish Medical Authority, the Glasgow University, "expressing "their satisfaction that the element of compulsory conjunction of Medical Authorities "forms no part of this Bill." On the other hand, a report adopted by the Senate of the London University was furnished to the Medical Council in which it was stated, that, as the English Scheme had been "framed with the idea of considerably raising "the *minimum* standard of medical education and examination, it is obvious that, "so long as this *minimum* remains as at present in the sister kingdoms, the English "Scheme cannot be put into operation without serious peril to the interests of the "English Medical Corporations, since there is a class of candidates to which the "existence of a lower standard elsewhere will prove a more effectual attraction than "any pecuniary consideration." "The University were satisfied that the attempt "made by the Bill to secure that the double qualification may be granted on the "like terms in all cases" by empowering the Medical Council to make examination rules for all the Medical Authorities "would be ineffectual," as well as being "a very "undesirable power of interference with the independent action of the Medical "Authorities" and "that the only feasible means of securing such uniformity is to

"confer on the Medical Council the power of *enforcing* (with the sanction of the Privy "Council) the institution of a single scheme of qualifying examination in each of the "three kingdoms."

In deference to the opinion of the Medical Council, of the English Medical Authorities, and, so far as this could be ascertained, of a very large part of the profession, the Government altered that provision of the Bill which made conjunction between Medical Authorities merely optional. At first it was proposed that conjunction should remain optional for the Universities and be made compulsory for the Medical Corporations only; but, before the Bill passed the Lords, it was agreed to make it obligatory both upon Universities and Corporations in each Division of the United Kingdom. Further, the Bill (§ 3) was so altered as to do away with all necessity for the affiliation to any Medical Authority of those who passed the Divisional Board examination, an alteration made at the instance of Lord Ripon, and having the effect of bringing the Bill of 1878 into strong resemblance to that which he had himself introduced in 1870.

From this change, rendering affiliation to a Medical Authority unnecessary, the Council, on 1st July 1878, dissented by a majority of nineteen to two; the two being both of them Crown members. It was known, too, that the Bill would meet considerable opposition in the House of Commons, and, in view of this, notice was given on 25th July 1878 by the Minister in charge of the measure (Lord George Hamilton) of certain amendments which the Government proposed to make in it, and, a few days later, it was intimated that the Bill would not be proceeded with during the current Session.

On the 25th of February 1879, the Bill was re-introduced in the House of Lords, with the Government amendments embodied in it. Divisional Boards were to be obligatory (§§ 3 and 16), and their certificate was to be requisite for registration (§ 3). The holder of such certificate was, before registration, to apply to one at least of the Medical Authorities of his Division for a diploma; but if the Authority refused such diploma for a month he could be registered without it as a "licentiate in medicine, surgery, and midwifery" (§§ 5 and 6). Provision was made, as in the Bill of 1878, for the registration of foreign and colonial practitioners holding diplomas recognised by the Medical Council (§§ 7, 8, 9), but a provision proposed in 1878, and also in 1870, for allowing the Council by special order to register eminent foreign or colonial practitioners was omitted. The provisions of 1878 as to registration and erasure from Register were retained with only so much alteration as changes in other parts of the Bill necessitated (§§ 10—13), except that, whereas it had been proposed in 1878 that a committee of the Medical Council should be empowered to erase a name, in 1879 (and in the later version of the 1878 Bill) it was proposed that such committee should merely ascertain the facts of each case, and that the Council should not delegate the power of erasure (§ 14). The 1878 proposal had been that the Medical Authorities or Conjoint Boards should hold their examinations in accordance with rules made for them by the General Medical Council, subject to the Privy Council. The 1879 Bill, as at first drawn, gave to the Medical Authorities of each country the initiative in the framing of examination rules for the Conjoint Board, merely requiring such rules to be approved by the Medical Council and providing for appeal to the Privy Council; but, in the form in which the Bill came down to the House of Commons, this initiative was taken away from the Medical Authorities and the framing of examination rules and of a curriculum of study was committed to the General Medical Council and Privy Council, in a manner similar to the 1878 Bill. The proposal of 1878, empowering Medical Authorities to issue a diploma to women which should not give any share in the government of such Authorities, was continued.

In order to conciliate such opponents of this Bill as might, like the successful opponents of the Bill of 1870, ground their opposition on the fact that the Bill did not reconstitute the Medical Council by admitting thereon elected representatives of the profession, the Government on 12th March 1879 gave notice that a Select Committee of the House of Commons would undertake an inquiry into the constitution of the Council. A few days later, the Duke of Buccleuch, speaking on behalf of the Scottish Universities, asked that the whole question of medical reform should be referred to a Committee or Commission; and, following his example, the members of the Medical Council, who opposed compulsory Conjoint Boards and "free affiliation," proposed, on 21st March 1879, that, not merely the constitution of the Council but the "other questions connected with medical reform, some of which are no less impor- "tant and difficult than that of the constitution of the Council, and in regard to

" which much diversity of opinion exists, should also be referred to the same Select " Committee, for investigation and report, previously to further medical legislation." This was met by an amendment to the effect that the subjects of the Bill had been " long and sufficiently discussed," and that " the continued uncertainty respecting " legislation upon them retards the improvement of medical education, and is detri- " mental to the interests of the profession and the public," and that " the reference of " the Bill to a Select Committee is not necessary." On a division in the Council, the amendment was carried by fourteen to eight. No Scotch members voted among the fourteen, but among them voted a majority of the Irish representatives and the Crown member for Ireland, a fact which seemed to show that the idea of a conjunction between the Medical Authorities was gaining ground in that part of the United Kingdom. Notwithstanding this vote of the Medical Council, the Government, finding the Bill much opposed, referred it, along with several privately introduced Bills on medical subjects, to the Select Committee whose Report is contained in the Blue Books, Nos. 320 (1879) and 121 (1880).

In 1880, the Government re-introduced the Bill in the same form in which it had been referred, and again referred it, with the private Bills above mentioned to the Select Committee, re-appointed for the purpose; but Parliament was dissolved soon after, and the Bill was not proceeded with.

Thus the attempts made by two successive Governments to establish three Conjoint Divisional Boards have only so far succeeded as to procure an agreement between the English Medical Authorities in regard to the manner in which such a Board might be established for their Division; and a partial agreement of a similar kind between the Medical Authorities of Ireland. The greatest difficulties, which the attempts have met, have been those raised by the Scottish Universities. On their behalf it has been pointed out, that their position in regard to this matter is very different from that of the English Universities. It is represented, that, while in England the medical teaching is done by schools of medicine which have grown up around the hospitals and infirmaries of the great towns, in Scotland it is done by the Universities of Edinburgh, Glasgow, and Aberdeen. The number of medical degrees conferred by English Universities is insignificant in comparison with the number given by the Scottish Universities. Hence it is argued that the same sort of Conjoint Scheme would not suit the circumstances of both countries. In 1870, the Scottish Universities confined their action to the making of a demand, which was conceded to them by an alteration of the Bill then before Parliament. They asked that their students should not be required to pass the earlier examinations of the medical course before the Conjoint Board, but merely the final examination in medicine and surgery; and the Bill was accordingly modified, so as to provide " for the acceptance of examinations in general " knowledge, or the fundamental medical sciences " (defined in the Bill, § 2) not con- " ducted by the Medical Examining Board, in lieu either wholly or partly of like " examinations conducted by that Board." [§ 10 (3)]. On receiving this concession, the Scottish Universities refrained from opposition to the Bill. In 1878, when the reluctance of Scotland to take part in Conjoint Schemes had become more pronounced, the Duke of Buccleuch was the exponent of another compromise intended to satisfy her Universities. To illustrate the design of this compromise in the case of Edinburgh University, at present examinations are there conducted by a body composed, half, of University Professors, half, of non-professorial experts appointed by the University Court. In each subject there are two examiners, one taken from each of the above two classes. Under the Buccleuch proposal, the non-professorial element in the examining body would be taken, not from persons appointed by the University, but from representatives of a national Conjoint Board; so that the examinations would not be conducted wholly by the University, and the University would no longer be sole judge to pronounce upon the qualifications of its own pupils, but would have as assessor an outside body, representing the public interest, and bound to see that no qualifications were accepted as entitling to license which fell below a certain uniform standard.

Yet, while the main opposition to a Scottish Conjoint Scheme has undoubtedly come from the Universities, it would be inaccurate, as the above narrative will have shown, to describe Scottish opposition as confined to those Bodies. Whatever the causes, there has certainly grown up a sort of national feeling in Scotland that a Conjoint Scheme would bring to her no gain and might entail upon her positive loss; and though this feeling was first developed and is strongest in the Universities, the Medical Corporations are not uninfluenced by it. The growth of the feeling is recent.

That there was no organised Scottish resistance to a conjunction of Medical Authorities in 1868–70 is sufficiently shown by the account above given of the voting during those years in the Medical Council. At that time, the divisions of the Council tended to follow somewhat different "planes of cleavage" from those which have been lately presented to view. There was more of conflict than there is now,[1] but it was in great measure an antagonism between Universities and Corporations, which cut across, and hindered in development, divisions of a national character; and as this antagonism between the two classes of Medical Authority has lessened, the differences of opinion that have manifested themselves have more inclined to take a national form. And, in the case of this Scottish national feeling against Conjoint Schemes, it is impossible to doubt that much of its development and organisation was due to the personal influence of one remarkable man. The late Dr. Andrew Wood, as has been observed, was once prominent among the advocates of Conjoint Boards; but his experiences during the abortive negotiation between the Scottish Authorities in 1872 caused him to alter his views, and he then threw himself into opposition with that fervour which is said to characterise a complete change of faith. The force of his intellect and character made his authority both in Scotland and in the Medical Council very great, and proved a factor too important to be left without mention in bringing about the very notable result, that, whereas not one Scottish member of the Council opposed conjunction in 1870, there was not one who did not oppose it in 1878 and 1879.

The obstacles which have impeded conjunction in Ireland have been of a different kind. From his unrivalled persistency in opposing such a measure, even when he had to oppose quite alone, it might be surmised that the late Sir Dominic Corrigan represented an opposition as formidable as Dr. Wood's. As a matter of fact, Dr. Corrigan did not wield, or even try to wield, any such weighty influence; and in Ireland there is not, and never has been, any national opposition to a Conjoint Scheme. On questions of detail there have been divergencies of opinion among the Authorities, and there is a resolve to resist the application to Ireland of any system of licensing which does not extend over the whole United Kingdom and deal with the three countries and their respective institutions on a basis of perfect equality. Beyond this, there seems to be no evidence of Irish antagonism to a Conjoint Board system.

Cursory mention has been above made of a question probably the most difficult that besets the reform of medical licensing, the question, namely, whether, under a Conjoint Board system, the passing of the Board's final examination should be the sole requirement for a license, or there should be the further requirement of "affiliation" to one or more Medical Authorities. The Authorities themselves naturally favour the latter arrangement, as tending to recruit their bodies, to keep up their influence, and to maintain their finances. In 1870, it is true, they were willing to take their chance under a system of free affiliation; but in 1878 they induced the Government to propose compulsory affiliation; and, when the Government abandoned this position, they effected that it should only so far depart therefrom as to take up a position between freedom and compulsion, and should propose to compel the candidate for license to apply for affiliation to an Authority, but to leave the Authority free to refuse such application. In this proposal, and indeed all through the debates of the last ten years upon the subject of affiliation, there has been mixed up with it, complicating and embittering it, the question, whether women should be admitted to the profession, and to the Medical Authorities, and, if they were so admitted, what should be their position therein, a question which may need some mention in this paper.

As stated in Mrs. Garrett Anderson's memorandum, published in the Appendix, the London Apothecaries were the first Medical Authority through which women could obtain access to the medical profession. The Apothecaries, however, afterwards tried to withdraw this privilege, and women who desired to prove their qualification for medical practice were thus driven to seek diplomas abroad. In 1875 and 1876 Mr. Cowper Temple brought in a Bill for the partial remedy of this grievance. He did not propose to open a way for women to the acquisition of registrable diplomas in the United Kingdom, but merely to permit women to be placed on our Register by virtue of foreign and colonial diplomas acquired from certain specified Bodies of reputation. To this Bill the Medical Council showed no favour, and one of their grounds of objection, viz.: "that the Council have no means of exercising that supervision and control

General Appendix, No. 4.

[1] *See* Dr. Acland's evidence before the Select Committee, 1879: Qu. 452.

"over the education and examinations required for foreign degrees, to which the "Licensing Bodies of this country are by the Act of 1858 subjected," seemed hardly consistent with the fact that the Council had frequently, when the "women question" was not before them, entertained a proposal to register good foreign diplomas. Mr. Cowper Temple's Bill, however, was not pressed; for, in 1876, a measure of larger relief for medical women was introduced by Mr. Russell Gurney. This Bill was intended to enable the Medical Authorities of the United Kingdom to give their registrable diplomas to women equally with men, and had in it a proviso designed to empower any Medical Authority to exclude from its "government, management, or proceedings" female recipients of its diplomas. On 11th August 1876 Mr. Russell Gurney's Bill passed; and on the 6th of the following October the Irish College of Physicians for the first time admitted women to its examinations for license. There were defects, however, in the Russell Gurney Act which hampered its operation. The above-mentioned proviso, designed to enable a Medical Authority to license a female applicant without necessarily giving her any rights in its management, was found to require for its working a power, not contained in the Act, enabling a Medical Authority to issue a new kind of diploma. Hence arose the need of those provisions which have been mentioned as occurring in the Government Bills of 1878 and 1879, intended to allow the creation of new diplomas not conveying the same rights as those now issued. But, whatever the defects of the Russell Gurney Act, the position of medical women has greatly improved since its passing. Beside the Irish Physicians, two other Medical Authorities, the London University and the London Apothecaries, now grant their diplomas to women.

Finny, 5269.

It will be observed that no Government Bill has attempted to modify the constitution of the Medical Council. The Government policy appears hitherto to have been, first, to settle a licensing system, and thereafter (if at all), and in view of the functions allotted to the Council in connexion with such system, to consider what alterations, if any, should be made in the Council's constitution. Private Bills, however, (as above remarked) have been frequently introduced, proposing a re-organisation of the Council; and among the questions in regard to it which have been most keenly debated may be mentioned the following:—whether it could be enlarged, or diminished, with advantage to the public, or the profession; whether representation upon it is fairly allotted among the existing Medical Authorities, and whether, if the conduct of the license examinations were transferred to Conjoint Boards, the whole system of representation on the Council ought not to be correspondingly modified; whether the Council ought not to contain an element directly representative of the general practitioners, and whether such element should be supplied by Crown nomination, or by some system of election by the whole body of practitioners.

Round this last proposal, which would place on the Council representatives chosen by universal suffrage of the profession, controversy has been carried on for as long a period as upon any other point of medical reform, and at times with perhaps more of warmth than has attended the discussion of any other. From a "Memorandum on "constitutions proposed for the Medical Council before the passing of the Medical "Act, 1858," presented to the Council by its Registrar on 18th March 1879, it appears that, in the very earliest of the long series of Bills described, a Bill dated 11th August 1840, the principle of what has since been known as the "direct representation" of the profession was largely embodied. The principle has been pressed on Parliament in very numerous subsequent Bills; deputations from very large portions of the profession have advocated it, both before the Medical Council and the Ministers of the day; and in 1869 a memorial in favour of it was signed by 9,724 practitioners out of a total of 17,139 on the Medical Directory. Nor has the Council itself refused to consider this proposed modification of its constitution. On 12th July 1869 it resolved that "for the purposes of the existing Act the present Council is "essentially well constituted," but "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 its direct influence, then the profession at large should "have more direct influence in the appointment of members of Council." Again, on 3rd July 1878, while the Bill of that year was before Parliament, the Council took up the subject of its own constitution and passed resolutions affirming that this constitution needed revision, but that "the consideration of the question of revision of the "Council should not prevent the passing of the Government Bill." On the following day the Council requested its Executive Committee to draw up a report on "the "changes (if any) of constitution by which the Council might be rendered more

Gamgee, 3346.

" efficient for the duties which it has, or will have, to discharge." This report was presented to the Council on 18th March 1879, and proved to be strongly adverse to direct representation. In the main it was a defence of the existing constitution, but, if change were deemed to be requisite in the direction of securing more representation to the general practitioners, the report suggested that this could be effected, without the agitation and expense of popular elections, by additional Crown nominations. A few days after this report was presented, Dr. Humphry, who has since ceased to be an opponent of direct representation, proposed in the Council, and carried by seventeen votes to four, a motion condemnatory of that mode of election, as not affording " sufficient guarantee for the selection of the persons best qualified." The terms of the amendment to this motion, supported by the minority, were the following :—" That " the election of a proportion of the Council by direct representation would be an act " of justice to the whole profession, who furnish the funds but have no voice in the " management, and would afford a guarantee for the selection of persons possessing " practical acquaintance with the needs of the public and the requirements of the " profession." When this amendment was lost and Dr. Humphry's motion carried, the Council agreed, on 25th March 1879, to discuss no further the report of their Executive Committee; so the resolution of 3rd July 1878, affirming that the constitution needed revision, really led to no expression of opinion on the part of the Council as to how such revision should be effected, other than Dr. Humphry's resolution that revision should not include direct representation.

Humphry, 1636.

With regard to the questions that have arisen concerning colonial and foreign diplomas, it has been long and very generally felt, that some recognition should, under sufficient safeguards, be granted to such diplomas. In a Bill prepared by the Medical Council so far back as 1866, a clause was introduced empowering the Medical Council, under certain conditions, to admit to our Register diplomas and degrees issued abroad; and the strong representations in favour of such a measure, that have since been addressed to this country, have drawn increased attention to the subject and would seem likely to facilitate legislation upon it.

Canada, for instance, who has been loudest in her complaints, regards our present law as an infringement of her rights of self-government. By § 31 of the Medical Act, 1858, our registered practitioners are enabled to practise, and to recover reasonable charges, " in any part of Her Majesty's dominions." An Amending Act passed in 1868 (31 & 32 Vict. c. 29) conceded to colonial legislatures the power of requiring our registered practioners to be registered also in a colonial Register; but provided, that they should be entitled to such registration upon payment of the fees for it. Both these Acts are objected to by Canada. A committee of her Privy Council reported on 29th March 1879 that the Medical Act, 1858, " was manifestly an interference with " the rights of government and legislation then possessed by the several provinces " which were afterwards united by the British North American Act, 1867,"; and it is further alleged that the last-named Act, giving to the provincial legislatures of the Dominion the power to legislate on " education " and " property and civil rights," is contravened by the above-mentioned proviso of the Act of 1868, which stipulates that practitioners on our Register shall be entitled to registration in a colonial Register on payment of the fees, *i.e.*, shall not be required to pass examinations in the colony or satisfy other educational conditions.

This sentimental grievance might not occasion much heart-burning, were it not that there is also a practical grievance. While any practitioner registered in our Register can claim, on payment of the required fee, to be registered in a colonial Register, the practitioner registered in such colonial Register can make no corresponding claim to registration here. In 1879, the Canadian sense of the slight thus put by the mother-country upon colonial diplomas was manifested by the introduction into the Ontario Legislature of a Bill imposing a prohibitive fee upon the registration in that province of practitioners registered here. This Bill, indeed, was not pressed; but it was intimated that its withdrawal was consented to in the belief that colonial diplomas would be given some recognition here; a belief which (as above shown) the Government Bills of 1870, 1878, and 1879 gave grounds for entertaining. So long as their diplomas are excluded from our Register, colonial practitioners are practically excluded from serving in the army and navy, and, under the Merchant Shipping Acts, from being medical officers on board British merchant ships. In fact many shipowners have become liable to penalties under those Acts for having on board as medical officers Canadian

instead of British practitioners; penalties which, however, the Board of Trade, as stated in the Report, has not tried to exact.[1]

Nor is Canada the only Dependency on behalf of which there have been claims for a more liberal treatment of its diplomas. The Medical Council receives such claims in abundance from institutions and individuals, and in its Minutes is to be found a comprehensive application "on behalf of the licentiates and graduates of the Universi-" ties of India (Calcutta, Madras, and Bombay), that they may be admitted to the " privilege of registration as qualified medical practitioners," which was addressed to the Council on 11th January 1877 by the President of the Medical Board at the India Office (Sir Joseph Fayrer).

Equally with those issued in our own Dependencies, the diplomas of foreign countries are now excluded from our Register; so that foreign licentiates are given no power to recover fees here, and are debarred from holding public appointment other than those mentioned in § 56 of the Medical Act, 1858; which section expressly declares that it does not authorise foreign licentiates to engage in general practice in this country. In Switzerland, practical proof is said to be given to our practitioners that this exclusion is resented (*see* Appendix No. 5, Letter on Reciprocity); and in France a Bill introduced into the Chamber on 29th May 1876 by M. Roger Marvaise threatened to take away from the Government the power now possessed by it of authorising foreigners to practise in France without undergoing examination there. A committee of the Medical Council, reporting upon this Bill on 17th May 1877, pointed out, that it would only "assimilate in principle the French to the English law," and there is no doubt that the French proposal served to bring home to the profession in this country the inconveniences attendant upon a rigidly exclusive policy.

The above sketch may perhaps serve to indicate the main directions in which an amendment of the medical law has of late been proposed or attempted.

JOHN WHITE,
Secretary.

---

[1] Ships regulated by the "Passengers' Act, 1855" are expressly excluded by § 36 of the "Medical Act 1858" from the operation of the latter Act. Not so ships regulated by the "Merchant Shipping Acts."

SCHEDULE.

Medical Bills (exclusive of those which passed) brought in by private Members, 1870–1881.

Numbers for Reference.	Year.	Brought in by.	Principal Provisions.
1	1870	Sir John Gray. Mr. Graves.	Re-constitution of the Medical Council; introduction of 12 direct representatives in a Council of 38 (s. 4). Establishment of an Examining Board of 18 (two thirds to be appointed by the Medical Council and one third by the Crown), of whom not less than nine were to examine (in London, Dublin, and Edinburgh successively) candidates for registration who possessed registrable qualifications under the Medical Act 1858, in medicine, surgery, and midwifery (ss. 9, 13, 14, and 23). Dispensation by special order of the Medical Council from any provisions, or from any regulations made by the authority, of the Medical Acts, in the case of foreign and colonial practitioners applying for admission to the Board examination (s. 24). Prosecution by a Crown prosecutor on representation by the Medical Council— of persons violating provisions of the Medical Acts; and of unregistered persons for false assumption of titles (s. 30).
2	1871	Dr. Lush. Mr. Mundella. Dr. Brewer.	Reconstitution of the Medical Council; introduction of 4 direct representatives in a Council of 13 (s. 5). Establishment of an Examining Board to be appointed by the Medical Council, such Board, or such number thereof as might from time to time be appointed for that purpose by the Medical Council, to attend in England, Scotland, and Ireland to examine all candidates for registration in medicine, surgery, and midwifery (ss. 20, 22, 24, and 31). Affiliation unnecessary for registration (s. 32). Registration by direction of the Medical Council of foreign and colonial practitioners, who have practised for 10 years and who are over 40 years of age, without examination (s. 38). Registration by special order of the Medical Council of eminent foreign and colonial practitioners who have practised more than 10 years (s. 39). Prosecution by the Medical Council, or by anyone with consent of the Medical Council— of registered and unregistered persons for false assumption of titles; and of unregistered persons for giving certificates required by law to be given by registered persons (s. 42).
3	1871	Mr. Brady. Mr. Haviland-Burke.	Reconstitution of the Medical Council; introduction of 5 direct representatives in a Council of 25 (s. 5). Establishment of three Examining Boards, one for each division of the Kingdom, by means of Schemes, submitted by the Medical Authorities in each division, approved by the Medical Council and confirmed by the Privy Council, or framed by the Medical Council and confirmed by the Privy Council, to examine candidates for registration in medicine, surgery, and midwifery (ss. 11, 12, 13, 14, and 22). Registration by direction of the Medical Council of foreign and colonial practitioners, who have practised for 10 years and who are over 40 years of age, without examination (s. 31). Prosecution by the Medical Council, or by anyone with the consent of the Medical Council— of registered or unregistered persons for false assumption of titles; and of unregistered persons for giving certificates required by law to be given by registered persons (s. 36).
4	1873	Mr. Headlam. Sir Henry Selwin-Ibbetson.	Reconstitution of the Medical Council; introduction of 6 direct representatives in a Council of 29 (s. 3). Establishment of three Examining Boards, one for each division of the Kingdom, by means of Schemes, submitted by the Medical Authorities in each division, approved by the Medical Council and confirmed by the Privy Council, or framed by the Medical Council and confirmed by the Privy Council, to examine candidates for registration in medicine and surgery (ss. 7, 8, 9, 10, and 16). Affiliation unnecessary for registration (ss. 22 and 24). Registration, at the discretion of the Medical Council, of higher titles (s. 19.) Registration by direction of the Medical Council of foreign and colonial practitioners, who have practised for 10 years and who are over 40 years of age, without examination; and

Numbers for Reference.	Year.	Brought in by.	Principal Provisions.
			Registration by special order of the Medical Council of eminent foreign and colonial practitioners, who have practised more than 10 years, without examination (s. 25). Prosecution by the Medical Council, or by anyone with the consent of the Medical Council— of registered or unregistered persons for false assumption of titles; and of unregistered persons for giving certificates required by law to be given by registered persons (s. 26).
5	1874	Dr. Brady. Mr. Errington. Dr. Lush.	Establishment of an Examining Board of fifteen, five for each division of the Kingdom, to be appointed by the Medical Council, to examine registered practitioners to entitle them to hold certain specified civil appointments (ss. 1 and 2).
6	1875	Mr. Cowper-Temple. Mr. Russell Gurney. Dr. Cameron.	Permission for women who are graduates of certain foreign universities, specified in the Bill and hereafter determined on by the Medical Council, to register without examination (ss. 1 and 2).
7	1876	Mr. Cowper-Temple. Mr. Russell Gurney. Dr. Cameron. Mr. Forsyth.	Similar to Bill 6.
8	1877	Dr. Lush. Sir Trevor Lawrence. Lord Edmond Fitzmaurice. Mr. Grantham.	Prosecution by anyone— of registered or unregistered persons for false assumption of titles; and of unregistered persons, or persons not now qualified for registration, for giving medical certificates or for practising without a double qualification (s. 1).
9	1877	Mr. Errington. Mr. Dillwyn. Mr. John Maitland.	Necessity of double qualification for registration (s. 1). Establishment of an Examining Board of nine, three from each division of the Kingdom, to be appointed by the Medical Council, to examine registered practitioners to entitle them to hold certain specified civil appointments (ss. 2 and 3).
10	1877	Dr. Lush. Sir Trevor Lawrence. Lord Edmond Fitzmaurice. Mr. Grantham. Mr. Ritchie.	Prosecution by anyone— of registered or unregistered practitioners for false assumption of titles; and of unregistered practitioners, or persons not now qualified for registration, for giving medical certificates without a double qualification (s. 1).
11	1878	Dr. Lush. Sir Trevor Lawrence. Mr. Samuda. Mr. Ritchie.	Prosecution by anyone— of registered or unregistered persons for false assumption of titles; of unregistered persons for giving certificates of death; and of registered persons for giving certificates of death without having personally attended the deceased (s. 1).
12	1878	Mr. Errington. Mr. John Maitland. Mr. Blennerhassett.	Similar to Bill 9.
13	1878	Mr. Arthur Mills. Mr. Childers. Mr. Goldney.	Similar to Bill 4; except that Schemes for the establishment of Examining Boards submitted by the Medical Authorities in each division of the Kingdom, and approved by the Medical Council, are not required to be confirmed by the Privy Council.
14	1878	Dr. Lush. Sir Trevor Lawrence. Sir Joseph M'Kenna.	Reconstitution of the Medical Council; introduction of 4 direct representatives in a Council of 19 (s. 3). Establishment of three Examining Boards, one for each division of the Kingdom, by means of Schemes, framed by the Medical Authorities in each division with the sanction of the Medical Council and confirmed by the Privy Council, or framed by the Medical Council and confirmed by the Privy Council, to examine candidates for registration in medicine, surgery, and midwifery (ss. 9, 21, and 22). Affiliation, unless refused by a corporation, necessary for registration (s. 10). Registration of foreign and colonial practitioners, holding diplomas recognised by the Medical Council, without examination (ss. 11, 12 and 13). Registration by order of the Medical Council of higher titles (s. 15 (7)). Prosecution by anyone— of registered and unregistered persons for false assumption of titles; of unregistered persons for giving certificates required by law to be given by registered persons; and of registered persons for giving certificates of death without having personally attended the deceased (ss. 28 and 31).
15	1878	Mr. Errington. Mr. Blennerhassett.	Similar to Bill 8.

Numbers for Reference.	Year.	Brought in by.	Principal Provisions.
16	1879	Mr. Arthur Mills. Mr. Childers. Mr. Goldney.	Reconstitution of the Medical Council; introduction of 6 direct representatives in a Council of 29 (s. 2). Establishment of three Examining Boards, one for each division of the Kingdom, by means of Schemes, framed by the Medical Authorities of each division with the sanction of the Medical Council and confirmed by the Privy Council, or framed by the Medical Council and confirmed by the Privy Council, to examine candidates for registration in medicine, surgery, and midwifery (ss. 6, 7, 20, and 22). Affiliation subsequent to the Board Examination necessary for registration (s. 6). Registration of foreign and colonial practitioners, holding diplomas recognised by the Medical Council, without examination (ss. 10, 11, 12). Registration by order of the Medical Council of higher titles (s. 13 (7)). Prosecution by any one with the consent of the Medical Council, by the "Medical Council upon the information in writing of 10 legally "qualified medical practitioners, by a Branch Medical Council, or "by a Medical Authority, if such Council or Authority think fit,"— of registered and unregistered persons for false assumption of titles; and of unregistered persons for giving certificates required by law to be given by registered persons (s. 27).
17	1880	Dr. Lush. Sir Trevor Lawrence. Sir Joseph M'Kenna.	Similar to Bill 12.
18	1880	Mr. Arthur Mills. Mr. Childers. Mr. Goldney.	Similar to Bill 14.
19	1880	Mr. Errington. Mr. Blennerhassett.	Similar to Bills 8 and 13.
20	1881	Mr. Hardcastle. Sir Trevor Lawrence. Dr. Farquarson.	Reconstitution of the Medical Council; introduction of 6 direct representatives in a Council of 26 (s. 4). Establishment of three Examining Boards, one for each division of the Kingdom, by means of Schemes, to be framed by the Medical Authorities in each division with the sanction of the Medical Council and confirmed by the Privy Council, or framed by the Medical Council and, in case of dispute by a Medical Authority confirmed by the Privy Council, to examine candidates for registration in medicine, surgery, and midwifery (ss. 8, 18, and 20). Affiliation subsequent to the Board Examination, unless refused by a Medical Authority, necessary for registration (ss. 7 and 9). Registration of foreign and colonial practitioners, holding diplomas recognised by the Medical Council and having practised for 10 years, without examination (ss. 10 and 11). Registration by order of the Medical Council of higher titles (s. 12 (7)). Prosecution by anyone— of registered and unregistered persons for false assumption of titles; of unregistered persons for giving certificates of death; of registered persons for giving certificates of death without having personally attended the deceased; and of unregistered persons for practising (ss. 26 and 29).

LIST OF WITNESSES.

Names.	Questions.	Pages.
Acland, Henry Wentworth, M.D.	1–205	1
Armstrong, Luke, M.D.	4388–4578	220
Barton, John K., M.D.	4980–5106	262
Billings, Dr. John S. (U.S.A.)	4825–4892	239
Byass, Thomas Spry, M.D.	2860–2979	144
Collins, Thomas	5687–5794	299
Cooke, Thomas	4893–4979	242
Crick, Francis William	6634–6741	364
Edgelow, Thomas	6402–6439	349
Erichsen, John Eric	553–840	30
Finny, John Magee, M.D.	5242–5419	274
Fraser, Professor Thomas R., M.D.	6249–6338	335
Gairdner, Professor William Tennant, M.D.	4749–4824	233
Gamgee, Sampson	3204–3414	170
Glover, James Grey, M.D.	1896–2242	89
Greenwood, Principal Joseph Gouge, LL.D.	6576–6633	360
Haldane, Daniel Rutherford, M.D.	2611–2859	129
Hardy, Horatio Nelson	—	247
Haughton, Rev. Samuel, M.D.	6440–6523	351
Heath, Christopher	3985–4072	204
Heath, George Yeoman, M.B.	4388–4578	220
Humphry, Professor, M.D.	1136–1339 1606–1895	58 80
Jacob, Archibald Hamilton, M.D.	1340–1605	67
Macnamara, Nottidge Charles	4073–4311	207
Marshall, Professor	2374–2610	108
Moore, John William, M.D.	5420–5562	285
Morris, Henry, M.B.	4579–4748a	227
Orr, Robert Scott, M.D.	2243–2373	103
Paget, Professor, M.D.	841–1135	42
Paget, Sir James	206–552	15
Pitman, Henry Alfred, M.D.	3704–3984	195
Pocock, Frederick Ernest	4312–4387	216
Quain, Richard, M.D.	6742–6941	368
Redfern, Professor Peter, M.D.	6029–6248	323
Richardson, Benjamin Ward, M.D.	5563–5686	293
Semple, Robert Hunter, M.D.	3523–3703	189
Spence, Professor James	3415–3522	180
Stoker, William	5107–5241	269
Struthers, Professor John, M.D.	5795–6028	305
Tomes, John	6339–6401	339
Waters, Edward, M.D.	2980–3203	148
Young, Professor John, M.D.	6524–6575	357

MINUTES OF EVIDENCE

TAKEN BEFORE

THE ROYAL COMMISSION ON THE MEDICAL ACTS,

AT

2, Victoria Street, Westminster.

FIRST DAY.

Friday, May 27th, 1881.

PRESENT:

THE EARL OF CAMPERDOWN IN THE CHAIR.

THE RIGHT HONOURABLE W. H. F. COGAN.
THE MASTER OF THE ROLLS.
SIR WILLIAM JENNER, BART., K.C.B.
JOHN SIMON, ESQ., C.B., F.R.S.
PROFESSOR HUXLEY, F.R.S.
ROBERT MCDONNELL, ESQ., M.D., F.R.S.
PROFESSOR TURNER, M.B., F.R.S.
JAMES BRYCE, ESQ., M.P.
JOHN WHITE, ESQ., *Secretary.*

Mr. HENRY WENTWORTH ACLAND, M.D., called in and examined.

Mr. H. W. Acland, M.D.

27 May 1881.

1. (*Chairman.*) You are, I believe, still the President of the Medical Council?—Yes.

2. I need not ask you whether you have on previous occasions been examined with reference to this medical question?—Yes, I have been.

3. You were examined before Mr. Forster's Committee?—Yes.

4. And I hope you will give me credit for having read your evidence very carefully; and, therefore, if some of my questions appear to go very directly to the point, I hope you will understand it is not because we have not paid great deference and attention to the evidence you have already given. Have you read over your evidence which you gave on the last occasion?—I have looked at it here and there, but I have not read it through.

5. Let me ask whether you have considered it sufficiently to be able to tell us whether you still adhere in the main to the answers which you gave on that occasion?—I do on the whole. The questions were very discursive, and I gave such answers as I was able to the questions which were put to me.

6. But with regard to the important points of the licensing question, you are not conscious of having changed your opinion since that time?—I am not aware of having done so. I would just observe that the licensing question implies a good deal. I do not know to what precise points your Lordship's question applies.

7. I was referring at the time more particularly to the manner in which the medical examinations ought to be conducted, that is to say, the examinations through which a person wishing to practise medicine has to pass before he has a right to have his name entered upon the Medical Register, the constitution of the Medical Council, and the general appointment of the examining boards. You gave a number of answers at very great length when you were examined before?—I hardly at this distance of time am able to pledge myself to every question and answer without referring to them. I can, of course, answer at once with regard to any particular question, and I have brought the volume with me, so that if there be any point raised I can apply myself to it at once. Your Lordship's question, I would observe, implies really so many questions; for instance, the constitution of the Medical Council, and the constitution of examining boards. These matters have been very largely discussed. On them there are many opinions. I can, of course, reply at once to any specific question.

8. (*The Master of the Rolls.*) What we want to know is this, whether we may read your evidence given before Mr. Forster's Committee with safety as representing your present opinions, or whether you have seen reason to modify your opinion since upon any material point?—I am not aware of any change.

9. That is to say, whether we may read it instead of asking all the questions over again?—Certainly, speaking generally; I am not aware of any change as far as my memory serves me.

10. You are not aware of any substantial modification of your opinion?—I am not; but perhaps I ought to have read it all to be sure of that. There is one point only to which my attention has been drawn; that was as to the constitution of the Council. I have been taken to task for the answer I gave concerning the constitution of the Council. But perhaps I had better not go into that now.

11. (*Chairman.*) If it is a thing you wish to corre think you had better do so at once?—I have no wis correct it, I wish to explain it.

12. Will you please explain it?—With regard to the numbers of the Council, I was pressed to say whether there should be any change.

13. (*Prof. Turner.*) What is the number of the questio to which you refer?—There are several questions; the chief is No. 123. I there said I thought it would be very rash to say that 20 would be better than 24, and that 30 would be either much better or much worse. I see nothing to correct in that myself. I do not think there is anything magical in the number 20 or in the number 24, or in the number 30. What I mean is that I think a large Council debating before reporters is not the best conceivable body for regulating a complex system of education. That is all I mean. Therefore I would not pledge myself that the present number of 24 is the best possible, nor that the addition of six would be better, nor that the abstraction of four would make it a perfect body. I think that a reasonable opinion to hold; and I hold it still. I would only add that I do not give my opinion of the way in which the Council should be constituted, but only positively refuse

Mr. H. W. Acland, M.D.

27 May 1881.

to pledge myself that either 20, 24, or 30 is either abstractly good or abstractly bad.

14. (*Chairman.*) With the exception of that explanation we may take it that you are not conscious of having changed any of the opinions there expressed?—No, indeed, I am not; but there are 547 questions, and I really cannot pledge myself to the whole without reference.

15. The attention of this inquiry is to be directed more particularly to what is known as the licensing question. I am now going to ask you a few questions with regard to the more salient points connected with the licensing question. I believe that you are in favour, are you not, of every person who is placed upon the Medical Register being possessed of what is known as the double qualification, namely, a sufficient knowledge of medicine, surgery, and midwifery?—Yes.

16. The possession of that amount of knowledge can only be ascertained, I presume, by examination?—Certainly.

17. By whom do you think the examiners, who are to conduct the examinations necessary for that purpose, ought to be chosen? Are you in favour of preserving 19 bodies of examiners, as is the case, I believe, at the present time?—I suppose that it is very undesirable to have 19 bodies with precisely the same nominal functions and conferring the same qualification: but then they do not all act in exactly the same way now.

18. But there are 19 bodies, I believe, who appoint examiners to conduct examinations, all of which examinations do give the candidates, if successful, the right of being placed upon the Register?—Yes, that is so; but then they practice according to their qualification, as it is called. Oxford for instance, grants only a diploma or license in medicine, and the College of Surgeons only in surgery; and the College of Apothecaries grants only a diploma in medicine; so that they do not confer the same qualification in each case. But there are now 19 bodies that give a right to practise.

19. Have you considered which would be the best plan of appointing examiners for giving this necessary qualification?—I must ask whether that means that the 19 bodies should all be required to give the same examination, that is to say, the surgeons to examine in medicine, and those who give only a medical qualification to examine in surgery, or whether it means what would be, abstractly, the best way of conducting the examinations in the country.

20. What would be abstractly the best way of conducting the examinations in the country?—I think myself it might be not by diminishing the number of licensing bodies but by diminishing the number of licenses.

21. (*Prof. Turner.*) And examining boards? — And therefore examining boards.

22. (*Chairman.*) How then should you propose to carry out that system of appointing examiners with reference to the state of things which is existing at the present time, namely the existence of these licensing bodies?—The Commission know well that one plan has been proposed, *i.e.*, that of bringing about combinations of the existing licensing bodies and uniting them into one licensing board for the whole kingdom, *i.e.*, for England, Scotland, and Ireland. Another has been suggested, with more favour, that of having a combination of all the boards in each branch of the kingdom. It has been proposed, on the other hand, that boards should be appointed by the Government, on the same principle, *i.e.*, one for the whole United Kingdom, or one for each branch of the United Kingdom. This board or boards were to be peripatetic, if I may use that word, or they were to be located in the metropolis of each branch of the Kingdom. These are proposals which have been made and which have to be seriously considered. If I am to give my personal opinion, I should say that the best plan, under existing circumstances, would be the combination in each branch of the kingdom of the existing authorities into a board for each branch of the kingdom. There are many difficulties in the way, those difficulties have to be met. I may, once for all, apologise to the Commission if I do not give to many of these questions a direct answer; for I shall find, I am afraid (as happened before the Committee of the House of Commons), that to give what seems to me a truthful answer is not always to give a simple categorical one. There are so many opinions with reference to this complicated subject that I (being the president of the Medical Council and therefore seeming sometimes to involve colleagues, although really not doing so) must express myself with great caution. Perhaps I may say, once for all, that, as happens so very much in modern legislation in this country, we start with a condition of things which is itself an anomaly,—perhaps an unfortunate anomaly,—namely, the existence of many bodies performing the same functions differently in different parts of the country; some well, some ill; and we shall find that fact in our history meeting us at all points. I may say what I think would be best; but I cannot dismiss the fact of the existence of important institutions with whose interest and character we are dealing.

23. I must ask you to excuse my interrupting you in your answer, but you will remember all the questions I put to you I put to you as an individual, and not as chairman of the Medical Council?—Yes, I quite understand that.

24. Then am I to gather that you are in favour of something like a central board for each of the three divisions of the United Kingdom?—I think it should be easy to have one central examining board in Ireland, because all the licensing bodies are in one town. All are in Dublin. It is not easy to see why, if there should be a national advantage in combining these several bodies into one board for examination purposes, they might not still continue their independence and character in all other respects, supposing this to be desirable. It is not so simple in England. In England there are one university and three great corporations in the metropolis. Three universities however exist in other parts of England. Still as a matter of fact, the universities outside the metropolis have all of them agreed voluntarily to unite with the metropolitan bodies in forming one national examining board. I cannot help observing that under the influence, I may say the guidance, of the late Sir Benjamin Brodie, as far back as the year 1848, I published a paper recommending that the university to which I happened to belong should unite with the College of Physicians to form a board. That had the consent of the most important persons at Oxford at that time. That was 33 years ago. From that opinion I have never swerved, and I think it would be to the advantage of that university and of that corporation in London if such an union were effected, and if it had been effected many years ago. I think in England there is no insuperable difficulty to such an union, voluntary or compulsory, if it be thought desirable. Now, as regards Scotland the case is not so simple, and although I was a student at Edinburgh, and am a member of that university still, I do not feel that I have knowledge enough to be sure what is the best plan for producing a similar result in Scotland, because the conditions are so entirely different. The Edinburgh university, the largest university of all, being in the Scotch metropolis, with the corporations is asked to unite itself with the other universities and corporations that are willing to unite. But then there is another very important university in Scotland under very similar circumstances, namely, Glasgow, and there is a third, in not quite the same position as the other two, the Aberdeen, and a fourth is St. Andrew's. Therefore, I have always held this doctrine, and I hold it still, that the case of Scotland is not exactly the same as those of Ireland and of England, and would require special consideration. I frankly give my opinion, though I know is not thought right by those who hold that the examining boards in the three branches of the kingdom should be in exactly the same form. I am not myself sure at present that what is best for England and Ireland would be the best arrangement for Scotland.

25. You have considered that part of the question?—I have considered it. I cannot see why one method should be adopted only for the sake of apparent uniformity through the whole nation—meaning thereby England, Scotland, and Ireland. I say that parenthetically, because the Medical Council have to consider their relation to colonial universities and examining boards in other parts of the country, besides England, Scotland, and Ireland, and I speak only of these three now. I think that some method of union could be found in Scotland, which, *mutatis mutandis*, would bring the three branches of our country into fair symmetry; but I do not know that the Scotch method need be exactly the same as English.

26. Passing from that point, supposing for a moment that something in the nature of a central board or boards of examiners were constituted, and supposing also that the places of examination were several in number, do you apprehend that there would be any difficulty in obtaining a sufficient supply of examiners?—Not the least.

27. Then again assuming, for the sake of argument, the existence of a board of examiners, do you see any objection to a certain number of the teachers, at the places of learning where the examinations were being conducted, acting as assessors or examiners along with the examiners adopted from the central board?—Certainly not.

28. Do you think that there is any advantage in teachers acting occasionally as assessors on such occasions?—This is a question of psychological constitution. There are those who think that no other man is to be trusted than themselves, and that therefore such a thing as a teacher examining his pupils honourably is a thing not to be entertained. There are others who think that, in the present condition of science—I mean the vast extent of the departments, in only parts of which the examinations can, in the case of those who aspire only to a minimum qualification, be conducted—it is absolutely necessary that the *bonâ fide* teachers should be engaged as examiners. That is my opinion. I do not think that teachers are not to be trusted, especially with the light of public opinion that is brought to bear now on them, I do think it is absolutely necessary in several of the departments that those who know the direction and the way in which the students are taught should be on the board for testing them. In the present condition of biological science (and of course I am perfectly aware that I am addressing those who can at once put me right if in such a matter I am in the wrong) several departments are so extensive that there must be a relation between what the students are taught and the things in which they are tested. I am convinced that we may find means of honest improvement in the regulation of the examinations in this respect. One of my reasons for wishing to have national boards is not for the sake, as is often supposed, of making these examinations more severe, but making them more reasonable. By making them more reasonable, you would ensure better teaching for the real purpose which is to be had in view, namely, the making of practitioners. One of my reasons, therefore, I repeat, for wishing to diminish the number of boards is not to see how severe they can be made, but how they can be made most useful, bringing the very best minds to bear upon the conduct of the examinations. The examinations, if they are severe, become a great burden, and often a mere tax upon the memory. The students often speak of "getting rid of a subject." They do not, that is, seek to master the knowledge, but only temporarily to possess it for examination. A really good examination in medicine can frustrate this bad learning and bad teaching.

29. Speaking from your great experience, are you of opinion that the teachers themselves would derive advantage from acting as examiners?—All good teachers are examiners in a certain sense.

30. You apprehend that under any circumstances it would be found necessary to employ the teachers as examiners, either under a system of central boards, or under any system?—I hardly know in what sense to define the word "Teacher," whether it means an actual lecturer.

31. Using the word in that sense?—Then, of course, the real teachers are the masters of existing state of science. Accustomed to impart knowledge, they must be considered amongst the best persons, if not the only ones, really fit to examine and test young men, especially referring to what I have just said as to the magnitude of the subjects and the number of them.

32. Turning now to the question of the examinations of the medical students. During the course of the medical student's studies, and also before he enters upon his medical studies, a certain number of examinations must be passed. Who, in your opinion, is the best authority to settle what examinations he should have to pass, and how many? If my question is not quite clear, I might amplify it in this way: should you entrust that duty either to some central authority, a supervising authority, as, for instance, the Medical Council, or do you consider it a question to be settled by an outside body, which is considering the licensing question generally?—I suppose that the general examination rules should be regulated by the Central Council, if there be a Council; but we have not, as I understand, come to that question at present. But, supposing things to be as they are at present, and that there is a Council, it would clearly be the duty of the Council as the central body in which there are representatives of each part of the kingdom, conversant with the condition of teaching and examining throughout the country, to regulate the examinations. Of course it would be the central body which would lay down the most general rules and regulate in the most general way the procedure. Otherwise there would be no harmony. Such harmony would be one of the great objects of the continuance and existence of a Central Council. It was, of course, the reason for founding it in 1858, and the reason why at previous periods, in 1840 and before that time, there was a strong desire to have such a central body. It was once proposed that one of the Secretaries of State should be the chairman of such a body. The idea which gave rise to that proposal was a sense of the importance of harmonising the examinations throughout the whole kingdom.

33. At the present time I believe the examinations of medical students are four in number; there is the entrance examination which he has to pass, before he is registered as a medical student; there is then his first professional examination, and then the second professional examination, and then the final examination. Have you considered which of those examinations, or whether all of them, ought to come before the examining authority of which we were speaking, or whether they should be left to the teaching institutions in which the student is studying?—I suppose by the examining authority your Lordship meant the Central Council or the central body.

34. I do not mean the Central Council; I meant the board or boards of examiners of which we were speaking 10 minutes ago?—I am afraid I do not quite follow that, but, perhaps, my answer will come to the point which your Lordship desires. The four examinations to which you allude are, firstly, one in general education; secondly, one in preliminary scientific education; thirdly, one in certain advanced portions of scientific studies; and, lastly, one in purely practical studies. That is the general division. Now, it was 25 years ago, the opinion of the Medical Council (which I here mention because it contained persons at that time, who paid the greatest attention to this which I am going to mention) that the question of general education should, as far as possible, be left to what they called the national educational bodies, meaning the universities; their conviction was that, as far as possible, the medical student of the future should have as good an education as any person preparing for any office in the State, or for any other profession, and therefore the medical examining boards to which we are really now chiefly alluding should not take charge of that general education, but it should be left to the universities. The universities, be it remembered, now do conduct local examinations of an admirable description all over the country. I think that that was a correct opinion. I shared and retain the opinion. It so happens, however, that lately the Medical Council (rightly or not, as the case may be) went into the question of whether the preliminary education and examination system was conducted in the best way all over the country. They passed judgment upon it, and suggested various alterations. I think the Medical Council did quite right in asking itself the question whether, for instance, the examinations of the local examining boards of Oxford and Cambridge were conducted so as to secure the best education that the medical student could have. They asked that question, and they learned that the local examinations, and even the examinations for a degree, did not necessarily secure what the Council thought to be essential. The differences are still *sub judice*. Yet, speaking generally, I would say that the central medical boards should not interfere with the general education. But with regard to the other three, *i.e.*, the scientific, and the practical, of course they would, because that is their special business.

35. And you would not leave any one of these three examinations to the teaching body of the institution in which the student was studying; I put the question in order to get a clear statement?—Upon that another complication arises. There are universities and universities, and there are corporations and corporations. The universities, in the conjoint scheme for England, said that they would agree to the conjoint scheme on condition, 1st, that not only their general education examination was accepted, but the second or scientific; and that the central body in London should only put the final test, which after all is the crowning test, as to whether the examinees were fit to be practitioners. I think I state this correctly. I hope so; and if not, perhaps you will let me set it right in correcting my evidence.

36. Certainly.—The universities agreed that so long as their first two or first three examinations were

Mr. H. W. Acland, M.D.

27 May 1881.

accepted, they would join the central body, and let the central body decide upon the final examination.

37. Would you yourself be content with the central body conducting only the last examination, that is, only the practical examination?—I should be quite content with it, supposing that there was a Central Council which satisfied itself that the earlier parts of the education and examination were properly conducted. I could not simply say that the universities might do exactly what they pleased. I think that the central body ought to be at liberty to inquire, and by inquiring to report, and then on reporting to recommend. I would not like to claim that the universities should be wholly exempt from all inquiry.

38. These examinations would of course have to be conducted under certain general rules; by whom do you think those rules ought to be framed? Do you think that they ought to be framed by the central authority which supervises the examinations?—The central authority should frame the rules, which are to be applicable in every part of the country in order that the examinations should be reasonably identical in England, Scotland, and Ireland.

39. That would in your opinion be the best means of attaining an approximation to uniformity?—Certainly, it must either be done in that way or by the supervision through the central authority of the multitude of rules made by all the different bodies. It must be one of the two, unless it be done by the State.

40. I should like to ask you one question with regard to the certificate which would be given on the medical student's having successfully passed these examinations; should that certificate be the certificate of the central examining body superintending the last practical examination; or should it be the certificate of the institution where the student was studying?—That question brings us necessarily back upon the old story of the rights of all the existing licensing bodies. Are we to make a *tabula rasa* of the whole system, or are we to have regard to the existing institutions? It is not very clear why, supposing there is a central examining board, the certificate of that central examining board, or the *testamur*, as it is called, would not be adequate; it would be the examining board; it would be acting under certain rules, and there would be nothing further to be done by the examiner. Looking at it as a question of voluntary combination, you would have to take into consideration the wishes of the great combining institutions that agree to follow such and such a plan. Of course, if Parliament proposes to override them, and to make an entirely new set of laws upon the subject, that will introduce another view of the case. At present, when a student has passed any examining board, he gets his *testamur*. In the case of the universities he has to take the degree also. He pays for the examination, and perhaps he pays for a degree. There was a time, before the Act of 1858, when the students at Oxford received their diploma on one parchment, I think, and on another the evidence of their degree. All these are questions of internal arrangements. A main difficulty in combining the existing boards has lain in the natural unwillingness of the combining bodies to hand over their individual rights as to certificates, and as to fees, to any central board.

41. Now let me pass to another department of the subject; to supervise these examinations there must be, I presume, in your opinion, some central authority?—Yes.

42. Can you suggest any other body than the present existing body, the Medical Council?—The Medical Council, as I observed just now, originated in the fact that there were 19 licensing bodies which it was desirable to combine for certain common purposes. They were supposed to have, and without any breach of confidence, I suppose it may be admitted they had, various independent interests, so it was thought that the public should be represented by a certain number of what were called Crown nominees; they made the number 24. I do not know that it would have been possible at that time to have made a better arrangement. I have often expressed that opinion, and been ridiculed for so doing; but I still think that under the circumstances it was not possible to make a better arrangement, unless the number of the Crown nominees had been greater or fewer. I think there was one mistake made in the appointment of the Crown nominees. I always thought, unpalatable as the doctrine is to many members of my profession, it would have been far better if half the Crown nominees had been public men, statesmen. There are always in this country, especially in the House of Peers, persons with great knowledge and experience in the public affairs of the country. I think that some of those persons would have been invaluable in the Medical Council when it was first started. I so told the then Secretary of State, Mr. Walpole, who had charge of the nomination of the Crown nominees, and I deplored very much that he did not act upon it, because the way in which it would have worked would have been this. These persons (I will not mention names on the present occasion, I think I had better not, though I did speak to him of a number of public men), very conversant with this kind of question, having a seat in the House of Lords, would have been able to bring the subject forward whenever requisite. I say the House of Lords, because they have permanent seats, and are independent of transitory politics. I will mention the President of the Lunacy Commission, Lord Shaftesbury, in illustration of what I mean. He has always had the subject of his commission in hand, and can always bring in any amending Bills. Whether that constitution would be the best or not now is another thing. I never can be induced to say, what many persons think, that this present Council would be bettered by having the number increased. Anyone who is really conversant with the business of such a body must know perfectly well that 24, especially if they conduct their business before reporters, cannot be considered a good executive or administrative body, even if viewed only with regard to the expense and the length of the meetings, unless you do not pay the members. Many of us think it would be a very much better thing if members were not paid at all, or paid only travelling expenses, and perhaps not even paid those. But how to diminish this number of 24 is another question altogether, and I think it is one which really belongs much more to public men, the public administrators of the country, than it does to the medical profession. The question is how you are to regulate to a great extent the affairs of a number of very important institutions in the country; all the universities, for instance. I confess that I am sometimes much surprised to think that detailed regulations concerning the conduct of such a place as Oxford or Cambridge should rest upon the chance division of a body of gentlemen all of one profession, with a majority sometimes of one on dividing; and I confess that although it has answered well upon the whole, and there has never yet been any collision, it is certainly quite an un-English idea that great educational institution should be regulated down to all sorts of detail, such as how many books of Euclid their students should pass through, on a division of 24 discussing before reporters. I am speaking frankly, because I suppose it to be my duty to say anything I think, whatever the consequence may be; and I think that. I think it very curious that we should regulate our affairs in that way. But then there are many who think the exact contrary, and who think that the way to get all the regulations and provisions of the great educational institutions of the country thoroughly and efficiently done is by the public election by the whole medical profession throughout the country, between 22,000 and 23,000 persons, of a few more members to the General Council. As I said in my evidence before, whether we were 30 or 24, I do not know that it would make much difference. It would make it of course a little worse if the number were larger. But this is a question which belongs to the Government. I do not think it belongs to me.

43. You say that you would propose not to pay members of the Council for attending?—I said that I believe many members of the Council think it a very great disadvantage that they are paid; to many members of the Council it is a great loss, a very great loss to some, because it not only takes them away from their active work and makes a break in it at uncertain times, but it gives the impression that they are taken away from their homes on other business and attending to other affairs not their own. Of course that does not apply to the London members, because those members of the medical profession are living close by, and whether they are in one place or another in London, matters not. But to those who come from a distance, it is simply a fact that to some of them it is injurious. To nobody is the amount of payment of any consequence. At any rate the attendance now costs the Council a good deal and it is very doubtful whether it is the best mode of spending our money. If we were to have frequent journeys of inspection, such as we are carrying on now, if we had to pay examiners or to make researches in aid of our pharmacopœia, it would be necessary to spend a great

deal more money than we possess. I should like to add by the way that the Commission will bear in mind that the Consolidated Fund gives nothing for the purposes of the Medical Act: that these have all been carried out, for 23 years, entirely by fees paid by the students on entering the profession. They pay a very small fee. It has been often said to be a very large one, but it is a very small one if you compare it with those paid by solicitors and those who enter the bar. It is a fee of five guineas, and then they are free to be members of the profession for life. That small charge on the medical students defrays all the expenses of the Medical Act. I have not given, I am afraid, a very definite answer to the question; because, if I had to give a precise answer concerning the constitution of the Council, I should like to draw up a memorandum about it, or state it more in detail. Looked at as an executive body it ought to be very much smaller; looked at as a public debating body concerned in discussing and maintaining the supposed interests of a great profession it ought to be very much larger, and then of course it ought to be unpaid; and then of course also its orders ought to be carried out by a small executive. That in fact is virtually the working of the constitution of the Council now; for were it not for the Executive committee, its President, and its Registrar, its business could not be carried on.

44. If its business were carried on by committees should you propose to pay those committees for the time they were attending to the business?—Upon the whole I should think probably the committees should be paid; but that is a question of detail and internal administration of the Council that I would not go into. At present the Executive committee not unfrequently meets in the place of the Council, as it were. It consists of English, Scotch, and Irish members, so that it may be called a council *in petto*: it is paid the same as the Council by recent regulation. I am not sure of the expediency of that. A meeting of the executive committee costs somewhere from 70*l.* to 80*l.* I will give you the figures if it is worth while. A meeting of the Council for a single day costs over 300*l.* I hope your Lordship and the Commission will bear with me if my remarks are too discursive; but it is necessary that you should know some of these details. Therefore this body, which is so costly to summon, which brings away working men from their work for several days, or what they sometimes think a greater grievance, being called away for one day only—is really a body meeting very intermittently, is one which the President finds it a duty not to summon, both on account of the expense and inconvenience, if it can be avoided, and one which is not a convenient body for regular administrative work.

45. You are apparently of opinion that much of the business might be more conveniently done by committees?—Yes, a great deal is so done; but that again is a matter of internal administration of the Council itself.

46. There has been some doubt, I believe, up to the present time whether the Council has legally the power of devolving the discharge of its duties on committees?—It may devolve any of its duties to the executive committee, excepting the representation of bodies to the Privy Council, and as it has been ruled (although the Act does not say so) the removal of a name from the Register. All other duties it may delegate.

47. Turning to the functions of the Medical Council, in considering what those functions should be, should you entrust to the Medical Council the duty of framing rules of study, or should you leave that question of study purely to the teaching bodies, leaving the results afterwards to be tested by examination. I may say that I am speaking at the present moment with reference to a clause in the last Government Bill of 1880, which proposed to give that power?—Yes, I am aware of it. The Council frames at present recommendations for examination.

48. And study also?—To a certain extent it makes accommodations as to study; it is the opinion of many persons that by far the best course is for the educational bodies to educate up to the examinations as well as they can, and then that the central body should test the result of that education according to its rules, as is done on a large scale in the general education of the country by the Privy Council.

49. Then am I to gather that you would prefer to leave the educational bodies free in that respect?—Upon the whole as free as possible as regards education.

50. I think it is your opinion generally, as I gather from your former evidence, that the educational bodies should be left as free as possible?—I should not say that there should be no broad rules concerning them. The papers concerning the proposed combined examining board in England laid down a number of rules upon which they all agreed. The teachers or representatives of those educational institutions should be all pretty well agreed upon the courses of study. I should not like to say that that is not a good thing, yet, speaking generally, the rules of study may be well left to the educational institutions so long as rules or methods of examination are in the hands of a central body which is to harmonize all.

51. Should you propose that a report of the examination should be made direct to the Medical Council, or that the Medical Council should visit the examinations and receive any information which they may desire?—At present the Medical Council sends visitors to the examinations, and I do not know that anything more can be required or even desired. At the present moment an eminent surgeon from the provinces, Mr. Teale, an eminent physician from Scotland, Professor Gairdner, an eminent surgeon from Ireland, Professor Stokes, are engaged in examining and reporting upon the corporations of physicians and surgeons in England, Scotland, and Ireland. They will at the end of the year produce a special report upon the condition of the education and examination of all these bodies comprising by far the greatest number, as far as England and Ireland are concerned, of those who pass examinations and are prepared to enter upon the Register, and I do not know that any arrangement could be more efficient. I take this opportunity of adding that it must be borne in mind by those who take a reasonable view of their fellowmen, that teachers are not all to be looked upon as anxious to do wrong and give bad education. I do not hold that doctrine in the least. It must be quite unnecessary to send inspectors to be always examining all these great bodies to ascertain that they really pass their men reasonably, after a proper education. Therefore the Medical Council has not thought it right to be constantly worrying them. But in every four or five years, or somewhere thereabouts, inspectors are sent to see generally what progress is being made, because it is now a question of progress. The progress both in education and examination, in all arrangements of the last 25 years, is very great. Although there is perhaps a good deal to be done, yet I have no doubt on the whole examination and education has been steadily improving. This is perhaps partly owing to the reports drawn up for the Council upon the various modes of examination and education in these several bodies. Copies have, I believe, been furnished to the Commission.

52. Now let me ask you one question with regard to the powers of the Medical Council. I believe that at the present time the powers of the Medical Council are limited to advising and recommending, and, if it should seem necessary, reporting to the Privy Council?—The powers of the Medical Council, as regards education, I understand you are speaking of?

53. As regards education. Perhaps I may say that I am assuming that the Commissioners are well aware of the powers with reference, for instance, to the Medical Register and pharmacopœia, and so on, matters which for the present I am passing over as not the most important. But I was dealing with the powers of the Medical Council in regard to these two questions of study and of examination, as bearing upon licences. I believe the powers are solely recommendatory, if I may so call it?—Simply; the Medical Council has, under the Act of 1858, power to obtain information upon any subject regarding the education and examination of the medical student up to the point of what is sufficient to insure him sufficient professional knowledge and skill for the exercise of his profession, and no more.

54. But it has no authority?—No authority to enforce. Further this is not a question of honours, but only a question of sufficient skill for the practice of the profession. It is doubtful whether the Council has any power to inquire even concerning the question of honours. I am inclined to think it has the power, although it has been ruled that it has not. Then if it thinks any case so bad as to demand it, it can report the same to the Privy Council. Then the Privy Council will have to hear both sides. Now this is a power which ought to be exercised with the very greatest care, because the licensing body may before the Privy Council succeed in showing that on the particular point it was right. Therefore it has been always the policy of the Medical Council to draw up the best recommendations it could, and send the recommendations down to the licensing bodies, and very much to trust, of course, to

Mr. H. W. Acland, M.D.

27 May 1881.

their adopting their recommendations. Upon the whole, with certain modifications, which could be ascertained easily, and the reasons of some of which could also easily be shown, these bodies are believed to have adopted the whole of the recommendations of the Council.

55. Do you think it advisable to give the Council any absolute powers in reference to these two questions of study and examinations?—That is to change the present method, which is of reporting or representing to the highest power of the State for its judgment thereupon.

56. That is my meaning?—I think the statesmanlike answer to that is that it should depend very much upon the constitution of the Medical Council itself.

57. What change in the constitution of the Medical Council, or what constitution of the Medical Council, would enable it to be entrusted with such a power with advantage?—I will put a case in illustration. It was at one time, by a large majority of the Medical Council, decided that no preliminary education should be adequate which did not contain Greek. That was the opinion of almost the whole of the Council. Now, it was the opinion of Professor Goldwin Smith, Dr. Temple, the present Bishop of Exeter, and Dean Liddell, the lexicographer, that that was most undesirable. I mention this because they were consulted upon the subject, being eminent as Greek scholars. They did not wish it, and did not think it desirable that it should be a compulsory subject. Supposing that the Council had had absolute authority, they might have ordered this, and I think it would have been an educational misfortune. Therefore, I think a good deal would depend upon the subject matter which was in dispute between the Council and the educational bodies. The wisdom of giving compulsory powers would of course depend very much upon the qualifications of the gentlemen for deciding on the matter in question, as in the case of the Greek. The same observation might apply to the details of the scientific instruction. Some would press the study of certain portions of science, and others would not, and so on. Would your Lordship let me add one short sentence about the Council? It is this: The proposal concerning compulsory powers would be to transfer the power, which is now given ultimately, without appeal, of course, to the Privy Council, to the Medical Council. Therefore, I repeat that the wisdom of that procedure would depend, in my judgment, upon the constitution of the Council as regards the administration of the Medical Acts looked at as a whole.

58. I should wish to direct your attention to certain other questions of considerable importance to the medical profession, which have been referred to this Commission. In the first place, there is the question of the registration of foreign and colonial practitioners. I would call your attention to the manner in which the Government Bill of 1880 proposed to meet that difficulty by clauses 7, 8, and 9. The proposal is, you will observe, that foreign and also colonial practitioners should upon payment of the registration fee be entitled to be registered in the Medical Register, their names appearing in separate lists, it also appearing that they were possessed of medical diplomas given by bodies recognised for the time being by the general Medical Council. Is that, in your opinion, a satisfactory way of meeting the difficulty which has been experienced by foreign and colonial practitioners, and of which complaints have been made?—With regard to the clauses, and your Lordship's allusions to the relation of colonial practitioners to this country, and indirectly of our practitioners to other countries, these are questions which, as I have said before on another subject, really belong to the Imperial Legislature. I had myself some correspondence through the Foreign Office with Lord Lyons, with regard to the question of English practitioners abroad, and the question of what is called reciprocity in that matter; and the documents concerning that are in our minutes. Your Lordship can see them therein. This is a real gravamen attended with more difficulties than at first sight appears. Of course, our country, if it does anything in the matter at all, is bound to see that the practitioners so introduced on to its Register are equal to our own practitioners in our own country; and so in the case of each country; and that is manifestly not so easy. I have in my pocket at this moment communications from the Colonial Office with regard to one of our colonies, Ceylon. I give this as an illustration, and there the request is (and it seems to me to be an entirely right and reasonable one) that persons who have been educated in Ceylon shall be admitted to examination here. To that there can be no possible objection, it seems to me, if our examination system is correctly and rightly arranged. Whether those who are registered in the colonies should be able at once to be registered here depends of course upon the estimate which you have of equivalence between their qualification and our own.

59. The proposal here is that the general Medical Council should be satisfied as to the character of the foreign or colonial diploma which they possess; would that in your opinion not be a sufficient guarantee? Cannot it safely be left to the general Medical Council to settle whether the diploma of a particular foreign university or other professional body should be received as good?—With a view to constructive legislation on a matter of that sort, you must excuse me for saying I must be very careful in giving an answer. We have accepted in the Medical Council no less than 74 bodies as giving a sufficient *general* education equivalent to our own. In order to justify the Medical Council in so doing, and still more in the case of the qualification to practice, of course they must have the means of getting the fullest information. I have had occasion to say before, that a body sitting intermittently and at great cost is not a very convenient body to administer matters of this kind. It may be made so, no doubt. That the University of Victoria, the University of Melbourne, for instance, and other institutions indirectly connected with us, should have the privilege granted to them, or denied to them, is a delicate matter.

60. Do you not think that Parliament may very fairly, if it sees fit, entrust the duty of obtaining that information to the Medical Council, and claim that it should discharge it?—I have no doubt whatever that it may very fairly and wisely entrust the Medical Council with that duty. I think it might indeed claim the service at the hands of the Medical Council if it would give it some funds for the purpose. It was once proposed that the Medical Council should send visitors and inspectors to some distant institutions. Then, of course, *in limine*, came the question of how competent persons were to be paid. It was manifest that if the Council undertook such a duty, which it would probably be very willing to discharge if possible, it really must receive the funds, and not derive them wholly from English medical students. I feel sure the Medical Council would undertake that duty at once; but I say it must have funds to do it with. To do so without funds would be impossible. I give another illustration. I went out myself two years ago to see how medical education was being managed in the United States, and I went to see the Johns Hopkins University especially. But of course I went at my own expense, and as a private person visiting old and valued friends. To employ inspectors and visitors to obtain information for us would entail an expense impossible for us with our present funds. I do not think we ought to undertake the duty without the means of discharging it adequately.

61. At present these duties are discharged, so far as they are discharged, virtually out of the pockets of the medical students; it comes to that, does it not?—To obtain this particular information of which we are speaking concerning home institutions costs nothing, but the postage. We get all the information we can by correspondence; correspondence with Colonial Office or the Foreign Office, or with persons whom we happen to know; in fact, we get the best information we can. Members of the Commission will see under the recommendations in Council the list of those general bodies which we have recognized already for the purpose of general education. The regulations with respect to education and examinations would require probably personal scrutiny, as I have now implied.

62. I gather from your previous evidence that you are of opinion that the Medical Council is not the proper body to be entrusted with the prosecution of persons who assume medical titles to which they have no right?—I think if there be no public prosecutor that the Medical Council might be entrusted with the duty, if also the legislature would give it the funds for the purpose. But the Medical Council undertakes to do a great deal without any funds, and cannot undertake everything. The Medical Council had a caution given to it by an association last year to the effect that above 500 gentlemen were improperly on the Dentists' Register. It was supposed that the Medical Council was charged with the duty of removing them then and there. It was supposed by some persons that 500 gentlemen could be removed *en masse*. When we came to deal with the facts of

the case it was manifest that all these persons were units, and that our solicitor had to inquire into each case individually. The Medical Council was able to get through these cases; but I cannot say that they would be able to do so every year. In short if we were to be charged with such a duty it is a question whether we are a good body to be so charged. Of course on the whole we would undertake anything of the kind which was necessary for maintaining the character of the medical profession. We could do so, but then funds must be given us, and I think it would belong more properly to the public prosecutor or to the profession of the law than to our profession. I do not desire the work.

63. (*The Master of the Rolls.*) Has your attention been drawn to the question as to whether or not it is necessary to lay down any rules at all as to education; in other words, whether you could admit men to practice who passed a sufficient examination?—It is the opinion of many persons that that would be the best method.

64. I ask you for your own opinion?—My own opinion is, as in many other matters, that a hard and fast line is not a desirable thing. At one time great efforts were made to lay down exactly the number of lectures that all students were to attend, and the number of courses they were to go through, and to make rigid laws for all the studies. I think it was a bad system, and everybody knew it to be a bad system. Then the pendulum swung the other way, and some said, "We will "have no certificates, no courses of study made com- "pulsory." I think that was an extreme and erroneous position. Certain broad rules ought to be laid down and are laid down by all the best bodies. According to the class of students also you have to make suitable general rules. At Oxford they have rules of the widest possible kind, and advisedly. I believe this to be the best way for men who have had university education; whereas some think it necessary to lay down very precisely the number and nature of manuals and subjects that every medical student should master. It depends very much upon the class of men you are dealing with.

65. I daresay your attention has been called to the rules on the subject proposed to be laid down by the proposed conjoint board in England?—Yes.

66. May I ask you for an opinion as to whether you think these should obtain or not?—I was a party to them. I put my name to them, and I agreed to them as upon the whole an excellent manual for the guidance of students and teachers; and I do think, as I said before, that some general rule is desirable; but as to pledging myself to every absolute detail there as the best I would not do it.

67. Assuming that some such rules are to be established and generally enforced, would you allow the examining board, that is the board for the control of the examinations, to admit to examination a student who had not complied with the prescribed rules on his showing otherwise that he had been sufficiently educated. I will give you an example of what I mean. Supposing that a man came to you and showed that he had passed through all the courses at a great foreign university, the courses of which entirely differed from ours, and therefore did not enable him to get the certificates required by the rules; but supposing that he satisfied the board that he had attended lectures and passed the examinations of one of the great foreign universities, and wished to be examined, would you allow him to be examined?—It illustrates the old saying that every rule has its exceptions, and I think it applies in that case. I think there ought to be a discretion left to bodies; and as I have had occasion to say once or twice before no one ought to live in perpetual suspicion and jealousy of everybody else. In dealing with important institutions there should be some latitude allowed, as in the case which you put. Otherwise it is merely a clerk's work to compare exactly and see whether to the letter the rules have been complied with. Directly you do that you run a very great risk of introducing the fraudulent system which there used to be of certificates being signed, which were known not to have been complied with. There is risk either way.

68. I understand you would give this board a dispensing power in individual instances?—Certainly. The Medical Council advisedly dispenses in certain instances now; but in all cases where the rules are deviated from, notice has to be given to the Medical Council to that effect, stating the reason. If we found that either the rules had not been complied with, or that they had been improperly complied with, there would be a case for representation to the Privy Council, in my judgment, at once.

69. I am not now speaking of the institutions, but of the individual students?—Yes; but then my answer to that applied of course to every detailed case as well as to the general principle. You are speaking of a detailed case, and it would be a multitude of detailed cases which made a vicious system, or exempted it from being so.

70. Would you admit a student to examination without evidence of special education, if he gave you evidence of having passed sufficient examinations elsewhere?—I am very much afraid of giving positive and detailed answers upon questions which are really matters of detail. That brings us back to the general question, of course, as to the principle of admitting people to examinations without laying down a rigid system of preparation for it. If you decide that everybody has to go through a particular course of study that, of course, would not apply if a student has passed a body which does not so require it. Then one university which acted as it is called loyally, could not (although he had a certificate from that other body) admit him, because he would not have complied with the letter of their rules.

71. My question is: Suppose a German doctor brought you a certificate of having passed the *Staats-examen*, would you allow him to come and be examined?—Would I allow him to be examined, or admit him without examination, do you mean?

72. Allow him to be examined. Whether he should be admitted without examination is a question of foreign degrees, and I am not come to that.—As I understand the question, it reverts to a former question, whether the student is absolutely to go through a laid down course. If he has not gone through the laid down course, then of course he cannot be examined.

73. I understand from you that you would exercise a dispensing power in individual cases?—Yes.

74. Where the student showed that he had passed an equivalent course of study or more than an equivalent?—Yes.

75. Would you apply a similar test to the student on his presenting you with evidence, not of having passed a course of study, but of having passed an examination which presumes such a course of study?—That would be a question for the regulations of that particular licensing body. It would have its cases in which exceptions were to be allowed, and this case would or would not be one of them. It would require careful looking into as to what the *Staats-examen* or pass examination was in each particular country.

76. Would you give the power to the general board to admit students if the board were satisfied?—I must reserve my answer to that; there may be something more in it than I at present see. It seems to me to come under the general head of exceptions, and the question I have to answer is whether I would admit upon any particular *Staats-examen* or no.

77. I do not say that. Assuming the board was satisfied that a particular examination showed that the man had passed through a sufficient course of study by the nature of the rules of the examining body, would you admit him to examination here if he were otherwise qualified to be admitted, though he had not followed the prescribed rules of study?—As at present advised, I see nothing against it. It is a case of a man who has gone through a course of study, which I understand to be adequate, and which I agree to accept, and if he brings the testamur besides, so much the better. He has passed one examination so far. But I could not possibly give an answer to that unless I knew the course of study and other required conditions. It is a question of detail.

78. I am not asking you that, but assuming the board to be satisfied as to that, would you give them the power? I am not asking you to give an opinion as to any particular case.—That is to say whether you would allow a foreign student who has had an equally good education to come up in England for examination, having brought evidence of that education and examination?

79. I will put it in this way to make it quite plain. Would you allow a student who had been educated elsewhere than in England, or than the particular place to which the regulations applied, to come up for examination if he did one of two things; either prove that he had been sufficiently educated, or produce a certificate, which according to the rules of the place where he was examined, was itself sufficient evidence of his being

Mr. H. W. Acland, M.D.

27 May 1881.

educated?—My answer to that shall be quite definite; as far as I understand the case, it would be implying that I had very little confidence in my examination system in England if I declined.

80. You have told us as regards general education, or education in arts as you call it, which is a very good term, that you would take the certificate of other bodies; would you apply the same rule to what I may call, for want of a better description, scientific education; you know what I mean?—Yes.

81. Chemistry, botany, zoology, as they generally are, as distinct from medicine, surgery, and midwifery?—Yes, that is a point to which I alluded as regards the conjoint scheme for England, because that was the agreement with the universities, that their certificates in the scientific (taking that term to be as good a term as one can use) as well as the literary examination would be accepted, so long as they passed the practical or final examination, instituted by the conjoint board.

82. My question goes a little further than that. Would you allow, as a rule, that a person who brought a certificate from some other body should be free from being examined by the central body, or by its authority at all?—No, not from the final examination.

83. From what I will call the scientific examination?—Yes, from the scientific examination; that was what was agreed to between the universities.

84. Was it not intended that you should also examine in the scientific branch those students who did not pass the university examination?—Certainly, those who did not pass a university examination.

85. Then, as I understand you, you would examine both in arts and in science those students who did not bring you a certificate, taking the certificate as substitutional?—Not in arts.

86. You would not examine at all?—No, because they were to bring a testamur from the national educational bodies; that was the understanding. The national educational bodies so called (that is the universities, and certain other bodies which were accepted) would give testamurs for general education. Then, in the case of the English universities, the scientific testamurs were accepted also. In their cases therefore the final examination was the only examination that was passed.

87. What I want to know is what you think desirable. I know what has been done and what has been agreed to. Do you think, for instance, in the first place, that it is desirable to give the general Council, whatever it may be, the power to admit students, who have not passed anywhere else, on passing an examination in arts? I will explain to you in a moment what I mean. Take the admission to the bar, for instance, or the examination for solicitors; there is a preliminary examination which you would call an examination in arts and general education. If a man wishes to go to the bar and has not been to a university, he has to pass an examination before the examiners appointed by the Council of Legal Education for that purpose. If a man wishes to be a solicitor, and has not been to a university, or has not passed the middle class examination of the universities, he has to submit to an examination by the examiners appointed by the Incorporated Law Society. The first question I ask you is, do you think it desirable that the medical board, whatever it may be, should have the power to examine in arts or to compel everybody to bring a certificate from another place?—I am afraid I was not sure as to what is feasible about that. It had been the desire of the Medical Council that the testing general education should not rest with the professional bodies, but should be left with the national educational bodies. That was their resolution more than 20 years ago in the interest, as they believed, of the highest general education. By that opinion they abide. The College of Surgeons in London has lately given up its own preliminary examination for that purpose, and I think they have done right.

88. You think that is right?—I do.

89. As regards the next point, the scientific examination, would you adopt the same system as to that, or would you think it preferable to take the alternative system; that is to say, would you make the State bodies examine in science, and give a certificate, or would you think it desirable that the governing body should give the student an option of going before his own examiners?—I think that the agreement which was come to at that conjoint board was a wholesome and a good one, with the reservation I made before when I was being examined by his Lordship that I should not like to deprive the central body of the power of looking into the examination if it thought fit. I think that is precise and clear.

90. I think I understand you to mean this: You would accept certificates in science from anybody qualified to examine in science, and with whose examination the general Council had reason to be satisfied, and would also depute examiners to examine in science those students who could not produce certificates?—Yes, it was of the essence of the central examining board, that it should have examiners for this purpose for the larger number of students, because the larger number of students do not go through the universities; therefore the existence of this middle scientific examination board was a necessity of the whole system of the conjoint scheme.

91. I will tell you what I am driving at. I want to know if you could make some arrangement by way of compromise which would at the same time satisfy the public requirements, and not injure the universities. Supposing the universities were willing to appoint examiners in science, and to give certificates to anyone who passed proper examinations, would you then think it desirable that the board should decline any further examination, confining itself to medicine, surgery, and midwifery?—I see no reason against it at all.

92. That you see might to a certain extent benefit the scientific teachers from the universities and the universities themselves; you see no reason why the board should necessarily assume the examination in science?—Certainly not. That was the whole principle of the agreement, and if I may be allowed to say this, it seems to me a very important principle. The central body has the duty under the Act of Parliament of satisfying itself that the men who are to be entered on the Register have the practical knowledge and skill, sufficient for the practice of their profession. They must be very poor examiners if they cannot find out in that examination whether they know anatomy and chemistry enough for that purpose. They may not have a complete examination, but surely they should in the final examination find out, for instance in surgery, whether they have or have not had an education in anatomy adequate for practical surgery. They could easily do that, supposing there was any suspicion about it. But in the case you mention, and in the Scotch universities, there would be no suspicion on that subject whatever: not the slightest.

93. Would you express the same opinion as regards anatomy and physiology?—The examination in anatomy and physiology was included in this English scheme.

94. I mean would you be satisfied to leave that to similar bodies, and only examine in medicine, surgery, and midwifery proper?—Till the final examination? To that I must give exactly the same answer, that I think the central body which is responsible for the whole course of education must have the power to satisfy itself which it can quite easily do by occasional visitations and inspections, whether or not these exempted portions of the examination are honestly and honourably conducted. I am afraid I do not answer quite directly, because so much turns, as I said before, upon the *bona fides*. If the central authority is to be *bonâ fide* responsible it must have the means of knowing whether these excepted instances are also *bonâ fide*. It seems to me it is simply an administrative question.

95. Would you admit these certificates, provided the central body reserved to itself the right of control to the extent of seeing that the bodies whose certificates were accepted honestly performed their duty?—Certainly; that is the whole principle of the exemption.

96. You would visit the examining bodies, and satisfy yourself that they were doing their duty, of course with the alternative of recommending them to alter their ways, or withdrawing the acceptance of their certificates?—Yes. I may perhaps be allowed to give a reason for this opinion of mine; it may seem to some to be a bad reason, and that is the reason why I would like to state it. I do not think it is desirable to endeavour to lay down over the whole kingdom such an absolute rigid course of education and examination that the life and elasticity of particular schools and modes of thought and of teaching should be absolutely abolished. Yet there must be a limit to that principle.

97. Do you think it desirable that reporters should be admitted to the sittings of the Medical Council?—I think that depends upon the constitution of the Medical Council, and the objects you expect it to fulfil. If you wish it to be a public debating society, I should say by all means.

98. But if you wish it to be simply a body for regulating the education and examination of professional men who wish to practice medicine in this country, you think not?—If it is only or chiefly an educational body, certainly not. I do not suppose any other educational council in the country does its detailed work before reporters.

99. Do you think it desirable to have a permanent body, executive, or whatever it may be, that is a registrar or something of that kind, with two or three assistants, and a permanent committee, who would do all the ordinary business, that is to say, transact the routine business, including in that term some very important business; for instance, I would suggest that it might be left to them to strike off a practitioner subject to an appeal, that is, if he acquiesced in the striking off they might do it; and a vast amount of routine business, as I call it, which might very well be done by a permanent paid body, subject of course to appeal to the Council?—I think that what you suggest is, for the permanent carrying on of the business of the Council, rapidly becoming an absolute necessity. The working of much of the serious business of the Council now rests entirely, in the absence of the Council, first upon the registrar, and then upon whatever appeal the Registrar thinks fit to make to the President. The President is supposed to represent the Council in the absence of the Council, and if he is not willing to take responsibility, and answer this, that, or the other letter, or this, that, or the other question, his only remedy is to summon the Executive committee or the Council. In the one case it costs 300*l.* to 400*l.*, and in the other about 70*l.* Therefore he is obliged unauthoritatively to transact a good deal of business of one kind and another, and often to ask questions and obtain assistance from the solicitor. The communications between the President and the Registrar and the solicitor are very frequent on all kinds of small business. That is not the best way, I should think, of conducting the business of a public body of this kind. It ought, as you suggested, to be a body which could easily meet inexpensively, and which should meet with regularity. I have been now President for seven years, and it is a constant matter of anxiety as to whether some little business should or should not be transacted by the President or Registrar, or whether the executive committee should be summoned. It answers pretty well, but it is not the best form of administration for a body so important as one which supervises the regulations of all the universities of the country, the education of a great profession, and has many communications with the Government.

100. (*Sir W. Jenner.*) You admit that the Medical Council have power to recommend only; they cannot compel. They can appeal to the Secretary of State, and through the Secretary of State they can compel. Now, would it not be better if the Council had the power of ordering the thing to be done and leaving the appeal with the party ordered, that he should set in motion the Secretary of State instead of the Medical Council?—I have heard that suggested.

101. Supposing that there were no regulations as to the course of studies and their duration, if students were admitted to examination at once without having any course of study laid down for them, would it not require that examinations should be very much more extended, and very much longer, so as to test the student in a way that is not necessary if he could prove by certificates that he has attended certain courses of lectures. I mean could you get as good information of the knowledge of the student without very large and prolonged examinations?—The examinations are now very extended, and very practical in many of the bodies. In most of them I think, as I said before, that there is a middle course between extreme detail of regulation as to the numbers and courses of lectures, and the letting go the system of certificates and regulations entirely. There is a medium course between the two which is the right one. No doubt if you were to take, as the Master of the Rolls suggested just now, foreign statements and foreign certificates you would be obliged to have a most careful examination if that came to be a common course.

102. (*Prof. Huxley.*) You are doubtless aware that in several, at any rate, of the foreign universities the means and appliances for teaching the various branches of science concerned in medicine are even more complete than they are in most places in this country?—Yes.

103. Now take a definite case. Suppose a student, for the purpose of acquiring the very best instruction in medicine which could now be obtained, had applied himself for a number of years to study in the University of Berlin, or the University of Vienna, we will say, and that he could produce satisfactory certificates of the work that he had gone through (practical and otherwise), would you allow him, supposing you had the power, to come up for examination on the strength of those certificates, and on that evidence have a license to practise in this country?—I have never had the case definitely put in that way until it was so put just now; but I do not know what the objection to it would be.

104. I want to get it quite clear if I can; you see no objection to it?—No objection to it strikes me. I do not know what the objection is if there is any. The object of the examination is to test whether the person possesses certain knowledge. It rests, of course, with the examiners. I cannot tell why the examiners cannot accept it if the education has been abroad as well as when it has been at home.

105. I think just now, in replying to the Master of the Rolls about the possible admission of foreign degrees as qualifications to practice, you referred to the scandals which at one time grew up in relation to that matter?—Yes.

106. Would there be any possibility of such scandals arising if persons producing such degrees were examined?—Not that I know of.

107. There would be no objection from that point of view?—Not that I know of; none strikes me. It is, of course, an entirely different thing to the admission of degrees or qualifications without any mode of testing them. This was lately a cause of difficulty between this country and France. It was considered a great grievance that our practitioners could not be admitted into France. The French said, "We will "examine them." That they objected to.

108. Do not you think it would be quite easy for the Medical Council to make a list from time to time of those bodies whose degrees it would take, and those degrees it would not take?—Without examination?

109. Even without examination?—Yes. I know no reason why it should not.

110. Take, for example, a gentleman who produces evidence of being a Doctor of Medicine of the University of Paris or a Doctor of Medicine of the University of Berlin; it is a little absurd, is it not, that he would not be allowed to practise, whilst a Licentiate of the Apothecaries' Company may?—Yes, that is the whole question which has been much discussed by the Government and in the Medical Council, with a view to passing clauses in a Medical Bill affecting foreign practitioners.

111. There would be no practical difficulty in ascertaining which of the foreign great bodies give thoroughly good and sound degrees, and those which do not?—When it came to the detail of settling which body should be admitted, and which should not, the difficulty becomes very great. Some would be at once taken, and then you come, perhaps, with equal ease, to those that should not be; and then there is an intermediate class which I have no doubt in detail would cause a great deal of difficulty. And I believe that to be the reason why, in France, they endeavour to make it rest entirely upon their own local examinations, thinking that it is much better that each country should examine for itself, and that anything like what they call reciprocity is too difficult a thing to manage. It is a case in which we have had a great deal of experience as to general education. It is difficult to settle even that.

112. You think it really would be a matter of practical difficulty?—Only to the extent I have stated. Any administrator like yourself would be a better judge than I am as to the extent. There are certain places which probably, by common consent, would be admitted at once, and certain others which by common consent would be rejected at once; then there are intermediary cases about which there would be a difficulty and hardship.

113. But no such objection would apply if an English examination is required?—None at all that I can see; I think none.

114. Supposing that this central body which has been referred to (I give that general name to it) existed in regard to education, would you give to that body simply the duty of supervising regulations imposed upon it, *ab extra*, or allow it to modify all examinations for licenses that might be imposed from time to time?—Do you mean with reference to an Act of Parliament?

115. Yes. Suppose, for example, the Medical Council were charged with the duty of generally superintending medical education, would you define the minimum limits, we will say, of such license to practise by Act of Par-

Mr. H. W. Acland, M.D.

27 May 1881.

liament, or would you leave it entirely to the Medical Council itself, to be modified from time to time as occasion might require?—I should leave it to the Medical Council of course.

116. Would you do that with regard to preliminary education as well?—I should leave the preliminary educations as far as possible to the national educational bodies, as I have said before.

117. But are the national educational bodies to decide what it is to be, or is the Medical Council to decide what it is to be?—I alluded to that before.

118. Supposing, for example, the Medical Council in its discretion chose to cut down and reduce preliminary education, suppose it took the view that the important thing was to get skilful doctors, and that it did not matter whether they were Latin scholars, Greek scholars, or German scholars, would you leave it to the Medical Council to settle that point itself?—No, because, as I said before, the object of by far the majority of the Medical Council was to let the national educational bodies be the best judges of the general education of a man as a man.

119. But there is a preliminary question. Quite admitting that the universities are the best judges of what constitutes a good education for the man as a man, it does not necessarily follow that they should be the best judges of what is the best for a doctor as a doctor under the circumstances of professional life at the present time?—Up to a certain period of adolescence, I suppose people generally would agree that they were the best judges. Those who give their lives to the business of general education would up to a certain point, up to the point of bifurcation, be the best judges. The case has already arisen where the Medical Council inquired what were the subjects required in respect to general education by all the licensing bodies. It turned out that the Medical Council, rightly or wrongly, required certain things which were not guaranteed in all the testamurs and so made its own list of requirements.

120. I am now supposing opinion to turn the other way, and that the Medical Council came to the conclusion, which is entertained by some persons here, that what is regarded by the mass of mankind as essential to a liberal education at the present time is wrongly so regarded, and that you may really have a man vastly better educated as a man, very much better fitted for the business of his profession as a doctor, without knowing anything about the things which persons generally at the present time regard as essential to a liberal education. Now what I want to get at is whether you would leave it to the Medical Council, which must of course be best informed as to the wants of the profession, to settle what the conditions of the preliminary education should be without consultation with anybody else?—As things were 20 years ago I should unhesitatingly, in the interests of my profession, and of these men as men, have left it to the great public bodies. As things are now, that is after 20 years of progress in general education, and progress in general education in the medical profession (for a great change has taken place in this matter in the last 20 years), I really should not very much care which did it, because I think they would both come to about the same conclusion. The case of my university, Oxford, illustrates this. 25 years ago there were no means of general scientific education as part of the education either of the ordinary student; still less of the medical student. Now a person can take his degree in Arts through Chemistry, or Physics, or Biology, as you know quite well, just as he could formerly through Latin and Greek. There has been progress both ways. There has been a progress in the medical profession in their desire for higher education. In the desire to extend the range of general and scientific education among other classes of youth, there has been a great advance indeed.

121, 122. (*Prof. Turner.*) In the Government Bill of 1880, and in the previous Bills in which propositions were brought forward for the registration of foreign and colonial degrees, the General Medical Council was empowered, if satisfied that these degrees furnished a sufficient guarantee of the possession of the requisite knowledge and skill, to authorise their graduates to be put on the Medical Register on the strength of their degree, without those graduates having to go through any examination by the General Examining Board of this country. That was so, I think?—Yes.

123. There is no power possessed, I think, by the General Medical Council, to visit and inspect the examinations of these foreign and colonial universities?—No, it has no power; but then I alluded to that just now. With regard to colonial universities and India I suggested myself that we might send inspectors to visit Madras, Bombay, and Calcutta. I confess that the proposal received more smiles than assent, but I could not see why. There would be no difficulty in getting competent inspectors to go, and who would be delighted to go. We had not the funds; but why, if the country wished it to be done, we should not have the funds, I cannot guess. There is progress in these things, and I feel quite sure, if the Medical Council is to be considered in any way responsible in relation to the education of the colonies, it is a thing which should be done. There are no real difficulties in these days of intercolonial communication. There are plenty of young teachers who would be delighted to go to Calcutta, Bombay, Toronto, or anywhere else if it were desirable. It would be an excellent thing for both mother country and colonies.

124. I think, under this and the previous Bills, no such power has been taken to inspect and visit?—No.

125. And no provision has been made in the way of funds?—No, I am going a little ahead of public opinion in this, I am aware. That would be a question of arrangement and interchange between the colonial legislatures and ourselves. Of course that is a new question that has not yet been raised here. I mentioned it some years ago, but it was only thought to be a thing in the air, which it is not in the least.

126. But there is power in the existing medical Act, and that power was intended to be continued in all these Bills that we have before us, that the home universities should be visited and reported upon?—Certainly.

127. Does it not seem, according to these Bills, as they stand at present, as if certain privileges were proposed to be granted to these foreign and colonial universities, such as were not to be granted to our home universities, namely that the graduates of foreign and colonial universities should go on the Medical Register without passing through an examination by a general examining board; whereas the graduates of home universities must have passed through the examination of a general examining board; does not that appear rather anomalous?—My answer to that would be that if there had been no other restriction it would have been a great anomaly.

128. It is proposed, I think, in these bills, that the foreign and colonial graduates should go in a separate list in the register distinct from that of our home practitioners?—Yes, that is so by Clause 10 of the Bill of 1880.

129. But are not the legal privileges to practise in this country just as much conferred upon these foreign and colonial practitioners although their names appear in a separate list of the Register, as upon our home graduates?—I presume so.

130. So that the actual privileges to be obtained from registration are just as much guaranteed to the foreign and colonial practitioner or graduate, although he has not been examined by a public examining board as to our home graduates?—Yes, but then the Medical Council will have taken all the steps in its power to ascertain that no such degrees are inserted but those that *bonâ fide* ought to be so inserted.

131. Does not the Medical Council take just the same care in connexion with the degrees granted by our home universities at the present time?—Yes.

132. Then again I must ask the question, does it not appear anomalous that you should grant to the foreign and colonial practitioner the privilege to appear on your Medical Register, even although he appears in a separate list, without passing an examination of a public examining board, which the Bill declines to grant to your home graduate?—That is again one of those questions which I call statesmanship or statescraft, and which have carefully to be considered by the Cabinet. In fact it is a question having reference to colonial and home administration of a very nice kind. The Government, as I understand it, is very anxious to extend all courtesies and privileges that it can to outlying parts of the empire. There is no reason for supposing that in this carefully considered Bill there was any idea that evil would accrue from this. The evil that would accrue or could accrue, I suppose, would be that of persons being admitted who were manifestly inferior to our own graduates. If that were found to be the case, the Act ought to be amended.

133. You have said that in the opinion of those statesmen who have framed the Bill, no evil would be likely to accrue by letting these foreign and colonial graduates, under the supervision of the General Medical Council, be admitted to the Register?—Yes, that was the belief of the framers of the Bill. I do know that there were delicate questions of considerable difficulty pending, and still are pending, on the very subject of these clauses with our colonies, and that the Government will have to take steps to adjust the matter in some way or another.

134. May I ask, further, is any evil likely to accrue from admitting to our Register graduates of our home universities who have not passed the examination of this general examining board?—That question of course cuts straight at the idea of a common national board. I look at the construction of a common national board or boards as a way of securing to the country a good class of average minimum practitioners, leaving the universities really to confer their degrees for higher reasons than a mere minimum qualification. I take it that that is the reason why those who have the interests of the universities as well as of the minimum qualification practitioners at heart wish to have a common pass-board, leaving university degrees as representing something higher than the pass examination. I know that that is the view taken, for instance at Oxford, where they have delayed, to their great annoyance, for several years the recasting of their Medical Statutes, because they desired first to see whether or no the minimum qualification will be granted in some shape by what we call the State Examination, leaving their degrees to be really higher degrees and not qualifications. They would then gladly surrender their power of giving qualifying testamurs.

135. I think I understood you to say that in framing examination rules, the central body, assuming that body to be the General Medical Council, should exercise considerable influence and authority?—I said so, because I do not see what other control it could have or what would otherwise be the object of the Council in respect to education. The object of the Council in respect to its educational examinations, I take it to be, to have the common wisdom and experience of all the licensing bodies throughout the country, meeting to form a common standard. If it does not do that, it seems to me to be a useless body as regards education, and to have no function in that direction.

136. Do I understand, then, that what this central body has to do in framing these examination rules is in connexion with only the ordinary licenses, admitting to the Register?—Entirely for the minimum qualification. That is the present object of the Act.

137. You do not intend that answer to include that the General Medical Council should frame regulations and rules for the guidance of the universities?—I do not say that, because it will be examination rules for the guidance of those who give the minimum qualification, or who wish to prepare students for passing the minimum board. It would not of course impose rules upon the way of granting what would be considered higher qualifications unless the Council goes on to the question of the grounds upon which higher qualifications are given. You perhaps are aware that a question has lately been asked in the House of Commons as to how higher titles are given. This must be still considered an open question. I do not think the Medical Council as at present advised would wish to enter into that subject. It only now deals with the minimum pass examinations.

138. You would not propose that the Medical Council should say to the University of Oxford for instance what the examination rules are that the university is to lay down for its own guidance in connexion with the examinations of the candidates for its degrees?—Not if it surrendered its power of licensing, which is what it was ready to do 30 years ago, and wished to do. Directly there is a central examining board, all these other bodies of course give up their power of putting the name on the Register, without passing that board.

139. (*Prof. Huxley.*) You would see no difficulty, I apprehend, in the central body insisting that there should be a minimum contained within the examination of each of the Universities, for example, without which their degree should not be available as a license to practise. You see that is a very different thing from a conjoint examination?—Quite. Directly this vexed question of whether there shall be central boards established or not, is settled, I think in practice there ought to be no difficulty in settling the details; but as long as it is uncertain, I say that there is great difficulty.

140. I am assuming that the central body exists?—Yes; for instance, it might be extremely inconvenient and very undesirable for a great institution like the University of Edinburgh to have to comply with certain details which were laid down for the education and examination of minimum men and to observe them rigidly with regard to some of its classes, a great number of its lectures, and other particulars of that sort. I can see that it might be extremely difficult for it to cut down some of its courses to the requirements of the minimum standard by an absolute rule; but there would be no difficulty if it was done by common arrangement. The greater includes the less; of course if the man passes a higher examination in Biology, that ought to count for the lower, and so on. I myself have never seen any real difficulty in the solution of this question if the Medical Council were unanimous in endeavouring to get the best thing done, and each of those individual bodies were equally unanimous, acting with *bona fides* in doing it. You require those conditions.

141. It would be quite possible to reconcile the authority of the central body with the perfect freedom of the University, if an arrangement were made by which the University satisfied the minimum requirements of the central body; I mean by going beyond it?—Certainly.

142. (*Prof. Turner.*) To pass now to another subject, you have directed attention to section 9 of the Medical Act, in which certain powers are deputed to the Executive Committee?—Yes.

143. Supposing the powers of the General Medical Council were to be increased in such directions as have been indicated, would you suggest that the powers of the executive committee should be increased in a corresponding ratio?—The Medical Council could, as you are aware, by the Medical Act refer any powers or delegate any powers, which it thought fit, to the Executive Committee. The Medical Council has of late years been much more willing to delegate its powers to committees than it was formerly; and justly so, because it sees that the business cannot be carried on without. It would rest entirely in the discretion of the Medical Council to give powers to the committee. They might be either permanent powers or powers to do particular acts. For instance, last year, as you are aware, it gave the executive committee the power and the duty of appointing examiners to visit what bodies it thought fit, and what examiners it thought fit. What it is doing now, and I believe so admirably, through the agents it is employing, is done therefore by the will of the executive committee. That works thoroughly well. I have been on the executive committee for 20 years, and have had a very long experience of this. The amount of business we get through at a small committee of seven, representing every branch of the Council, as you are aware, is much more than can possibly be done by a larger body, with no fault on one side or praise on the other.

144. I infer from this that if the powers of the Council are increased you consider those of the executive committee should be increased in a corresponding ratio?—They would not require to be altered at all, because under the existing Act of 1858 the General Council delegates to the committee what it thinks fit.

145. And it should continue to do so?—Certainly.

146. (*Dr. McDonnell.*) Does the University of Oxford confer no other medical degree except the M.D.; I mean does it not give a degree in surgery or a degree in midwifery?—No, it only gives a degree in medicine, that is Bachelor of Medicine. The reason is a simple one. By long usage the University of Oxford gives a degree of Bachelor of Medicine, and it has power to give the qualification in surgery by its statutes; but when the Medical Act was passed in the year 1858, it, on entirely national grounds, did not think it desirable to create an additional new qualification; it believed that there were too many qualifications already, and it decided there and then to prefer that the surgical qualification should be got from existing surgical bodies, and not to create a new one. In that faith it remains until now. It desires any alterations in its statutes to be made with that view, and does not wish to create a new qualification until it is settled that there is to be no national combination.

147. You seem to have great confidence in the power of control by visitors; have you ever, may I ask, acted yourself as an examiner where these visits were carried out?—Yes.

148. And you really think it has been of use in accomplishing the object for which it was intended?—You

Mr. H. W. Acland, M.D.

27 May 1881.

mean have I acted as visitor or examiner, for I have acted as both?

149. As an examiner on any court of examiners which was subject to a visitation?—I have been examiner at Oxford when there have been visitors at Oxford.

150. And do you think that the visitation is really and practically a useful means of ascertaining the soundness of the examination?—I cannot doubt it. Of course it can only report upon what it sees upon that occasion, and in that way it is a precarious check. It is obvious that they can only judge of what they see and hear on the occasion of their visit. They cannot tell what happens at other times except by information received second-hand at other times.

151. The conjoint scheme which I have here before me was adopted in Ireland June 28th 1872; it received the sanction of the General Medical Council on March 31st 1873; what, may I ask, was the date of that upon which you sat, you said that you acted in framing it yourself?—I did. That was completed in 1879, I think; but I believe there were very nearly 70 meetings before it was completed, running over about four years.

152. (*Chairman.*) You will supply that date when you correct your evidence?—Yes.

153. (*Mr. Simon.*) In speaking of the present licensing system I understood you to speak of 19 classes of licentiates and to say that they practised according to their qualifications. But you do not mean that a man with a half qualification, surgical or medical, as it may be—a partial qualification—confines himself strictly within the lines of his legal qualification?—I do not mean to say "practised," if I did say it; I meant to say that he was by the Act *licensed* to practise according to his qualification, and in fact I thought I did say so. I did not mean that he only practised according to his qualification by the Act. He is on the register and practises.

154. When you spoke of difficulty, as regards Scotland, in applying the proposed system of conjoint boards, you used an expression that might have suggested, perhaps, to members of the Commission not familiar with the circumstances, that the intention was to force upon Scotland the same scheme as was adopted in England, or the same scheme as was adopted in Ireland; but I am right, am I not, in my recollection that Lord Ripon's proposal, and the proposals which subsequently have been framed more or less on Lord Ripon's original plan, would have given each division of the United Kingdom power to make its own scheme?—Yes.

155. There would have been, not one scheme for the three divisions of the United Kingdom, but each division would make its own scheme?—Yes.

156. So that the local peculiarities of each division of the United Kingdom could have been consulted in the particular local scheme?—Yes.

157. Are you aware of any reason why there should not be in Scotland a scheme of conjunction suited to the particular conditions of the locality?—Not at all, and I have every reason for hoping that the framing and adopting such a scheme is possible.

158. In a part of your examination you said you would be content, under conditions, with a conjoint board system applying only to the final practical examination, I think?—Yes, under conditions.

159. There is a particular condition to which I want to draw your attention. Under a compromise which has been hinted at, there would have been the first examination accepted in what have been called "fundamental medical sciences," say, chemistry, anatomy, and physiology?—Yes.

160. Now, suppose we are dealing with the final examination; will that examination have anything of a recapitulatory character in it in your mind?—There should be, as I think, in the final examination, whenever there was any doubt as to the competency of a person either from his own examination or from a knowledge of the place from which he came. Any skilful examiner would easily learn whether or not there was adequate chemical or physiological or anatomical knowledge. It would not be exactly the same as the scientific examination, of course, but in some respects it would be so, and is so constantly.

161. Then, in the kind of compromise which you had in view, you would contemplate that if the final examiners examining in practice and in pathology, found a man deficient in chemistry, in anatomy, in physiology, they would be at liberty to pluck him on those subjects?—They would not pluck him technically upon those subjects.

162. But they would pluck him?—They would pluck him in consequence of his not knowing sufficient of those subjects for the matter in hand; such, for instance, as the chemistry, let us say, of diabetes and the anatomy of operations. It happens, in fact, every day.

163. You quite contemplate that if the final examiner found, in asking a question of a pathological kind, that a man was deficient in his physiology, it would be at his discretion to press him with further questions in that matter, and eventually to pluck him?—I suppose that in all final examinations, questions of that kind must practically be constantly arising both in medicine and in surgery, on the very face of it. May I add that almost all the members of the Commission who are present would at once see endless cases both in medicine and in surgery in which at once deficiency in certain departments, anatomy, physiology and chemistry, would be transparent; although to certain other parts which might be called the educational departments, deficiency in the purely scientific parts of chemistry and biology would not be so detected. This must constantly happen in examination, at present. The examiner would pass over certain departments of biology. For instance, zoological or general morphological questions proper for general education would not come in the scope of the surgical anatomy.

164. In connexion with what has here been spoken of as the Buccleuch compromise, suppose that compromise to have been accepted in relation to the first or scientific examination, and that question then comes of exempting the Scotch Universities to that extent from co-operating in the joint scheme of Scotland. If there is to be a joint system of qualification for the United Kingdom generally, could the Scotch Universities be relieved of responsibility in regard of the first or scientific examination, a matter where they are so well qualified to help the licensing system of their division of the United Kingdom? What would be the result, do you think?—I do not know that it is proposed that they should be relieved. Their professors, I suppose, would not be excluded from acting as examiners.

165. Do I understand that if the Buccleuch compromise were accepted for Scotland as a privilege for the graduates or inceptor graduates of the universities, nevertheless the universities would take part in the examination of the other candidates?—That is of pass men?

166. No, in the scientific examination of the other men?—Of the scientific pass?

167. On the suggested compromise there would be two examinations for science, the first the universities examination which is supposed to relieve the graduate from going up to the conjoint board scientific examination?—Yes, the same as in England.

168. Do you understand that the conjoint board in Scotland, if the Buccleuch compromise were adopted in respect to the scientific examination, would nevertheless be in part under the direction of the Scotch universities?—I never heard that it was suggested that the university professors and teachers should not be able to serve on that board.

169. But when you speak in approval of an arrangement of that sort, do you qualify your approval with the assumption that the Scotch universities will be acting on the conjoint board of Scotland?—I want to know whether the question is as to acting on the final examination, or scientific, or both?

170. The common examinations of Scotland will presumably be such as examinations are now, in several stages, in two or three stages independently of the preliminary?—Yes.

171. The divisional board of Scotland will be regulating all these examinations, and presumably appointing examiners to conduct them all on the conjoint board system; will the universities be taking part in the earlier of these examinations or not?—I never heard it suggested that they would not, any more than in England. The central divisional board appoints the examiners and constructs the board, and I have not heard it suggested that in Edinburgh or in Glasgow the university professors should not, if they thought fit, act as examiners on the common board. I do not know whether the point has been raised. I am not aware of it. It would debar the central body from having the aid and advice of really the most important teachers on these subjects in the country.

172. I think you are aware there has been a talk of combinations of corporations as apart from combinations of universities?—Yes, I have heard so.

173. And that combinations of corporations should conduct the whole series of examinations for themselves?—That is under the voluntary system which exists now, that is not under any system of complete combination for the whole country.

174. Then I gather that when you approve of anything like a privilege being allowed to the Scotch universities in respect to their scientific examinations you assume that nevertheless the universities would be taking part in superintending jointly with the corporations the scientific examinations of the joint board system?—I should think it very presumptuous in me to assume in the present stage of things that it must not be so.

175. As regards your approval, when you approve it do you assume that?—Certainly; I mean thereby that the most eminent persons on these subjects would be willing to be members of the board, and if I heard that they declined to take any part in the common examinations I should have to reconsider the matter.

176. If the proposal were that corporations acting by themselves should be the joint board for the whole range of the examinations should you consider that a fitting proposal, one proper to be accepted?—It is a combination which I should think very much to be deplored.

177. You think it would be deplorable that in Scotland so great an influence as that of the universities should not be on the side of the national interest?—Certainly.

178. Taking part in the joint operation?—Certainly.

179. In interpreting your former answers to the Select Committee on the question of the size of the Medical Council, that it was a matter of very little importance as between 24 and 30, I understand you to say that you mean that 24 is for a body that is to be executive already so far too large, that whether it be 24 or 30 does not materially matter?—That is all I meant.

180. You consider the 24 already a great deal too large?—If I had to construct a Medical Council apart from considerations of expediency I should not think of having as many as 24.

181. You expressed yourself as met by the difficulty, that the Council is already too large for practical purposes, but you did not see how to diminish it?—Yes. Being constructed upon the principle which it now is constructed upon, it is the representative of all existing licensing bodies. That was a definite principle, as I said, and the best possible principle at that time (and I do think that it was so). If you now keep that principle you may have to keep that number or enlarge it. The last would be a misfortune.

182. Supposing that the project of conjunction for examination purposes were realised, and that the examinations were conducted by three divisional boards, each board to be a branch council and committee of reference in one, could not the Council very conveniently be reduced by letting those boards send to the central body each a certain number of members?—Yes, in that way you might have a small Council, a Council not larger than your executive committee. In point of fact you would require very little more than a small active body of that kind that would meet with comparatively little expense. I may perhaps remark that when this question first began to be agitated by the British Medical Association, some dozen or more years ago, I was sorry to give offence at their Council one day by saying, "Directly you have sufficiently proved to "your satisfaction that the gentlemen who go to that "Council, go only for their personal or local interest" (which is a sort of allegation constantly made) "to "advocate the claims of particular bodies, directly you "have sufficiently shown that the existing Council is "unworthy and untrustworthy, you will very likely find "on the floor of the House of Commons, that some-"body will ask whether a large body of this kind is "a reasonable or natural body to administer, as far as it "is called upon to administer, the affairs of great and "independent institutions, and whether a small com-"mission would not be a much more reasonable thing." It was then thought that this question was put by me simply to throw in an apple of discord. But it was put quite sincerely, and I feel it to be true now. Then if you take the principle that great institutions like the College of Surgeons of England, or the University of Edinburgh, or Trinity College, Dublin, (taking three great bodies, one in each branch of the kingdom) that have done so much for the national honour in the advancement of the science of medicine and surgery, and admit that they are *bonâ fide* doing their best to advance the subjects committed to them, I cannot conceive upon what principle I am to admit that it is necessary to have a number of persons added to their bodies, in order to see that they do their duty. I doubt the necessity. Therefore I do not think that you need to increase the numbers. If you proceed by any system of exhaustion to diminish the number you lose the services at once, or run the risk of losing the services, of such men, I will say, as Sir Benjamin Brodie, Dr. Stokes, and persons of that kind. I mention persons no longer living, you see, purposely. The constitution from this point of view now is an excellent one. Directly you diminish it you put it into the hands of an oligarchy. In that dilemma I think we are placed. Perhaps I ought more tersely to answer the question. I think if the Council is to be much diminished in numbers, for the sake of economy and convenience of working, your plan is a very good one; that is, as I understand, working the branch councils for elective purposes, so as to make a small council, like our present executive committee. But directly you do that I see a loss on the other side of not having a typical representation of all the institutions which I value. I know this is an unpopular sentiment. The idea is that the College of Surgeons only advocates its own interests and others their own interests. I do not think it. I think that on the whole they work properly and rightly. I should be sorry if any of their representatives were absent. I speak from experience and observation.

183. What I am suggesting to you and trying to get your opinion upon is a plan which would decentralise a considerable portion of the work, would give to the three divisional boards the settlement of detail as far as possible, and would assign to the central body only the broad regulating and inspecting action. Should you approve of that in general? Should you consider that a good principle to go on?—I do, indeed. I think it might be a very good thing; but I think anyone who had a knowledge of the state of the profession and of the heads of the profession, 25 years ago, would know that what I say is quite true, that the advantage of the meeting of these representatives from all these institutions in the last 25 years, one from each of them, has been incalculable for the progress of education and of harmony. Had it not been for the accident of an outside move to throw doubt upon that system, I think there would have been no reason for change, that the disadvantage of the large numbers would not have seemed so great as the disadvantage of not getting them all to meet. We now in the Council recognise no difference among ourselves in our intercourse between English, Scotch, and Irish physicians, surgeons, or professors. It is simply a representative body meeting for the educational progress and improvement of our profession. With any plan for breaking up again into the divisions of the kingdom, I think we shall have considerable loss unless it is meant by your proposal that the whole of the branch councils should meet from time to time to constitute the general council. You would not have them do that, I understand. Then in that case you would constitute an important Executive committee, pretty much as it is now, only electing it in a different way.

184. You spoke of a large delegation of powers at present to the executive committee?—Yes.

185. All the powers are delegated except two?—Yes, they can be.

186. What other powers has the Council than those two?—It has the power of calling for information; it has the power and the duty of inquiring into various cases of misconduct and so on, and inspection and examination.

187. Those being powers, in fact, that the President can exercise or tell a subordinate officer, such as the registrar, to exercise?—Yes, a great many of them.

188. But the power of doing as apart from the power of asking questions is not delegated, I think; you do not, I believe, delegate the decision of any matter of principle to the executive committee?—I suppose that the Council has it in its power to delegate to the executive committee to make any inquiries that it thinks fit, and to come to any conclusion upon those inquiries, and to issue any further reports or conclusions upon those inquiries. I know no limit to what the Council may delegate to the executive committee that it can do itself except two things restrained by the Act.

189. It can delegate only what it can itself do, only the powers which it has?—Yes.

Mr. H. W. Acland, M.D.

27 May 1881.

190. But its powers are almost none except in the directions which have been mentioned?—Certainly.

191. Then if the powers were largely increased (and that was the question raised by Professor Turner), are you of opinion that the Council would be willing to put its power of decision in important cases into the hands of the executive committee, or would it only charge the executive committee to carry out particular instructions?—That would depend upon what the increased powers were, and I do not know what they will be. One of the most important and serious duties of the Medical Council is also one which a large body of that kind is perhaps the least calculated to discharge, certainly with rapidity, namely the judicial inquiry into the conduct of practitioners alleged to be guilty of misconduct in a professional respect. The Council, it is said, cannot legally delegate that power. That of course is one of the most delicate description, and usually belongs to a judge in a court of law. But I do not know what powers it is proposed to give that it could not delegate.

192. The executive committee has been again and again charged with making inquiries, preparing work for the Medical Council?—Yes.

193. Would your experience of the Medical Council be to the effect that, in respect of decisions to be made, it has been willing, where it has had authority, to give its authority to the executive committee?—I am not aware of any case that has occurred for some time past of any what may be called jealousy (using the shortest word) on the part of the Medical Council to give any work to the executive committee which it thought it could properly do, whatever that might be. It gave to the executive committee the power to appoint its registrar; to exercise any of the functions which it sees fit to discharge in respect of the mode of making inquiries. It delegated to a committee to get all the information concerning the education of women, a question at the time which produced most angry controversy; the Council of course does not necessarily adopt such a report. But it, as you know, largely utilizes information so collected, and information so furnished, and notably by yourself. There are a number of things in the history of the Council you would find of that kind. In my judgment the temper of the Council, speaking of it as they speak of the temper of the House of Commons, is entirely in the direction of giving work to the executive committee, or others as the work arises. I think it is one of the directions in which the Council has made great progress, feeling it could get work more rapidly done, and therefore having shorter sittings.

193*a*. If the Council were a large one, either as large as at present or still larger, would it in your opinion waive its right or diminish its practice of deliberating very extensively on matters brought before it by committees?—No, if it existed in anything like its present form; that is, with a member coming from the great institutions or from the whole profession if they wish, of course it would not. It would have to discuss the reports and the documents so brought up, and the larger the number of members there were, the longer the discussions would be. I am not at all prepared to say from experience that the discussions would be more to the point if the numbers were greater. If the body existed it would be their duty to discuss. You could not justly reprove them if it be their duty. Take the case that I alluded to just now of the persons who are guilty of professional misconduct. It is the duty of the Council to go into each case, and it takes a long time; whereas the duty would probably be better discharged by a small body with a legal assessor, as I have said to more than one Government. It is now the duty of the whole Council, that is to say, of the representatives of the whole profession, surgeons, physicians, apothecaries. They and only they are the persons who can deprive a person of his civil rights in that direction.

194. Having regard to the quality of the men you have had, and expect to have, in the Medical Council, is the duration of the sittings a matter of very serious consideration? Do you think it of very serious importance that they should not be of unnecessary length?—Most certainly.

195. You are conscious as President that there is a great disposition to become impatient of long sittings?—I think I can go further than that, and say that it is of my knowledge that eminent men, members of the Medical Council, serve there from purely patriotic reasons. They feel that under the circumstances they are bound not to leave it; and all the more because of the unsettled condition in which the whole business of the Council has been placed by discussions irrelevant to its proper business for 10 years. They feel bound in honour not to leave it, and they remain in it for no other reason.

196. So that to get the Council of smaller size, and the length of its sittings, therefore, more manageable by compression of discussion, is a very important object, with reference to the quality of the persons who shall compose it?—I suppose so.

197. As between the two systems, one that of acting largely through the Councils of the three divisions in matters of detail, and the other that of acting through the General Council, with its power of acting in committees, and with such probability as you think there would be of the reports of those committees being very extensively debated in the large body, which do you think would be the better plan?—I should be extremely sorry to see any plan which would tend in any way to denationalize our proceedings. I think that the advantage of the meetings of the representatives of the Scotch and Irish and English members has been so great that I should deplore any thing which had the result of breaking us up again.

198. Would you think it likely to break up if it were made 12 instead of 24?—That would depend, of course, almost entirely upon the way in which the 12 were selected.

199. Supposing the selection were that the Divisional Board of Scotland sent up two members, the Divisional Board of Ireland sent two members, and the Divisional Board of England four members, and, say, the Crown four, what would you say to that as a proposal?—The principle of diminishing the Council in that way will turn out, I think, either to be good or bad according to whether you have really efficient divisional examining boards; it will turn upon that.

200. Of course?—If you have them, then I think their sending up their representatives to a Central Council in London might have the same harmonising effect as we have now; but I think that that plan (unless you have a common examining system established) would not be to the advantage of the profession. I think the two hang together.

201. In my question I assume throughout that there is a divisional board?—Yes, I conclude that you assume that.

202. That in Scotland, for instance, the universities and corporations would be acting in conjunction?—Yes.

203. You have no reason to doubt that, if that were the case in Scotland and Ireland, the Scotch and Irish divisional boards respectively would send up their best members as delegates?—Certainly.

204. You have no reason to doubt that?—None at all.

205. (*Chairman.*) Do you wish to add anything to the evidence which you have given?—I only wish to add on behalf of the members of my University, without meaning to imply that it is a message from convocation, but speaking on behalf of important members of the university, that they earnestly hope that the result of the labours of this Commission will be the settlement of the chief questions which affect medical education. Whatever part Oxford may play in future in medical education it has had an earnest desire for many years to do all in its power for promoting the general and scientific education which lies at the root of it. It has been hampered and delayed in its procedure by the uncertainty attending legislation, especially during the last 10 years; and it trusts that this Commission may speedily bring all this to an end, and enable the educational arrangements of the country to be completed. It is only they who have been concerned with the Medical Council that can fully be aware of the evils which the delay and trouble attending the several Bills which have not been passed, have caused to those who have been doing their best for the medical and scientific education of the country. It is only they who have had the labour, the fruitless labour, of this work, that know what it has been; and we hope thatyour Lordships' Commission will bring the whole matter to a successful close.

The witness withdrew.

Adjourned to to-morrow at half-past three o'clock.

SECOND DAY.

Saturday, May 28, 1881.

PRESENT:

THE EARL OF CAMPERDOWN IN THE CHAIR.

THE RIGHT HONOURABLE W. H. F. COGAN.
THE MASTER OF THE ROLLS.
JOHN SIMON, ESQ., C.B., F.R.S.
PROFESSOR HUXLEY, F.R.S.

ROBERT MCDONNELL, ESQ., M.D., F.R.S.
PROFESSOR TURNER, M.B., F.R.S.
JAMES BRYCE, ESQ., M.P.

JOHN WHITE, ESQ., *Secretary.*

Sir JAMES PAGET, BART., F.R.S., called in and examined.

Sir J. Paget, Bart., F.R.S.

28 May 1881.

206. (*Chairman.*) We are very much obliged to you, Sir James, for being so kind as to attend here to-day to give us your opinion upon the several matters in which this Commission is interested. We desire, first, to direct your attention to the licensing question, and especially to what we consider the most important parts of it, namely, the amount of knowledge which ought to be required from every person before he is allowed to practice, the examinations by which his knowledge should be tested, and the constitution of the examining boards. I believe that you were so good as to attend and give evidence before Mr. Forster's Committee in 1879?—Yes.

207. May I take it that you adhere to your evidence generally as then given?—Yes.

208. First let me direct your attention to the amount of knowledge which should be required by every person who is admitted to practice in medicine. Are you of opinion that every person should be required before he is admitted to practice to have displayed a sufficient knowledge of medicine, surgery, and midwifery?—Yes.

209. And by what means do you think it should be ascertained that he possesses that knowledge?—I think by a series of examinations, not less than two, nor more than three, held in the course of his education, which usually extends to four years.

210. Would you give us your opinion as to the manner in which the examiners who are to conduct those examinations should be chosen?—Perhaps I should say I was for a long time chairman of (what, probably, has been heard of already as) the Committee of Reference, by which was made a plan for the construction of a conjoint scheme of examination. The plan was to constitute one board for the examination of all candidates for a licence in England. I think the plan designed was the best, certainly, for England, and, so far as I can judge, for other divisions of the kingdom; that the several licensing authorities should appoint each a certain number of examiners who should constitute a board by whom the examinations should be held. The arrangement was that the Committee of Reference should be composed of persons deputed from each of the several licensing authorities in England.

211. That was the arrangement which was proposed in what was known as the conjoint scheme for England, I think, was it not?—Yes.

212. And in your opinion that is the best arrangement?—Yes. The Committee of Reference were to be composed, as I said, of delegates from each of the licensing authorities, and they were to nominate examiners who were to be appointed by the three corporations, and those would constitute the board of examiners, by parts of whom each of the several examinations would be conducted.

213. The examiners were to be selected from the corporations, but did you consider it right not to include the universities amongst the bodies by whom the examiners were to be selected?—In the first instance, each of the universities was to appoint a certain number of examiners as well as each of the corporations. Subsequently an arrangement was made (and I cannot well remember the reason why) in which the corporations alone would appoint the examiners; but, the arrangement remained that the examiners to be appointed should be nominated by a committee of reference constructed from all the authorities together.

214. I gather, then, that you do not regard the present system by which examiners are appointed by the 19 licensing bodies as a system which it is desirable to continue?—I think it would be far better if they were conjoined for the purpose of so-called conjoint examinations.

215. Do you think the circumstances are sufficiently similar to enable you to carry out an identical system in all the three divisions of the kingdom?—No; I do not know, but I fully believe, from all that I have heard that the very same system could not be carried out in Scotland; I have no personal knowledge of that, but I so believe.

216. Have you thought over the Scotch case?—Not enough, nor am I familiar enough with the Scotch examinations to be able to form a definite opinion upon it, but I think that which was spoken of as a plan for the universities having control of the examinations by the corporations would work well.

217. Are you aware of the details of the system of a conjoint board which would work in Scotland?—I do not know sufficiently well the constitution and the methods of examination in Scotland to give a fair opinion about it; I could only speak surely of what is the case in England.

218. Do you think that, with a system of a central body of examiners, there would be any difficulty in obtaining a sufficient supply of examiners from the corporations?—I think that would depend very much upon what the end of the examination was to be. If the examination were for the purpose of granting a license merely, without granting a title of membership of any of the co-operating authorities, I think you would find quite sufficient examiners for the first and second examinations; but I do not believe you would find a sufficient number of good examiners (such as I should myself count good) for the last or third; and if I may give my reason, it is this: I think that the last examination, which is a practical one, should be conducted by persons who have a complete familiarity with practice and practitioners; who are in the habit of mingling with them daily; who know exactly what is required (or as exactly as possible what is required) for practice from the men who are engaged in in it. I can speak certainly of our College of Surgeons. The office of examiner for the last or final examination is always taken by persons holding a high position in surgery. There is scarcely an exception to be found. I do not believe they would take that same office if it were not that it is regarded as in some measure a duty to the college and part of their necessary work. Having risen to office in the college as members of the Council or being distinguished in their profession as members and fellows of the college, they hold themselves in some kind bound to the college to take upon themselves the duty of examiners; and I do not believe that the same persons (unless for some very unexpectedly large income) would take the same office for any other reason. I have no doubt that, on the whole, many of the present court of examiners of the College of Surgeons lose money by being examiners; that is, their incomes as examiners do not cover the loss which they sustain in practice, and they would not expose themselves to that loss except for the sake of their own college.

219. That answer rather appears to show that in your opinion it is desirable that some of the examiners should be persons actually connected with the teaching institutions whose pupils are being examined?—Not necessarily connected with the teaching institutions, but certainly they should be persons who have been teachers; and if I keep to my own line of surgery (or I might say the same of medicine), I should say, persons who have been officers of large hospitals, who have had the

Sir J. Paget, Bart., F.R.S.

28 May 1881.

teaching of large classes of students, and especially those who are actually engaged in practice, in the habit of seeing what practice is and what practitioners are, so as to be familiar with the whole of the work for fitness in which the student is to be educated.

220. Supposing that the central examining board were conducting an examination, do you see any objection to some of the professors or teachers of the teaching institutions being joined to the examiners of the central board in the examination. I speak now more especially with reference to the case of Scotland, to which you alluded?—No, I do not. I think on the whole the rule should be (I am speaking here of the second and third examinations, I shall have to reserve the first) that students should not be examined by their own teachers; but I think it is very desirable that their own teachers, or persons who know how they are taught, should be present, and for this reason. It does not seem to me fair that a student should be plucked for the ignorance of his own teacher, or not only for the ignorance but for the special opinions of his own teacher. If I may cite an instance, when I was an examiner for the Army Medical Department, I was quite struck with the number of Scotch students who did not know the peculiarities of English surgery; and, on the other hand, I might have asked a great many English students questions in subjects taught, especially by Mr. Syme, which they could not well answer. A crotchety examiner may say, "This man "is ignorant, and does not know what is true," but he only holds the opinions of his teacher, for which, even, supposing them to be erroneous, he ought not to be rejected. So far, therefore, I think there is an advantage in the presence even of persons connected with the students' own school.

221. Supposing professors connected with the institutions to be present, how in practice could you prevent them from examining their own pupils?—That is prevented at our College of Surgeons by an arrangement by which two examiners sit at each table, and no one of them is allowed to examine a pupil of his own or of his own school. By a sufficient number of examiners that can always be prevented.

222. You are familiar with what is known as the Buccleuch compromise?—Fairly so, but I should have to repeat that which I have said before: not having seen the examinations or knowing the whole work of the Scotch examinations, I could not speak strongly about it; but I remember when it was before the Medical Council it seemed to me that it would be a very good substitute (as far as I could judge of it) for our conjoint scheme in England, and would serve the same purpose in Scotland.

223. You apparently do not think it absolutely necessary to carry out one system identically the same in all three countries?—I think it would be desirable, but from all that I hear it is really not possible without very grave damage to the University of Edinburgh; and I should be disposed to hold that the prosperity of the University of Edinburgh is quite as important as any strict regulation that can be made concerning identity in the examinations.

224. Passing to the question of the examinations which are to be held, the medical student at the present time passes four examinations; he passes the preliminary examination in arts; he passes two examinations during his course of study in science and medicine, and the final practical examination?—It should be three or four that he would pass. At the present time there is the preliminary examination, then that which is called the primary, which is held usually at the end of his second year of study, and then the final, which is held at the end of his fourth year, speaking generally. There is a proposal that there should be an examination at the end of his first year, and it is already adopted at the College of Physicians, but so far as I know not anywhere else.

225. Let us take the first of those examinations, the examination on entry; do you consider that that examination ought to be conducted by the central body to which you have alluded?—No, because I suppose the central body would be composed entirely of persons engaged in medicine, whether in teaching or in practice; and I think they should not examine on any of the primary subjects, such as classics, mathematics, and the rest; nor should they even appoint the examiners.

226. Should they examine in what you have called the first examination, the scientic examination at the end of the second year?—Yes, but not the same persons for that and for the final examination.

227. But examiners appointed by the Committee of Reference?—Yes, appointed or nominated.

228. Nominated?—Nominated is the better expression; nominated by the Committee of Reference.

229. You would not trust that and the scientific examination to the teaching institution at which the instruction was being given?—Do you mean the preliminary examination?

230. No, I mean the scientific examination; the first examination is an examination in arts. That we have done with, and we are now speaking of the first professional examination?—Yes.

231. You would not trust that first professional examination to the professors of the institution in which the education was being given?—I believe the best way in which that examination could be conducted would be in the schools, by the teachers of the schools, in the presence and under the complete supervision of persons appointed by the Committee of Reference. I think at the end of his first year it would be quite enough if the student could prove that he had learnt fairly what he was taught without regard to its being the teaching of science generally; but if it could only be proved that he had done good work in his first year of study, that should suffice, and that would be ascertained best by those who had been teaching him.

232. The pupil then would not be examined by examiners nominated by the Committee of Reference, but he would be examined by his own teachers in the presence of persons nominated by the Committee of Reference?—Yes, and the question of his passing that examination should, of course, be decided in part or wholly by the assessors.

233. Then taking the final examination, the practical examination, that I presume you would entrust to the board?—Yes, and the second examination, too. That first examination I spoke of is one that would be held at the end of the first year.

234. You are now assuming that there are three?—I am assuming that there are three.

235. Let us take the second then?—The second, I think, should be conducted by the examiners nominated by the committee of reference, chiefly from among the teachers of anatomy and physiology, or, if those subjects entered into the examination, the other sciences, chemistry, or whatever they might be.

236. And generally speaking in what would that differ from the examination held the year before, in your opinion?—It would be a higher examination in the same subjects, or in some of them.

237. And with regard to the final examination, the practical examination, that I presume you would entrust to the board?—Yes, in the same way; of course to a different group of examiners.

238. Turning for a moment to the examiners as they at present exist, would you give us your opinion as to the general character of the present examinations; are the subjects, in your opinion, in which pupils are examined, too many, or is the standard in those subjects too high? Please be so kind as to take all the examinations in detail?—There are only a few of them that I am familiar with; the others I know only by repute.

239. I mean the four?—I suppose that is best tested by the number of persons rejected. The preliminary examination, I think, is not at all too high. I think no one should be in the medical profession who cannot fairly pass an examination with such questions as are usually set; and yet the number of persons rejected is never less than a third in the larger examinations, and sometimes it amounts to nearly half.

240. (*Prof. Turner.*) That is the arts examination?—That is the arts examinations, the preliminary examination; I do not think, however, large as the number of those rejected may be, that examination should be made at all easier than it really is at present.

241. (*Chairman.*) Is not that examination in some cases too easy?—I believe the examination held by the Society of Apothecaries in London is too easy. The number rejected is, as far as I know, too small, and I think the examination is too easy there. The others I do not know well enough, except that of the College of Surgeons. I believe that at the college the examination is at a fair level, but that it should not be diminished in severity. I cannot at present speak at all of the examination at the end of the first year; that has been held too short a time. The examination held at the end of the second year, that which is commonly called the primary examination, is, I think, at this time at the College of Physicians, a very fair and good one. At the College of

Surgeons I think the standard is rather too high. At the last examination, out of 140 candidates, I think not less than 69 were rejected; and I know by communications with some of the junior teachers in the schools, that there were persons rejected who had worked very hard and passed their examinations in the schools very creditably, and were deemed to be good students, quite safe to have gone on with the rest of their work. I believe, therefore, that though the examination is not defective in its method, it is set at too high a standard. I have not heard the same objections made to the examinations of the same kind in the Scotch corporations; and I fully believe from all I have heard (but I am bound to say that it is only by report) that they are at too low a standard. Let me repeat, I only know it by report. Then for the final examination, I think the standard in England is quite high enough, that no one who can pass that examination is likely to be, in any reasonable sense, ignorant of his profession, so far as he requires it for the mere beginning of his work; because it must always be understood that the examination fits a man for the mere beginning of the work in which he has to learn a vast deal more than he has ever learnt before. After passing, he is fit to begin, clear of instructors, to work in his profession, whether as an assistant or a junior partner, or in some inferior office for which he has shown himself qualified; and I think from all I know, in England at least, that standard is quite high enough. Again, however, I have to admit reports which I am bound to believe, that in the Scotch corporations they are admitted too low. The reports are distinct statements that the worst of the students in England go to Scotland; that the worst of the students, especially in provincial schools, do not come to the College of Surgeons of England, but go to the College of Surgeons of Edinburgh, or to the Faculty of Physicians and Surgeons in Glasgow. I have never heard any statement of that kind with regard to Ireland. I have never heard any suggestion, I mean in our schools, that the examinations in Ireland are in the least degree less complete than those of England; rather I should have to say from all I have heard that the primary examination, especially that in anatomy, is better than in any of the corporations in the three divisions of the kingdom.

242. Do you think the conjoint Board of Examiners, or a modified conjoint board such as you have proposed in the case of Scotland, would be able to deal with that evil to which you have alluded?—I think they would if examiners not connected with those corporations were appointed on the board, especially if the universities were represented by examiners on the board.

243. Even if the universities were not absolutely to join in the conjoint board, you would, certainly, I gather, assume it necessary that examiners should be appointed from the universities?—Certainly: the examiners, of course, decide the passing or the rejection; and examiners from the universities would, as a rule, I should think, set a rather higher standard than those from the corporations, at least in Scotland.

244. Now, returning to the examinations for the future; these examinations must of course be conducted under certain general rules if a standard of uniformity is to be obtained. By whom do you think those rules should be drawn up, by a central authority or in some other way?—I do not think a central authority could do more than draw up general rules relating to the subjects on which the examinations should be held. I do not see how you could set down a certain standard of qualification as fitting to pass the examinations. That must be left to the examiners, and it is a part of the work of the examiners, which I should think on the whole, they discharge very fairly. It is fixed by a kind of tradition which goes on in each of the institutions. They never have all the examiners appointed at the same time to establish a different standard; probably not more than one-fourth of the examiners would ever be new examiners for the year; the remaining three-fourths know exactly the standard of last year and they keep it. There is, perhaps, a gradual elevation of standard; there is, certainly, a gradual elevation in nearly all the institutions; but the standard itself is managed, I think, by tradition, and by the necessity of concurrence amongst all the examiners, senior and junior alike.

245. Even if the rules of examination are not to be framed by a central authority, you would, I suppose, be of opinion that there must be a central authority to supervise and watch the examinations in the interests of the public?—I think so, and I think the utility of the central authority would be chiefly in that; that they should appoint persons who should be present at examinations. The Medical Council now from time to time appoints visitors of examinations who report; and I think those visitations should be made much more frequently; that it should indeed be a regular part of the duty of the Medical Council to appoint persons who should be assessors or supervisors of examinations. If I may say so, I think this is very advisable not for the public alone, but for the students; it is very desirable that examiners should themselves have supervisors. All examiners are far from being good; one hears of them as being some crotchety, some ill-tempered, some careless. It may be a very good thing if the central authority should, not indeed have power to displace examiners, but at least to represent to the several authorities errors in their examinations. Perhaps, I I may also say, that I have a very strong opinion, bearing on the same point, that examinations should be very much more public than they commonly are. They could hardly be open to the whole public, but they are at the College of Surgeons open, practically, to any member of the profession; they are open to all teachers, and they are constantly attended by those who are engaged in private teaching, and I have no doubt that this exercises a very beneficial influence upon the examiners and is a great safety to the public, too. I think examinations should be very much more public than they usually are.

246. Can you suggest any better central body than the present Medical Council?—No.

247. Then the chief function of the Medical Council in connexion with the questions of study and examination would apparently consist, in your opinion, in supervising and reporting upon these matters?—Yes.

248. And not in exercising any direct authority?—I would have them exercise no direct authority. They should have power to check manifest and grave wrongs, but not to interfere in any manner in matters of detail.

249. Would you kindly give us your reasons?—I think that all these questions of detail are managed best by those who are nearest both in time and local relations to the teachers and the schools. The conduct of the schools must in great part be determined by the examiners; the conduct of the examiners must in great part be determined by what is possible in the schools; and therefore the relation between examiners and schools cannot to my mind be too close. Then next above the examiners are the several licensing authorities, whether separately or in conjoint boards; and they would be much nearer to the office of teaching and examining than the Medical Council can be. The Medical Council of necessity consists for the most part of seniors and persons who, I dare say with great justice, are elected to that high dignity; but they are not for the most part such as have lately been engaged in practice or in examining, and are not completely familiar with the progress of science at the present time, or with the manners of teaching it in the schools.

250. The Medical Council at the present time has, I believe, no absolute powers either with regard to these questions of study or examination or with regard to any other matter; would you propose to give them any absolute powers?—No, I would not give them more than they have now, the power to represent to the Privy Council any grave wrong. I think the Privy Council in all grave matters should be not only the final judge, but the sole judge.

251. The recommendations of the Medical Council have, I believe, as a general rule, been attended to, or are in process of being attended to?—For the most part they have been carefully followed; but I am bound to say that the greater part of the changes made have been made by the voluntary act of the several corporations and other authorities. The Medical Council have recommended, and they and the authorities have worked together of late years in almost complete concord; but I should not like it to be assumed that the several bodies engaged in examining have been required to be compelled to do this or that by the Medical Council. They have themselves been quite as active as the Medical Council in promoting changes.

252. But the Medical Council have in a great many instances recommended those changes in the first place?—Yes; rather for the sake of insuring uniformity amongst the several bodies, than because none of the bodies were doing anything. In regard to the College of Physicians and the College of Surgeons in London, I do not suppose that any considerable regulation of theirs has had to be changed on the recommendation

Sir J. Paget, Bart., F.R.S.

28 May 1881.

of the Medical Council. There may have been some such changes; I do not well enough remember; but they would have been few and not of the gravest importance.

253. With regard to the present constitution of the Medical Council you are aware, no doubt, that there has been a considerable demand for direct representation from a certain portion of the profession, or at all events from certain persons who profess to represent the working profession?—Yes.

254. You, I believe, gave your opinion on the subject on a former occasion?—Yes.

255. Would you mind repeating it shortly?—It seems to me to be just one of those cases in which public feeling should be satisfied. It seems to be deemed desirable by the public feeling that the profession should be represented on the Medical Council. I think it will make no difference whatever in the manner or the quantity of work done by the Council, and for the satisfaction of the feeling I think it should be granted. I have no other motive for thinking so.

256. I think you have already said that the addition of a few members to the Council, or the taking away of half a dozen members, would make, in your opinion, very little difference in the working qualities of the Council?—Very little difference.

257. You have no doubt considered the relative share of the representation on the Medical Council which belongs to different individual bodies. Do you consider that there ought to be any change in any instance?—No, I have no clear opinion on the matter. It seems to me, as often as I have thought of it, to be in the same condition of apparent inconsistency as I am told the constitution of the House of Commons is, where the 4,000,000 of London are represented by only the same number of members as might be found in some small set of boroughs in the country.

258. In the House of Commons they are talking of redistribution schemes; would anything of that kind in this case be desirable?—I think it might be, as soon as the House of Commons has made a satisfactory redistribution.

259. One question with regard to the present licensing authority. You have mentioned to us several instances in which the examinations of some of these licensing authorities are currently reported to be very much below the proper standard; do you consider that the necessities of the case would point to anything like any disfranchisement?—I do not think the cases are so strong as to deserve disfranchisement, which would be a very serious punishment and discredit cast upon the bodies; but I think that they are quite strong enough to make it essential that they should be amended either by supervision much more strict than it is, or by the existence of conjoint schemes. I cannot doubt that this would be very advantageous for some of the present existing bodies.

260. I suppose you would propose to leave to the licensing bodies the power of giving honorary diplomas?—Yes.

261. Quite apart from the medical licensing?—Yes.

262. Do you think that before registration every student who has passed the central examinations ought to be compelled to offer himself as a member of one of those licensing bodies?—I do think so; and yet I am quite conscious that it may seem unreasonable that a man should be required to do more than obtain his license to practise; that he must be compelled to join one of those bodies whether he wishes it or not. I feel very strongly that if he does not join those bodies, or one of them, he will only possess a license to practise which will have no credit whatever amongst people, or will be held in very little credit, although it will give full right to practise. To the licensing bodies I do not think it will make any material difference; I believe that nearly all those who obtain the license will also make themselves members of one or other of the present existing authorities.

263. Do you think that the correlative duty should be imposed upon the medical authority of receiving every person who offers to belong to their body?—I can only answer according to the plan of the conjoint scheme, which was that the passing of that examination would give to the candidate the right to join one or two or three of the existing corporations. That plan did not contemplate that his passing the examination would give him a license to practise independently of a diploma in some one of these bodies. It contemplated only the Act of 1858, in which the right to practise was granted to persons holding certain qualifications; and the passing of the conjoint examination would have given the right to obtain one or more of those qualifications, and thereupon the right to register; but if I understand you rightly, it is suggested that the passing of the examination should be followed by the granting of a license to practise, independently of the several existing authorities. That of course would give a candidate a legal title; but it would only give him a position in the profession which would be held in disrespect unless he joined one of the corporations or universities.

264. Do you think that a student might under any circumstances be admitted to an examination without any security that he had gone through a certain course of instruction?—No.

265. Will you give us your reasons for that opinion?—I think in the first instance (it seems to me to be plain) that there must be better and worse methods of teaching, and that therefore it is the duty of those who undertake to examine, that they should point out to the students what is the method of study which will be suited either to make them fit for practice or, say even, to make them pass their examinations. That seems to me to be a duty put upon licensing authorities, in the case of the medical profession at least, that they should point out to the students that which they by experience and consideration believe to be the best method of study for the purpose of practice. Then again it ought to be considered that the rejection of a student in the course of his study or at the end of his study is a very serious punishment, a punishment which falls heavily not only upon himself but upon his parents or his guardians, upon those who have to provide the money for him. I think if a student were left to himself or to his friends to guide him as to the best method of study, he would often be guided wrongly. There are, for example, persons who say, what can be the use of anatomy and physiology to a man who is to practise medicine? Why should not he go on straight with the practice and then go up and be examined and if he is fit for that, what more can be required of him? Well, the large mass of more instructed opinion is that that is entirely erroneous, and that without previous scientific studies a man is not fit to go into practice and study for himself. If it were left to a student and his friends to decide what should be his course of study till the final examination, he might find himself at the end of four years rejected and under the necessity of beginning one or two or three years more study, which means to his father one, two, or three years more heavy expense; so that both for the sake of the public and for the sake of the student I think that fairly well arranged schemes of education are nearly as desirable as the examinations themselves. I think this the more because I have never yet known an examiner or a system of examinations that could be deemed infallible. There are students who can be prepared for almost any examination so well that it is with the greatest difficulty they can be rejected, and a student may have passed therefore through a very incomplete education and yet pass the examination; so that I hold the two things to be alike and almost equally essential, a good system of education and then finally a good test by examination.

266. Then it is in the interest of the public that you consider a specified course of education is almost as necessary as examination?—Yes.

267. With regard to the question of foreign and colonial practitioners, I think perhaps the shortest way of putting that point to you is to call your attention to the Bill of 1880 and the plan by which it is proposed to deal with that difficulty in clauses 6, 7, 8, and 9?—I can say generally that I think those quite satisfactory.

268. That proposal was that on payment of the registration fee by foreign or colonial practitioners their names were to be admitted to the Register on a separate list?—Yes.

269. You consider that a fair settlement of that question?—Yes.

270. And one which was satisfactory to the profession at home?—I do not know that I could say that. I think, so far as one can gather it by general belief, it was satisfactory.

271. Is it, in your opinion, a satisfactory solution of this question that the foreign or colonial practitioner, being possessed of a medical diploma or diplomas which are satisfactory to the General Medical Council, should, on payment of the registration fee, be admitted to practise in this kingdom?—Yes.

272. There is one more question to which our attention has been drawn, that is, the prosecution of persons who practice without possessing any diploma, and without being properly entitled so to do. Do you consider that, under any circumstances, offences of that sort ought to be prosecuted by the General Medical Council, even supposing there were no difficulty on the score of funds?—No; the Medical Council had better have no such work to do.

273. The last question I shall ask you is one relating to the Medical Council. You said that it was very desirable that the Medical Council should visit examinations much more frequently and in more places than they have been accustomed hitherto to do. Would there not be a difficulty on the score of funds? From what source would they pay the expenses of the persons whom they sent to visit these examinations?—I think they have funds enough. I am not familiar with their balance-sheet, but there was a considerable surplus last year, I know. I think they have money enough.

274. (*The Master of the Rolls.*) I will ask you some questions, and I hope you will consider that in putting them I am not contradicting you, but I wish to elicit your deliberate opinion. First of all, as regards the course of study, do you think it essential that a student, before presenting himself for examination, should have passed through a definite course of study? I understand you to say that you think it desirable that what I call the central authority should lay down a defined course of study for the purpose of informing the students what the best course of study is.—Yes.

275. What I want to ask you is, do you think it necessary to insist that a student presenting himself for examination should have passed through that prescribed course of study?—Yes.

276. You have told us how difficult it was, even for the examiner, to ascertain that the student was qualified. Do you think certificates of attendance at lectures are as good as answering questions in an examination to show that a man has studied; because you only ask for certificates of attendance, that is, that the man has been present?—Yes; but they do, at least in well-ordered schools, show more than the mere fact that he has been present at lectures. In all such schools there are examinations regularly held by the teachers, which he must submit to; the certificates do therefore imply that he has fairly studied, and in all well-ordered schools a student is not allowed to present himself for examination by the authorities till he has fairly satisfied his teachers that he is fit for it.

277. That is, not having attended merely, but having attended a course of study and obtained a certificate from the teacher of sufficient attendance; that is not required anywhere, as far as I know, in the conjoint scheme which I have before me?—The certificate for lectures must state that he has attended the examinations of the classes.

278. That he has attended the lectures?—I think it is in the rules that he has also attended the examinations of the classes.

279. "The certificates of attendance in the several "courses of lectures must include evidence that the "student has attended the examinations in each course," that is, that he has been examined?—Yes.

280. Not that he has passed a satisfactory examination?—If he had not, they might not give him a certificate.

281. You think that the regulations should be such as to insure a student having, with fair diligence, attended to these things?—Yes, and that he should, in a reasonable sense, have been educated on that plan. I should have to admit that that is one of the reasons why I hold the necessity of close intimacy of relation between examiners and students; because that is done only, as I say, in well-ordered schools.

282. The central authority being the board or authority which appoints the examiners, either directly or indirectly, and frames the regulations—assuming there is to be such an authority, and supposing the student produced evidence to that central body that he had been properly educated, but not in the way pointed out by the body, would you examine that student?—I think there must be an advantage in a certain scheme of education. Let me suppose that he had been educated in some other manner; you must thus have a distinct separate decision for that one student that he has been educated well enough to justify his being examined. That would be very difficult to settle for each student or any number of groups of students; and it seems to me, with the experience of medical teaching that we have now, after at least half a century of doing it with singular care, we must know generally what is the best method in which to teach the general mass of students.

283. Then you think, that, though the student could show you that he has passed through a great deal more severe courses than your supposition assumes, partly in Paris, partly at Vienna, partly in New York, partly in London, or partly in Edinburgh, although that student can show that instead of studying for four years he has studied for 10 years, you would not admit him to examination?—Yes, we should; that is just one of the cases where exceptions are made by all the examining bodies.

284. You would give a dispensing power?—In a case such as that I would.

285. In any case you mean where the man really showed he had passed a better course of study or a longer course of study?—Yes; but I think it would be, to say the least, very inconvenient to make exceptions in the case of students who can give no reason why they should not study in England.

286. Would it be beneficial? I recollect some of my own friends who thought it desirable to pass a year in Paris, and I think they were the better medical men, as far as I have been able to form an opinion upon it?—That would be counted as part of his education.

287. What I mean to say is this: Supposing a student showed you that he had passed something substantially the same, or better, in the shape of a course of lectures and practical dissection, and so forth, than you laid down, assuming, as I do assume, that there would be no difficulty in satisfying a proper executive board that he had done so, would you examine him?—Quite certainly, as far as my own judgment goes; but I would say further that on a fair representation of that kind of a student having had an exceptional education, a very liberal interpretation is put upon it, and he is not required to conform exactly to all the usual rules.

288. You only want evidence that he has had a substantially good education, at least as good as that pointed out by the rules?—Yes. But if a student said that he thought he could pursue his studies just as well at Grimsby, and get as good an education there as he could in London, I do not think they would admit him, Grimsby not having a medical school or a complete body of teachers. Still the admission of exceptions is, I think, very liberal in all the institutions.

289. What I understand you to say in substance is this (if I am wrong you will correct it): The examinations as now conducted are not alone sufficient to show that the student is fit to practice; you require the further security of his being proved to have attended a sufficient time and to have gone through a sufficient course of study?—Yes. I think one test should not be deemed sufficient.

290. Is it not desirable that the central authority, whatever it may be (I am not now speaking of the Medical Council, but I am speaking of the authority or body or board which lays down the regulations for study) should appoint the examiners? The conjoint scheme, if I recollect rightly, is a scheme of this kind: what you call there the Committee of Reference nominates two people for each examination, and the three corporations (England I am speaking of) select one of the two as examiners?—Yes.

291. Do you not think that it is the better course to name the examiners direct?—That is, that the Committee of Reference should appoint the examiners. I should explain that that conjoint scheme is founded upon the expectation that every one who passes the examination will receive a diploma of one or more of the three corporations. When they have to grant the diploma, they naturally claim the right to appoint those who shall determine whether the diploma shall be given.

292. There is nothing in the conjoint scheme to secure the examiners being even members of the appointing body?—The conjoint scheme was regarded as the best compromise that was possible at that time amongst the co-operating authorities.

293. That I thoroughly understand, and I want to elicit your opinion as to what is best to be done; is it not the usual and best course for the body to appoint direct?—I think it would be the best course, and that it would be possible if conjoint examinations were required by an Act of Parliament.

294. You might of course direct that, if necessary, a certain proportion of the examiners should be selected

Sir J. Paget, Bart., F.R.S.

28 May 1881.

from the members of each corporation?—I have no doubt of its being a more simple, and on the whole a better scheme, that they should themselves appoint.

295. Now about the examinations. I am not giving an opinion upon it at present, but assuming that it was decided to grant, after passing the examination of the central body (that is, the examination authorised by them) a license to practice, as I understand your opinion, you think that would be of less credit than the diplomas of the corporations? First of all, assuming the person who passed were called a licentiate of medicine and surgery, as I understand it, you think the public would consider that of less value than a diploma of any of the licensing bodies?—I think it would not, perhaps, of any one, but of any two. Medicine and surgery would imply that he would be a licentiate of the College of Physicians and a member of the College of Surgeons in England. Now the value of a diploma is determined in great part by the character of those who hold it, and the position which they hold in the profession and in society. The value of the fellowship, supposing it to be of the College of Physicians, is determined partly by the fact that the fellows are all carefully selected men, and much more by the fact that in nearly all the chief hospitals a person must hold that diploma to hold office as a physician; and so long as it would remain true that all the chief medical officers of hospitals should be members of the College of Physicians (or of the College of Surgeons for the surgeons), so long those who did not obtain some similar diploma would be regarded as inferior persons.

296. I want to put it to you in another way. The value of a diploma would, of course, depend partly upon the character of the man who obtained it and practised with it, and partly on the title he bore. Assuming for the present purpose that the title is "Licentiate in Medicine and Surgery" and that the examination is at least as good as, if not better than, the conjoint examination of the Royal College of Surgeons and of the Apothecaries' Company, do you not think that those practitioners would obtain at least as high a position as people who were simply members of the Royal College of Surgeons and licentiates of the Apothecaries' Company?—No, I think not. I do not say a licentiate of the Apothecaries' Company.

297. Why not?—They who have only that license do not hold a high position. But many of the members of the College of Surgeons do.

298. I am speaking of members as distinct from fellows, the ordinary members?—They hold it in respect of this, that they are eligible to hospital-office and are eligible also by examination to the Fellowship. It is, truly, a matter of sentiment, but I suppose one need not doubt that sentiment is at least as strong as reason in such things. They are members of a body which has been distinguished now for a considerable number of years, and has its College, its Library, and its Museums, and is altogether a place of great public repute.

299. You say it would not be as good. Do you think it would be as good if Parliament enacted that wherever the qualification was required of being a member of the College of Surgeons or licentiate of the Apothecaries' Company, the new qualification should be equivalent as a qualification for the same office?—I suppose Parliament would or could only order that for public offices.

300. For public advantage?—They could order it for instance, for the Poor Law Board.

301. Any office in the world?—They could order it of course for the surgeons of hospitals.

302. Or for any one?—That might make a difference. But I suppose a parliamentary Act of that kind must be far off.

303. However, I suppose that would make a difference?—Taking our great hospitals (for they determine for the main part the character of the profession in England) I do not think they would willingly agree that the diplomas of their officers should be determined by an Act of Parliament.

304. But as a rule those people elect themselves. This is only a possibility of election, which is quite a different thing; it is for them to decide whether they will elect or not?—For instance, at the large hospitals they would not appoint to any office persons not Fellows of the College of Surgeons; they would not have any being only members. Till the fellowship was established they accepted members; then they said, "If there is a "higher title we will have men who possess it," and so with the College of Physicians.

305. Of course no Act of Parliament would interfere with their election of men, but I am only speaking of their qualification for being elected?—The fact of election is that which determines the position.

306. I was asking you about the membership as distinct from the fellowship?—I think the title of fellow would always be held a higher title.

307. It is hardly a fair question to ask, but do you think the difference would be such as to induce men to take the membership after they obtain the license?—It is a thing on which I can only express an opinion, but if it was only a difference of cost, and the cost ranged anywhere from five to ten guineas (and it would probably not be more) nine out of ten would take it.

308. This is a very important point, and I will tell you why; if we came to the conclusion that the license should be granted without the membership, and without the equivalent rights, and you still thought that they would take the membership, we should not injure the College of Surgeons, and of course I need not say it would be for the public benefit that that should be kept up?—I have thought of that frequently.

309. It is a very important point?—I feel as sure as one can be upon any such point, that, in England, the granting of a license alone without the necessity of incorporation with the College of Surgeons would not make the difference of ten per cent. in the number of those who would join the college. Let me say as evidence of it that the college has prospered and gained its present position and wealth without any necessity whatever for anybody to take its diploma, except those who wanted to hold public office; there has never been a complete necessity for a man to become a member of the College of Surgeons.

310. Now another question on a matter of very considerable importance, to my mind at all events. Suppose you gave the title of "Doctor of Medicine" to State licensees, what effect would that have, first, on the College of Surgeons, and, next, on the College of Physicians?—To be all called "Doctors," do you mean?

311. Yes?—I do not know what effect it would have. I think that might make a greater difference. I think a larger number might be contented with that: but I could not guess what proportion.

312. You think that would be likely to injure both those corporations?—Seriously; and much more to injure the universities.

313. Which universities?—Such as Edinburgh and Glasgow.

314. Then you think that many persons go there to obtain the title of doctor?—Yes, a considerable number.

315. If I understand the thing rightly (and I am trying to understand it) you would divide your examinations for the medical profession, as we have divided it in the legal profession, into three distinct series of examinations. The first is what I will call the arts examination, that is an examination to test the acquirements of the candidate so far as relates to his ordinary general education, to show that he has had a good school education, for it does not go further. The second is an examination, or a series of examinations, in science, or what is called science, by which I understand botany, chemistry, zoology, anatomy, and physiology. The third is an examination, or is stated to be an examination, in what we call medicine proper, that is what is commonly called medicine, surgery, and midwifery; they are three (if I may so call it) distinct series. Do you think it absolutely necessary that the central board should examine in more than the third series? Before you answer I will tell you why I want to elicit your opinion; the suggestion passing through my mind is this, and I wish you to kindly consider it, and give me your opinion upon it. It is quite possible to establish a board wholly independent of the medical profession (I have thought so very often with regard to the legal profession) with power to give a certificate of a sufficient knowledge in arts. A board might be established, like the Civil Service Commissioners, to examine everybody who comes up, a Government Board; and the central body might intimate to that Government Board, just, as I dare say, you know the Government offices intimate to the Civil Service Commissioners, what sort of a candidate they want and what style of education he ought to have, and they examine accordingly. Suppose a general examining body to be appointed like the Civil Service Commissioners, you might take their certificate in arts and certificates from other competent bodies. Could not you

take the certificate from such a Government Board wholly independent of the medical profession?—That is for what we call the preliminary examination.

316. I have called it the arts examination?—Certainly.

317. That would relieve the central board entirely from it?—Yes.

318. It is now done by the bodies, the corporations?—Yes, by a few remaining ones. We have given it up lately at the College of Surgeons, where was the largest examination.

319. Should you take the certificate from somebody else?—From any of the bodies authorised by the Medical Council.

320. Assuming that you had a Government Board, the Medical Council, or whatever the central authority might be, would be entitled to have a voice in giving directions, just as the Government offices give directions to the Civil Service Commission. I am familiar with it, and perhaps you are also?—I know it in a general way.

321. I will give you an instance. Supposing I want a chief clerk or a first class clerk in the Central Office or one of my legal offices, I should send to the Board and say, "That man must be examined in law" or the practice of the Chancery Division or any of the other divisions, and they would examine him accordingly. That is, you can give directions as to the kind of candidate you want and the kind of education he ought to possess. Assuming there were such a Government Board established for the purpose, with the right of the central authority to state what kind of education they want, do you not think that would be quite sufficient?—Quite.

322. The next point is one that is more difficult, that is what I call the science examination. Could not that be provided for by the universities in a similar way?—I think it might be; but there is an advantage in the present plan, inasmuch as science is a very wide term. Anatomy and physiology, to say nothing of chemistry, are so wide that I think it desirable that the range of subjects in which the student is to be examined should be limited with a view to his future life in the practice of medicine and surgery. The whole subject of physiology alone is considerably larger than any average medical student can acquire in his time; but it is not difficult to point out or to have in mind amongst examiners those parts of physiology which have the most distinct and clear reference to his subsequent career as a practitioner; and that, I think, is best done by those familiar with the schools and who have themselves been teachers and medical students.

323. My suggestion was (and I throw it out for your consideration) that it should be left to the teachers of the schools, that is, to the universities themselves, who have the most direct connexion with the students, and that the central body should only require evidence that the student had passed a sufficient examination in science from one of the universities?—I think practically it might seem to matter little, provided you had the same examiners; but by means of that constant relationship of which I have spoken between the schools and the examiners, and the practitioners, there is a single course of what can be fairly understood as anatomical and physiological teaching in its relation to medicine. Everything bears in that scheme towards the end to which the man is intending to pass, namely, his practice.

324. Do you think you could not trust the universities, if you gave directions or rules, to see that the anatomy and physiology should be examined into with reference to practising medicine and surgery?—Of course the Government might appoint the very same examiners as are appointed by the authorities, and, if so, the examination would be the same; but I do not see the advantage we should then gain.

325. What is passing through my mind is a mere suggestion, and it is this: You would gain this advantage, you would compel all the students to study anatomy and physiology at some university or similar body, and be examined by competent examiners there, so that they would have both the conduct of the education, and the fees for the education and for the examination?—I think that that scheme might very well be adopted if a plan were carried out which is in the minds of some, and which I think likely some years hence to be achieved, namely, that, instead of having these subjects taught in our medical schools exclusively, we should have them taught in two or three or four central scientific schools in London.

326. To a great extent I think that is so as regards teaching the bulk of mankind botany and chemistry. They are no longer to be considered sciences particularly connected with medicine?—And for that very reason we are now counting them as subjects we might separate from the medical examinations with a view to having them made subjects of the preliminary examination.

327. That does apply to zoology to a moderate extent, but not so much as it ought to do to anatomy and physiology?—No, but I quite think we are working towards the time when anatomy and physiology will be taught in separate central schools, I mean in London and other large towns, instead of having them taught separately as they are in every medical school. I think there are 18 or 19 in London; but I think it probable we shall work round to the time when we shall have distinct professors for these subjects, who will teach them, or the chief parts of them, in separate scientific institutions.

328. You do not think it practical at present to dissociate the science examination from the central body, and leave it to the universities?—No, not at present.

329. Would that opinion of yours apply to anatomy and physiology only?—Yes.

330. Or would it apply to all five?—No, only to anatomy and physiology. I think the others may be examined in anywhere.

331. And you would accept a sufficient certificate?—Yes.

332. As regards medicine, of course that must be reserved, in any event, to the control of the central body?—Yes.

333. I want to ask one or two questions with regard to a comparatively small matter, but still one of great importance, that is with regard to the registration of colonial and foreign practitioners. I am perfectly aware of the difficulties and the desire of recognising foreign and colonial practitioners with a view of obtaining reciprocal recognition in foreign countries and the colonies. Still what strikes me (and I suppose it would strike anyone not a medical man) is that it is a very singular thing that you should recognise a foreign or colonial degree. I do not wish to say anything invidious, but I will give you an example. You would accept the degree of a practitioner in Minnesota, or in Texas, or any one of our small colonies, without any examination at all, but you would not recognise an English, Irish, or Scotch university degree. I mean you would not have the power to recognise it?—I quite agree with you on the apparent inconsistency, but I remember the thing being discussed, and it seemed that on the whole that was really the only practical manner in which it could be dealt with. If I remember rightly (but Mr. Simon could tell you much better), the practical difficulty was in the number of colonial practitioners who came over to England in charge of ships, and who might not, if I am right, leave the port of London in charge of ships unless they were registered in England. There were really considerable trade-difficulties in the matter; not that I remember them perfectly, but I know that after much consideration it was deemed that, although it seemed a lax mode of dealing with the whole affair, it was the only one that could be fairly accomplished. And I may say with regard to that clause, which requires that they should be satisfactory to the Medical Council, that was held stringent because of the number of American diplomas that might claim registration; so far as we could learn there are many in the United States which cannot safely be accepted.

334–5. It does seem a very difficult thing to say on principle, does it not, that you shall take the degree of one body without examination, and not take the degree of another which gives a better examination?—Without being examined?

336. Yes; so as to put the man on the register?—No, he would not be unless the diploma were such as was satisfactory to the Medical Council.

337. Quite so?—They would not be satisfied without full evidence of examinations.

338. I have not made myself understood. A man brings a diploma of the University of Madras, and you are satisfied that it is a good university, and you register him, and allow him to practice; the next day a man brings you a diploma from the University of Edinburgh showing that he has taken a first class degree, and you will not allow him to practice?—You do not mean a first class medical degree?

Sir J. Paget, Bart., F.R.S.

28 May 1881.

339. Yes?—If he is a doctor of medicine of Edinburgh he practices.

340. That is now; but I am speaking of the future if you establish a central examining body?—I beg your pardon. I did not understand you.

341. That is what I am speaking of.—I really did not understand what you meant.

342. I thought you did not follow me.—That would seem to be quite unreasonable; but it was adopted to meet what was regarded as a necessity that there should be this which was called the uniportal examination; that this should satisfy the public that every one had at least passed a minimum examination, and that the universities ought to submit to it for the public good, although it hindered them from granting the license to practice to any who had not passed the uniportal examination.

343. Ought not the same rule to be extended to every body, foreign or colonial? That objection that you mentioned about the ship would not apply to a ship doctor unless the Act of Parliament said he should not go out in charge of a ship, and it could be amended?—The Act does require, I think, that he should be registered as a practitioner.

344. That could be readily amended. It may be enacted that a colonial surgeon coming over in charge of a ship may take out the same ship again or another ship?—I apprehend the real difficulty is in saying that you shall grant that any one body shall give a license to practice independently of this necessary examination, and that another shall not. Take the University of St. Andrew's, which is not well spoken of, the University of St. Andrew's might not grant a license to practice, as well as the University of Edinburgh, independently of the central examination. There is the difficulty that all the strong have to submit to the conditions which are necessary for the weak.

345. Does it not appear to you extraordinary that a proposal should be made that a foreign or colonial university known to be inferior to our universities, or the majority of them, shall have its diploma recognised so as to entitle the holder of it to practise in this country without examination?—It could only be safe under the constant and careful supervision of the Medical Council.

346. Would not the same result be obtained by the constant and careful supervision of the Medical Council over the English, Irish, and Scotch universities?—Yes, quite the same; I personally should not have the smallest objection to it. I have no great admiration for a strictly uniportal system. I should think the thing ought to be granted, because there is a public demand for it.

347. If it is to be granted in accordance with that public sentiment, should not the same rule apply to all?—I think in regard to the colonial practitioners it is simply that of submitting a man who has been, we will suppose, in practice in the colonies for 10 years, to a much greater hardship than one of your own countrymen by requiring at the end of that time that he should pass examinations fit for students.

348. That is a different question, and one of great importance, and I am glad that you have mentioned it. It may be that you might have the power to have a separate examination for men, who have been a considerable time in practice under recognised diplomas granted by proper medical bodies to them, different to that which you would ask an ordinary student to pass. I will give you an illustration which came recently before me. You know there is a new body of dentists?—Yes.

349. They stated openly that they should not examine the dentists who had been in practice a long time in the same way that they should examine a young man who came up for the first time?—Yes.

350. It is quite possible, no doubt, to have a different class of examination fairly adapted to the wants of those men without saying they shall not be examined at all; do you not think so?—Quite so, and so far as I can remember, the whole of those clauses concerning foreign and colonial practitioners were framed to meet a difficulty which would occur in so small a number of cases (as it was expected) that they did not interfere with the general rules of the government of the profession in England.

351. But the very exemption may induce a body of men to take advantage of the exemption?—They can come and practise now here if they like; there is nothing to hinder them.

352. Without taking the title?—They can call themselves by the title they derive in their own colonies, "Doctor" or "Mr." They have not the legal rights, but the legal rights after all do not amount to very much.

353. That goes to the root of the whole matter. If all we are discussing does not amount to much, and is not worthy of consideration, why grant it to them?—I can only speak of it as a scheme that seemed best suited for a difficulty that was very difficult to get over, and not superable by any other means.

354. I am sure you will not think that I want to put you on the horns of a dilemma, but if all this thing is worth so little to be hardly worth talking about, why interfere at all?—It was started in the belief that if such a scheme were adopted in England, the very admission of foreign and colonial practitioners here would lead to the removal of the hindrance which is now put in the way of the practice of Englishmen abroad. At present an Englishman cannot practise in France, for instance, nor in Germany, and it was stated, "You in England "have exactly the same rules as we have; you will not "register one who comes from us." It was on a good deal of correspondence, I think, through the Foreign Office that it was then said, "We will make in our Act "of Parliament arrangements by which, on some form of "adducing evidence, foreigners shall be registered with "all rights of practice."

355. There would be no difficulty if you had people speaking a foreign language, because practically it would amount to very little, as you say. There would be very few come over, and those who came over would practise chiefly amongst their own countrymen. It would not affect, I suppose, the body of medical practitioners in this country, but there are more countries, not only the United States, but great colonies of England with English-speaking people, and very often English-born people, who might come over and practise in this country, not in inconsiderable numbers, if they had advantage over our own native-born subjects?—It was felt with regard to them that they were practically Englishmen.

356. Why should not they submit to the same rules? I do not wish to press you unduly; I only want your opinion. Why should a man taking his degree in the university of Melbourne, and who, you say, is practically an Englishman, have an advantage over a man taking a degree in the university of Edinburgh, who I will assume to be actually an Englishman?—In the case of the university of Melbourne, I think I can say safely that there is good reason to believe that he would have passed through the same education and through examinations in all essential respects the same as in England before he would get the diploma. Therefore, when this Englishman, who has been educated and examined after the English fashion, comes here, it seems hard to say, "You shall be examined here."

357. Why should he be better off than the man who comes from not quite so remote a town, but a distant town, say, Aberdeen?—I think, perhaps, I am in some sort misunderstanding. The plan was proposed without any supposition that there would be a licence to practice without union with one of the authorities.

358. I take it he would become a registered medical practitioner?—A registered medical practitioner under the Act must be a member of one of the bodies (in Schedule A. I think it was called), and it was not contemplated that the examination should grant a licence independently of the corporations.

359. Is there anything to restrict his right to practise in any way?—I think under the Bill a person must be a member of one of these bodies.

360. I do not find it. I hope I have read the Bill with attention.—I am sure if you have, you know it better than I do by memory.

361. There are only three clauses, I think, that refer to it. The ninth clause is the one I was referring to.—But you are drawing a contrast, if I understand rightly, between a doctor of medicine, say of the University of Aberdeen, who in future would not be registered unless he had passed this conjoint examination ——

362. Yes?—And a doctor of Melbourne, who would be registered. But that is a contrast which does not exist now.

363–4. But, if this Bill had passed?—If the Bill of 1880 had passed, granting a license to our countrymen only upon their passing the conjoint examination, then it would be true that the doctor of medicine of Melbourne would have an advantage over him of Aberdeen.

365. That is what I wished to know?—In the future it would be so. I think that would be quite unreasonable.

366. (*Prof. Huxley.*) I presume you agree that the great object of legislation upon these subjects is to secure a certain equivalency of qualification in the sense that there shall be an examination below which no qualification sinks?—Yes.

367. And the only practical ways to secure that appear to be by examination, and by laying down a curriculum of study?—Yes.

368. I understood you to say that examination at best is not a very safe test?—I think I said that it was not an infallible one.

369. Not an infallible test; in fact that the art of "grinding" has now attained such perfection that there are very few examinations a man could not be made to pass in a very short time without much real knowledge?—Very few; of course there are practical examinations to secure against it.

370. Would not that be qualified a good deal by the introduction of practical examinations now into the medical examinations?—It is very much qualified, and "grinding" can hardly achieve the passing of the final examination in some places now; that is it must be "grinding" of a very good kind to do it, "grinding" which has really taught a man his profession.

371. But notwithstanding the advantage which is given now to the examiner by practical examination, I understood you to be of opinion that it is a very important matter that the student should have passed through a certain defined course of study occupying a certain time?—Yes.

372. And I presume, having been yourself a practical teacher, you would be of opinion that if it could be shown that a man has done that, nothing short of some inherent perversity could have prevented him from learning as he was going on?—Either perversity or dulness.

373. So that although theoretically the evidence of attendance upon lectures may not come to much, yet in practice things being as they are, it does really amount to a good deal?—Yes.

374. The student has been for so many years or months under his teacher's eye, and he will have had to bear the moral brunt, so to speak, of idleness and carelessness?—Yes.

375. That, in itself, constitutes a very important educational agency?—Yes.

376. If the minimum qualification is to be secured, I suppose there must be some central authority to determine what that shall be?—Yes; but it has to be continually adjusted, according to what is found possible from the schools. The minimum qualification of this time ought not to be the minimum qualification of 10 years hence, much less of 20 or 30 years hence. The minimum qualification, as far as I know it, has steadily increased ever since I began first to study medicine.

377. Therefore, I presume, you would not define that minimum qualification by Act of Parliament, but leave it to some executive body to settle and change as time goes on, according to the capabilities of teaching, and the necessities of practical experience?—Yes.

378. I rather judge, from the answer you gave the Master of the Rolls, that you had a little doubt whether such a body as the Medical Council was well fitted to regulate the examinations from time to time?—I think it not well fitted.

379. In that case it becomes a very important question indeed in whose hands such regulative power should be placed?—I think it has been well exercised by the great majority of the present existing licensing authorities, and that by means of combination (in which the less earnest would be overwhelmed by the more earnest), it may still be very safely left in their hands.

380. Does not a second difficulty arise if the system of combination is adopted, that you thereby give a certain Parliamentary title to certain bodies which it may not be very desirable to perpetuate?—That is to say you would continue the Parliamentary title which they now have.

381. Yes?—I think with some of them it would be, on the whole, an advantage if they ceased. I have often wished that there were a timely mortality amongst institutions as amongst men.

382. Supposing that a conjoint scheme were sanctioned by Parliament that would practically confer a kind of immortality upon those questionable bodies?—Yes; and it is an objection to any conjoint scheme.

383. Do you see any objection yourself to the establishment by the Government, say, of an examining body, the sole function of which would be to give a license on showing a minimum qualification?—I think I have almost answered that in reply to the Master of the Rolls. I think the license granted would be of little repute, and what I suppose would be the method of Government examination would be too rigid, too much governed by fixed rules, too far off association with the teaching of the schools. I think the whole public advantage of a minimum qualification which should not be too low may be attained by means of the work done by the corporate authorities, under supervision of the persons appointed by the Medical Council, and in publicity; I have a very strong feeling about that.

384. I said just now a body appointed by the Government; but suppose that it was a body appointed by the Medical Council, which is supposed to keep it flexible in order to go with the times; do you see a similar objection then?—The Medical Council is not so good for that purpose as such bodies as the University of Edinburgh, the College of Physicians of London, or the College of Surgeons of London.

385. How do you propose to secure the minimum qualification in each of these licensing bodies?—I am speaking of the minimum qualification under the conjoint scheme.

386. You are supposing the conjoint scheme to take effect?—Suppose the conjoint scheme in each division of the kingdom, then I think the minimum qualification would be safely established by the traditions already existing in these bodies and by the continuance of the custom which has prevailed of gradually raising it as the means of teaching become better.

387. Would you give the Medical Council any power of saying that the schemes adopted by the several conjoint bodies were reasonably uniform as to value?—Yes, reasonably uniform.

388. I mean not fixedly uniform?—Yes, reasonably uniform, and that the standards were so too.

389. I take it that one of your great difficulties with reference to medical education lies in the number and constant growth of the subjects of study?—Yes, that is a great difficulty also in respect of examinations, greater even than in education.

390. And at the same time, as I have been informed, there is a practical difficulty arising out of the present standard of qualification, that the supply of medical men is falling off?—I do not think that has been the case in the last few years. It was so about seven or ten years ago; but I think there is no considerable defect now.

391. Still it is a very important matter, is it not, that no obstacle should be put in the way of persons becoming medical men who have every prospect of going through their medical studies with fair success?—Very desirable.

392. Then would it not be desirable to place in the hands of your Medical Council, or whatever body might have charge of such matters, the regulation of preliminary education?—I think on the whole it is advisable to leave that to those who are in close relation with the educators. I should have the same general rule in that respect as in medical education, that the best judges are those who have themselves been teachers, for they can best judge what men in the schools at present can learn.

393. I mean as to such subjects as botany and zoology?—I misunderstood you. I thought you meant the amount of knowledge. The subjects, I think, certainly should be settled by the Medical Council.

394. So that the Medical Council should have in its hands the power of controlling the preliminary education required?—Yes.

395. Not only as to the subject matter; but surely to a certain extent as to the amount?—To a certain extent; but I think it better not to be very strict about it. It varies almost from year to year according as these subjects can be learned in different schools.

396. With regard to one of the great difficulties of medical education, I think it may be taken to be true that at present there is rather a tendency on the part of those who have to teach physical science to overload the students on purely theoretical scientific matters?—Yes.

Sir J. Paget, Bart., F.R.S.

28 May 1881.

397. Do you not think that the medical curriculum might be lightened very much by cutting out some of those subjects and relegating them to an earlier period?—I think it very strongly in regard to botany, chemistry, and zoology.

398. Do you know any possible objection in the case of men who know practically how to teach these things why elementary chemistry, elementary physics, and the elements of biological science should not be taught to young men before they came to their medical studies; suppose they began at 18 years of age?—None at all. I may say the Medical Council and the College of Surgeons, wherever they have the chance of encouraging the acquirement of that knowledge previous to medical education avail themselves of it.

399. Is it not one of the greatest drawbacks to medical education at this present time that young men of 18 come to the medical schools without the faintest conception of any branch of science or what observation means?—Yes.

400. I daresay it lies within your knowledge that a great many young men occupy the greater part of their first session at any rate not in learning what they ought to learn, but in learning how to learn?—Yes.

401. There is another point. Your mind goes back as far as mine to student days. You recollect in old times you went through your three years of study; then you went up to the College of Surgeons, and you had an hour's examination in which you were expected to pour out all the produce of that continuous three years' work. I take it you would not approve of that arrangement?—No.

402. Do you not think that a great deal might be done both for the thoroughness of medical education, and common fair play, I may say, to the candidate, if his examinations were arranged in such a manner that he might take the subjects of teaching in successive order and give his whole mind to not more than two or three subjects in each year and then get rid of them?—There is an objection to that which is constantly felt at the examination, which I know best, at the College of Surgeons. They say there that a man who passed very well in anatomy and physiology at the end of his second year, having given his whole attention to those studies, comes up at the end of his fourth year to be examined in surgery, and has sometimes forgotten his anatomy to such an extent that he is absolutely not fit to practice surgery.

403. Has he to continue to study surgical anatomy in the subsequent periods?—No, there is no teaching of surgical anatomy as distinct from anatomy; they are one subject practically. Of course a large number of students continue their study of anatomy and physiology sufficiently; but there are instances (of course they are detected to a man's loss and damage) where a man giving up altogether the studies appointed for his first two years forgets them even in their practical utility.

404. May I ask whether you do not think that rather a fault in organisation, and that the man ought to go on with his practical application of previous knowledge to practice?—I think it is found in medicine as in all other things that men are guided in their studies by the examination, and so long as they believe that they will not be examined in anatomy they will study medicine or surgery and let anatomy go.

405. Would not, under those circumstances, the best thing be that there should be surgical anatomy as part of the final examination?—So there is; but it is looked upon as a minor part of it, a thing that may be risked, and many men do risk it.

406. Would you then think it a better alternative that a man should carry his anatomy, and his physiology, and his chemistry, and his medicine, and his surgery, and his obstetrics, all in his head at once for the final examination?—I think for the final examination, especially if he is to have his license, he must have his medicine, surgery, and midwifery all sufficient; and a knowledge of those parts of anatomy and physiology which are in direct relation with practice. That is practically attained in the examinations; but it is sometimes found that even as to that which is in absolute relation to practice, a man has forgotten altogether what he studied in the first two years. I only mention it as an indication to my mind that it is not prudent to give encouragement to a man by saying, "You have learnt "this thing up to this year, now let it go and do not "trouble any more about it."

407. Do not you think the condition of mind of a man who has learned a thing once and has forgotten it, is very different from that of a man who has never known it?—Yes; but in this case, a man who leaves his medical school, if he has forgotten his anatomy, may not learn it again. If he continued in a place where he could continue his studies, he would soon gather it back; but he may go into the country where he can no more pursue anatomy.

408. He always knows where to turn up the authorities and find the information which he has not got at the moment?—I do not think I should differ a great deal from what I take to be your opinion. The elements of anatomy and physiology ought never to be out of the student's mind; the other things I think he should learn once for educational advantages and what he may gather from them afterwards. The more important subjects I think should be always in a man's mind.

409. You would admit the principle of thinning out, but not perhaps to the same extent as other persons?—Not so much as others.

410. Were you not at one time examiner for the army?—Yes, the Medical Department of the army.

411. In that examination you had persons who came before you who were all legally qualified practitioners, were they not?—Yes.

412. Do you happen to remember at present what your per-centage of "plucks" was?—Well there was not a per-centage of "plucks" exactly, because that was a competitive examination, and we always had more candidates than were enough for the places. But what came to the same thing was that 30 years ago a considerable number were found not fit for practice; but I am bound to say from all I hear from examiners at the present time it is very rare indeed to find any one whom they do not judge fit for practice. There may be some who have lost what they learned, sometimes, through having no opportunities of study or no way of improving themselves; these may be found unfit. But I think I may say that the general opinion of the examiners for the Medical Department of the Army now is that they very rarely find men who are not fit for practice.

413. So that the actual qualification for the army now may be a very good minimum examination?—Very good.

414. And that persons who pass such examinations now would fulfil all the conditions required of them by the Board appointed *ad hoc*?—Yes.

415. With regard to the supervision of examinations, I think I understood you to say that in your opinion the teacher ought to have some share in the examination of his own students, at any rate as an assessor?—That is rather to meet the objection which is commonly raised, that it is altogether wrong that a man should be examined by his teacher. It is not altogether wrong; and although I think the rule should be held that the teacher should not be the final judge in the matter, yet a student should have the advantage of having it at least considered whom he has learned of.

416. It is a matter of fact now, is it not, that in every branch of medical study, not only is the thing itself so large, but so constantly increasing, that very considerable allowance must be made for the idiosyncrasy of the teacher?—Yes.

417. And the particular branches he is able to take up in the course of his instruction?—Yes.

418. And unless he is there present to explain what has been his course of instruction, it is quite possible that the examiner may take up a totally different line and a different point of view?—Yes.

419. In which case the student will be very hardly dealt with?—Yes.

420. Do you see any way of exercising that sort of supervision, unless you allow the teacher himself to examine?—I think it would be sufficiently guarded if there were assessors, who, knowing the questions and the answers, and finding the student rejected, should be able to say he was rejected on a question of opinion and not on a question of fact. Another advantage of assessors would be, I think, that they would help to keep examiners within lines of prudence as to their questions, that they should not examine simply out of this and that scheme of teaching, but have respect to what the teaching is in all the schools and examine fairly in that view.

421. Would not there be this advantage in allowing the teacher to be the examiner, that he could put ques-

tions upon the matter on which the young men had been taught; then his colleague might judge for himself how far he considered they had been fairly taught?—Yes; but if the teacher were the sole examiner it would not be the best.

422. I do not mean that. Is there not a good deal of difficulty about properly supervising by the help of any central body both the written and practical examination?—Yes, I do not think that a central body can do more than supervise, as it were, from a distance. Practically these things must be left to each examiner. The publication of the questions asked in the examination is mere folly. It tells nothing. Now and then they have published the answers given, and that has been instructive; but the publishing of questions looked upon as a test of examination is really useless.

423. Do you think anybody is fit to be an examiner who either is not, or who has not been at one time of his life, engaged in teaching?—No.

424. (*Prof. Turner.*) You laid great stress in your evidence on the final examination upon the importance of having as examiners men actively engaged in practice, and conversant with the wants and needs of practitioners, and you said that those men should be men of as high standing as possible?—Yes.

425. You spoke, I think, also of Fellows of the College of Surgeons acting as examiners in the final examination, because they were members of the corporate body, and not for the amount of remuneration which they received?—Yes.

426. Do you think that these same eminent Fellows of the College of Surgeons would be equally disposed to act as examiners, supposing a State's examination to grant a license in medicine, surgery, and midwifery were instituted, as they are now when they are examining for a licence by the body to which they belong?—No; I think they certainly would not.

427. Then do you think that the class of examiner would be deteriorated on the assumption that some entirely new licensing board or examining board were instituted as compared with the present condition of things?—I think they would greatly deteriorate. I think you would have a younger class of men, who are not already engaged in practice, and men to whom the income would be an object, and to whom the loss of time is a matter of no consideration.

428. The Master of the Rolls referred in the course of his examination to the universities being entrusted with the education and examinations in anatomy and physiology, and the possibility of such education and examination being accepted by the general examining body, whatever it may be. You, I think, expressed certain difficulties about that as regards England, in the present state of medical education in England?—Yes.

429. But would there be any such difficulty as regards Scotland, for instance, where the universities are now actively engaged in imparting education on anatomical and physiological subjects, and also in examination in them?—No; I think that they might very well do the whole of that examination.

430. So that such a suggestion as was thrown out by the Master of the Rolls, although scarcely applicable to England in the present state of affairs, would be quite applicable to Scotland?—So far as I am acquainted with Scotch education, it would.

431. Does the College of Surgeons of England possess in itself the power of framing its regulations for education and examination?—Yes.

431*a*. Without any supervision or sanction to be required by an outside body, such as the Privy Council?—The things concerning its government must be submitted to the Home Secretary, and some of the rules respecting the examination of the fellows.

432. The College of Surgeons is its own judge, as it were, as to what is necessary for the education and examination of those who are to be admitted as members of its body?—Yes.

433. Are you aware that, with regard to the Scottish universities, all the regulations regarding education and examination have been sanctioned by the Privy Council?—No. I did not know that.

434. Are you aware that the Scottish universities are unable to make any change whatever in their methods of education and examination without going before the Privy Council, and obtaining the sanction of the Privy Council?—No, I did not know that.

435. Are you aware that no Scottish university can alter its regulations as regards education and examination without the other universities consenting to such alteration; that is to say, that no Scottish university of itself can make any change in its educational and examinational arrangements without the other universities in the first place consenting, and then the Privy Council consenting?—No, I do not know that.

436. I suppose you would admit that the Privy Council is the legally recognised State authority in matters of education?—Yes.

437. You have given us certain impressions as regards the weaker candidates, at least a certain portion of the weaker candidates, not submitting themselves to examination before the College of Surgeons in England, and going to the College of Surgeons in Edinburgh for examination, and I suppose succeeding in passing there?—Yes.

438. Are those mere general impressions, or have you specific cases in your mind; I do not, of course, ask for any names?—I have not names that I can give; but the matter has been frequently talked of, and I have therefore asked teachers, and they have told me that they know instances. I took care to say in answer to the Chairman that it was only a matter of belief on my part, but it is a matter of belief on what I think is sufficient evidence.

439. Have you looked at the proportion of rejected candidates who have appeared before the examiners of those different bodies as furnished to the general Medical Council in the annual return?—Yes; I should say, concerning those, that I have never heard that all the bad ones who go from England to Scotland do pass, but when that sum total is made up of rejections, I should not be surprised to find that it came to be nearly as great as the number of rejections in England, because they get such a much worse set of men.

440. Would you be surprised to hear that it is greater than in England?—No, I am not surprised to hear that. I think they get a worse set of men in Scotland, and therefore have to reject a greater proportion than in England.

441. I have only taken the final examination?—I think the other should especially be taken. The final examination is an examination of the men who have passed the first, after the elimination of all the worst, and the worst do not come again.

442. But that applies, of course, to Scotland as well as to England?—But these men go up also for the primary, as I am told.

443. I have not made any calculation upon anything but the final examination?—I could not go further than to say that I have heard it on evidence which I believe. I cannot give you names, and I cannot give you numbers. If it were to be denied and disproved by numbers I should be surprised; I cannot say more than that.

444. I think, as the matter has been raised, perhaps it might be as well that these numbers should come into the evidence. I find in the final examination of the Royal College of Surgeons of England 37 per cent. of the candidates were rejected?—Yes.

445. I find at the final examination for what is called the double qualification of the Royal Colleges of Surgeons and Physicians of Edinburgh, 44 per cent. were rejected?—Yes. Then may not that be explained on the very ground that I have stated, namely, that in that final examination the rejected on the primary examination in England still remain, and the bad and idle men have gone to Scotland?

446. That I cannot give you any information upon?—That is what is said.

447. (*Dr. McDonnell.*) As I understood you, in answering the Master of the Rolls, you approved of having, not only examinations, but a defined course of study?—Yes.

448. The defined course of study may, as I understand, be arranged in two ways, either by having certain courses of lectures, which must be attended, or by having periodical examinations?—Or both.

449. Hitherto it has been often done only by defined courses of lectures, and one final examination?—Yes.

450. But if I understand you rightly you would approve of dividing the examination into sessional examinations?—I had in mind what I think is done in all the best ordered schools in London. At certain stated times all the students are examined either by written questions or orally in class.

451. I do not allude to that. I allude to having the course of the medical student's study divided into a

Sir J. Paget, Bart., F.R.S.

28 May 1881.

preliminary examination, and as you said at the beginning, not less than two nor more than three professional examinations; those were your words, I believe?—Yes.

452. Would you approve of that?—Those are the examinations not by the school.

453. By a conjoint board?—Yes, just so.

454. You would then, as I understand, approve of having a defined course of study, partly defined by the student having to attend certain courses of lectures, and also defined by sessional examinations?—Yes. I was speaking also of the examinations held in class.

455. I will come to that in a moment. I now wish to speak entirely of the examinations proposed under the conjoint scheme which you yourself were instrumental in framing. Do you think that in certain cases or in any considerable number of cases the lectures might be entirely dispensed with, and that we could obtain sufficiently well educated practitioners by a fairly good preliminary education followed by a good first, second, and third professional examination as in your scheme?—I think it would be an unwise experiment to make, to say the least, that you should let him study after his own fashion without any guide.

456. You do not think you could diffuse his study judiciously by having periodical examinations and leaving out the lectures altogether?—I think it would be unwise.

457. I see in the "Recommendations of the General "Medical Council on Education and Examination" of 1880, that one of the resolutions which they passed with regard to professional education, at page 12, is this: "It is undesirable that any teaching or "licensing body should insist on the student taking "more than one course of lectures on any one subject." May I ask were you one of the persons in favour of that?—I do not remember; but it was carried by a very small majority.

458. It is of no moment, but in general terms would you be in favour of doing as Professor Huxley has suggested, namely, lightening the course of study; do you think that the courses of lectures are; in fact, too numerous for our students?—I think they are at present, including as they do, lectures on chemistry and lectures on botany; but so long as they examine in the other subjects, anatomy, physiology, medicine, surgery, and midwifery, and forensic medicine, I think they are not too numerous.

459. You speak, no doubt, with regard to your own college?—Yes.

460. Do you think in some of the other colleges they are too heavy? I do not know whether you are aware that in Dublin we require three courses of lectures on anatomy and three courses of lectures on surgery from every student before he can present himself?—I think that that is too much; but at the same time I would hesitate in making stringent rules according to which all lecturers must act. For example, I may say, generally, that I think there is no scheme of education, however important, but that certain teachers should be left to teach in their own way. I do not know any scheme of education or examination so excellent that a man like Dr. Sharpey should have been pinned down to teach his whole subject in a certain number of lectures; or that Dr. Walshe, who, I believe, did not complete his course of lectures on medicine under three years, should have been bound to complete it in one year. Men could acquire better knowledge by hearing Dr. Sharpey lecture three years in succession than by hearing anybody else I have known in one year. I would not have the rules too stringent. The great advantage to students is to learn how to learn, and not to learn this and that dry fact. I think three courses of lectures on surgery is too much; but I would not interfere with it if the Irish students are disposed to adopt it.

461. I am not at all giving my own opinion, I merely want to ascertain your opinion upon these two very important points?—If I may say so I would have the regulations assign a certain minimum of study, but they ought not to assign a maximum.

462. To recapitulate, you think that the course of study should be defined, and you think it is desirable that there should be courses of lectures as well as periodical examinations?—Yes; I should like to add that I think the minimum course of study should be defined.

463. You said, no doubt, very correctly, as regards London that in well ordered schools the courses of lectures are always followed by examination in the school?—Yes, part of the lecturer's duty is to examine.

464. Is not that entirely optional with the lecturer?—Not in the well ordered schools.

465. Does it at all form any necessary part?—It is in the certificate that they have been examined. I think that is not only because of the regulations; the custom has grown in London to be so general in good schools that it is always done either by the lecturer himself or by some one appointed by him.

466. It is tolerably general, but entirely optional; and I merely wish to know the fact?—The question of examinations is optional in London, but it is, I understand, very generally done.

467. In fact there is not, nor can there be, I suppose, anything more than a voluntary arrangement made in the school upon such a subject as that?—Quite voluntary; only the lecturer must sign that he has examined his students, and he is untrue if he has not done it.

468. In one of your early answers to the chairman you said that you thought the professional examinations should consist of not less than two or more than three. That, I presume, refers to the examinations of the conjoint board?—Yes.

469. I presume you do not include in that the preliminary?—No.

470. With reference to "grinding," as it is called, you seem to think that "grinding" in one sense may be very objectionable; that is in the sense of "cramming"?—Yes.

471. You think that "grinding," if it be guided by good and practical examinations, will become good "grinding"?—Yes.

472. If you examine a pupil in anatomy in the dissecting room, in surgery or medicine at the bedside, in practical pharmacy, chemistry, pathology, in an equally practical fashion, the private teaching which would lead up to such examination, and adapt itself to it, will become good private teaching?—I should not speak with disrespect of anything called "grinding," unless I knew that it was some artificial scheme of teaching the student to be able to answer questions, although he really had not knowledge; such things can be done for some examinations. But when a man is taught so as to fit him for a really difficult practical examination, I should not speak with disrespect of that manner of teaching.

473. You think, in fact, if the examination is a searching and practical one, the private teaching will adapt itself to it, and will become a source of good?—I think if the worse sort of "grinding" is successful, it is the fault of the examination and not of the student.

474. "Grinding" in an objectionable form, you mean?—Yes, that is the fault of the examination.

475. You mean "grinding" in an objectionable "cramming" form?—Yes.

476. One of the great difficulties that we have to meet is, as you know very well, that it is asserted that, having 19 bodies competing against each other, all making registered practitioners, there is a rivalry which leads to competition in the wrong direction. In the evidence which was brought before us yesterday, Dr. Acland was unwilling to believe that any of these bodies would be base enough to do anything except what was right. Do not you think it would be very desirable, so far as it can be done, to take away from each body which can confer the privilege of getting upon the register any direct pecuniary interest in the student's passing his examination?—I think one ought to define what a pecuniary interest is. I think one could not upon any ground justify any Body who would admit an ill-qualified man to practice for the sake of obtaining money for any purpose whatever; but I should not like it to appear, even as a matter of opinion, that the bodies who get a large number of candidates make an ill use of the money when they have got it. I see it constantly charged against the College of Surgeons, for instance, that their object is to get fees. Well, that is not true, as a matter of fact. They have not the object of getting fees: and the fees they do get they make a remarkably good public use of. No one certainly in the College of Surgeons is a bit the better for the fees they get; they are spent for public purposes.

477. There is no doubt about that; the College of Surgeons, of which I have the honour to be a Fellow myself, makes, I believe, an excellent use of its money, which it has spent upon museums, and libraries, and public objects of the noblest and best kind. At the

same time it lives entirely upon, and practically has no other source of income except, the fees obtained for its diplomas?—Yes.

478. It has, therefore, a corporate interest in giving as many diplomas as possible. I believe it does its duty honourably and well, but it has a strong temptation to issue as many diplomas as it can. I think you will admit so much?—Not necessarily a temptation to lower its standard. It may be a temptation, as in the College of Surgeons of England, to raise it for the sake of getting men of better repute, and get such a status in the profession, that men will come to it for the sake of that.

479. If they could live upon repute, but a college cannot?—That is what we do.

480. You seem to think that the rejections are not a very good test of the goodness of the examination?—Not a solely sufficient test. They are one of the things to be taken into consideration, but they do not alone establish it; except that I think, if the rejections fall below 15 per cent. it is an evidence that the examination is a very bad one. Fifteen per cent. is the smallest number of students that will risk examination upon very small means.

481. You took a good deal of trouble about the conjoint scheme in England?—Yes.

482. I do not know whether you are aware that there was a similar one which was drawn up for Ireland and received the sanction of the Medical Council, I think, about the same time, or sooner?—Yes.

483. And they ran upon very much the same lines. Do you think it would be possible to have anything like this conjoint scheme, such as we framed in Ireland, and similar to that which you framed in England upon the larger scale, embracing the entire United Kingdom? Allow me, for one moment, to explain what I mean. You would have a large staff of examiners nominated by the corporations, or the medical authorities, I will call them, from England, Ireland, and Scotland, and carrying out a large and tolerably uniform system of examination under the supervision of the Medical Council in each part of the United Kingdom?—Sending the same examiners.

484. Circulating your examiners, using your examiners as peripatetic boards, for instance?—No number of examiners worth having would give up their work in London to go and examine in Edinburgh.

485. The practitioners, of course, might be made use of in their own towns; but the professorial examiners, who could move about without inconvenience, might examine locally?—I cannot see any advantage that would come from it. It seems to me that it would multiply the difficulty of working immensely.

486. I am not speaking favourably of the proposal, but only asking you your opinion?—I think it would be impracticable.

487. You think it would be impracticable as compared with the conjoint scheme?—Yes; a great difficulty in general medical education is to make any change; because, before you can do such a thing as that, you must bring members of the profession from Scotland, Ireland, and distant parts of the country into London to discuss it. That might be done for questions of great extent and gravity; but where you want merely to change one method, or subject of examination, it would be a serious thing to bring a great body to meet in London from all parts of the country.

488. (*Mr Simon.*) Am I right in thinking that your view of the organization to be desired, would be something to this effect, that in each division of the United Kingdom there should be a Board constituted of the existing authorities?—Yes.

489. Those authorities to be placed under the supervision of a General Council?—Yes.

490. That General Council having for its functions to make broad regulations upon matters of education?—Very broad ones.

491. To see to the reasonable uniformity of qualifications as between the three divisions of the United Kingdom?—Yes.

492. And in relation to all three divisions, so far as might be necessary, to keep up as high a standard as the circumstances of the time would allow of medical education?—If it is meant that it should be left to the Medical Council to raise the standard, I do not agree to it. I should leave that to the several bodies and the Medical Council should approve; but I should not regard the Medical Council as the best judge of either the time, or the method, or the degree of raising it.

493. You mean that if there was a difference between the standard of one division and another the General Council would form its opinion whether the lower of the two was too low?—Yes.

494. And would act accordingly?—Yes.

495. And would in that sense act in the maintenance of a higher standard?—Yes. As I understand the question, it is, would you grant more power to the Medical Council; that is, should the Medical Council have more power to compel. I do not think it should have that.

496. I was speaking of the tendency, of what its influence should be. It is the body to which one would look to use influence in favour of the higher standard where there was difference between the divisions as to their particular standards?—Yes.

497. And you would look to the divisional boards constituted out of existing authorities to regulate the details of education?—Yes.

498. And to appoint directly or indirectly the examiners for this purpose?—Yes.

499. And it was that sort of plan, as a voluntary plan, that you would have in England by the action of the Committee of Reference of which you were chairman?—Yes.

500. But you think it would be a good thing that a similar arrangement should be adopted in each division of the kingdom. I do not mean similar in details, but similar in principle?—Similar in general principle.

501. May I recall your memory to the efforts of legislation that have been made in this matter where there has been an endeavour by legislation to make conjoint boards in the three division of the United Kingdom, such as Lord Ripon began, and such as have been repeated in one or two subsequent attempts at legislation. The endeavours of these Bills in this matter was to consolidate responsibility for the license in each division of the United Kingdom under the direction of divisional boards of this kind?—Yes.

502. And the plan was to allow each division of the United Kingdom to make its own scheme?—Yes.

503. There was in none of these endeavours by legislation a wish to force the same scheme upon each of the three divisions of the United Kingdom, but simply to require that each division should have a scheme under which all the authorities of the division should be responsible for each license granted in that division?—I have no doubt you are right, but my memory does not go back to the Acts of Parliament. I really have no recollection of any Bill at all, except the last one of 1880.

504. You have taken part, I think, in recommending measures of legislation?—You must not tax my memory too much.

505. Part of the proposed legislation I understand to be this: that the present licensing authorities of each division of the kingdom shall make a scheme of combination for themselves, and that, subject to a central control, all licenses granted in each division of the United Kingdom shall in future be issued under the joint responsibility of all the respective divisional authorities, but that full liberty should be allowed to each division of the United Kingdom to make its own scheme according to its local circumstances. Would that, do you think, be a hard law in relation to Scotland?—As I said at first I am not familiar enough with the work of education and examination in Scotland to be able to answer of my own knowledge. I have talked over this matter with professors from Edinburgh, and I would be rather guided by them than by my own opinion. I have not studied it enough.

506. Understand me not to be asking you whether the English scheme would do for Scotland, you quite understand that I am not asking you that?—I do not think I can get further than saying that I think it is desirable that the Scotch authorities should establish a scheme for conjoint examination as like as they can to the English one; but how near to exact likeness it might come I could not tell.

507. Would you think it for the public good desirable and necessary that in the licenses given in Scotland, each one of the Scotch authorities should have a share of the responsibility?—Yes.

Sir J. Paget, Bart., F.R.S.

28 May 1881.

508. And that it would not be unfair to Scotland to press that upon them?—I imagine the question there would be, as here, the question of the necessity for a conjoint scheme, and that no one of the authorities should give a license to practice on too low an examination; and that, therefore, what is wanted is the consent of the better to co-operate with the worse.

509. The question arose in your examination by the Master of the Rolls as to the value which would be attached to the title of "Licentiate in Medicine and Surgery." Supposing that "licentiate" there meant a licentiate of all the authorities of a division of the United Kingdom, have you any reason to suppose that the title would be of less value than the separate titles now given?—I think it would be of less than if he was called a "Licentiate of the College of Physicians."

510. If you called him a licentiate of the medical authorities?—No, I do not think it would have the smallest value in the kingdom. As I say, unless under compulsion or by choice (which I do not believe it would be), the principal appointments to large hospitals in cities and counties in England were open to that licentiate, he would not have the same rank as would a Member or Fellow of the College of Surgeons. The value of the titles is determined by the positions which are held by the principal members of the profession in England. The titles which these hold become at once things which others desire. The titles of persons who hold the chief positions in the several departments of the profession in the kingdom are the objects of desire by others, and, rightly or wrongly, are deemed titles of high distinction; other titles would not have the same advantage.

511. Is it not a fact that the coveted titles are the higher titles of the corporations?—No; the membership of the College of Physicians, for instance, is not the highest; the fellowship there is the highest, but the membership is very much coveted.

512. It is a higher title?—It is higher than their license, but not so high as their fellowship; the fellowship being by election is deemed a much higher honour.

513. Their ordinary license I think is preferred to the license of the Apothecaries' Company, is it not?—Yes.

514. Their membership is a higher title taken by physicians?—Yes.

515. And on the same footing as the fellowship of the College of Surgeons, or nearly so?—Nearly, but not quite I think; I should like to state that again, for I have thought carefully over it and I find some doubts expressed about it. A very strong feeling exists upon what may seem to be mere sentiment as to the use of titles; but these are things that decide men in their course so much that I cannot doubt it is a matter of grave importance. The granting of the license would be granting what would be deemed an inferior title. For example, it would qualify a man to hold an office of the Poor Law Board; he might be a Poor Law surgeon or Poor Law physician, but he could not be surgeon or physician to the county hospital; he would therefore at once be set down as a person in an inferior position; and that would hang by him unless, as the Master of the Rolls suggested, he should receive the title of doctor, and what the value of that would be I do not know.

516. Am I not right in believing that under your conjoint scheme, or anything like it in principle, a man would be examined by the College of Surgeons as much as he is now examined by it?—I speak of it entirely as a matter of sentiment. A man with a title, and eligible to high office in hospitals would be deemed a man of higher rank than one eligible only to an office under the Poor Law Board.

517. Has it happened to you to count the registrable qualifications at present given?—I do not know the whole of them; there are about 35 I think.

518. There are 61?—I did not know the number.

519. Do you think that enough to satisfy sentiment?—Yes; there is a considerable choice amongst them.

520. You spoke of the possible unwillingness of Fellows of the College of Surgeons to examine for a conjoint license?—Dissociated from the College.

521. I think no one has proposed that, but merely that the sole minimum title should be that of "Licentiate in Medicine and Surgery"?—I spoke of it chiefly as being dissociated from the College. If the College have the appointment they would take it doubtless; but I do not think they would seek to be appointed by any central authority other than that with which they were in intimate relation. If the College had a great share in the management they might assent to it.

522. But not supposing that it were a matter of Government appointment?—That is what I had in mind.

523. Supposing that case, however, have the Fellows of the College of Surgeons, the seniors of them, such as make the Council of the College, shown an unwillingness to act as examiners for other bodies than their own?—They have acted while juniors for the University of London; and they have acted in the same way at Cambridge, and as juniors at the College of Physicians, but nowhere else.

524. Exactly; but those are examinations outside their own body?—Yes; but as juniors. I do not say that they would not examine in the University of London, because that at once confers repute upon them, for that examination is so high. But to take the present court of examiners, I do not know any one of them who would go out of the College of Surgeons to examine for 200*l.* a year, and do the same work as he does now.

525. Under any such system as you have suggested, you would look to having the examinations of the three divisional boards superintended by a central board?—Yes.

526. Would you expect to have superintendence enough to insure a reasonable uniformity?—Yes.

527. And this you think the Council could manage in respect of three divisional boards?—Yes.

528. Do you think they could manage it with any considerably larger number than three?—The more the number is increased the greater the difficulty; especially as the examinations are held at very nearly the same time by most of the authorities. Something was asked about the expense of those. I do not see why, if there are assessors appointed, they should not be paid by the fees of the students for the examination.

529. But the difficulty of superintendence would increase very largely in proportion to the number of boards to be visited and inspected?—Yes, certainly.

530. You spoke of its being desirable perhaps to defer to a sentiment for more definite representation of what is called the mass of the medical profession in the Medical Council?—Yes.

531. Do you mean that what is called the mass of the profession should be represented by means of universal suffrage election?—I have often thought of how they could be elected, but it is a thing that I am no competent judge of. I do not know how they had better be elected. I only feel that there is this demand, and that on the whole it would be prudent in the interest of the profession, and for what is called the good of the public, to comply with it in the safest possible way; but as to the mechanism of the election I can form no opinion.

532. I need not say to you that it is a very important question as regards the working of the Council?—Not when they are once elected.

533. No, but the addition of a certain number?—I do not think it matters much whether there are six more or six less. I think it would work very much as it does now.

534. Is it not a body that works very slowly already and with a great deal of difficulty?—As I hear of the work done by other bodies, I am not satisfied that it is very slow. It is slow, no doubt. If there were four well accomplished men of business, they might do it faster; but sitting as a Medical Council to supply what is called a public want, and to consider the number of interests concerned in it, it seems to me fairly constructed. There might possibly be a better, but it seems to me that this is on the whole fairly constructed. But I think it would be well to satisfy the strong feeling which exists for what is called the representation of the general body of the profession. The difficulty of election is only mechanical. The work of the Council would be much the same afterwards as it is now.

535. As regards that sentiment of wishing to be represented, I apprehend that in your own College, there is already very ample representation. Of its 10,000 members any who chose to pass the necessary examination can become Fellows, and the Fellows elect the Council of the College, and the Council appoint on behalf of the College a member of the General Medical Council?—Yes.

536. There are other institutions very differently constituted, and where the mass of the members or

graduates, as the case may be, have no share, direct or indirect, in the government of the body of which they hold their license or degree?—Yes. I suppose it is a little more hard for them than for the College of Surgeons; but as far as I see of those who are claiming direct representation, they are members of the College of Surgeons of England, and they do not think it a sufficient answer that if they like they can become fellows, and in that way elect the Council who elect the member of the General Medical Council. The fact seems to be that the members of the College of Surgeons, a great body such as they are, are absolutely not content that their college is represented by one in whose election they have had no share whatever. They are not content with the answer, "If you please you can become fellows."

537. Would they do it better by universal suffrage than by electing, as they elect yourself, through the Council?—As far as I know, they have not objected to my being elected, but a large portion of them express regret that they have not a share in electing anybody to the Medical Council, and practically they have not. Practically a large number of them cannot now become fellows of the College by examination.

538. Would it not be the fact that in universal suffrage the medical journals would govern the election?—They would have great influence. I remember a piece of my evidence with reference to that before the House of Commons Committee, where all my opinions upon direct representation I think were expressed at great length.

539. And the opinions you gave there you adhere to?—I do, quite.

540. There you did not express yourself quite to the same effect as now?—It may be that two years more of observation have made me alter my expressions; and two years more of observing the intolerable annoyance and hindrance to business which is occasioned by raising these questions. The election of six more members into the Council could not do so much harm as this incessant agitation about the matter does. The addition of six members, supposing it to be a mischief, which I do not say that it is, would be nothing to be compared with the mischief of the agitation which goes on now.

541. (*Mr. Cogan.*) Suppose we start with having arrived at the idea that it would be very advantageous to reduce the number of licensing bodies, and that we had, as you seem to think the preferable mode, one conjoint body for licensing and examining in each division of the United Kingdom, do you think that there would be any practical difficulty in having the examinations so arranged that that there should be at least some external examiners, so that they should not be always the same. For instance, that, in Ireland and Scotland, there should be some examiners taken from the English licensing body, and in England some examiners taken from the Irish and Scotch licensing bodies?—I think there would be some difficulty, but no insuperable difficulty in regard to examinations in anatomy and physiology; but when you come to examinations in medicine or surgery you cannot find persons of distinction enough to have considerable practice who would leave their work in London to examine, for instance, in Ireland or Scotland, or who would leave Dublin to examine in England. The examinations as now conducted (I know them chiefly at the College of Surgeons) are a heavy burden to practitioners. I am not prepared to say how many hours have to be spent in them. The Commission will probably examine some who have been examiners at the College of Surgeons, which I have not been; but my impression is that, at this present time, in the examination for the fellowship, and the same thing would apply for membership, persons engaged actively in practice have to go to the college at 5 o'clock and work there until between 9 and 10. During that time they are liable to be called to this or that case of emergency, or to this or that distance into the country, and they cannot go. The rule is absolute that an examiner is not allowed, except for the strictest reason, to be absent from the examination. One never hears of one being absent willingly twice; his presence at the examination is regarded by himself and others as the first of his duties. A surgeon in the position of those on our court of examiners could not think of leaving London to examine, say, in Edinburgh; nor would your principal surgeons in Dublin leave their work there to examine in London. I think the thing might be done, though there is great difficulty in having it done, for the examinations in anatomy and physiology. We have had Professor Redfern, for example, as an examiner in the University of London, but it must have been a great difficulty to him to leave his work.

542. Are you aware that the Queen's University in Ireland have had examiners from London, and that it was considered to work very usefully?—Yes; I think Mr. McCormack was there; but the number to be examined is not large.

543. I am not familiar with the names. As an abstract proposition of course the wider the range from which the examiners could be drawn the better, so as to prevent the possibility of any local distinctions or groove of examination arising, which would create permanent distinctions between the profession in the three divisions of the United Kingdom?—I do not feel that very strongly; I really would rather say that the most satisfactory plan would be for England, Ireland and Scotland each to do its very best. I think that is what it works towards even now, with a few exceptions, which have to be guarded against. I know that the better Irish institutions are steadily at work in raising their examinations as high as they can; but there are peculiarities of teaching in each of the countries which I should be very sorry to see altogether abolished. I have no such admiration of uniformity as that. The teaching of anatomy in Dublin, for instance, is, I believe, more complete than it is in London. I believe it is more thorough. The teaching of surgery in Edinburgh has been so marked that it would have been a great pity to bring it to uniformity with that of England. I do not wish to be at all understood as desiring to enforce uniformity of education. I think the greater the variety of education the better, so that we have a uniform test of efficiency by examination. I think the influence of examination on education is so great that if you did introduce a strict uniformity of examination in each of the three divisions of the kingdom the education would have to adjust itself.

544–5. Do you think any bodies besides those now represented on the Medical Council ought to be represented? At present it represents the licensing bodies and the Crown. Do you think that the medical schools would be entitled to any representation?—I think it may be said that they are fairly represented by members of the Medical Council who have been in schools. I think the medical schools may be said to be sufficiently represented in the several licensing authorities. Their governing bodies are all derived from the schools, excepting that of the Apothecaries' Society. I do not think there would be much gained by their more direct representation in the Medical Council.

546. Would you see any objection to any of the members of the Medical Council not being members of the medical profession?—No; on the contrary, I have often thought it would be a good arrangement if there were some. I am very much struck with the good working of the Senate of the University of London in medical matters, and with the advantage there is in having some present who are not members of the medical profession.

547. (*Chairman.*) The universities at the present time have, I believe, the right of giving the degree of M.D. and the corporations have not?—That is so.

548. Does not that give a distinct advantage to the universities with medical students, as against the corporations?—Certainly.

549. Do you see any reason why a person who has passed the examination of the Royal College of Physicians and that of the Royal College of Surgeons should not be allowed to have that degree of Doctor just as much as if he had taken a degree at a university?—No; I cannot see any objection to it myself; but I know nothing which is more vehemently objected to by all those who give the title of Doctor. I suppose the reasons in the universities must be so strong that I ought to discern them more clearly than I do.

550. You probably can tell us what their reasons are?—The principal reason is that they hold it to be an especial privilege of theirs, and that it shows that the person to whom the degree is given is a member of the university. The universities have the power of conferring degrees in several faculties, whereas the corporations grant degrees in only one.

551. Do you think that the strong feeling which you have alluded to is simply a question of sentiment or that there is any practical reason attaching to it also?—The practical reason is that the public like to call a man "Doctor," especially the lower part of the public. The poorer and the middle classes think there is more in being "Doctor" than in being "Mr.," and therefore a great number of persons go for a Doctor's degree wherever they can get it.

Sir J. Paget, Bart., F.R.S.

28 May 1881.

552. Expressing your own opinion, do you think that that reason weighs much with the universities in their desire to retain a monopoly of that kind? — I think in some of the universities it is out of respect for old tradition that from the very beginning their Doctors of Medicine have been classed with their Doctors of Divinity and Doctors of Law and have held equal rank with them; and they would be unwilling to give that up. The smaller universities granting licenses no doubt have in view the advantage to themselves.

The witness withdrew.

Adjourned to Monday next at half-past three o'clock.

THIRD DAY.

Monday, 30th May 1881.

PRESENT:

THE EARL OF CAMPERDOWN IN THE CHAIR.

THE RIGHT HON. W. H. F. COGAN.
THE MASTER OF THE ROLLS.
JOHN SIMON, ESQ., C.B., F.R.S.
PROFESSOR HUXLEY, F.R.S.
PROFESSOR TURNER, M.B., F.R.S.
JAMES BRYCE, ESQ., M.P.

JOHN WHITE, ESQ., *Secretary.*

Mr. JOHN ERIC ERICHSEN, F.R.S., called in and examined.

Mr. J. E. Erichsen, F.R.S.

30 May 1881.

553. (*Chairman.*) You are, I believe, President, at the present time, of the College of Surgeons?—I am.

554. The attention of this Commission has been specially directed to the licensing question. The most important points in the licensing question are the various points which are connected with the education of medical students. They are, first of all, the amount of knowledge which should be required from every person who is admitted to practice; the conditions of the various examinations through which his possession of that amount of knowledge is to be ascertained, and the constitution of the various examining bodies. Therefore the questions I shall suggest to you will be chiefly in relation to these three points. May I ask you are you of opinion that every person who is admitted to practice ought to have given evidence of a sufficient degree of knowledge in the three branches of medicine, surgery, and midwifery?—Yes, I think it is absolutely necessary that he should have been examined in those three branches, and that he should have given evidence of possessing competent knowledge to render him a safe practitioner in any one or all of those three branches.

555. I think at the present time the diploma of the College of Surgeons is not given unless a person has given evidence of sufficient knowledge on those points?—He is examined at the College of Surgeons in surgery, and if he has not got a medical qualification elsewhere he is examined there in medicine.

556. Is an examination in midwifery also necessary at the present time?—At present that is in abeyance, but examiners are about being appointed. We intend to examine in midwifery at the College of Surgeons.

557. Turning to the examinations through which the candidate's knowledge is to be tested, by whom do you think the examiners ought to be chosen? They are at the present time, as you know, chosen by the 19 licensing bodies; do you consider that a satisfactory system?—I think that they should be chosen by the corporations, or at all events by the "medical authorities," the medical authorities as defined in the Bill of 1880.

558. That is to say the bodies who at the present time are the 19 licensing authorities?—Yes. I was speaking of England only. I think it would be desirable that they should be chosen in England by those bodies (the four universities and the three corporations), by their combined action, if you mean that we are to have a combined board.

559. I would rather ask your opinion whether you think there ought to be a combined board?—I shall come to that afterwards. Perhaps I may put it in this way; that if the corporations are to continue to examine separately they must choose their own examiners. If there is to be a conjoint board, then I think the examiners might very advantageously be chosen by the combined action of these bodies through the medium of a committee of reference such as was proposed to be established under what is called the conjoint scheme.

560. Do you think yourself that it is desirable that the present system of appointing examiners by each of the medical authorities should continue, or that there should be in some form or other a central body of examiners?—I think there should be a central body of examiners. I think it would be very advantageous if there were some combination between the different examining bodies, so as to constitute a central body of examiners, a combined board.

561. Would you kindly give us your reasons for your preference?—I think that in that way we should best secure the competent examination of our candidates in all three subjects, medicine, surgery, and midwifery. I think if one examining body examined chiefly in one of those departments, and another in another department, the result would not be so satisfactory as it would be if the examining bodies were to combine, and each candidate were subjected to an examination by that combined board. I think the examination would be more uniform in all the subjects. For instance, as matters are at present, the examination at the College of Surgeons in surgery and anatomy is undoubtedly very complete, but I should say that it was not so complete in medicine. The examination at the College of Physicians for a licence (I am only speaking of a licence for the College of Physicians) is no doubt very complete in medicine and allied subjects, but it is certainly not very complete in surgery. I think that if the bodies were to combine, the examination would be rendered more complete, and consequently more satisfactory in all its branches.

562. Are you of opinion that the examinations as conducted under the present system have been wanting in uniformity of standard?—They have been undoubtedly very much so. If I were to take England, and I am only personally acquainted with the examinations in England, there is a very great difference in the standards of the three corporations, the Apothecaries' Company, the College of Surgeons, and the College of Physicians.

563. Then I may gather that in your opinion the best plan of selecting examiners would be that all the so-called medical authorities (the medical authorities so called in the Bill of 1880) should combine to select a committee of reference, which committee of reference should proceed then to select the examiners?—Yes. There are of course other methods of selecting the examiners, but I think upon the whole the one that I have mentioned would secure the best examiners being selected. The examiners might be selected, for instance, or might be elected by the Medical Council. I do not think that would be desirable.

564. What is the reason why you think that that would be undesirable?—There are gentleman on the Medical Council, and who take a very active part in the Medical Council, who have never taken any part whatever in medical education or examination, and the Medical Council is composed in a great measure of men who are rather amongst the seniors in the profession, who are too far removed from a knowledge of what is going on in the different schools to be able to lay their hands easily upon the men best qualified to be examiners. A man may have a high professional reputation as a practitioner, whether in medicine or surgery, but he might be extremely ill-qualified for the duties of an examiner. Then, again, the Medical Council is composed of delegates and representatives from different parts of the United Kingdom, from each of the three divisions, and I take it that the representatives from one division are very ignorant of the men best qualified for examining in the other divisions. I could not venture, for instance, if I were on the Medical Council, to give an opinion as to who would be the best men to examine in Scotland or Ireland, and I do not think the Scotch or Irish representatives would be qualified to give an opinion as to who were best qualified to examine in England. For those reasons I think the Medical Council would not be a desirable body to elect or nominate the examiners.

565. Do you contemplate that these examinations should be held in one place in each of the three divisions of the kingdom, or at the various seats of learning and teaching?—I should think it would be better, at all events in England, to have these examinations at one place, as they are at present in London. I do not know how far it might be convenient in Scotland or Ireland to have them in one place in each of those countries.

566. Do you think that there would be no objection at all from the universities to the examination taking place in London?—For a minimum examination under a conjoint board?

567. For a minimum examination under a central examining body?—I should not think they would object, for they offered no objection, that I am aware of, in the case of that conjoint scheme that was proposed and very nearly carried into effect very recently.

568. Of course you would admit that the circumstances are very different in each division of the three kingdoms?—No doubt they are very different.

569. Have you ever considered that point specially with regard to Scotland?—No, I have not; I am not sufficiently acquainted with the details of education and examination in Scotland.

570. You would probably prefer not to express an opinion?—I should prefer not to give an opinion upon the Scotch system.

571. Supposing that those examinations were to take place at the various seats of learning or teaching, should you see any objection to a certain number of the professors acting as co-examiners with examiners deputed by a central board?—Do you mean the actual teachers?

572. I mean the persons appointed by that university who might be either teachers, or professors, or whom they choose?—I can see no objection to teachers or professors being there as assessors; I would make the examinations as public as possible.

573. By assessors I suppose you mean not merely assessors but examiners, or do you mean in the sense merely of assessors?—I meant merely as assessors. I think it is very undesirable for teachers to examine their own pupils. I would not allow teachers to be present to examine their own pupils; but they might be present at the examination; the examination might be public.

574. You no doubt think that it is a defect in the present system that a teacher does in many cases examine his own pupil?—I think where that is done it is a defect; but it is not done in all institutions. At the College of Surgeons we are extremely careful in that respect, no teacher ever examines his own pupils.

575. Might you not make a provision of the same sort by which the professors or teachers appointed by the universities should not examine those whom they have actually taught?—Quite so. I think that might be done, and I think there could be no objection to the presence of any body of gentlemen who take an interest in the examinations, or who might even be deputed to take part in examinations, provided they did not examine their own pupils.

576. Subject always to that proviso?—Subject to that proviso.

577. And if that could be arranged, do you see any advantage in a teacher acting as an assessor at the examination?—I should like to know exactly what we mean by an "assessor," I am not quite clear about that.

578. When I was speaking of an "assessor" just now I spoke of him in the sense of a co-examiner; but then you said that you were using the word "assessor" simply in the sense of being present?—I meant rather as a visitor at examinations than as a co-examiner.

579. Not possessing any power?—Not possessing any power except by advice as to the mode in which the examination should be conducted.

580. But you think it would be desirable, apparently, that teachers should give some advice as to the manner in which the examinations should be conducted?—I think there is no objection to teachers being present at examinations to see that the examination was fairly and properly conducted, or if they thought that there was any, I do not say, system of unfairness, but that there were any flagrant omissions or faults in the method of examination, that they might be competent to be present and to point them out to the examiners afterwards in a proper manner and at a proper time, to act more in the way of visitors of examinations than anything else.

581. Now with regard to the examinations themselves, at the present time there is the preliminary examination, the examination in arts, which a young man is obliged to pass before he commences his study; then there come his scientific examinations which are known as the primary examination, and then the final practical examination; which of those examinations should you propose should be conducted by the central board; or should you propose that all of them should. Kindly just take them in order, beginning with the examination in arts?—I think the preliminary examination in arts should not be conducted by any Medical Board.

582. Then under what system would you conduct that examination?—I would see that the candidate for admission into the medical profession, in fact before he could be registered as a student, had given evidence of possessing a competent knowledge in arts, but I think such knowledge should be tested by some of the various examining bodies that now exist for that purpose in the kingdom. There is the local examinations of the universities of Oxford and Cambridge, which I think would be very competent. They are readily accessible bodies, and he might get his preliminary examination at one of those.

583. Would you not recognise the examination of any other body except the local examinations of the universities?—The Preceptors Institute or Association conducts examinations of that kind, which I believe are very sufficient.

584. Would it be necessary in your opinion to have some board to decide which examinations should be recognised as sufficient as a preliminary?—I think so. I think that ought to be very carefully considered and decided upon. If a man takes a degree in arts at any university, either in this country or elsewhere, of sufficient standing, I should look upon that as a quite sufficient evidence of his having received a good preliminary education.

585. But the decision as to what preliminary examination you would apparently leave to some central authority, such, for instance, as the present Medical Council?—I think the present Medical Council is a very proper body to determine that, in fact that it would be the proper body to determine it.

586. You would be prepared to accept as sufficient any examinations which in the opinion of the Medical Council, either constituted as it now is or in a different manner, were sufficient?—I should be quite prepared to accept such examinations.

587. Then as to the scientific examination, the earlier professional medical examination in the student's career, would you submit that to the outside examiners?—That is rather a difficult question. I think there is a part of the scientific examination which, if a student chose to take before he entered the medical profession (I mean before he became registered as a medical student) and gave evidence of the possession of competent knowledge in it, it might be taken as part of the preliminary examination, and that he need not afterwards in his studies go back upon it. I should say botany. I should say chemistry (if he showed a competent knowledge in that), and perhaps the elements of comparative anatomy. If a young man

Mr. J. E. Erichsen, F.R.S.

30 May 1881.

had studied those subjects before he became a registered student, and passed a competent and satisfactory examination in them, I would acquit him of the necessity of attending to those subjects after he became a registered medical student.

588. Would you make it compulsory that he should pass an examination in those subjects before he commenced his study, or do you simply consider it desirable?—I should not make it compulsory; I should leave it optional. It depends very much upon the opportunities that young men have had. Some young men have been thrown very much into scientific circles before they study medicine, and have acquired considerable knowledge before they register as students at 17 or 18 years of age; others may have had no opportunities whatever in that way, and only commence their scientific studies after they have commenced their medical studies, or after they have been registered as students.

589. How would you propose to ascertain the competency of the knowledge of the student in chemistry and botany, supposing that he were to desire to pass that examination before commencing his medical study?—There should be an examining board appointed by the committee of reference, and examiners of that committee should have the power to examine him in those matters if he wished it.

590. You would in fact establish an optional examination in certain sciences which, if a young man chose to pass, he would pass before the central board, although it would be prior to the commencement of his medical studies?—Quite so; but I think in the case of those scientific subjects, a certain knowledge of which is considered necessary, and very justly so, for the medical student, and which he now commonly acquires in the first year or so of his medical studies, I would allow him if he chose to acquire a knowledge of those before he commenced his medical studies, and so clear the ground for his more purely technical and medical studies. In that way he would have more time and more opportunity of devoting himself to his more purely professional subjects.

591. With regard to these higher professional scientific subjects you would have the first examination in those subjects conducted by the examining board?—You are speaking of the minimum qualification only?

592. Certainly.—I think that it would be desirable that all the professional subjects should be conducted by the conjoint examining board of which I have spoken. I think it would be desirable because the whole system of examination would thus be rendered more uniform.

593. You would not leave that first examination, under any circumstances, to the authorities of the institution at which he was studying?—Certainly not. If you mean by that that I would allow a student who was studying at University College to be examined by University College professors, one studying at Bartholemew's Hospital by Bartholemew's Hospital professors, and one studying at Guy's Hospital by Guy's Hospital professors, I should say it would be a most undesirable system. Every teacher I may say runs in certain lines and grooves instinctively; he is not aware of it. I have been a teacher a long time, and I know that one has to be very careful to get out of those grooves in setting questions for examinations. A man repeats himself year after year if he is not careful without being aware of it. The pupils very soon learn the peculiar bent of a teacher's mind, and the subject to which he attaches most importance, or is apt to think most of; they learn up those, and in that way they may pass satisfactorily to the teacher himself what would in reality be an extremely incomplete examination, but yet one quite to his satisfaction.

594. The final examination, the practical examination, I suppose you would of course entrust to the central board?—Certainly; that is very important.

595. Do you not think that the nature of that examination might be so thorough as to enable the examiners to decide whether the education of the student has been thorough in the earlier portions of his scientific study; I mean so as to obviate the necessity for conducting an earlier examination through the central board?—Do you mean by "earlier" the earlier professional examination?

596. The earlier professional examination?—It would be necessary to go back very much upon it. Take for instance the final examination in surgery, for a proper knowledge of surgery, and certainly for his proper practice, a good knowledge of descriptive anatomy is necessary. The student is examined in that descriptive anatomy in the earlier part of his professional studies, that is his primary professional examination; he passes that satisfactorily to the examiner. That at all events is so far useful that it shows that at a certain time he was a competent anatomist; he may have forgotten a good deal of its details, but he will certainly not have forgotten all of it. Now in order to attempt to ascertain, whether he was a competent anatomist or not, the examiner in surgery would have to put him again through a course of anatomical examination which would occupy a great deal of his time, and which would go over a good deal of ground that had already been travelled, and which would probably lead him away from the main subjects of the final examination, so that I think it would not be desirable at the final examination to trust solely to that examination for evidence of a competent knowledge in subjects that might be passed at the primary examination, and which ought to be passed at an earlier period.

597. The certificate that would be given upon that examination would be, I presume, a board certificate, from what you have been saying?—Yes.

598. It would be a certificate of the board and not of the university at which he had been studying?—Or school of medicine or corporation?

599. Or school of medicine or corporation?—I think it ought to be a general board certificate, a general certificate stating that he had been examined in and was qualified to practice in medicine, surgery, and midwifery.

600. It would be in fact, a state certificate, or, at all events, I may say a certificate given by the central authority?—Yes, by the central authority, whatever that may be.

601. What effect would that have, do you think, upon the diplomas of the various universities and corporations? Do you think that many persons, having obtained a licence from the central authority, would be content with that, and would abstain in consequence from taking the diplomas of the universities and corporations which under present circumstance they now proceed to take?—Of course those who practice the higher grades in the profession would necessarily go on either in medicine or in surgery to take the higher qualifications of the different corporations or universities. Those who went into general practice, should, I think, on obtaining that certificate, associate themselves with the corporations (I am speaking of this country) which now grant licences to practice; that is to say, that a member on obtaining this certificate should become *ipso facto* a licentiate of the Apothecaries Company, a member of the College of Surgeons, and a licentiate of the Royal College of Physicians, and that he should have all the privileges of such qualifications.

602. You would make it compulsory upon him to pay the necessary fees and so on?—Certainly. The fee for the conjoint examination would cover all.

603. And you would compel him apparently to become a member of one of those corporations or universities?—Corporations, or universities?

604. Corporations, I mean.—Yes, I think it very desirable that a member of the medical profession should belong to one or more corporations.

605. Do you think it is possible to admit a young man by examination, simply, to the medical profession, testing his knowledge through examination and without reference to any course of teaching?—In some subjects you might, but not in all. You could not admit him to the medical profession, certainly not; not as a safe practitioner. There are certain subjects that a man may learn for himself by study and by reading as well as he can in a medical school by lectures, namely those subjects, lectures on which are of a purely didactic character; but the practice of medicine or surgery does not consist in a knowledge of those subjects. The art, especially of surgery, is traditionary in schools, and has to be taught by the master to the pupil. No reading, no study out of the school, can possibly make a man a practitioner, it cannot make him a surgeon; he must learn the methods from people who know them, who have acquired them from their predecessors. And in every large school throughout the kingdom there are certain special methods and traditions in this way; different ways of doing the same thing. The commonest things could not be learnt except by being taught, by being demonstrated; the way to apply a bandage for instance, the way to soften a bit of gutta percha or leather, to make a splint, requires

to be shown, it requires to be taught. I am speaking of the very commonest things, and those things are taught in schools of medicine, in hospital schools, by the pupil seeing other people do them. I believe that it is absolutely necessary that he should be instructed in a hospital school in those various things.

606. But could you not ascertain by practical examination whether a man was able to soften a piece of gutta percha in a proper manner to make a splint?—Certainly; if the examination is of a very prolonged and exhaustive character, and extended over a very wide range of subjects, you might easily ascertain whether he had got that practical knowledge, what I meant was in order to get that practical knowledge he must attend schools of practical instruction in medicine and surgery.

607. But still, if the gentleman had not that practical ability, you would have the opportunity of rejecting him at examination?—Certainly.

608. You say you consider it absolutely necessary from the point of view of the public interest, that any person intending to be a surgeon should have attended one of the recognised schools of surgery?—I do not think a man can be a surgeon without doing so; I do not see how he can possibly attain a knowledge of surgery without attending such a school. He gets his own practical experience by observing the methods employed by other people, and those methods are only shown to the pupils of the various schools. I may also say that in a medical school one pupil teaches another; the advanced pupils teach the junior ones to a very great extent. There is a great deal of practical knowledge and of skilled instruction derived from the senior members of the schools, from the clinical professors, from the physicians and surgeons of the hospital, transmitted through their assistants, through the resident medical officers, through the house surgeons and dressers; there is a gradual progression of instruction of a most valuable practical character given in that way to the various students. The existence or not of such knowledge could be tested to a great extent by very exhaustive examinations; but in order to test it properly great stress would be thrown upon the examiners.

609. These examinations must, of course, be conducted according to certain rules. To whom should you entrust the general authority of framing those rules; should you place it in the hands of the central board, or should you place it in the hands of some central supervising authority, such for instance as the Medical Council?—I should place it in the hands of the central board, under the supervision of the Medical Council. I think the Medical Council is an extremely useful controlling authority in such a matter as that.

610. May I ask what do you consider the principal duty, the highest duty, of the Medical Council?—The superintending of the education and examination of the medical profession; it seems to me that is the highest duty of the Medical Council and the most important.

611. Should you limit their duty in that respect to supervision?—To advising, certainly.

612. And should you be inclined to give any direct authority to the Medical Council, as distinguished from the duty of recommending, advising, and if necessary reporting to the Privy Council with regard to education; I presume you would not, judging from your previous answers?—No, I would not.

613. Would you give them direct authority with regard to any other subject?—I should not give them any direct authority. I think that no direct authority, either in education or examination would be advantageous. I think that such a central body as the committee of reference, of which we have spoken, composed as it would be of men who either were or recently had been teachers, and connected a good deal with the various schools, would be the most competent body to direct those methods of education and of examination which should be adopted by the schools in which the pupils are taught, and by the examiners appointed by that very body.

614. With regard to the Medical Council, do you consider that the Council at present is too large, or what is your view upon that subject?—I think that it is too large. I think it would be more workable if it were smaller. I have never sat upon the Medical Council, and so speak with a good deal of hesitation about that body. I have occasionally been present at its meetings, and read the proceedings in the journals. Judging from that I should think that a smaller body would probably work more efficiently.

615. In order to effect any improvement in their collective administrative capacity, do you think that it would be necessary to diminish the numbers largely, or would a small diminution be sufficient?—A moderate reduction, I think, would answer the purpose. It seems to me that there are a certain number of gentlemen upon that Council who manage its affairs, and a certain number who are, as it were, silent members of the body. The objection that I have to the present constitution of the Medical Council is that the various universities and corporations are so unequally represented upon it.

616. Should you propose to make any redistribution in the representation on the Medical Council?—I think it would be desirable. I think that there are institutions represented upon the Medical Council that are either comparatively obsolete, or else of very little importance in the medical profession. They are equally represented with the most important institutions, educational and examining, in the medical profession. I would say, for instance, that such an institution as the University of Durham is equally represented with the College of Surgeons of England. I believe it is more fully represented than the University of Edinburgh. The Apothecaries' Society, for instance, in England, the Apothecaries' Society in Ireland, and one or two Scotch bodies, appear to me not to deserve the amount of representation which they have when you compare their importance in any way whatever, either as scientific, educational, or examining bodies, with the greater bodies either in England, Scotland, or Ireland.

617. Then this question, apparently in your opinion, is sufficiently important to make it desirable that it should be taken account of in any settlement of the medical question?—I think it is. I think it would be satisfactory to the medical profession if redistribution were made a part of the settlement of any medical question.

618. Do you think that the smaller bodies would not feel very keenly on the subject?—I should respect their feelings, but beyond that I should not go.

619. You are aware, no doubt, that the claim for direct representation on the part of the general working profession has been a prominent feature in the medical profession hitherto?—Yes.

620. Would you give us your opinion upon that point?—I fail to see the necessity for it. It seems to me that every member of the medical profession is represented once or oftener than once through his corporation or the various corporations to which he may belong. Most members of the medical profession belong to one or two (many to more) bodies that send representatives to the Council, and they are represented through those representatives of their corporations. I do not understand a medical profession outside and beyond the corporations, universities, and the institutions in it.

621. Now let us take your own college. Every member has the power, I believe, to become a fellow if he so chooses?—Yes.

622. As a matter of fact, a comparatively small number proceed to become fellows?—Yes.

623. How are those who do not become fellows represented; what voice have they in the representation?—They have no individual voice, certainly, in the representation; but that is their own fault if they do not choose to become fellows and so take part in electing.

624. What is the reason why so few proceed to take the fellowship; is it owing to want of time, or because of the expense, or what?—No, it is an extremely difficult examination; it is an examination of the very highest character. Most of those have taken it now who could do so by a sort of *ad eundem* process from the membership; men, who were members before the year 1843, could take the fellowship by having their names submitted to the Council, being balloted for, and, if elected, paying a certain fee. As to that body, which was considered necessary for the working of the constitution of the College of Surgeons, that mode of election has practically come to an end and the fellowship now can only be obtained by examination and by examination of a very severe character, so severe that about one half of the candidates are rejected. With regard to the direct representation, I think that the importance of it depends very much upon the functions that are assigned to the Medical Council. If the Medical Council were a sort of medical parliament meeting from time to time

Mr. J. E. Erichsen, F.R.S.

30 May 1881.

to discuss every possible question connected with the medical profession, then I should say by all means let every class and every body in the profession be represented to the full extent. But if (as we set out by saying) the highest, and I might almost say the proper function of the Medical Council is the supervision of medical education and examination, then I think that the people who are most likely to select the best representatives on such a Council are the various "medical authorities," the various universities and corporations that now elect them.

625. Have you any means of ascertaining how far this cry is really spread throughout the medical profession, or whether it is simply an agitation?—I have no means of ascertaining; but from my long experience of the medical profession I know how very easy it is to whip up a cry of this kind, about which men really have very little deep feeling, and have no heart in the matter; but the cry is got up. I might further say that if direct representation, as it is called, were given to the medical profession, I doubt whether the men who would be elected for that representation would be considered by the public generally as the best representatives of the profession on such a Council.

626. You are aware no doubt, however, that the neglect to deal with this question was one of the main causes, if not the main cause, of the failure of more than one Government Bill in Parliament?—Yes, I know that it is a matter that has stood in the way of medical legislation.

627. Would it not appear from that, that the demand must have a good deal of importance in the eyes of the medical profession?—It is possible it may have.

628. I would only ask you just two more questions on two other subjects. One is with regard to the difficulty which has arisen relating to the foreign and colonial practitioners. You, no doubt, are acquainted with all the various stages of that question?—Yes, I know something about it.

629. You are not very familiar with it?—I am not very familiar with it. It is every now and then brought before us at the College of Surgeons, but I am not very familiar with the subject.

630. Have you any reason to know what arrangement would satisfy these foreign and colonial practitioners?—No, I have no means of judging.

631. Do you see any objection from the side of your own profession to admitting foreign and colonial practitioners to the Register on their paying the necessary fees, and having passed an examination which in the eyes of the Medical Council is sufficient?—I see no objection to that being done, to pass an examination that the Medical Council may think sufficient.

632. You would not think it necessary to examine again in England every foreign and colonial practitioner who satisfied those conditions?—No, there are excellent schools of medicine, of course, abroad, and some good ones now, in the colonies, and I can quite understand, and I quite think, that it might not be necessary to examine them again in this country provided they had passed such an examination either abroad or in the colonies, as was thought by the Medical Council to be a sufficient test of their competency to practice.

633. With regard to those persons who assume medical titles to which they have no right, do you think that the duty of prosecuting them ought to be with the Medical Council?—It is very difficult for the corporations to interfere in those matters.

634. Do you think that the Medical Council can, with advantage, deal with that matter?—I am disposed to think that it is of very little use to touch those kind of people at all.

635. Not even through the means of a public prosecutor?—I think if there was an actual fraud committed by the assumption of a false title, that certainly then the Medical Council ought to prosecute.

636. Do you think the Medical Council would be he proper body to prosecute under those circumstances?—I know no other body, unless it were the corporation whose rights had been invaded. Suppose a man were to forge a diploma of the College of Surgeons, or at all events, to purchase the diploma of some other member and personate him, I presume you mean something of that kind?

637. Yes?—It would be difficult to say whether the corporation, or the Medical Council should prosecute, but I imagine those cases are not very frequent.

638. Your general opinion is that prosecution in those cases is not a very wise plan where it can possibly be avoided?—Where it can possibly be avoided, certainly not, except in the case of wilful misrepresentation, or personation, or fraud of some kind.

639. (*Mr. Cogan.*) I understand from you that you would not be in favour of increasing the functions of the Council beyond those which they already have?—I think not; I know of no function that could with advantage be given to them, which they do not already possess.

640. And that you do not conceive it necessary that there should be any more direct representation of the profession?—I do not think it would be to the advantage of the profession or the public.

641. Do you think there would be any objection to have a somewhat more direct representation of the profession by enlarging the elective bodies of the different corporations who send representatives?—I ought to have mentioned that. I omitted to do so; it was on my tongue to do so. There, I think, a good deal of good might be done; for instance, say at the College of Surgeons, I should see no objection whatever to the general body of fellows electing the member to the Medical Council instead of the Council; I see no objection to that. I think that the franchise, as it were, might be much more widely distributed in the profession with advantage, but that it should be done through the corporations.

642. Do you not think that if that could be done, it would, probably, to a great extent, meet the wishes of the profession for direct representation and avoid the evils of something like popular election and canvassing?—I think so. I think there would be the great evil of a sort of popular election, of a kind of canvass through the profession, and that we should not always secure the best men. You might enlarge the body of the electors, I think, as I have just said, with great advantage by bestowing the franchise more largely upon members of the different corporations.

643. At present practically the Medical Council is exclusively composed of medical men?—It is.

644. Which is not necessary according to law?—No.

645. I believe at present by the law it is only the corporations that must necessarily send medical men?—Quite so. The universities, I believe, can send lay representatives.

646. And the Crown nominees?—And the Crown nominees may be lay.

647. Do you think there would be any advantage in having any members on the Council outside the medical profession?—I think there might be advantage. I can quite conceive that there might be advantage in such a course. Legal questions every now and then crop up in the Medical Council, in which the Medical Council might perhaps be more easily guided if there were some member of it competent to give an opinion, or more competent than a medical man can be supposed to be. I think also, in all professions, it is of use occasionally to get the unbiased advice of men of judgment outside that profession in the conduct of the affairs of the profession; just as we have civil lords of the Admiralty, I can conceive no reason why there should not be civil members, as it were, or lay members of the Medical Council. A small infusion of the lay element might I think be a considerable advantage in some cases.

648. I will just ask you one or two questions with regard to the conjoint scheme. Is it your opinion that any person admitted to the Register should have the full qualification of medicine, surgery, and midwifery?—That is my opinion; I am very strongly of that opinion.

649. You are of course aware that the conjoint scheme after consideration was adopted by the English licensing bodies?—I am.

650. But they have not been able to carry that into effect?—I am quite aware of that.

651. But the reason has been, I presume, that the other parts of the United Kingdom have not taken a similar course?—That is the reason.

652. Therefore it would appear that if the conjoint scheme is desirable it must be compulsory, and apply to the United Kingdom?—Yes, it must be compulsory, and it cannot be confined to one part of the United Kingdom, it must run in all.

653. I presume it would not be desirable that there should be such an inequality either of standard or of fees as would induce students to go to any particular part of the United Kingdom for their licences?—I think it would be very undesirable. One great advantage of the conjoint scheme would be, I take it, that if it existed in each division of the kingdom, in whatever part of the kingdom a man was educated, the public would be sure that he was educated on and up to a uniform standard.

654. In the English scheme the committee of reference, I think, was composed of the representatives of the different licensing bodies?—Of representatives from the four universities and the three corporations.

655. I presume the conjoint bodies in the other portions of the United Kingdom should be composed in a similar manner?—I should think it would be desirable, but I speak with hesitation of that, because I do not know sufficiently intimately the working of matters in Scotland and Ireland, to give a definite opinion.

656. An objection has been raised that if the conjoint board is in future to give licences,and is to be composed of the representatives of the different existing licensing bodies, that would give a sort of immortality to bodies which probably did not deserve it. Do you see any way of answering that objection?—It has chiefly reference I imagine in England to the Apothecaries Company. It would be difficult to understand the existence of a committee of reference in England, that did not contain representatives of the College of Physicians and the College of Surgeons, and probably of the universities; but I can quite understand that such a body might exist, and might work advantageously without the existence of representatives from the Apothecaries Company.

657. Do you think that if by this conjoint board a licence to practice were given upon examination, and that it was only necessary for the students to attach themselves to one of the corporations, if they so thought fit, the inducements of a higher degree would not be sufficient without making it compulsory to them to so attach themselves to one or other of the corporations?—I think the inducement of the higher degree would be sufficient. I think that very few would be content with the minimum, with the mere Board certificate.

658. Might it not be possible that in future if those who practice the profession get this degree from a conjoint board, and thought fit to attach themselves to one of the more important corporations, the result would be that the unimportant corporations would naturally die out, and that the mere fact of their having a power of sending examiners to the court of reference, or this conjoint scheme board would not be sufficient to secure the immortality which is not thought to be desirable?—It is quite possible. I think a man would not join one of the inferior corporations if he could join a corporation of a higher standard, preserving always the rights that his junction with the inferior corporation would give him. No doubt many men at the present day join the Apothecaries Hall; I speak of the Apothecaries Company with great respect, because I think the Apothecaries Company has done most admirable and excellent service in the cause of medical education in this country. But I think it has become somewhat obsolete, that the existence of the Pharmaceutical Society on the one side, and the licence of the College of Physicians on the other, has to a certain extent strangled it, and that men would not join it if it were not that they thereby obtained certain legal privileges in connexion with it in the way of charging for medicines and so on.

659. Do you think, supposing that these three joint bodies were formed one for each portion of the United Kingdom, each having their examiners drawn from their own local boards, that there will be any possibility of having a certain number of external examiners that might be united with them, and as it were detached from one part of the United Kingdom to another, so as to secure more uniformity, and prevent the profession running in particular grooves in any part of the United Kingdom?—Yes, I think that would be quite possible, but there might be a sort of interchange of examiners, and perhaps with very great advantage in preserving uniformity.

660. Do you think it would be possible to get men of the first eminence in London, in Dublin, and in Edinburgh, to undertake duties of that sort, with, of course, sufficient pay?—I think it would. Men of the first eminence, at least, when I say of the first eminence, I mean of such eminence as that which places them in the first rank of the profession, undertake duties at the Medical Council and elsewhere of a very onerous and of a very insufficiently paid character. We also see them undertake the duties of a sort of peripatetic examiners in England. The examiners in surgery, for instance, at the university of Cambridge and at the university of Durham are always selected from the London surgeons, and London surgeons of considerable eminence go down to these universities and examine in surgery, and so I think that there would be no difficulty in getting London surgeons to go to Edinburgh or to Dublin, or London medical men of the very first rank in the profession to go to Scotland or Ireland, and in all probability eminent Irish and Scotch medical men to come to London, and in that way to establish a uniformity of examination throughout the three divisions of the kingdom.

661. I presume you would consider it very desirable that the examiners should be selected from as wide a range as possible so as to secure as fully as can be their independence of the students to be examined and of the teachers, so as to prevent the examinations getting anything like a stereotyped form?—Quite so.

662. (*Mr. Simon.*) You suggested just now, I think, that in your opinion, the desire of the mass of the profession to have influence on the licensing machinery of the profession would be sufficiently and best satisfied through the corporations and not by way of universal suffrage in the constitution of Medical Council?—I think that that would be satisfactory to the profession, and that nothing more would be needed.

663. You think that would be the better way?—I think that would be the better way, most decidedly, and I think it would probably be satisfactory to the profession.

664. To enlarge the constituencies?—To enlarge the constituencies; I think that would be desirable.

665. One question as regards the alternative plan that has been spoken of—direct representation. Supposing that a certain number of members had to be returned by universal suffrage of the profession (what is called direct representation), and that consequently each of the now nearly 16,000 medical practitioners of England had a vote, I want to ask you, with your very large experience of medical matters, have you any conception of how the candidate would come into relation with his electors?—Only through the journals, so far as I can see.

666. That is through such goodwill as the journals might think proper to show him?—Just so; I think the journals would govern the election.

667. Considering the influence that the General Medical Council must have on the future of our profession, you would of course think it of the utmost importance for the profession and the public (particularly the public) that they should be able to rely on the Council as a safe institution, a really deliberative and judicial body?—Quite so; I think that the functions are very important, and I think that the public and the profession should look with great jealousy to the constitution of the Council.

668. Would there, in your opinion, be in the method of election by universal suffrage a large element of hazard and chance?—I think there would. From all I know of the feeling of the medical profession I am in the first place in doubt whether the best men would consent to be placed in nomination for that kind of election.

669. And if put in nomination they practically would not be able to appeal to the electors except through the journals?—I know no other machinery by which that election could be worked.

670. In speaking of the conjoint board proposals you spoke particularly of the advantages of a certain sort of combination. You spoke of the advantage of such a combination as would bring under one organisation the several examinations in medicine, surgery, and midwifery?—Yes.

671. But do you not think also that there would be great advantage in bringing under one organisation with those examinations, the examinations which have to be held in science?—Yes, I certainly do; that is to say, the scientific examiners should be part of the general examining body.

672. In the conjoint scheme, in which you took a great deal of interest and which was accepted by the college of which you are president, the universities were an essential part?—They were.

673. And you think that that was an advantage to the scheme?—I do. I think the high character of the universities gives weight to a scheme of that kind.

Mr. J. E. Erichsen, F.R.S.

30 May 1881.

674. Would you think it a particular advantage in relation to the scientific divisions of the examination?—Yes, I should.

675. You were asked a question as to objection to the conjoint scheme arising from the fact that it would perhaps tend to perpetuate institutions which had better die out. You thought it might be open to a little objection in that way?—Yes; it had never struck me in that point of view before; but I can quite see that it might be so. There might be that perpetuation of institutions.

676. Would it seem to you that the difficulty might be completely got over in relation to any moribund institution (if there were an institution that might fairly be called moribund) by a provision that when its licentiates fell to a certain number it should cease to send a representative to the conjoint board?—Yes, I think that would be a very fair way of meeting it.

677. Before I ask you finally for your opinion upon that, I would draw your attention to another point. You think it desirable that every person passing the conjoint board should join one or more corporations?—Yes, I do think so.

678. But you thought that joining the corporation might be left on a voluntary basis, and that the corporations would attract?—I think they would, some would more than others, of course.

679. Would not the working of that system give facilities to eliminate the moribund corporation, if there were a moribund corporation in the original constitution?—Yes, undoubtedly it would.

680. That is to say, if candidates got on to the Register in respect of their licence by the joint board, but with the option of joining corporations, and if they joined the corporations that they preferred, and if one of the corporations ceased to have new voluntary additions (so that after some years its licentiates would fall to an insignificant number) that, if the law had so enacted, might work as a spontaneous process for terminating its existence?—Yes, I can quite understand that such a process might take place.

681. So that there might be an advantage in the voluntary system over the compulsory system of joining corporations?—Yes; the voluntary system that a man might choose to join any one corporation or more than one if he chose. It would be certainly so. I think that the institution of a licence of a licentiate of the College of Physicians would be very attractive for a man to select, and that many would in all probability join that as well as take a membership of the College of Surgeons.

682. As you refer to that, may I ask you to express to the Commission exactly what you conceive to be the advantage of joining the corporation?—I think that a man who joins a corporation binds or attaches himself to an important institution in the country, and that he feels that in his professional dealings and relations he is under the jurisdiction of that institution more directly than he would be if he merely possessed an ordinary board certificate.

683. Does that value particularly attach to the corporations in respect of their being able to confer higher titles?—He might go on to higher titles, of course, in that corporation. He would in all probability, if he were a man who was ambitious of professional success or distinction, not be content with the lower degree or title, but endeavour to proceed to the higher ones. It would be a stimulus to his professional ambition, and to the obtaining of professional knowledge in order to satisfy that ambition.

684. Would it be your impression that a judicious use of the higher titles by the authorities that can offer them would have a very important influence in improving the profession?—Yes, certainly. They are a very considerable stimulus to work, and to very hard work, among the younger members of the profession.

685. Is it your opinion that vesting in the General Medical Council a discretion of having a higher qualification column in the Medical Register, in which to insert opposite a name a qualification which they agree to consider a higher qualification, the evidence of a higher degree of skill and knowledge, is for the advantage of the future of the profession?—I have never considered that question, and can scarcely answer it.

686. (*Prof. Turner.*) I understood you to say that one great reason, if not the chief reason, why you advocated the conjoint scheme, was because it would insure a more satisfactory and complete examination in medicine, surgery, and midwifery than is the case in England at the present time, where the candidate has to go to one examining board to be examined in surgery, and to another examining board to be examined in medicine?—Quite so.

687. Would you consider that there was an equal necessity for the establishment of a conjoint board to carry out the same satisfactory and complete examination in those subjects if you had in England institutions which did conduct a complete examination?—No. if we had an institution that carried out a complete examination in all three subjects, we should have an institution performing the very functions that the proposed conjoint board would be destined to fulfil.

688. In Scotland we have those institutions, that is to say, the Scottish universities, do give a complete examination in surgery, medicine, and midwifery. Therefore, I would ask you is there the same necessity for this combination or conjunction of bodies in Scotland that you have very properly indicated is required in England?—If, as you say, a body or bodies exist in Scotland that examine thoroughly and in a competent and uniform manner in these three branches, then I should say that that would be sufficient whatever name you give it, whether a university or a conjoint board. I think the name is a matter of indifference. It is the character of the examination that we require.

689. That is a point I wish to get your opinion upon, because it has, as you may easily conceive, considerable importance in the consideration of this question of combination in Scotland?—Quite so.

690. I suppose one might draw this general conclusion from your evidence, that you consider that the necessity for combination in England is due to the very peculiar condition of the profession in England, namely, that the corporations (each of which institutes only an examination in a particular subject) are practically the bodies which admit to the medical profession?—Quite so, and that men go upon the Register.

691. With a single qualification only?—With what we term only a half qualification to practice, a single certificate only; and that no doubt is the evil of that system which exists at the present time in England.

692. That evil does not exist to the same extent in Scotland where men pass through this complete examination at one or other of the different Scottish Universities?—No.

693. You have given us to understand that the conjoint board scheme as regards England has for the present at least fallen to the ground?—It has.

694. Would you kindly tell us whether the College of Surgeons of England has come to any special resolution on this matter; has the College of Surgeons by any resolution withdrawn from the conjoint scheme?—The College of Surgeons has not withdrawn from the conjoint scheme; but it holds itself at liberty by a special resolution to co-operate with the College of Physicians to carry out the provisions of the conjoint scheme without the co-operation of the other parties to that scheme; that is to say, when the conjoint scheme was instituted the parties that combined for its institution were the four universities, Oxford, Cambridge, Durham, and London, and the three corporations, the College of Physicians, the College of Surgeons, and the Apothecaries' Society. It was agreed mutually that when once the conjoint scheme came into operation none of the co-operating authorities could withdraw from it under five years. It was to have a five years' trial and there was a certain notice to be given.

695. That would bring it up to 1882?—Yes, somewhere about that. It has never come into operation, and therefore the College of Surgeons did not consider itself bound by that provision; and we made advances to the College of Physicians last year to co-operate with us in carrying out a combined system of examination without reference to the other co-operating authorities; that is to say, that the College of Surgeons and the College of Physicians should examine, the College of Surgeons in surgery and anatomy chiefly, and the College of Physicians in medicine and allied subjects; and in that way that care should be taken that every candidate passed through a thorough and sufficient and efficient examination in all matters relating to medical practice.

696. May I ask what answer the College of Physicians has given to you?—The College of Physicians first of all replied that they thought they were bound by that five years' clause and could not entertain the subject. Since then there has been some little correspondence, but the matter seems now to have entirely dropped.

697. Do you know any other reason why the College of Physicians should have made difficulties in the way of this very proper combination, as it seems to me it would have been between the two colleges?—I believe that there was a difficulty with regard to the Apothecaries' Society. The College of Physicians was rather indisposed for the Apothecaries' Society to be a party; and the College of Surgeons did not see their way quite clear to excluding the Apothecaries' Society from that combination.

698. Supposing that you had a combination established either voluntarily or by some legislative enactment, between the Colleges of Surgeons and Physicians of London, would not that combination ensure a complete examination not only in medicine, surgery, and midwifery, but in the earlier subjects of professional study?—Undoubtedly it would. I believe that a most thorough and competent examining board could be instituted by the College of Physicians and the College of Surgeons working in combination with one another.

699. I suppose you would consider that the examinations as now conducted by the Colleges of Surgeons and Physicians are perfectly satisfactory examinations of competency to practice the profession?—Yes, I think that a man who has passed those two examinations may be considered perfectly competent to practise his profession.

700. And would you consider that under such a conjoint board system as has been suggested it would be advisable to increase the difficulties of entering the medical profession more than is at present the case in the examinations of those two Royal Colleges?—No, I think it is very undesirable to throw any unnecessary difficulties in the way of medical students entering the profession, and I would make it as easy as possible for them.

701. In short, you think that the examinations of those two bodies are entirely satisfactory for the object they have in view as a test of competency?—Yes, they are. There is one difficulty in a student going up and taking the two; and that is the expense of the double examination, which is rather heavy.

702. But still, combination between these two bodies alone might be so made as readily to adjust the fee to a reasonable sum?—Yes, quite so.

703. That is a mere matter of detail?—That combination the College of Surgeons was very anxious to carry out when they found that the conjoint scheme had fallen through.

704. The difficulty really has been then as to certain points raised by the College of Physicians, and not by the College of Surgeons?—By the College of Physicians, and not by the College of Surgeons. I perhaps may say this, that the conjoint scheme which has been spoken of took its origin in the College of Surgeons. It had been talked of in the profession, and there had been various attempts made, I believe, towards it a good many years ago; but the conjoint scheme which fell through last year, took its origin in the year 1869 in the Council of the College of Surgeons. That was the first body that moved in it, and the College of Surgeons has been very anxious ever since to improve its examinations, and has instituted an examination in medicine, in the case of those of its members who have not taken a medical diploma at any other corporation, and the surgical diploma is withheld from a candidate who has passed his surgical examination until he has passed that medical examination.

705. You have referred to the fees for the examination. What is the present fee for the membership of the College of Surgeons?—Twenty guineas.

706. Is any portion of that fee returned to the candidate if he is rejected?—Yes, the fee is paid in two parts. There are two examinations, a primary and a pass. There is a fee of ten guineas paid at the primary examination. If he is rejected, one-half of that is returned. If he is rejected a second time, then he has to pay the expense of that examination; so that rejection now involves a certain charge upon the unsuccessful candidate, it involves the expense of his examination. It became necessary for the College of Surgeons to institute a rule to that effect, because it was found that some men were rejected so often, four or five times, and so forth, that the expenses of their examination more than covered the fee that they paid for admission to the membership when they eventually passed.

707. I suppose that a very considerable proportion of the income of the College of Surgeons is applied to scientific purposes, in the way of supporting the national museum, as we may call it, under the charge of the college, and in the way also of adding to the very fine scientific library that it possesses?—It is.

708. Can you tell us how much is devoted to it?—The museum costs between 2,000*l.* and 3,000*l.*, and the library about 800*l.* a year; more than 3,000*l.* a year is expended upon those objects. The cost of the museum from 1869 to 1880, 11 years, has been 24,788*l.*, or an average of 2,253*l.* a year.

709. (*Mr. Simon.*) Is it as much as that?—Including the salaries and everything connected with it, it is.

710. (*Prof. Turner.*) Perhaps you will put it right when you have the proof of your evidence?—That which I stated was my impression. I know that the library costs between 700*l.* and 800*l.* a year.

711. I should just like to ask your attention to the financial part of the conjoint scheme, because I think it is a question about which we should have a little explanation. I observe that in this scheme a fee of 30 guineas is to be exacted from each candidate?—Yes, that was the proposal.

712. One half of the fee is to be appropriated to the payment of examiners, and the other expenses incidental to the examinations?—Yes.

713. And the remaining half of the fee is to be devoted according to a certain scale which is set out in the scheme; now the College of Surgeons is to receive one-third of this remaining half for the maintenance of the museum and the unendowed professorships and other expenses?—Yes, that was the arrangement.

714. It is to receive another third of the remaining half in respect of qualifications to be granted; and the remaining third is to be divided equally between the Royal College of Physicians and the Apothecaries' Society; that is the arrangement in the financial part of scheme?—Yes.

715. Then I observe that those candidates, who shall pass the final examination conducted by this board, are to be entitled to receive one or other, or all, of the three diplomas?—Yes.

716. That is to say, the licence of the Royal College of Physicians of London, the diploma of Member of the Royal College of Surgeons of England, and the Licence of the Society of Apothecaries?—Quite so.

717. It seems to me that there are certain points of this arrangement which need a little explanation. In the first instance, every candidate whether he joins the College of Surgeons or not, has to contribute one-third of 15 guineas (that is five guineas) to the support of the College of Surgeons' Museum?—He would have to do so according to that scheme.

718. That is to say, you compel every candidate under this scheme to contribute to the support of the College of Surgeons' Museum, whether he joins the College of Surgeons or not. Also one-sixth of this fee is to go to the Society of Apothecaries?—It is.

719. And therefore you compel every candidate to contribute to the maintenance and permanency of the Society of Apothecaries, whether he joins it or not?—Yes. I may say that these three corporations live by their examination fees, and that that scheme apportions the fees resulting from the combined examining efforts of those three bodies, in as nearly as possible the proportion in which it was supposed they were in the habit of receiving them. The College of Surgeons, for instance, which receives a very large income from its fees, and which has a great national museum to support out of those fees, could not consent to join any combined body unless it were secured a sufficient income in the first place for the support of that national museum, and, in the second place, unless it received an income from the fees somewhat in proportion to that which it would voluntarily resign in joining this combined body.

720. If the College of Surgeons had not to support so valuable a museum as that which is under its charge, is it likely that the sum of 30 guineas would have been fixed as the payment to be required from each candidate, might not a less sum have sufficed?—I have no doubt that if the College of Surgeons had not to support the Hunterian Collection, in other words if its expenses had not been so large as they are, a smaller fee might have been charged; but I must say in reference to that point, that the College of Surgeons have been made the trustees of the Hunterian Collection by the nation, and are bound to support it in its integrity; and they not only support it, but add immensely to it year by year.

Mr. J. E. Erichsen, F.R.S.

30 May 1881.

721. I pass now to another matter, a matter connected with the fellowship. You have given us a very interesting account of the mode in which the College of Surgeons appoints its fellows. A certain number of gentlemen, I understand, who joined the college as members prior to 1843 were allowed to become fellows without examination?—Yes, what are called honorary fellows.

722. But now no one can become a fellow of the College of Surgeons of England unless he passes through what you have described as an extremely difficult examination?—Yes; there is one exception, and that is that the fellows of the College of Surgeons of Ireland can become fellows of the College of Surgeons of England *ad eundem* and by ballot.

723. But still your own members cannot now become fellows unless they go through this very severe examination?—It is a very severe examination; it is, I take it, the most severe examination in this kingdom certainly.

724. I think it is quite admitted that in the subject of examination it is one of the most testing and difficult?—Yes.

725. I would like to ask whether, in your opinion, it would not be advisable that there should be a power of admission to the fellowship from practitioners of a certain standing, by selection, that is to say, of members of your own college, who had reached a certain standing in the profession, and who were recognised in their respective localities as men of ability; do you not think that it would be an advisable thing that the college might select and admit into its fellowship these gentlemen without examinations?—The college possesses that power to a certain extent; two can be admitted every year in that way.

726. Does it exercise that power?—It exercises that power; it has elected several men of distinction in that way of late years, for instance, Sir Joseph Fayrer, Mr. Bickersteth, of Liverpool, and others.

727. I find by the returns furnished by the College of Surgeons to the General Medical Council that during the year 1880, 618 candidates were admitted to the final examination of the college?—I have no doubt that is correct.

728. That is an official return furnished to the General Medical Council. These candidates, I presume, were all examined in surgery?—Yes, they were all examined in surgery, in pathology, and in what is called therapeutics.

729. Will you kindly tell us how many examiners were engaged in the examination of those 618 gentlemen?—Do you wish me to tell you the process of the examination?

730. No; in the first instance, will you tell me how many examiners conduct that final examination?—Ten examiners; it is conducted by what is called the Court of examiners.

731. There are 10 gentlemen engaged in the examination?—Yes.

732. I should be glad if you could give me an approximation of the time occupied by these 10 gentlemen in examining these 618 candidates?—The method is this: every examining night 24 candidates present themselves; they come up in batches of 24. They are passed through in this way: they are examined for 10 minutes upon the naked human body, what is called surface anatomy, operations, and the application of instruments; they are examined for another 10 minutes upon patients in diagnosing diseases and in prescribing treatment; they are then examined *vivâ voce*, and on preparations, for two more periods of 10 minutes, so that 40 minutes are consumed in the examination of each candidate. Besides that he has to pass through a written examination, for which he is allowed either three or four hours.

733. Then could you give us the gross period of time which is occupied in carrying that out?—Forty minutes.

734. That is each candidate?—Yes, besides the written examination.

735. How many weeks will it take?—The work is exceedingly laborious. The examinations begin punctually at 5 every evening, and never terminate till past 10, so that they occupy from five hours to 5½ hours, and 24 go through every night.

736. And the examination must necessarily then be spread over several weeks?—Yes; if you divide 618 by 24 you will find how many nights it has occupied; it is about 30 nights a year.

737. Then about one month is expended in the examination of these 618 gentlemen?—Yes.

738. You are doubtless aware that proposals have from time to time been made that all candidates for admission to the profession in this country should go through an examination to be conducted by the same examiners, that is to say, that there should be merely one gate of admission to the profession, and that those who stand at the gate should be the same examiners; that has more than once been proposed. Now I find from the returns furnished to the Medical Council that about 2,500 candidates presented themselves for the final examination to the profession of medicine in the year 1880. I want to ask you whether you think it possible for any single board of examiners to go through the labour of examining 2,500 candidates in a year, when it takes a month for the College of Surgeons to examine its 618 candidates: is it possible to get examiners to go through that labour?—No, I do not think it would be possible to get men of sufficient professional eminence.

739. May I ask you where the candidates who get the surgical licence from you usually go to for the medical licence; have you any information upon the subject?—No, they usually go to the Apothecaries Hall; the greater number of them, I should say, were licentiates of the Apothecaries' Society, whose licence is the most easily obtained; that is the most available medical licence in England. A certain number of them are licentiates of the College of Physicians; and those who have not a medical licence are examined by the medical examiners or two physicians specially appointed for that purpose by the College of Surgeons.

740. I observe by the returns to the General Medical Council of the examinations conducted both by the Royal College of Surgeons of England, and the Apothecaries' Society of London, the following figures are given; as regard the final examination, the Royal College of Surgeons of England admitted 618 candidates and rejected 228?—Yes.

741. Being in the proportion of 37 per cent.?—Yes, that is rather a large proportion, I think.

742. I observe that the Apothecaries' Society of England had 288 candidates and rejected 53?—Yes.

743. Being in the proportion of under 19 per cent.?—Yes.

744. This, you will observe is a difference as between 37 per cent. of rejections on the part of the College of Surgeons, and under 19 per cent. of rejections on the part of the Apothecaries' Society. Can you form any idea as to why there should be this great difference in the number of rejections when you have practically the same men examined by both boards?—The examination must be easier; I have no other mode of explaining it.

745. That is the conclusion you come to?—That is the conclusion I come to because they are practically the same men.

746. (*Prof. Huxley.*) Your replies to Professor Turner have brought into a clear light some of the practical difficulties which would attend the working of the conjoint scheme, even supposing it were confined to the corporations and universities either in London or its immediate neighbourhood. Supposing that the project, which was very seriously entertained some time ago, and which, I think, it is not improbable may be eventually carried into effect, were adopted, namely, that the Victoria University should be empowered to grant medical degrees, do you see how that case could be dealt with by a conjoint board or a conjoint scheme; do you think it would be fair to make the students of Manchester and Liverpool come up to London to be examined?—I think it would be as fair to do that as to make students of the University of Durham, or Oxford, or Cambridge do so.

747. The students of the University of Durham, I think, are very few, are they not?—Yes, they are not very numerous.

748. Supposing the Victoria University should become as large in relation to medicine as in relation to general science and to arts, would it not have the same claim to consideration as the Scotch universities have? Why should it not have the same claim to consideration as, we will say, Glasgow or Aberdeen?—If it instituted examinations in all three departments you mean?

749. Yes?—Certainly. I suppose an institution that instituted a competent examination in all three depart-

ments would be considered a sufficiently good qualifying institution.

750. So that in that case, whatever arguments would apply to the case of the Scotch universities would apply to England?—I can see no difference between such a hypothetical case and the case of the University of Edinburgh.

751. Has the notion ever been suggested to you that the great object, or one of the great objects, of the organisation of the medical profession, namely, the obtaining an equivalency of degrees, that is to say, securing that every person who has a license shall have passed an examination of an equal minimum value, has it ever occurred to you that that object might be obtained by a system of careful inspection and regulation by some central body composed of delegates from various examining bodies?—A system of inspection where and how conducted?

752. Suppose, for example, that out of a certain number of bodies at present entitled to give a licence delegates were sent, who composed a central committee of reference, we will call it, acting in conjunction, if you like, with the Medical Council, it would be quite possible for them to secure a uniform and minimum standard of examination, would it not?—Certainly, the Medical Council could do so, or anybody delegated by them. I do not think it signifies how that body is constituted, whether by corporations (if you mean that), or appointed in any other way by Government, or by the Medical Council. Any committee of reference could secure uniformity of examination however constituted.

753. You said, as I thought with great justice, that unless persons were engaged in teaching, or had lately been engaged in teaching, they could not regulate examinations properly?—Quite so.

754. I am supposing that the teaching bodies concerned, or the corporations concerned, should constitute by delegates a committee of reference which would then be able to regulate the examinations of all the bodies concerned in accordance with a uniform standard; that would be quite practicable, would it not?—I think it would be very difficult to make the examinations at bodies, the examiners of which are practising upon totally different lines, absolutely uniform. I think it would be extremely difficult to make the examinations at the College of Surgeons as good in reference to medicine as the examinations at the College of Physicians would be; and *vice versâ* I doubt whether the College of Physicians have the power to have a good examining system in surgery.

755. But there would be no difficulty, would there, in a man's passing an examination at the College of Surgeons, and then going to the College of Physicians?—No, that he might easily do,

756. And in that case, it would be possible to leave the present corporations and teaching bodies intact, and let them struggle for existence according to their merits?—It might be so; no man being allowed to register unless he joined at least two of them; but I think the great advantage of an examining body appointed by a committee of reference (calling it that as a distinguishing term), is that you would secure a more strict uniformity of examination in the different elements of that examination. The whole examination would be better balanced and better arranged; one part would not have preponderence over another; everything would be in proper harmony; men would be examined sufficiently in anatomy, chemistry, medicine, and surgery, and not too much in any one subject. There is always a danger of over examining in different subjects, as well as under examining.

757. You are very familiar with the examinations of the University of London, I think?—Yes.

758. You are aware that the examiners in the University of London are brought from various places?—Yes, they are a very high class of examiners.

759. And that it is an examination in which no one branch is allowed to tread upon the toes of another?—No; the number of men who pass the examinations at the University of London is so very small in comparison with those who come to the College of Surgeons, that the practical difficulties of these examinations are not so great as they are at another place.

760. The system might be complete, might it not?—The system might be complete, certainly.

761. I understood you to say that you objected to teachers examining their own pupils, chiefly on the ground that in every teacher there is a tendency to run more or less in certain lines or grooves, which are more or less narrow. Was that your principal reason for objecting to teachers examining?—There is a bias in favour of one's own pupils.

762. Both of us have been examiners of the University of London, I think?—Yes.

763. And I will not ask you your own feeling on the matter; but take, for example, the fact that Dr. Sharpey was for a great number of years an examiner of the University of London. I do not suppose any student of the University College who came under his hands during that time would have boasted of having received the slightest favour from him on the ground of being a student at University College?—No; Dr. Sharpey was a very exceptional man.

764. In the case of the University of London I suppose that almost all, at least a great number, of the examiners are teachers somewhere or other?—They are; they all are or have been. They are all, I think.

765. And therefore students belonging to the schools to which those gentlemen belong must needs pass through their hands?—Yes.

766. Considering how very large the subjects of medical study are, and that it is almost impossible, at all events undesirable, on the part of any teacher to cover the whole ground, do you not think it reasonably fair that the examiner should have in his mind the general course of instruction that the student has gone through, because you would not expect the student to know more than he has been taught, I take it?—He ought not be expected to know more.

767. Unless his examiner has some means of knowing what has been the range of instruction he has received, how is he to deal fairly with the student?—But an examiner has a very fair idea of that, although a student may come from another school. He knows that he is taught in a given subject, say in anatomy, and he knows that he must be taught in another school just as he would be in his own school.

768. But still there are particular subjects, as your own experience I am sure will convince you, upon which a particular teacher, of physiology, for example, will lay much more stress than on another, and probably pass lightly over some other subject. Supposing by accident the examiner hit upon a subject which had been lightly dealt with, it would be a good thing for him to know that there was some other which had been more fully treated and of which the student should be expected to know a good deal more?—Yes. I think it the business of an examiner to find that out, and if in the course of his examination he finds that the student is deficient in a particular subject, he should leave that and go to something else. It is not the business of the examiner to find out what a student does not know, but to find out what he does know.

769. At any rate, the presence of the teacher would be useful to him under those circumstances if there were no objections on other grounds?—My objection is rather founded upon that instinctive feeling that there is in mankind to favour one's own belongings. It is very difficult to eliminate it from examiners or teachers. I would not say that the objection is insuperable, or that there may not be a great number of examiners who are teachers, and who might examine their own students with the greatest justice; but I think the system taken altogether, taking the whole class of examiners and the whole class of students, would not work well. It has been found so at the College of Surgeons, so that at the College of Surgeons there is a positive rule that no teacher examines his own pupil.

770. And your objection would apply even to the case of an assessor from without examining along with the teacher?—No; an assessor from without examining would of course not be in the position of the teacher.

771. I do not understand you to say that you think the difficulty would be overcome by appointing an assessor to examine along with the man's teacher?—I think it better that a man's teacher should not examine in large examinations.

772. I understood you to say that you thought the regulation of the preliminary examination should be left to some other than the medical authority?—Yes, I think it would be better.

773. Does that apply to the details of examination only or to the scope and limits of it?—I think the scope and limits had better be left to the Medical Council and not to the corporation.

Mr. J. E. Erichsen, F.R.S.

30 May 1881.

774. Does it occur to you that a good deal might be done towards lightening the heavy burden of medical studies (and I presume you do think it a heavy burden now) by requiring on the part of the student a preliminary education in elementary physics, and chemistry, and it may be elementary biology?—I think so. I think that it would be very useful for a medical student to have some kind of scientific training before he begins his medical studies; I think that a great part of the difficulty that medical students have to encounter arises from the fact that their minds are utterly untutored so far as that kind of training is concerned when they enter the medical schools. Under the old system of pupilage that was not the case. The pupil of a medical practitioner got a certain sort of insight into anatomical, physiological, and medical knowledge, and his mind was not a perfect blank upon those subjects when he came to a medical school. Now, we have to deal with a not very highly educated class of young men, and men who have had no sort of scientific training communicated to them before they began their medical studies; and on being plunged into an exceedingly varied and complex system of scientific education they become puzzled, they lose their way, and do not succeed.

775. It will probably not be too much to say that to a very large proportion of medical students, a great part of the first session is absolutely wasted, or, I will not say wasted, but occupied in learning how to learn?—It is so. They do not know how to set to work, and it is in a great measure for want of that early scientific training.

776. I think you mentioned both botany and comparative anatomy as subjects which you desire to see continued in the medical curriculum; but may I ask if by that you mean the details of systematic botany and the specialities of comparative anatomy?—No. I think the great value of botany and comparative anatomy and those scientific subjects is to give that training to the mind. I think it is not so much the detail as the direction it gives to the mind that is of use to the medical student; and I think a good deal of that, as I said in the earlier part of my examination, might with advantage be relegated to the preliminary examination.

777. There would be no difficulty, would there, with the help of a few common animals and plants, in teaching not only the principal elementary facts of physiology and anatomy, but also to a certain extent histology and the methods of dissection, before the student came to his special studies?—That might be done.

778. And that probably would be almost as good as a year added to the curriculum, would it not?—No doubt it would.

779. Not only on account of the special knowledge, but the training?—It is the training to discipline the mind; and indeed a great deal of medical education really consists in training the mind for after observation. It is not what a student learns during his period of education that is so valuable as the mental training that he acquires that is of value to him in after life.

780. Have you ever been struck as a teacher with the extraordinary difficulty in getting people who have been brought up on books to use their eyes?—Yes, or their hands.

781. (*The Master of the Rolls.*) I want to know your opinion simply as to the regulations to be made; first of all, as to the curriculum, that is, as to the mode of education: would you think, that that should be arranged by the Medical Council or the examining body, supposing that those bodies are separated?—I think that it would be better for the regulations to be made by the examining boards, and to be supervised by the Medical Council.

782. Would you make the same answer as to the extent and nature of the examinations?—Yes, I should be disposed to do that. I think that the examining bodies would be the best judges of that; but I think their judgment should be subjected to the correction and supervision of the Medical Council.

783. Would you think it desirable to give power to dispense with the requisitions as to the curriculum, exerciseable either by the examining body, subject to revisal, or by the Medical Council?—To dispense with them?

784. In special cases to dispense with the observance of the rules as to the curriculum. Perhaps I had better explain a little more fully what I mean. Suppose a student, instead of following those regulations, had passed two years in Paris and four years in Berlin, and then came to you and said, "Now, I have studied "a great deal more in every branch than you require "of me, but not according to your regulations; will "you let me be examined?" would you, upon that, dispense with the obligation of fulfilling the exact requirements, he, in fact, having done a great deal more; would you give such a power to the examining body?—I would put such a power in the hands of the examining body. I think each case should be judged on its own merits, and we do that, I may say, to a certain extent, at the College of Surgeons. A man every now and then comes and says, "I have gone "through such and such a course of study at a medical "school in the United States or elsewhere." He has not exactly complied with the regulations, but each case is always considered upon its own merits. We have no hard-and-fast line. We keep them as nearly as possible to our regulations; but we every now and then strain a point in favour of a man who has shown that he has employed his time well in the acquisition of medical knowledge, although he may not have complied exactly with our medical regulations. We consider each case separately. It is chiefly in the case of foreigners and people from the colonies, that the question arises. There are men who every now and then present themselves, who have gone through a very complete course of study, but not quite in accordance with ours, and we consider those cases individually, and each upon its own merits.

785. You would leave that to the board of examiners, or whatever the board may be?—Quite so.

786. Would you require, in addition to the certificate of a knowledge of arts (I call it "arts," though it is a bad term, I mean general literary knowledge), a certificate of qualification as regards knowledge in one subject of natural science, would not that do all that is required?—I think it would be very important.

787. Before a man became a student?—Before a man became a student; I think it would be very important, because it would give him that very mental training that we were speaking about just now, and which is undoubtedly of great importance to the commencing medical student. Let him be trained a little in botany, in comparative anatomy, or anything that he pleases; he would be far in advance of those who had not received that training. I was speaking with regard to the preliminary examination as it is at present constituted. But if I understand your question rightly, it is this, whether it would not be desirable to add to the preliminary examination, and make it a compulsory part of the preliminary examination, that the coming medical student should be examined in some department of science.

788. In one at least?—In some one at least. I think it would be of great use to the student that the preliminary examination should be so far altered.

789. It has become, as you are aware, very common in schools now, to teach one or more of these subjects?—Yes.

790. And practically, I think, you are also aware that it is not difficult to insist upon the arts students passing an examination in at least one of them?—Quite so.

791. Do you think that would be desirable before they become medical students at all?—I think it would be.

792. I should like to ask your opinion on a question which I think one of very considerable importance. I do not know what the Commission will determine upon, but assuming that the Commission were to come to the conclusion that there should be an examining body established, and that the examining body's certificate should be required before allowing any person to register, and that that examining body's certificate should designate the recipient of it as a licentiate to practise medicine and surgery, do you think that would practically interfere to any considerable extent with the medical student, who had obtained that certificate, seeking to obtain the membership of the College of Surgeons?—No, I think that the greater number of them would not be content with that certificate, and that they would wish to go on and obtain the membership of the College of Surgeons.

793. Then I suppose you would make the same answer as to those who wish to be members of the College of Physicians?—I would.

794. So that practically it would not injure either body as regards the number of their diplomas?—I do not think it would materially. I think by far the greater number would wish to go on to one or the other, and that a man who merely held that license would be

looked upon as in a very inferior professional position, only competent for certain minor duties.

795. I presume also you would make the same answer as to students who now desire to obtain the degree of M.D., &c. at universities?—Certainly; they would not be content with that license at all.

796. Assuming that, instead of the title of "licentiate" the title of "doctor" were given, I presume your answer would not be the same?—No, it would not, certainly; that title makes a very great difference.

797. That would injure all those bodies very much?—It would injure those bodies very much, especially the medical ones.

798. As regards science (I will call it "science"—you know what I mean), the students who had passed the examination of the universities were not required by the proposal of the English scheme to pass the examination of the conjoint body?—No, not the primary examination.

799. That is what is called the primary examination; I have called it the scientific examination for shortness, though it is not quite right?—Yes.

800. You would think it only fair to the universities that that should be continued?—Quite fair.

801. So that university students (when I use the term "university students" I mean those who pass a proper university examination) should only be required to pass the final or strictly medical examination?—Quite so.

802. As regards the constitution of the board, you have had your attention called to the difficulty of a permanent constitution as regards some of the institutions that might possibly drop out of the medical profession; could not that be arranged by allowing after every, say, quinquennial or decennial period, a reconstitution of the board by the Medical Council, subject to appeal to the Privy Council?—I can see no objection to that; the constitution of the board of reference, you mean?

803. Yes, the examining body?—I think it would be better that the examining body should not be of too permanent a character.

804. The board that nominates the examiners is what I refer to?—Quite so; we have called it the board of reference.

805. Yes?—I think it well that the constitution of that board should not be too rigid, but that it might be varied from time to time as necessity should arise.

806. Would there really be any difficulty in having one board for England, one for Ireland, and one for Scotland, and in finding a sufficient number of examiners?—I can answer for England. There would be no difficulty in having a board for England, and I may say I am sure that there would be no difficulty in finding a sufficient number of examiners. We have 19 examiners at the present time at the College of Surgeons. We are constantly changing them; we have always got large numbers of candidates for those offices, and always first-rate men. There are 10 on the court of examiners who examine for the final examination in surgery, and nine are upon what is called the board of examiners who examine in anatomy and physiology; so that in that one institution there are 19 examiners at work.

807. Your answer to Professor Turner had reference to England alone?—To England alone.

808. You have not got to the notion of a single board for the three divisions of the kingdom?—No, I have not. I may say that so far I do not think a single board for the three divisions of the kingdom would work, or could be made to work.

809. I would like to ask your opinon about the constitution of the Medical Council? First of all, do you think it desirable that that Council should deliberate in public?—No, I think the admission of reporters is one of the greatest evils connected with that Council. It should be a deliberative, and not what one may call a debating body.

810. And if that were so, would it make much difference whether there were a few more or a few less?—Then I do not think it would signify.

811. The time would be devoted to the transaction of business instead of making speeches, I understand?—Quite so.

812. If that were so, do you think that there would be the same desire for the direct representation of members?—I doubt it very much.

813. And so you think, as a matter of personal knowledge and belief, that there would not be much desire for direct election of members if the functions of the Council were limited to direct regulation (subject to appeal to the Privy Council, or with a power of bringing the matter before the Privy Council) as regarded only education and examination?—No, I think that there would not be a very great desire if the functions of the Council were limited strictly to these matters.

814. Supposing that there were such a desire, and you elected a proportion of the Council, would there be any practical difficulty, do you think, in electing the members? Supposing that you added six members to the Council, who were to be directly elected, would there be any practical difficulty in dividing the members into six districts, and letting them be elected by voting papers?—No, I suppose that might be done. I have never thought of any scheme of that kind; but I think it might easily be done.

815. The total number of electors in each district could not be so very large?—I do not know exactly how many medical men there are in England and Wales.

816. The last number given is 22,936, of which 16,000 are in England; would there be any difficulty about that?—I should think the details of the election could easily be carried out.

817. You would have then about 2,500 electors for each division; a body of educated men. Would there be any danger of the selection being otherwise than a proper one?—I should not like to say that the selection would be an improper one; but I do not think that the best men would be elected.

818. If limited in their functions in the way I have suggested, and if no reporters were present, what do you say?—If you put those conditions, I think the case stands in a very different position to what it would otherwise do. I think if there were no reporters present, and if the functions of the Council were strictly limited to educational and examination matters, the difficulties which suggested themselves to me at a former period of my examination would not be quite so marked as they otherwise would be.

819. (*Mr. Bryce.*) You mentioned the desirability of students coming with some preliminary knowledge of science or scientific matters before they began their medical studies?—Yes.

820. Would you propose to add that to their general knowledge which they brought up with them, or substitute it for some part of their general literary attainments which they are now expected to show?—I would let them have it in addition; I think what they are now expected to show is really so very slender as to the amount of knowledge that there would not be any harm in adding a little science to it.

821. You would not contemplate any diminution?—No, not beyond what is required at present.

822. Can you tell me from the statistics of the College of Surgeons what is the average age at which they come up to pass their preliminary examination?—No, I do not think we take their age.

823. Do you keep any record of the places from which they have come?—I cannot answer that. Those records may be in the office, but they are not published. I have not seen any record with regard to the preliminary examination. We have such records of the final examination—the professional examination—but I have never seen any of the preliminary examination.

824. Should you conceive that if the age at which people take their degrees at universities, and indeed the age at which they go up to the universities, was earlier, a larger number of those students would go to the universities before beginning their education; do you think it would make any considerable practical difference?—I do not think it would make any very great difference. The class of men who come up are not to any very large extent those who would go to the universities.

825. I understand that you feel a strong objection to examiners examining their own pupils, and you implied that that would be to some extent met by having assessors present, the assessor conducting the examination?—Yes.

826. Would your idea be that you might have as examiners a number of persons who were also teachers, but that in each case it should be ascertained whether the examinee had been the pupil of the particular teacher, and that in that case he should be passed on to some other examiner; would that meet your view?—Yes, that would quite meet my views.

827. You would not conceive that a man being a teacher was any disqualification?—No, on the contrary,

Mr. J. E. Erichsen, F.R.S.

30 May 1881.

I think it is a great qualification. I do not think that any man can examine properly who has not been a teacher; and not only that, but who has not recently been a teacher.

828. And who is more or less in the habit of seeing how these things are taught?—Yes; I may say that at the College of Surgeons all the members of the court of examiners either are or have been teachers, only they do not examine their own pupils or pupils coming from their own hospital.

829. Then in each case it has been ascertained whether the student has been a pupil of that examiner, and that examiner does not examine him?—Yes. Opposite the number (for they are numbered and not named) on the examination list is put "St. Bartholomew's Hospital," for instance; and the examiner who is connected with St. Bartholomew's Hospital does not examine that particular candidate, but passes him on to somebody else. The same remark applies in the case of University College; the University College examiner would not examine a pupil from the University College.

830. Therefore, this restriction would not affect the field of selection for good examiners?—Not at all.

831. Your examiners would naturally be in both cases people who are teachers?—They always have been.

832. On the conjoint board, the best examiners would be those now engaged in teaching?—Certainly; I conceive that a man who is not actually engaged, or who has not been recently engaged, in teaching would not make a good examiner.

833. Have you considered the question at all how far examinations should be public; how far persons should be admitted to be present during the examinations?—I think there is no objection to the examinations being public, so far as regards teachers and those interested in the examinations being admitted to them to hear what is going on, and see what is going on. I do not think it would be desirable to have examinations in a kind of public room, with a number of students about and so on. That I think would be very undesirable.

834. You would not allow other students to come in?—No. I would not allow other students to come in. I think there would be very grave objections to that; but I would admit teachers.

835. Do you mean teachers connected with the particular institutions where the examination is carried on or teachers generally?—Teachers generally.

836. Members of the profession?—Members of the profession. For instance, I may say again, referring to the College of Surgeons, that the examinations there are open to any of the Fellows of the College of Surgeons, and a good many come, especially to an examination for a fellowship. We frequently have some half-dozen of them there walking about, who are interested in some of the candidates, and who wish to see how the examination is conducted for various reasons; and in that way it is public.

837. Of course, in the examination which you described to us as conducted by the 10 examiners, each student passes under the hand of *viva voce* examiners, but only of two or three of them at the most I suppose?—He passes under the hands of eight out of the 10.

838. Is that excluding the paper work?—Excluding the paper work.

839. That is during the 40 minutes?—Yes, each student occupies 40 minutes. Another examiner is retained as a sort of supernumerary examiner who may be used in case of need. There are eight working examiners, who sit in pairs, and every candidate passes through the hands of those eight examiners.

840. And some of those eight also examine the papers?—Some of those eight also examine the papers.

The witness withdrew.

Adjourned.

FOURTH DAY.

Saturday, 18th June 1881.

PRESENT:

THE EARL OF CAMPERDOWN IN THE CHAIR.

THE BISHOP OF PETERBOROUGH.
THE RIGHT HON. W. H. F. COGAN.
THE MASTER OF THE ROLLS.
JOHN SIMON, ESQ., C.B., F.R.S.
PROFESSOR HUXLEY, F.R.S.
ROBERT MCDONNELL, ESQ., M.D., F.R.S.
PROFESSOR TURNER, M.B., F.R.S.

JOHN WHITE, ESQ., *Secretary.*

Professor PAGET, M.D., F.R.S., called in and examined.

Prof. Paget, M.D., F.R.S.

18 June 1881.

841. (*Chairman.*) You are, I believe, Regius Professor of Physic at Cambridge?—Yes.

842. You have for many years both lectured and examined in that university?—Yes.

843. I need hardly ask you whether you have given great attention to the whole question of medical licensing, and the studies and examinations which are connected therewith?—I have necessarily given great attention to the matter, partly from my connexion with Cambridge, where I am more responsible than anybody else for ensuring that the examinations should be what they ought to be there, and also partly from my being a member of the Medical Council for about 11 years, and during part of that time I was president, so that at that time I was more responsible than anybody else for the examinations generally throughout the kingdom being what they ought to be.

844. When you say you are more responsible than anybody else for the examinations at Cambridge, would you just kindly explain to us how that occurs?—Well, I am regarded as the head of the faculty there, and I am chairman of the Board of Medical Studies; at all events, I feel myself that I am more responsible than anybody else.

845. You are, of course, well acquainted with the present system of appointing examiners for the various medical examinations; you know, of course, that those examiners are appointed by the various licensing bodies; do you consider that that is the best system of appointing examiners?—For what particular purpose, may I ask?

846. The examiners are at the present time appointed, I believe, by the various licensing authorities to conduct all the examinations in medicine?—It seems to me quite proper that each body should appoint its own examiners before granting its honours or degrees or qualifications, whatever they may be. If the question be meant more particularly with reference to maintaining a good standard, as a minimum standard, then, I think, there is a certain amount of competition that is undesirable in that system. It is, of course, an obstacle to maintaining a high minimum standard if there be anything resembling a competition between different bodies.

847. You would consider it, I suppose, very desirable that it should be ascertained that every candidate who presents himself for examination should, before being admitted to the medical profession, have given signs of adequate knowledge of medicine, surgery, and midwifery? — Certainly. I think with that view the 31st section of the Act of 1858 requires amendment; that section enabling or requiring the Medical Council to register men who may have been examined in surgery alone or in medicine alone, and the public has no ready means of knowing that a man has been examined in one branch only, so that if a man likes to do so he can practice in medicine or surgery, as the case may be, though he has given no sufficient test of his competency to do so.

848. You, apparently, think it desirable than an adequate knowledge of all those three subjects should be compulsory?—Certainly.

849. And in an answer which you gave a few minutes ago you apparently contemplated something analogous to a central board of examiners, whereby this knowledge should be ascertained?—I think the examinations are so numerous that the power possessed by the Medical Council of keeping up the standard by visitation can scarcely be exercised efficiently. The examinations are so numerous that it is not possible for them, I think, to carry on efficient visitations of those examinations, and, therefore, I think the number of examinations should be reduced. The best method would be to have one board of minimum examinations in each division of the kingdom. If that were effected, visitations could then be carried on so as to maintain a good minimum standard.

850. You would, then, propose a central board of examiners for England, Scotland, and Ireland, respectively?—I should think that quite desirable for the pass examination, for the minimum examination.

851. You are no doubt aware that in Scotland some of the circumstances are peculiar, and have led to difficulties and objections?—I am very well aware that the idea of establishing one board, through which all candidates should pass in Scotland, has been very much opposed indeed, chiefly by the universities of Scotland.

852. You said just now that the examinations were so numerous. Can you give us any instance, say in Scotland, by which the examinations have become more numerous than they were formerly?—My impression is that in Scotland they have become even more numerous than they were formerly through the arrangement that has been made by the corporate bodies in Scotland, for if I am not mistaken each of the three corporate bodies (the College of Physicians of Edinburgh, the College of Surgeons of Edinburgh, and the Faculty of Physicians in Glasgow) has its own separate examination. They also combine in this way: the College of Physicians combine with the College of Surgeons in one case, and with the Glasgow Faculty in another, forming two other examinations, so that, in fact, instead of three sets of examinations, which there would be if each of those bodies acted separately, there are now five sets of examinations. It seems to me actually increasing the difficulty that the Medical Council must labour under in visiting those examinations with sufficient frequency. The visitations are expensive; the visitors who are selected must be the best possible men, or their reports would be of no value. They must be highly paid, and they ought to be highly paid, and then it becomes expensive. Then, as to those bodies which were last referred to, taking your lordship's example (it would probably apply to other bodies as well), my impression is that they examine sometimes a very small number of men at one time. My information upon that matter is not quite recent, because my only information is derived from the last visitations that were made by the Medical Council. They were made in the year 1873, and then the number of men examined on one or two of those occasions were five, or I almost think less than five. If the Medical Council were to send men to Scotland to visit those examinations, where they are frequently examining only four or five candidates at one time, the cost would be greater than could be borne, not to mention the inconvenience.

853. Do you think it would be possible with public advantage to establish a central board of examiners in one or in two divisions of the kingdom, omitting a central board in the third?—I think that would be a very small, if any, advantage at all, and I doubt very much whether the "medical authorities," as they have been called, in two divisions of the kingdom, could be persuaded to act in the matter unless the rule were applied to all three divisions of the kingdom.

854. Are you of opinion that the co-operation of the universities in all three divisions of the kingdom is absolutely essential in forming a central board?—I would not say essential. I think it desirable, but not essential.

855. Do you think that the corporations could select from themselves efficient boards of examiners, entirely omitting the universities? — I have no doubt they could; they need not confine the examiners to their own body if they were in any difficulty, but I have no doubt they could find efficient examiners within their own bodies.

856. You would, however, apparently think it desirable that Scotland should adhere to the notion of a central board of examiners, as well as the other two divisions of the kingdom?—I think it quite essential.

857. You are also, of course, aware that some considerable difficulty has been made in the case of the Scottish universities. Could you suggest any plan by which that difficulty might be got over?—I could suggest a plan, not as good, I think, as a plan by which all the medical authorities in each division of the kingdom should respectively form three examining boards, but a plan which might obviate the objection which has been made by the Scottish universities. I would suggest this plan, that the medical authorities in each division of the kingdom should be required to form a "conjoint board," as it is called, a joint board of examiners, and that they should be allowed six months to do it in, with this understanding, that three, at least, of the medical authorities in each division of the kingdom should combine to form it. If more than three were willing to combine, so much the better. But if three, at least, of the medical authorities of each division of the kingdom or of any division of the kingdom agreed upon a scheme, that scheme should be submitted to the Medical Council, and if approved by the Medical Council, that scheme should come into force in the establishment of an examining board; that if in any one division of the kingdom three medical authorities could not be found that would agree in a scheme, that then the making of the scheme should devolve upon the Medical Council itself, with or without the co-operation of one or more of the medical authorities of that division of the kingdom. Of course, if there were a dispute between the medical authorities and the Medical Council, a reference should be made to the Privy Council. That boards being so established in each of the three divisions of the kingdom, no man should be able to register unless he had one of two things, either a certificate from one of these boards, or a diploma from some one of the medical authorities, which diploma should have been granted in respect to acquirements substantially greater than those required for the pass examination of the joint medical board. I think that might meet the difficulty raised in Scotland. The Scottish universities maintain (and I do not at all dispute the fact, I feel sure it is the case with Edinburgh, and I know nothing whatever against it) that their examinations imply a higher degree of knowledge than would be required by a joint board; and they assert that, that being the case, it would be a hardship to their candidates to be required to pass through the ordinary joint examination. It would be a hardship, as far as it goes, certainly, and it is not necessary for the benefit of the public, because their own examinations (the university examinations) are of a higher character. They also, I believe, say that harm might come of it; that the effect might be that men who had passed this conjoint board would not take the extra trouble required to pass the university examinations, and, if so, no doubt the public would, *pro tanto*, suffer. The men who take the trouble to qualify themselves to pass the higher examination, qualify themselves for being more serviceable to the public, undoubtedly. They also, I believe, go so far as to say that the falling off in candidates, as it would occasion a falling off in revenue, might, also, have possibly a prejudicial tendency upon the standard of the examination. Those are reasons, I think, that deserve to be considered, and I think the suggestion I have made would be a way of meeting them. The universities would be at liberty to take part in the joint examination, and if they did so, then their own examinations would be scarcely visited, I suppose, at all, by the Medical Council. It would not be much worth while to do so.

Prof. Paget, M.D., F.R.S.

18 June 1881.

But if the universities did not take part in the conjoint scheme, then their examinations would be visited, and it would be the duty of the Medical Council to take care that their examinations did imply a degree of knowledge substantially higher than that required by the joint board. So again the public would be benefited.

858. In your proposal you suggested that three of the medical authorities should be required to propose a conjoint scheme; why do you select the number "three"?—Three, at least, I suggest.

859. Would not three be a very small proportion of the medical authorities in England?—Yes, it would; the number of medical authorities in England is the same as that in Scotland, seven.

860. Should you consider a scheme which was put forward by three only of the medical authorities as representing a conjoint scheme, in the larger sense of the word, sufficient?—It would not be so good as if all joined in it, but I think it would be a very considerable step, because those who did not join in it would be required to keep up their examinations at a very high standard. None could escape it whose examinations were minimum examinations or at a minimum standard.

861. With regard to the higher diploma granted by some of the universities, you stated that you would propose that the value of that diploma should be ascertained by the visitation of the examinations of the body by which that diploma was given?—Yes, that could be done by visitations.

862. Do you consider it a matter of great importance that the universities should take part in the conjoint examinations. I infer from what you have said that you do?—I think it very desirable.

863. Have you considered the share allotted to the universities in the conjoint scheme which was proposed for England?—Yes, I considered that. I was one of a committee that had to discuss that a great deal. I thought the share allotted to the universities there was not sufficient by any means.

864. Would you kindly state to us, in a few words, your reasons for that opinion?—The scheme was altered. The scheme was at first drawn up in a different way. Then, on the movement of one of the bodies concerned, the matter was reconsidered at great length, and it was ultimately fixed, that the appointment of the examiners should be after this fashion: that the committee (called a committee of reference), should nominate twice as many examiners as there were vacancies for examiners. If six examiners were to be appointed, they were to nominate 12, and out of those 12 the examiners were to be actually selected and appointed by the medical corporations without any voice on the part of the universities at all. The practical working of that appeared to me to be that the appointment of the examiners would be entirely in the hands of the medical corporations, because the medical corporations were represented on this committee of reference. There would be out of the 12 nominated six to be appointed; there would be, at least, six practically nominated by the corporations themselves through their representatives; so that it appeared to me that the working of it would be such that the appointment of the examiners would be practically an appointment by the corporations, and that the universities would have practically little or no voice in the matter. That appeared to me to be the working of it, and that I objected to very strongly. I only concurred in it because there were a great number of persons whose opinion I felt much disposed to yield to, and also on the general ground that it was very desirable in the interests of the public to establish medical boards in the three divisions of the kingdom, and this being a matter of considerable importance, I thought my university and other universities might make a sacrifice. But I thought the plan objectionable.

865. You are of opinion, then, that one of the most important services which the universities can render in this matter is in the selection of examiners?—Certainly, one of the most important.

866. You, I daresay, are familiar with what has been known as the Buccleuch compromise, a proposal which was put forward by the Scotch universities, in which the universities proposed that the examinations should take place as hitherto at the universities themselves, but that a certain number of examiners, deputed by the central board, should act as co-examiners with the examiners appointed by the university. Do you think that plan is one which might work well in practice?—It is a very good plan, if the Scottish universities propose it and desire it, but I do not see how that is to effect the object we have in view, at all. It may be a compromise between requiring the universities to join in forming the medical board and some other mode of proceeding, but it appears to me that that would very little affect the main object of keeping up the minimum standard at a good standard. The great point in the interest of the public is that no person should be allowed to enter the medical profession who is not competent to do so. The public are very much more interested in maintaining a good minimum standard than they are in the degrees of the universities, though these are of importance. The great thing is to keep up a good minimum standard, and I do not suppose that the universities of Scotland are at the minimum standard. I believe they are above it, and, therefore, I do not see how this would affect the question that is most important for the public. The difference between a good standard and a low standard for the minimum qualification for persons entering the medical profession is a question of lives annually lost or annually saved. I cannot doubt that at all. If ignorant men are allowed to enter the profession, numbers of people will die who need not have died, and numbers of people will suffer who need not have suffered. Therefore, that is of all the questions the most important, and that it is which makes it so important to reduce the number of minimum examinations, so as to bring them within such limits that the Medical Council can visit them, and keep them up to a proper standard.

867. It comes to this, then, that in the proposal which you have made, you have been speaking throughout with regard to the public advantage in relation to the minimum standard, and that you look on these universities as occupying quite another position in the question?—I quite think so. One's knowledge about those universities is small; their examinations have not been visited, I think, since the year 1874. The report of the university of Edinburgh at that time was a very good one, quite satisfactory in every way; and one can judge partly from what appears in the public calendar of that university. I should think the examinations of the university of Edinburgh thoroughly good, and far above the minimum standard. Of the other two universities, I know less. Of St. Andrew's, I know nothing. I think that question regarding the universities is of far less importance to the public at large than the keeping up a good minimum standard.

868. Now let me ask you one or two questions with regard to the examinations, you having been an examiner yourself. Which of the examinations which are passed by the candidates for the medical profession do you think ought to come before the central board? Do you consider that the preliminary examination (I will take that first) ought to be passed before the central board, or are you content with the present system?—The preliminary examination in general education, you mean?

869. Yes; what we may call the examination in arts?—I would not be too strict in regard to that. I would admit a certificate from very various bodies in regard to the preliminary examination in arts. It is desirable that a man should be properly educated, but I think to be very strict in going into details in that matter would be rather a mistake.

870. With regard to the examinations which take place during the course of medical study, should you propose that all those examinations should be conducted by the central board, or would you allow any of them to be conducted by the examiners of the institution in which the candidate was studying?—For the minimum standard it would be best that they should be conducted by the central board, on the general principle of reducing the number of examinations, and making them more easily visited by the general council. With regard to the early examinations on the part of the universities, I think, it would be an actual mistake to compel the universities in those matters to require their men to follow the same "curriculum," as it is called, of study as is required for the minimum examination. Men, who either aim at a good university degree, or aim, for instance, at one of the higher qualifications of the College of Surgeons or the College of Physicians certainly ought to be allowed to pursue their studies in a somewhat different way. Those are men who may be looked to to do something for the advancement of the science of medicine; and to com

pel them to follow their studies according to the same curriculum as the men whose object is to get in the shortest time a qualification to practice, would, I think, be injurious to the interests of the public, and to the interests of the profession, too.

871. By what practical method would you propose to reduce the number of examinations?—I think, for instance (as an example has been taken from Scotland), if the College of Physicians in Edinburgh, the College of Surgeons in Edinburgh, and the Faculty of Glasgow were required to unite, and have their examinations in common, supposing there are two examinations for the certificate they give or for their qualification, the first examination should be common to all three bodies, and the second examination should be common to all three bodies; then there would be only two examinations in place of a larger number.

872. And you would have them conducted in one place?—They should be conducted chiefly in Edinburgh, but Glasgow, perhaps, might claim that now and then an examination might be conducted there.

873. These examinations would, of course, have to be conducted under certain general rules, and would have to be inspected also. Should you be disposed to place the framing of those rules and the conduct of that inspection in the hands of a central body?—The making of rules for the curriculum of study should be left to the local body. The rules for examination, perhaps, the Medical Council should have some authority over; it should, no doubt, have some authority over the examinations, the examinations being of so much importance.

874. And as to the central body, have you any suggestion to make, or do you consider that the present Medical Council is a satisfactory central body?—I do not think you could get a better. If you consider all the interests that have a right to be considered, and the fact that there are three divisions of the kingdom, each containing a number of old established bodies, my opinion (I, moreover, having seen the working of the Medical Council) is that you could not very well, taking all these circumstances into account, get a better body. You could, of course, have the visitations done by a much smaller body, by a government appointment, for instance, but you would create an uproar against it, and, I think, very rightly.

875. Now let me ask you one or two questions with regard to the Medical Council itself, and first as to its functions. What do you consider to be the most important function of the Medical Council in this licensing question?—The most important function is the superintendence of medical education and examinations, taking care that unfit men do not enter the profession. Its other functions are small compared with that one. There is, of course, the making of the pharmacopœia, and other things which are quite small matters, comparatively speaking.

876. At the present time it merely has the power of inspecting and requiring information, and not of enforcing its recommendations, I believe?—Just so.

877. Do you consider that it is better that that should continue as heretofore?—Certainly.

878. Or do you consider it is better that some direct power should be given to the Medical Council?—I do not think it advisable that that power should be considerably increased. I think that in case of a difference of opinion between the Medical Council and any of the licensing bodies, there should be a reference to the Privy Council. I doubt very much whether it would be proper to give the Medical Council greater powers of enforcing their recommendations. It is to be remembered that in matters of medical education (and examinations too) there are in these different bodies a number of persons quite as qualified to judge as the members of the Medical Council itself, and if the Medical Council were so unwise, and my experience of them has been such that they would not be so unwise, but if they were so unwise as to insist upon compliance with their recommendations in matters of detail, and perhaps in matters of opinion, I think they would do no good and certainly would create an unnecessary disturbance.

879. I gather from what you said just now, that you certainly would not give the Medical Council any power of interfering with the teaching?—No; speaking in general terms, I think teaching should be almost as free as possible. The thing to be very strict in is the examinations, to see that the candidates are efficient.

Prof. Paget, M.D., F.R.S.

18 June 1881.

880. Do you think it would be possible to admit candidates to examinations without their necessarily having gone through any prescribed and fixed course of teaching?—If one had absolutely perfect confidence in every examination, I should not object to men studying as they liked without any curriculum at all; but examinations are not yet perfect; under the circumstances, therefore, it would not be wise at present, I think, to give up the regulation of a curriculum of study. There are also certain matters, such for instance as practical chemistry, such as actual dissections and seeing practice in a hospital; those are things that I think might be retained very properly in a curriculum of study, even if men were allowed to get the rest of their information in any way they pleased.

881. Do you think it would be possible or desirable to admit candidates to examination who could produce certificates obtained from bodies whose examinations were recognised by the Medical Council, say, for instance, good foreign universities?—Oh, yes, certificates of study. We should admit them at Cambridge without any hesitation; we do actually admit them at Cambridge.

882. You think it desirable that the same course should be followed by the central board?—It is a mere question of liberality and free trade.

883. Now, let me ask you a question with regard to to the number of the Medical Council. Do you think that it would be possible to reduce the present number of the Medical Council?—It would not, I think, be right or wise to reduce it as things are at present. In the first place there are six nominees of the Government. I think my experience of those gentlemen, while I was for 11 years a member of the Medical Council, was that they were very efficient men, indeed; their voice was a very useful one in the Medical Council. I think any reduction in their number would be an alteration for the worse. Then the others (with the exception of the President) are representatives of the different licensing bodies. Now, under the Act of 1858, the doings of any one of those bodies are liable to be discussed by the Medical Council publicly, and they are even liable to be brought up before the Privy Council. These bodies are, all of them, subject to a certain amount of control by the Medical Council. The Council has a controlling power over their proceedings with reference to medical diplomas and degrees. I think that is an abundant reason why these bodies have a right to be represented on the Medical Council. Being in a certain sense governed by the Medical Council, they have a right to be represented in it. Of course, in the case of a conjoint board, that state of things might be altered. Besides that, there is another very good reason for it, the chief business of the Medical Council being to deal with medical education and medical examinations, I think those 19 bodies are the very bodies of the whole country fittest to select persons suitable for the purpose.

884. Would you be disposed to make any change in the representation of the various bodies on the Medical Council?—There they are. If I had been consulted before 1858, I should have made one or two little differences. I think it is not quite fair that the University of Edinburgh should be linked with Aberdeen. I think the University of Edinburgh should have been linked, certainly, with St. Andrew's, which has not anything like the same claim to being individually represented.

885. You are aware of the cry which has arisen for direct representation of the general profession in the Medical Council?—Yes.

886. Would you give us your opinion upon that point?—My opinion is that persons elected in the way which has been proposed would not add to the efficiency of the Medical Council for its principal duty, namely, that of controlling and superintending medical education and medical examinations; therefore, I do not think it is for the interest of the public to have persons elected in that way, but (I think there is a "but" to it) I think persons elected in that way would more directly than the present members represent the interests of the mass of the medical profession, and now and then subjects have been brought before the Medical Council which have been subjects not of medical education chiefly, or at all, but subjects relating to measures a little affecting the interests of the medical profession. If such questions be brought before the Medical Council then, I think, there is some ground for a claim on the part of the profession to be more directly represented

Prof. Paget, M.D., F.R.S.

18 June 1881.

in it. In the year 1878, I think, the Government requested the opinion of the Medical Council on two points; one was the propriety of admitting women on the Medical Register, and the other was the admission of colonial and foreign graduates to the register on different terms to those on which British graduates are admitted. Both those were questions affecting the interests of the mass of the profession at large; and I think if such questions be discussed by the Medical Council the mass of the profession have some claim to be directly represented in it. The only other thing I have to say about it is that I think this question is of far less importance than it has been made either one way or the other. I would add one single word, if it were determined that such persons should be elected, I think the inconvenience and turmoil of those general elections should be minimised. It has been proposed that those members should be elected for five years. I would suggest if that were the case, that supposing one of those members should resign, or become incapacitated, or die, that that single vacancy should not be filled up by another general election, but that the vacancy should be filled up by the Government or in some other less troublesome way than by a general election, so that the profession might not be disturbed by those elections more frequently than necessary. I see that a Bill, which is now before Parliament, and which was, I think, brought in by Mr. Hardcastle (it is dated 1881) proposes a Medical Council consisting of 26 members, appointing six by direct representation, and leaving out of representation the Faculty of Glasgow, the Apothecaries' Society of London, and the Apothecaries' Hall of Dublin. I think if a Medical Council were established in the mode proposed in that Bill then such vacancies as might occur in the way I have mentioned, that is accidental vacancies, might with propriety be filled up in each division of the kingdom by those bodies which are left out of representation.

887. Do you wish to add anything to your evidence on the licensing question?—No, I think not; I do not remember anything.

888. If you remember anything when the evidence is sent to you to correct you will kindly add it?—Yes.

889. Let me ask you one question with regard to the registration of foreign and colonial graduates. You have, I believe, read the proposal of the Government Bill of 1880, which was that a person who had obtained the diploma of any foreign university which was recognised by the Medical Council should, on payment of the registration fee, be admitted to the register without examination. Do you consider that that solution of the difficulty would be a satisfactory one?—No, not at all. I think it very objectionable indeed. In the first place it is completely at variance with the main principle of the Act of 1858. That Act enacted that nobody should be put on the Register unless he had passed examinations and had gone through a curriculum of study which could be enquired into and visited and found satisfactory by the Medical Council. Now, the proposal here is to put colonial and foreign graduates on the Register for qualifications obtained after examinations that cannot be visited by the Medical Council. The Medical Council has not power even to inquire into what the examinations are, and no means of getting official information about them; they cannot be thoroughly acquainted with what they are, whereas they have every opportunity of being acquainted with the English examinations. The most important principle in the Act is, that no man should be allowed to be registered and put himself before the British public as a qualified practitioner unless the Medical Council had the means of ascertaining that he was well qualified; and of this principle the proposal as to foreign graduates is a direct violation. And the proposal to put these colonial and foreign graduates on the Register in the way proposed in clauses 7, 8, and 9 of this Bill is even more strongly opposed to the main principle of the Medical Act Amendment Bills, because in those Amendment Bills it is required that no man shall be put on the Register unless he have passed an examination by a joint board. This is required of men who have passed examinations that are probably the highest in the whole world. Some of our English university examinations are probably the very best in the whole world, and under these Amendment Bills the men who have passed them would have to pass the minor examination of the joint board before they could be registered; while men possessing foreign or colonial degrees could be put on without. It appears to me to be extraordinary that such a thing should be proposed. Certainly there is power given to the Medical Council to select universities. But then, again, there is power given to persons who think themselves aggrieved to apply to the Privy Council. I think a great deal of trouble will come out of that — first, to the Medical Council in selecting some of the universities, and saying "no" to others, and then to the Privy Council on appeal. Both the Medical Council and the Privy Council would have to act on imperfect and incomplete information. It would not be possible to get the complete information upon which to form a real judgment in the matter in either case; and my belief is that the trouble would not end there, for we should have the Colonial Office and the Foreign Office troubled with these questions and possibly at the time of some little strain between the mother country and the foreign or colonial country. I can quite imagine little difficulties with the United States of America. There is a large number of universities there, I do not like to say how many, but not less than 100, I believe. I have never visited any of the foreign examinations except those of the University of Paris, and that is a good many years ago, when I was studying there; but, judging from such information as one can get upon the subject, I do not believe that their examinations are generally as complete or as good as those of our best universities here. One has difficulty in judging, because it is impossible to judge of an examination without having taken part in it or looked over the papers; but, judging by what is actually published and by what is required of their candidates, I cannot conceive that their examinations are equal to ours. The minimum period of study in England, Scotland, and Ireland, for our minimum qualifications is four years; you may get an M.D. degree in the United States in two years. At Harvard, the first university in the United States, they have two courses for the degree of M.D., one of those is only three years, and that is a university which is infinitely superior to the great mass of universities in the United States. In Vienna they require five years study, but in France only four years study is required. And in foreign universities they give no degree of M.B. It is not with them a step to the higher degree; they give the degree of M.D. directly at the end of the prescribed period of study. They have, I believe, no written examination; I think it is all *viva voce* examination.

890. Then what you really object to is, that you consider this proposal would place foreign universities on better terms than our own?—Certainly.

891. That is summing up your objection in a few words?—It is unfair to ourselves. I believe it is bad for the public, because the public is interested (more than they are aware) in maintaining the credit of the higher titles and the higher qualifications. When a man studies more, in order to become a Fellow of the College of Surgeons, say, instead of being satisfied with the inferior course of study which would make him a member, or when a man studies for a degree of Doctor of Medicine in one of the principal universities instead of being satisfied with a lower qualification, he is benefiting the public, because he is making himself a better servant to the public. It is not a mere question of interest to the universities; it is a matter of interest to the public.

892. Then have you any suggestion of your own to make with regard to this matter of the foreign and colonial practitioners?—In the Lord President's Bill, ordered to be printed on the 19th of March 1878, there was a clause, which should, I think, be revived. This is the clause I refer to:—"Where the General "Medical Council are satisfied of the eminent professional acquirements and character of any person, "who, for more than ten years, has been practising "medicine or surgery, or any branch of medicine or "surgery in any foreign country, or elsewhere out of "the United Kingdom, they may, if they think fit, by "a special order, direct such person to be registered "in the Medical Register as a foreign or colonial "practitioner, as the case may require, and such "person, upon payment of the registration fee, shall "without examination in the United Kingdom be "registered accordingly as a foreign or colonial practitioner in the Medical Register." I would go further than that. If a person is known to be an eminent person, I would let him go on the British register without any distinction at all, such as foreign and colonial.

893. Would not that create a good deal of jealousy?—There would be only a few men entitled to it,

such as Dr. De Mussy, who came over here when Louis Philippe came to England. Persons of that kind should be at once put upon the register.

894. You would make them honorary members?—I would put them direct on the Medical Register, on the vote of the Medical Council. There is a clause in the Bill of 1880, which would meet the case of those who are not men of acknowledged eminence. The third portion of the 15th clause reads thus:—"The examination rules shall determine the conditions of admission of candidates to the examinations, including the production of evidence of good character, and shall provide for the admission thereto on special terms of medical students who have begun their professional studies before the passing of this Act, and of persons who have obtained medical diplomas in, or studied in any British possession or foreign country, or have passed other examinations." I think the Medical Council might very well make special rules for the admission of foreign and colonial graduates perhaps limiting the examination to a purely practical one.

895. Then, in short, you would be disposed to regard this question rather as a matter of detail, which should come before the Medical Council, and be decided by them?—Yes.

896. Rather than that it should be decided by Parliament in a legislative enactment?—Certainly.

897. (*Bishop of Peterborough.*) I understand you to be strongly in favour of the creation of a conjoint board? Yes.

898. On the principle that it is desirable to establish a minimum test of medical proficiency before any man is allowed to practice?—Yes, and I think that that minimum should be as high as it can be.

899. This joint board, then, would, practically, be a board acting on behalf of the State to test each man before he goes to practice on the bodies of the people, and show through the medium of this board that he has this minimum qualification?—Yes.

900. That would be in the interest of the public, quite irrespective of the special and corporate interests of any licensing body whatever?—Certainly.

901. That would point to this, would it not? No matter from what licensing or graduating body the candidate for the medical profession obtained his qualifications he should still be bound in every case to pass this minimum examination?—I see so much difficulty in enforcing that, that I have suggested a medium course.

902. But, as a matter of principle, you would think that that would be the best course?—I think that would be the best course as regards the final practical examination. I do not think it would be the best course in regard to such subjects as chemistry and physiology. I think that men who aim at being more than minimum practitioners should not be bound to follow the same course, or even be subjected to the same examination.

903. I was not speaking exactly as to what should be the precise subjects examined in; but whatever these may be, you would have every man pass this examination of the conjoint board?—Yes, the practical examination.

904. Then the effect of that would be this, that the certificate of having passed that conjoint board would practically be a Government license to practice as a medical man?—Yes.

905. Then, in point of fact, this conjoint board would be what is commonly called a Staats Examen, or what is known as a State examination in other places?—It might be.

906. You would, of course, propose in that case that this final and minimum examination should come after any examination that a man might have been subjected to by any one of the 19 licensing bodies?—I should think it better that it should do so.

907. Better than to precede it?—Yes.

908. In point of fact, were not these 19 licensing bodies, and are they not now, performing in an irregular and competitive sort of way the very function that you would assign to the joint board to a great extent?—They are.

909. And being competitive, there is an obvious temptation, (and you will, perhaps, pardon me for putting it in that way) to undersell one another, and make the examination easier in one case than in another?—So it is said.

910. And there would be an obvious invidiousness, on the other hand, in selecting certain of these licensing bodies, and saying, we will accept your license and diploma as exempting a man from passing this final examination?—There would be unless there was satisfactory evidence that that examination implied a larger amount of knowledge than the other.

911. That is the very point I wished to ask you about. I think your middle course was this, that a man should, in order to get a living and practice, obtain either a certificate or license from this conjoint board, or that he should have obtained a diploma which should be of higher value and a greater test of knowledge than his having passed the examination of this conjoint board?—Yes.

912. Then, in that case, how would you propose to test the value of this diploma, which is to supersede the examination of the conjoint board? It must be a diploma having greater value, and covering a greater extent of examination than the examination of the conjoint board?—In order to exempt the holder of it from re-examination by the joint board.

913. Exactly so?—Yes.

914. Some bodies might give a diploma of that value and others might not. How would you propose to test the diploma which you would allow to take the place of the certificate of the conjoint board?—By the visits of the Medical Council.

915. Do you think that universities like those of Cambridge and Oxford would like to submit their diploma to a visitation and test of that kind?—They have done so; there have been visitations. I, myself, have twice visited Oxford; there have been two visitations at Cambridge, and they were perfectly well received.

916. Would you see any objection in principle to a man having obtained a diploma (no matter how high that diploma) going through that minimum examination which is to satisfy the State?—I see no serious objection to it; it would be putting a man to additional inconvenience and expense. For instance, according to the scheme which we agreed to in England, our Cambridge men would have had to come to London, to pay five guineas, and to pass an examination at a time perhaps when they were wishing to pursue their studies in a different way. There is a certain amount of inconvenience and expense to the candidates, and there is something more than that. Of course that would not have exempted them from our examination. We should not have given our degree for that examination. They would have been examined over again by us, so that it is rather a hardship, though it may be a small hardship.

917. You say they would have been examined over again by you, but were we not just now assuming that this examination by the conjoint board would follow, and end all the previous examinations?—Yes, according to the English conjoint scheme it would have preceded, but, according as you have put it, it would be the other way.

918. Then is not that, and has it not been, the case at Netley that, no matter how high a man's degree, he must pass through the particular examination before he is allowed to enter the army?—Certainly.

919. It would be simply carrying out the same principle, generally, if that principle were adopted, would it not?—Yes.

920. Then as regards these licensing bodies, some of them give licenses, others give diplomas and degrees, titles of honour. Suppose this scheme of a conjoint board and its license to be carried out, would there be any longer any reason why there should be any licensing body except that conjoint board? Why should not the conjoint board give a license which really would be a leave to practise, and other bodies give their titular honours, their diplomas, or their testamur, which would show that a man had gone through a certain educational process with them? Would there be any object in keeping up these licensing bodies if you once established the conjoint board which is to give a license to every man?—There are not many bodies that give a mere license; the Apothecaries' Society of London does, the Apothecaries' Hall in Ireland does, and, in Scotland, my impression is, though I do not know it as a fact, that both at the College of Surgeons and the Faculty of Glasgow (I think in both of them) the only diploma that they give after examination is a license; I think they give their higher titles, their

Prof. Paget, M.D., F.R.S.

18 June 1881.

fellowships, by election. There are not, therefore, a large number of bodies that give a mere license; the College of Surgeons of England gives not only its license called "membership," but gives its fellowship, which is a higher title; the College of Physicians of London gives a license of "licentiate." Then they have also "members," which is a higher title, and they have a third and highest title, for which they do not examine, but elect, that of fellow.

921. Suppose you leave to these 19 bodies the power of giving any title that they think fit, or any title they now have which would prove that a man had gone through their curriculum and passed their examination, and then have but one license, namely, one for the State, entitling a man to be a practitioner, would not that be a simple and uniform mode of granting the license, and is there any object in keeping up the practice of the past, of certain bodies giving licenses?—I do not know that it is worth while, but I should think it a bad thing if the medical practitioners were not associated with some one or other of the existing bodies; I think it is desirable they should be; there are advantages in it with reference to moral conduct.

922. Might not this conjoint board require, in addition to examination, that a man should have previously connected himself with some one of those bodies for instruction and for a degree?—I think that would quite meet the case.

923. In the case of every one which was a teaching body, would not some requisition of that kind prevent the danger of a man having a merely book knowledge of his profession which he could display in his examinations?—If the examinations were good it would be impossible for a man to pass on book knowledge, utterly impossible.

924. But, besides that, do not you think (of course you do) that the whole education derived from the tone of the place at which a man lives for two or three years is most useful to him in his future profession, and that he should be affiliated with some teaching body or school to give him a great deal of knowledge that is not to be gained from books?—Certainly, not only to him, but still more to the public; the public are interested in a much greater degree than they are aware of in the *morale* of the profession.

925. That could only be got, of course, in a fitting place of education?—Decidedly.

926. As far as I gather from what you have said in answer to my questions, your idea in principle (setting aside differences of detail or carrying out) would be this, that the State should appoint a conjoint board to represent it, to license to practice every man who passed its minimum standard, keeping that standard at a proper height, requiring each such candidate to have affiliated himself to some teaching body previously, and to produce from that teaching body sufficient evidence of his having undergone their process of education with due diligence?—I agree entirely with all that is implied in your lordship's question, except on one point, that is, that the State should appoint. I think the board would not be so well established by the State [that is, by the Government for the time being], as it would be by combination of these bodies who are engaged in medical education.

927. I should have said, perhaps, that the State should empower?—Yes, they should empower.

928. Then, in that case, there would be no practical injustice done to these representative bodies, because I suppose that each of them would in a short time have for its degree in the market (if I may use such an expression) its proper value according to the number of candidates who passed, or according to the rate of education in the school?—Certainly.

929. Each body would, as it were, manufacture its own piece of plate, and bring it to the State to hall-mark for it?—Certainly, that would be the effect of it.

930. That would be the working of it in principle?—Yes.

931. Are you satisfied that at present there exist sufficient facilities for medical students acquiring clinical knowledge and for testing that knowledge?—I have not gone round with medical students at any of the large hospitals in London, so that I could not perhaps give as good an opinion upon that matter as other persons, but I have no reason to doubt that there are abundantly sufficient opportunities. There is a large number of hospitals in England, Scotland, and Ireland, and a large number of good teachers.

932. Medical practitioners have complained to me that men came to them with proper titular qualifications, and who have attended hospitals, and yet cannot do small things in the way of dressing and minor surgery; they say they go round the wards in large bodies; that the students get just a peep of the patient in the bed and little more; and that they do not have the opportunity of acquiring manual dexterity in their profession; does that accord with your experience and knowledge?—I have no special means of judging of that; that might possibly apply to some of the inferior men who are unable to get appointments such as dresserships or clinical clerkships at the hospitals; but I am not prepared to give an opinion upon the matter.

933. Have you thought at all of the question of reviving apprenticeships in connexion with that point?—Yes, I have often thought of it. It would, undoubtedly, I think, make young men a little better fitted for what might be called the business of their profession, because they would have seen something of the business. In that respect there would be some advantage, but if their means will not allow them to spend more than four years in medical study, I think only a moderate amount of that time should be spent in the apprenticeship.

934. You think the time would be better spent in acquiring a general knowledge of their profession in those four years than, say, in six months of apprenticeship?—No, I do not say that. I do not think those six months would be badly spent. I think probably they would be six months well spent.

935. Supposing you had the power of arranging it, would you have it arranged thus? Would you say that the last six months of a man's four years should be spent in apprenticeship, or that he should complete the four years, and, in addition, take the six months' apprenticeship?—I should think that a good measure.

936. Then I suppose the Medical Council would have to exercise some control over the practitioners, who should be considered qualified to receive apprentices?—Certainly.

937. That is, practitioners should apply to have their names placed upon some register as being persons entitled to receive apprentices?—Certainly.

938. And with those qualifications you think to that extent there might, with advantage, be a revival of the system of apprenticeship?—In some such form as that.

939. Would you make the serving of the apprenticeship a condition in every case for obtaining the State license to practice?—I do not know that I should put it exactly in the form of apprenticeship. I doubt whether I should make apprenticeship obligatory. As I said before, in education and teaching, I would leave considerable freedom, but not the same freedom in examinations. We have at Cambridge a regulation that we do not admit any man to his final examination who has not had practical experience in charge of patients for six months.

940. May I ask what is the condition under which a hospital is recognised as receiving pupils. How many beds must it have?—That varies with regard to the different medical authorities; each body makes its own regulations as to what hospitals it is willing to recognise.

941. As regards the preliminary examination in arts, if I understood you rightly, you did not think it necessary that that should be conducted or controlled by the conjoint board, but that a man should give proof of his knowledge of arts from various recognised authorities?—Certainly.

942. As, for instance, the Cambridge and Oxford local examinations?—Certainly. I think that to put that completely in the hands of the Medical Council would be a mistake, for this reason; the members of the Council are nearly all medical men, and they are not better qualified to judge of matters of general education than many other bodies in the kingdom are.

943. Then you would have the Medical Council define a certain number of existing examining bodies, or existing bodies like the Oxford and Cambridge local examiners, whose certificate of having passed the examination should be accepted as sufficient as a preliminary for entering the medical profession?—Cer-

tainly, that has already been done by the Medical Council.

944. Would there not be an advantage in saying that each body should not have a preliminary examination, but that this should be accepted instead?—Certainly.

945. Because is not there a temptation to each local body to lower its standard in order to get pupils?—Yes.

946. Therefore, the more entirely independent you make this arts examination of any licensing body or teaching body the better?—Certainly.

947. (*The Master of the Rolls.*) I am afraid I must trouble you with a few questions. You will pardon me for saying that I do not quite understand what your opinions are, and I wish to elicit them distinctly. The point which has been puzzling me is this. You told us, at the beginning of your examination, that you thought the Medical Council was not able to control sufficiently, by visitation or inspection, the examinations of so large a number of examining bodies as 19; then you went on to say that you would allow the Medical Council to accept, in lieu of their examination (when I say "their examination," I mean the conjoint board examination), the degree or diploma of a body whose examination would be superior to the ordinary minimum examination, which would be established under the auspices of the Council and conjoint board; and then you said that that superiority could be tested by the visitation of the Medical Council. Now, it does not appear to me that that is quite consistent with the previous answer, because if every one of the 19 bodies asserted that the examination which they required was superior to the minimum (and I think everyone of the 19 would so assert), you would still then have to visit the 19, and to ascertain their competency sufficiently, which you said was not practicable under the present regulations?—The bodies who would declare their examinations to be superior to the minimum (the examinations, I mean, which would put a person on the register) would be the universities. There would be no question about the examination, say, for a fellowship of the College of Surgeons, because they have an inferior examination to begin with; that would not actually require visitation at all for this particular purpose. The bodies who would make this claim would be the universities. Their examinations are not so numerous. Most of the universities have an examination, I believe, only once a year, and at Cambridge we have two in the year, but most of them, I believe, have only one. None of them, I think, have more than two, so that the number of examinations to be visited would not be large.

948. Then do I understand that you would not allow the College of Physicians, for instance, to say that their examination was better than the minimum, and that you would limit it to the universities?—Are you speaking of the College of Physicians of London?

949. Yes?—I would not allow the College of Physicians to say that the examination for their license (which is the lowest of their three orders) was better than the minimum, unless they established it to the satisfaction of the Council.

950. Suppose they say, "We have as good an examination as the university of St. Andrews." On what principle could you refuse to visit them, and ascertain whether it was the fact?—The Medical Council would visit them, and ascertain whether it was a fact.

951. I do not wish to press you unduly, I am sure. How is that consistent with your former answer, that, if you let the 19, or anything like that number, remain, the Medical Council could not efficiently do it?—The 19 would scarcely remain. The bodies that were united in this joint examination would be the bodies granting simple licenses; if the College of Physicians of London (as I suppose would not be improbable) were to take part in this conjoint scheme, the question about their license examination would never arise at all. Their license examination would be practically the examination of the joint board.

952. Then you would propose by legislative enactment to limit the claim to the universities?—To the universities for their degree examinations; to the corporations for the examinations for their higher titles.

953. Would you include all the universities?—I would include all the universities.

954. That is the 10 universities?—Supposing the question were to arise, they might at any time agree to take part in this joint board, and then the question would never arise at all.

955. As I understand you, the result might be this: you would have three conjoint boards, one in England, one in Ireland, and one in Scotland; those conjoint boards would consist of corporations. Of course, if the universities said, "We will have our degrees without any examination by the joint board," they would not be members of the joint board, and then you would be in this position, you would have three conjoint boards and 10 universities examining?—Yes.

956. Is that what you suggest as a compromise?—It is a way in which it might possibly work. You observe that would be a very considerable reduction in the number of examinations.

957. It would reduce them from 19 to 13?—Yes.

958. Passing from that, what do you say to this? I suggest that it is possible to divide the examinations for medical men into three classes. There is the preliminary general examination, which I call, for shortness, the "Arts Examination," that is, an examination to test a man's general education as a man. Secondly, there is what I am going to call, though perhaps very inaccurately, a scientific examination, by which I mean an examination in Botany, Chemistry, what is sometimes called Zoology and sometimes Comparative Anatomy, Anatomy, and Physiology; and then there is the third portion, what is sometimes called the practical medical examination, and sometimes an examination in medicine and surgery; I mean the practical medical examination. Is it possible for three general boards to be established that should accept the certificates or degrees of proper bodies or universities as sufficient evidence as regards the passing of a good Arts Examination? That, I think, you have already answered in the affirmative?—Yes.

959. You say that they should also accept the certificates or degrees of similar bodies as regards the science examination; and I wish you, if you will be kind enough to do so, to direct your attention to this in two parts. Do you think they might accept it as regards the first three subjects only, or as regards all five?—I do not, I am afraid, gather exactly what you mean; many of these bodies do not examine in Comparative Anatomy or Zoology.

960. Assuming a sufficient examination, do you think they might accept a certificate or degree from such a body?—Yes, I see no difficulty about that.

961. You think that might be done, limiting the examination, not necessarily but optionally, to the practical examination?—That the joint board should examine only in practical matters, you mean.

962. Yes.—That, I think, would be a good measure. I do not know that it would be the best, but it would be a good measure.

963. Would there be any difficulty if you took the examination of the conjoint board for the practical examination, in getting the universities to accept that? Suppose it were passed before the candidate took his degree, so as to dispense as far as that candidate was concerned with his passing so much of their examinations as was practicable?—I do not think any university that had a sense of its own dignity would be satisfied to take the passing of an examination outside, as a qualification for its degree.

964. Not for part of it?—They might do so for part of it, possibly.

965. Are you not acquainted with universities who do that kind of thing?—I am not aware of one.

966. I am sorry that the university over whose deliberations I have often the honour to preside is not better known. The University of London accepts a degree in lieu of the matriculation examination in many cases?—I thought you were referring to the last practical examination.

967. No. I am saying that the universities do sometimes accept a degree in lieu of part of their examinations. If the university gives a scientific degree, may it not accept the practical certificate?—I think it is best that it should not.

968. Is there any substantial objection; you know the degree would not give the licence to practice on that theory?—I think before a university gives a degree it ought to have made sure by its own agents that the candidate has a good claim to the degree.

Prof. Paget, M.D., F.R.S.

18 June 1881.

969. How far will you carry that? I do not know whether you are aware that at the University of Oxford certain certificates of having passed a public examination exempt a candidate from the preliminary examination for the degree?—Yes.

970. I give you that as another instance. Is it considered degrading to the university?—No, in those examinations the University of Oxford itself takes a part. I may be mistaken, because I am not intimately acquainted with the University of Oxford, but my impression is that the University of Oxford would not admit, in lieu of its own examinations, any examination in which itself had not taken a part.

971. In a sense it does take some part in it, but only a part; it elects some of the examiners, and it may be that some of the examiners are present when the examination is attended, or they may be, but theoretically it does take a part in it?—Yes, and I think practically. I should say so, at least; the examiners look over the papers, do they not?

972. Examiners are nominated by the university. I mean they and the other examiners together conduct the examination; it is not a university examination.—The appointment of examiners by the university is the whole matter, as it seems to me. At Cambridge we do not always appoint our own men to be examiners; we have sometimes appointed an Oxford man an examiner, sometimes an examiner of the College of Surgeons, and what not.

973. Then you think if they take part in appointing some of the examiners that will do, in order to save their honour and dignity?—My impression is that they appoint all the examiners.

974. No, they are joint examinations, are they not?—Which?

975. The Oxford and Cambridge Local Examinations?—No, the Local Examinations are not; the Cambridge Local Examinations take place at one time of the year, and the Oxford at another. At Cambridge they appoint all the Cambridge examiners, and at Oxford they appoint all the Oxford examiners. There is another examination as to which there are only visitations of schools, I think; they are something different.

976. Those are the examinations of certain public schools, I believe; but is not the result the same?—I think there have been some recent changes. I think the result is the same, and that certain lads who pass very well are exempt from one of the early university examinations; it is not so in respect to any one of those that are specially required for our medical degrees at Cambridge.

977. That is so. It is what is called the "Little-go," I believe?—Yes, that is a recent regulation, certainly.

978. Taking the same principle, if the universities were parties represented on the conjoint board, and taking part in nominating the examiners, and were satisfied with the result of the examination, where would be the impropriety in admitting the result as to some portion of their examination?—I do not know that it would be an impropriety, but I think it would be unadvisable. It is very advisable for every university to be extremely careful how it bestows its honours, and to take every possible care to make quite sure, itself, that the examinations for them are the best possible. I should object, certainly, at Cambridge, personally, for that reason, and only for that reason, to take any outside examination as a substitute for the examination for the medical degree.

979. For any portion of it?—For any portion of the medical degree.

980. You think that would be undesirable?—I think it would be undesirable.

981. Why would it be desirable in the case of a government licensing board to take the examination of a foreign body as to a part of the examination, and undesirable in the case of a university?—The medical board examination is a minimum examination; the university examination is an "honour" examination, conveying with it a title given under the name of the university. I think there is that difference.

982. You think the title is of more importance than the right to practice on the bodies of Her Majesty's lieges?—I do not think so, but they are different.

983. Then you think, in the less important case, you cannot dispense with the examination by the particular body, but in the more important case you can accept its degree?—I go all along on the supposition that the university degrees are granted, or are to be granted, on a higher degree of knowledge; and I think it would not be to the credit of the universities unless they were so granted. In making that suggestion as to a higher degree of knowledge, I have gone on the lines of a clause in the Government Bill of 1880. The clause contemplates putting in a separate column the titles gained after an examination, implying a substantially larger amount of knowledge: "The General Medical "Council shall from time to time make, and when made, "revoke and vary orders (a) for the registration in "a separate column of the Medical Register (on payment "of the fee fixed by the orders), and the removal from "the medical register of any diplomas held by a person "registered therein which appear to the council or to "the Privy Council, on appeal, to be granted after "examination by any of the medical authorities in "respect of a substantially higher degree of know-"ledge than is required to obtain a qualifying certificate "under this Act."

984. I am aware of that; but does not that land you in this difficulty. That scheme seems to assume (that which I am afraid can hardly be called accurate) that because a body once requires a higher degree of knowledge for the pass examination, it will go on so for ever. Is it not rather the other way; that if you have got a body whose degrees would admit to the Medical Register, you would still require to prevent the competition of that body with your general examining body?—The visitations by the Medical Council could be repeated, and ought to be repeated. They should be more frequent than they have been.

985. It really comes to this, as far as I gather your views, that the only objection to continuing the 19 bodies is that you have not a sufficient number of examiners or people to go round and make the visitations; that if you were furnished with funds, and could provide a sufficient number of examiners (I will call them "visitors"), there would be no objection?—The number of examinations in the course of the year is very large indeed. Some of the licensing bodies are very frequently examining. It is seldom that they are visited. The bodies I refer to were visited in 1873; at that time they were examining about four or five men at a time; they were granting a hundred diplomas in the year, and they are now granting two hundred diplomas in the year. It would be impossible for the Medical Council to visit those bodies efficiently if they were examining a small number of men at a time.

986. I have some experience of mankind; we must not treat men as rogues; if we do, we make them rogues. You must not treat these medical bodies as if they wished to cheat you. If they really desire to do their duty, you need only go and visit them occasionally; you need not go every time they examine?—I was not suggesting that, by any means.

987. Now, take any of the bodies; suppose they examined 20 times a year; you might drop in upon them twice in the year?—Certainly; that would be quite often enough. Then, there is another point; if there are only a few candidates it is more difficult to judge of the examination. For instance, in one of the visits of which I am speaking there were five candidates, and they were all of them rejected. Therefore, it was difficult for the visitors to form any estimate of what the standard of that licensing body was.

988. We must go by the light of an ordinary case. If that occurred two or three times, I suppose, you would refuse to recognise that body?—I hope you will allow me to say that it is by no means my view of the matter that we have rogues to deal with.

989. I assume that all you want is a fair check against undue competition?—Certainly, and to facilitate the checks.

990. Do you not think that on an average two visits per annum would be sufficient with any fairly satisfactory body; and, I should think, if there were any other, it ought to be excluded once and for ever?—I think two visits per annum would be more than sufficient.

991. Then you do not want so very many visitors, even with your 19?—You are, no doubt, aware how the examiners for the University of London are paid?

992. Yes, perfectly?—They are paid highly, and they should be paid highly. The gentlemen who have to be engaged in these visits must be men of the same class as those examiners, and they must be paid as highly. If you have a number of gentlemen frequently engaged in these visits, what with the fees

that have to be paid them, and their travelling expenses, and their other expenses, the cost is very large, indeed.

993. Suppose you take 13 examining bodies, as above proposed, instead of the present 19. You say that two visits per annum is more than would be required; would one visit per annum be sufficient?—I should think that some of those 13 bodies that you refer to would not require to be visited more than once in three or four years. I should think it quite unnecessary to visit the examinations of the university of London every year, or twice in the year, if they have two examinations; or the examinations of the university of Oxford or the university of Cambridge; and I might say the same, of course, of others. Therefore, it is an over estimate to multiply 13 by 2, or even to speak of as many as 13 visits in the course of every year. I should think it quite unnecessary.

994. But how about the other six?—What do you mean by the other six?

995. There are 19 now instead of 13; how many would you require to do it efficiently?—You mean to visit these 19 bodies efficiently?

996. Yes; to see that they examined fairly?—I should think that some of those bodies should be visited only at intervals of years. Those bodies the examinations of which are well known, and the standard ascertained to be a good standard. There are some examinations, especially those conducted publicly, where the examiners are not in any way interested in the success of the candidates; there are other examinations which grant a minimum qualification, and which would require to be visited more frequently; but I should think there is scarcely any body in the whole kingdom the examinations of which I should visit every year.

997. Would it not be practicable, and even at a comparatively moderate expense, to visit the whole of the 19 bodies?—That is not my experience. I had a good deal to do (indeed the greater part) in organising the visitation of those bodies in 1873-74. I cannot say off hand what the expense was (it might be seen in the minutes of the Medical Council) but I know that it was an expensive proceeding.

998. However, it really comes to a question of expense?—Yes, it does.

999. Entirely?—Mainly.

1000. Have you considered what the effect would be of establishing a government licence, entitling the holder to call himself a licentiate in medicine and surgery, in this respect, whether it would injuriously affect bodies, like the universities, who give a higher degree?—I do not think it would affect the better universities, or, indeed, that it would affect the universities at all.

1001. Suppose the government board, that is to say, the examining board, authorised the person who passes the examination to take the title of "Dr." would your answer be the same?—I should think it undesirable in the interest of the public, for the reason I gave before, that the public is interested in men exerting themselves in studying and qualifying themselves for a higher title. Every man who works hard and makes himself a better man and acquires more medical knowledge in order to gain a higher title is making himself a better servant to the public, and therefore to give the title of "Dr." for the minimum examination seems to me at variance with the interests of the public.

1002. And also what you mean is that it would be at variance with the interests of the public, because those men would not go on to obtain the degree of the university?—No, most of them would not.

1003. It would injure the public in that way, and the universities also?—If they could get the same title I should think they probably would not go on.

1004. (*Professor Huxley.*) The fact of there being nineteen licensing bodies is very often mentioned as if that were in itself iniquitous; do you see any objection to the existence of nineteen or ninety such bodies, if there is provision made for their examinations in all cases being fair and sufficient?—If there were such a provision as to ensure all their examinations being thoroughly good, and taking care that the minimum examinations were equivalent, then I should see no objection to the existence of any number.

1005. I understood you to say, just now, that you consider that there are considerable advantages attaching to the existence of, at any rate, many of those licensing bodies as giving men a corporate feeling and an interest in their profession of various kinds, apart from that which they would have by passing the examination of a mere government body?—Yes, I think so.

1006. There are some of the licensing bodies and the corporations now which have a very high reputation, and which it is eminently desirable not to damage in any way, are there not?—Certainly.

1007. I speak now of corporations apart from universities?—Certainly.

1008. The question then appears to be how this equivalency of examinations is to be obtained, and it seems commonly to be assumed that there are only two alternatives, viz., either letting them alone or adopting that scheme which is known as the conjoint board scheme. The system of the conjoint board seems open to a good many objections. Is it not very probable that if men were licensed to practice by passing the examination of the joint board they would eventually neglect the examinations of the corporations? It is a great nuisance to a man to have two examinations to pass when he can do with one?—Certainly. If, as was suggested by the Bishop of Peterborough, the examinations of the corporate bodies were passed before the other examination, then the men would necessarily be associated with those bodies.

1009. But would it not be rather a hardship when a man has passed an exceedingly good examination, we will say, at the University of Cambridge or the University of London, to make him go before the Government Board and pass an examination which is necessarily a minimum examination?—Yes; it would not be a great hardship but it would be a hardship.

1010. Everybody knows that the passing of examinations is a great nuisance and expense?—Certainly.

1011. And anybody acquainted with these matters, practically, would hardly like to take the step of increasing the number of them?—Certainly.

1012. Has it ever occurred to you that there is a possibility of another way of getting out of the difficulty? Suppose you let all the existing licensing bodies alone and suppose you constitute what we may call a committee of examinations, formed of delegates from each of them, and leave to that body the regulation and supervision of the examinations, the body itself having to report to the Medical Council, and being open to animadversion if requisite from the Medical Council itself; do you not think it would be possible for such a body as that to manage the whole affair?—Do you mean taking the examinations practically out of the hands of those different bodies?

1013. No; simply adopting such regulations and such modes of supervision as would suffice to secure in all cases that the examinations in the three principal subjects were up to a certain minimum standard, but otherwise leaving the thing perfectly free to the existing licensing bodies?—Yes, that would seem to me to be the actual function of the Medical Council at the present time.

1014. But it has been urged, that the Medical Council as at present constituted, and still more if it is likely to be enlarged by persons elected by a large suffrage, is not from the nature of the case very competent to regulate questions of medical education?—Well, I should not have said that of the Medical Council.

1015. The Medical Council is largely composed, is it not, of persons of high standing in the medical profession, but who are not actually actively engaged in teaching, and have not been for some time?—I think when I was a member of the Medical Council a very large proportion of its members (I should say considerably more than three-fourths) had been engaged in teaching.

1016. Recently?—I would not say that three-fourths had been recently engaged in teaching, but many were actually engaged in teaching, and the great majority, I cannot say off hand how many, had been previously engaged in teaching.

1017. But it must necessarily be the case, must it not, that persons who hold the positions which members of the Medical Council do, can hardly keep themselves abreast of what is going on in teaching, considering the incessant progress and constant changes that are being made?—I should not quite have said that. I should certainly not have said it in regard to the most important subjects with which they have to deal. In regard to the practical subjects of medicine and surgery, I should have thought quite the contrary. It might be true with regard to such a subject as

Prof. Paget, M.D., F.R.S.

18 June 1881.

physiology, no doubt; but I should have said not in regard to the practical subjects.

1018. However that may be, would you see any difficulty about a body of delegates of that kind regulating and supervising?—Practically carrying on visitations of those examinations you mean?

1019. Yes, taking the place in fact of the committee of reference which you know so well?—Who is to pay them?

1020. That is a question of detail; I ask at present the question as to whether such an arrangement would be practicable and advisable as relieving you from the difficulty?—The practicability depends somewhat upon the payment, I think. If there were funds available it would be quite a feasible thing; but it would leave the Medical Council very little to do, I think.

1021. It would be an advantage of this plan, would it not, that it would get rid of what would be a great practical difficulty, as I do not doubt you are aware, of taking away the privileges of any existing licensing body; that is a step likely to meet with considerable opposition, is it not?—True; but I do not think that the privilege of licensing is entirely taken away from the body if that body be, say one of three, which, combined, grant the license. If three bodies combined grant a license, I should not say that the power of licensing is taken away entirely from any one of those three bodies.

1022. It would very seriously affect some of the corporations, would it not. Take, for example, the College of Surgeons?—That depends upon the share that they would have of the fees paid. I think the College of Surgeons would be entitled to have a very large share of the fees if they joined in any such scheme, because of their great services in regard to their valuable museum; the great collection they have, which is a credit to the nation at large, and the expenses of which have been met out of the fees which they receive for their examinations. It is greatly to their credit, and I think that they would be entitled to a large share of the fees, mainly on that account.

1023. As to the College of Surgeons itself, its status is such that it would secure a large number of candidates, would it not?—I should think so.

1024. And continue as it has done?—I should think so. But, of course, when prosperity is very high, changes may be changes for the worse. It is not so perfectly assured as to make a change in the wrong direction impossible.

1025. I do not quite clearly understand an answer you gave. A question was put as to the favour with which you would regard an apprenticeship system. I understood you (possibly wrongly) to say that you would be prepared to recommend a period of apprenticeship which should take place after a man had passed his examination?—No, not a period of apprenticeship. I should not regard with disfavour a regulation that a man should spend six months with some properly selected practitioner. I should think it not a bad plan. In very ancient times no man got his degree in some of the older universities until, after all his studies, he had gone with some other doctor, and practised under his eye for about a year. The University of London, I think, and, certainly, the University of Cambridge, now have a regulation to the effect that a man must have had, under the eyes of some other person, charge of patients, for six months.

1026. He could get that in a hospital or dispensary, can he not?—I have here an abstract of the regulations of the University of Cambridge for degrees in medicine and surgery. Before a student is admitted to his last examination he has to comply with the condition "of "having been clinical clerk for six months at least at a "recognised hospital, or of having, subsequently to the "completion of his attendance on hospital practice, "attended to practical medicine, with special charge "of patients, in a hospital, dispensary, or parochial "union, under superintendence of a qualified practi-"tioner, unless he himself be duly qualified." That is our regulation, and, I think, in the case of the London University, there is a condition which is very nearly the same.

Adjourned to Monday next, at 3 o'clock.

FIFTH DAY.

Monday, 20th June 1881.

PRESENT:

THE EARL OF CAMPERDOWN IN THE CHAIR.

THE BISHOP OF PETERBOROUGH.
THE RIGHT HON. W. H. F. COGAN.
THE MASTER OF THE ROLLS.
JOHN SIMON, ESQ., C.B., F.R.S.
PROFESSOR HUXLEY, F.R.S.
ROBERT MCDONNELL, ESQ., M.D., F.R.S.
PROFESSOR TURNER, M.B., F.R.S.
JOHN WHITE, ESQ., *Secretary.*

Professor PAGET, M.D., F.R.S., recalled and further examined.

Prof. Paget, M.D., F.R.S.

20 June 1881.

1027. (*Prof. Turner.*) I have not many questions to ask you, but I shall be glad if you can give us some information upon one or two points connected with matters in Cambridge, with which you are so thoroughly conversant. Is the degree of Bachelor of Arts a necessary preliminary to the degree of Bachelor of Medicine in Cambridge?—No. The proportion of men that actually do take it would be about 9 out of 10; 9 out of 10 do actually take it before they take the degree of Bachelor of Medicine, but it is not obligatory.

1028. Is any training in Arts in Cambridge itself a necessary preliminary to the Bachelor of Medicine degree, or can an undergraduate on entering a college in Cambridge at once commence the study of medicine without having to occupy his time with the study of classics or mathematics?—Well, within the last year or two it has become possible, but I do not think it has ever been done. With reference to the training in Arts he would necessarily have to go through a training in such subjects as physics, including of course mechanics and hydrostatics, optics, heat, and electricity, chemistry, and botany; but with regard to classics and the ordinary non-applied mathematics, pure mathematics, it has become possible within the last year or two that he should have finished them before he comes to Cambridge, having of course passed an examination in them, an examination of which the university itself is cognisant, and which it actually conducts of itself, or takes half part in with Oxford.

1029. Can you say if the University of Cambridge has the power to give a degree in surgery?—Certainly.

1030. Does it exercise that power?—To a small extent only. That is a power which it possessed in ancient times, but which it had not exercised for a great number of years. It was revived in modern times under a statute confirmed by the Queen in Council in the year 1861.

1031. The point I want to get at with reference to Cambridge is, whether Cambridge has the power, by giving both a degree in medicine and a degree in surgery, to confer a complete qualification?—Certainly.

1032. Then from a reference which you made to statutes submitted to the Queen in Council, I gather that the University of Cambridge, before she can make any alteration in her statutes, has to go to the Privy Council for approval; am I right?—Those statutes which have been in the first instance confirmed by the Privy Council cannot be altered without fresh application to the Privy Council. They are contained in a book entitled "*Statuta Academiæ Cantabrigiensis.*" The last edition was published in 1874.

1033. That is a statute referring to the power to confer a degree?—Yes.

1034. But with reference to the question of regulations as regards the kind and extent of education required for admission to a degree, and the kind and extent of examination which a candidate has to go through, can the university herself alter and modify her regulations, or must she also go to the Queen in Council to obtain the consent of the Privy Council to those changes?—The greater part of them can be altered and modified by the university; almost the whole, I may say; all except those that are expressly defined in the "*Statuta.*" I call them "*Statuta*" because they are written in Latin. The other regulations of the university are all actually published, and anybody may see them under the head of "*Ordinationes Academiæ Cantabrigiensis.*" Those are the orders and regulations established by votes of the senate. That book is a moderately thick octavo volume, and the last edition is dated 1877.

1035. Would you tell us if it is possible for an undergraduate to acquire in Cambridge a complete education in medicine such as is required by the regulations for admission to the degree?—Not complete; there are no lectures in the university in the two subjects of midwifery and medical jurisprudence. With those exceptions he could complete his education in Cambridge.

1036. Have you lectures in pathology?—Yes, we have lectures in pathology. We have no professor in pathology, but we have lectures in pathology. We shall, I hope, soon have a professor of pathology under the statutes which are now, I hope, on the point of being confirmed. But I may say that we do not encourage our men to complete their medical education in Cambridge. I should consider it a disadvantage to a man to complete his education in any one medical school; it certainly is an advantage to a man who has began his medical studies in Cambridge to complete them in a larger town where there are much larger opportunities in connexion with hospitals; so we encourage our men to complete their education in London or Edinburgh, and they actually do it.

1037. I understood on Saturday that when you gave evidence on the English conjoint scheme you only expressed a qualified satisfaction with it, that it did not in all respects carry out your idea as to what a conjoint scheme ought to be, more especially as regards the part which the universities have to play in it?—I expressed unqualified satisfaction with the curriculum and the scheme for examinations that had been drawn up by a committee, which was styled the committee of reference, appointed with a view to this scheme; but with the particulars of the scheme itself I do not express unqualified approbation; I thought there were one or two objections to it. My objections would be still stronger to that scheme being confirmed and fixed by Act of Parliament and for this reason: part of that scheme allows any body to withdraw voluntarily from the scheme if it is found not to work well. If it were fixed by Act of Parliament it would not be possible for any one of the bodies to withdraw from it. Now one of the points of this scheme is, not that these examinations are to be a condition of registration, but a condition of *graduation*. So that if that scheme were fixed by Act of Parliament the universities could not grant their degrees to candidates unless those candidates had been examined by another body. And, moreover, the mode of appointing examiners by this body is so regulated (as I think I mentioned before), that it seemed to me practically to take the appointment out of the hands of the universities and give it entirely to the Medical Corporations. That would be the practical working of it. In that way I think the universities would be put into a wrong position; I think it would be objectionable that it should be a condition of their granting their degrees that part of the examination should be by a body which would be practically a body outside themselves.

1038. I understand you object to a non-university body being introduced as an examining body in connexion with the conferring of a university degree?—Unless the universities take their own fair share in the matter. The scheme as originally drawn up was modified in the sense I have just mentioned a few years ago; but as originally drawn up and agreed upon by all the bodies, it left the appointment of examiners in a different way.

1039. I have been looking into the scheme and I find that there are two other points established by it which seem to me to work rather against the universities, in addition to this point, as regards the appointment of examiners that you have referred to; and one is that the fees to be paid by the candidates for examination are all to be divided amongst the corporations, and that the universities are not to have any share of them?—Yes, as far as that is concerned I should not raise any difficulty on the part of my university. I think the College of Surgeons of London, considering how they spend their money and the demand there is for their museum, are entitled to a large share; and although I think that it would be a hardship to our candidates to make them pay 5*l.* or 5*l.* 5*s.* extra for examinations, I do not myself care what becomes of the money when it is paid, nor do I think that my university would care at all.

1040. I would just ask you to compare the condition of things in England with the condition of things in Scotland. In Scotland it is said, and I believe on accurate data, that 66 per cent. of the practitioners in Scotland hold degrees in medicine derived from one or other of the Scottish universities. Therefore in Scotland the university element bears a very much larger proportion to the body of general practitioners than it does in England. Now would it be right in any conjoint scheme established in Scotland that the universities should be deprived of the power of having a share of the examination fees, seeing that the universities really graduate so large a proportion of the practitioners of the country? It is different in England where so small a proportion of the practitioners are university graduates?—If the universities granted their degrees to men as an immediate consequence of their passing the conjoint examination, then it is clear that the universities should have a share of the fees; but if the universities have the power of taking further fees from these men for their degrees then it would not be so strong a case.

1041. It has been put before the Commission by more than one witness that it is a matter of importance in the construction of a conjoint board that the university element should be an actual element in the board and not an apparent element; that the university element should exercise a distinct influence over the examination system?—I think it is desirable.

1042. Supposing that were the case, would it not be right that the universities should have a proportion of the fees granted to them, and that the corporations should not be the only element of the board that should receive the examination fees?—Yes, that seems reasonable.

1043. (*Dr. McDonnell.*) In the statement which you made (I think to the Master of the Rolls) the last day, very clearly, with regard to your idea of the conjoint scheme, and the way in which the conjoint scheme might be supplemented by higher degrees afterwards, I think you said that very little, if any, advantage would arise unless the conjoint scheme were applied to all the sections of the United Kingdom?—That is my opinion.

1044. Would you say as regards that moderate minimum examination which it is desirable to have passed by those persons who are to get upon the medical register that it is essential that we should aim at having that respectable minimum as nearly as may be alike in each section of the United Kingdom?—I think it is very important that those examinations should be equivalent; I would not say exactly alike; they could not be exactly alike, even if the examinations were conducted as, for instance, our Cambridge local examinations are conducted, where examination papers are issued, I think, to something like 6,000 or 8,000 persons, and they have to do the same papers on the same day. But in a good medical examination the paper examination is only a part of it, and not the most important part of it. There is the oral examination, which is, I think, as important as the paper examination. And there is the practical examination, which is far more important than

Prof. Paget, M.D., F.R.S.

20 June 1881.

either. Now the oral examination could scarcely be the same for all candidates, and the practical examination could not possibly be; the clinical examination for instance could not possibly be the same. I would venture, moreover, to say this: Englishmen, Irishmen, and Scotchmen, not being all alike, I should doubt very much whether either in the mode of education (I would even go so far as the mode of examination) it is necessary at all to follow exactly the same course. I would only insist upon practical equivalency.

1045. What I want to get at is simply this: do you think that there should be any material difference in the easiness of the examination in London, Edinburgh, or Dublin, so that the candidates would go from one place to another for the sake of facility in passing the examination?—I think it is essential that there should be a real equivalency, and that the examinations should be known to be equivalent.

1046. In order to attain that, you must seek for equivalency of curriculum as well as an equivalency of examination?—It is desirable; the examination is the more important of the two.

1047. But you think it would be desirable to have a similar curriculum?—I would not insist upon exactly an identical curriculum.

1048. I want you to consider this point for me. If you had a curriculum in Ireland which made it necessary to have three courses of anatomy, and a curriculum in England which only required one, do you not think the equivalency upon which you now lay some value, would be broken in upon?—That would be a very great difference and a very undesirable difference, certainly.

1049. In fact, then, you think that as regards a minimum curriculum, as well as a minimum examination, they should approach nearly to each other so as not to make a great difference in the facility of getting on the register as between one country and another?—The facility of getting upon the register should depend mainly upon the facility of passing the examinations. If a man be tested in his anatomy by actual dissection, it really does not matter much whether he has attended one course of lectures or three. If you test him practically, and by dissection, you can ascertain whether he knows his anatomy, and whether he has acquired his knowledge of it in the proper way.

1050. Then, practically speaking, the minimum curriculum would dominate all the others. If there were a very short curriculum in London and we adhered in Scotland and Ireland to a very high curriculum, it would drive all our young men over to London?—I would go as far as to say that it is desirable the curricula should not greatly differ; but I would not go so far as to prescribe exact identity in the details of the curriculum. I think that would be going farther than necessary, and I would never go farther than is necessary in prescribing rules of education. I would leave them, as far as could be, free. I would say that I think discussions on this subject of education by the Medical Council representing all three divisions of the kingdom and a number of able men, discussions on these subjects ending in recommendations, are exceedingly valuable, and in a very large proportion of cases the recommendations should be followed; but I believe even when backed by such authority as that, I should be averse to making them so imperative as to authorise the Medical Council to make a representation with regard to any body to the Privy Council because they had not followed their curriculum in some small matters of detail.

1051. I think you said, speaking of your idea of the conjoint scheme, that you would allow no other qualification to be given by a university outside the conjoint scheme examination unless it were "substantially better" than that of the joint board?—Yes.

1052. "Substantially better," I think, were the words?—"Substantially higher," I think, is the phrase in this Bill, and that phrase I adopted.

1053. According to that, it would become of great moment that you should have the means of ascertaining that those other examinations outside the conjoint board were really substantially higher?—Certainly.

1054. I think you propose to ascertain that by visitation of the examinations?—Yes; that is what I suppose is contemplated by clause 10 in the Government Bill, 1880.

1055. Do you think that visitation can really accomplish so very important an object as that?—Yes, I do. It was evidently contemplated by those who drew up this 7th section of clause 10, and I think it might be done by visitation.

1056. From my own experience of examinations there are more ways than one of making them easy?—No doubt.

1057. An examination may be a very good examination, but by being divided into a great number of distinct doses it may be made easy?—Undoubtedly.

1058. Do you think that that mode of facilitating the passing of an examination could ever be met and grappled with by visitation? Suppose, for instance, to put my case more plainly, instead of having one substantially good or two substantially good examinations, the examinations were divided into six, and the young men allowed to pass at one time in anatomy, at another in physiology, on a subsequent day in the practice of medicine, at a subsequent time in practical surgery, at a subsequent time in pharmacy, and on a subsequent day in chemistry. The examination if all thrown together might be an exceedingly large and comprehensive one; but in divided doses it may not accomplish the object that we wish to accomplish. Do you think the visitation would meet the division of the examinations and the facilitating of the examinations in that way?—I have no doubt if the subjects were divided up to that extent a man could pass the examination with greater ease than if he had to carry in all the subjects at the same time. That is, I think, an objection to it, but I do not think it is a fatal objection to it Very few men would choose to be so continually harassed by examinations.

1059. I have heard the visitation of examiners very highly spoken of both by yourself and Dr. Acland. Would visitation meet such a case as this: You are aware that many of the bodies now divide their examinations into what is known as the first half and the second half, and that some bodies accept the first half of some other corporation as equivalent to their own, and then the second half is passed in their own corporation?—Yes.

1060. Suppose that a young man presents himself for the first half of the examination of corporation A. B. (I will not mention any corporation, but we will say corporation A. B.); having passed that, it being a good examination, I will suppose, in pharmacy, but a poor examination in anatomy, he then passes to corporation C. D., in which there is a final examination, in which anatomy is almost entirely left out, but pharmacy again taken in; he may in this way pass the first and second half by getting through the wires, as it were, and obtain his degree at a very easy rate; do you think that case could ever be met by visitation?—I was not aware that any of the universities adopted that system.

1061. I was not speaking of universities, but of corporations?—That would be met entirely by a system of joint examination.

1062. For the moment I am not speaking of your proposal (which I think very admirable) for evading this, but of the existing state of things?—I think that is objectionable.

1063. Do you think visitation is good for such a flaw as that in the existing state of things?—I think visitation might have been and ought to have been practised a little more frequently; but I do not think that visitation is sufficient by itself to correct the existing state of things.

1064. Do you think it desirable that the function of teaching and that of conferring the state license to practise should be combined in the same body?—The power of putting upon the register you mean?

1065. Yes; do you think they should be combined in the same body?—I see possible objections to it; but, I see also objections to taking away the power that has existed, say, for centuries, and has been exercised properly. No doubt the body granting the right to registration might be influenced by improper motives, such as that of making money, and in that way under bidding or taking advantage of its competitors. But some of the bodies have been for centuries conferring the license to practise. They have exercised this right for centuries, and have exercised it with propriety and with advantage to the country. I think to deprive them of this privilege by an absolute rule would be a strong measure, and rather unjust in some instances. Take the case of the universities, for instance; it is possible that a university might be improperly influenced by the advantages that it got from fees for degrees; it is a conceivable case. But the universities,

many of them notably, have exercised very properly this privilege for a number of years, and by a general rule to deprive them of it I think would be a strong measure. I should rather like to say on this general question, on the part of my own university, that we are very careful. We appoint examiners who not only are not resident in Cambridge, and therefore have no interest whatever in the prosperity of the medical school of Cambridge, but who are often and generally interested in the prosperity of other schools, which, to a certain extent, are competing schools with our own; and moreover, besides that, it is not uncommon for us to appoint men who are not even members of our own university. At the present time two of our medical examiners are not members of our own university. We appointed an Oxford man once who was an excellent examiner; we habitually appoint two fellows of the College of Surgeons of London, generally selecting some of the most eminent amongst them to take part in our examinations; they are not even members of the university at all.

1066. I presume you would be in favour of persons in the habit of teaching acting as examiners?—Certainly.

1067. Are you also in favour of teachers examining their own pupils?—Well, as a rule, not.

1068. I gather from the idea I formed of the plan which you very clearly sketched out on the last day, of an examination conducted by a conjoint board with the possibility of going on subsequently to higher degrees for those who pleased, that you think that any candidate who had obtained a conjoint board license might, without objection, be examined by his own teachers in the university to which he went for a higher degree subsequently?—I think that no degree should be granted after examination by a man's teachers alone. I do not think it should be in the power of any teacher, or even any set of teachers, to examine a man and give him his degree without other examiners taking part in it. I should be glad if the Commission would kindly understand that in making that suggestion with regard to a joint board I did not intend to suggest a thing that appeared to me to be theoretically the best. I believe the best scheme theoretically would be for all the medical authorities in each division of the kingdom to join and form a joint board. My reason for making any other suggestion than that was that that which had been so long aimed at seemed to be at least difficult of attainment, and possibly difficult to work. And with regard to another point the question was put to me whether what I suggested would do more than, or only as much as, reducing the number of examinations from 19 sets of examinations to 13 sets. I assented to that; but I think it would be more correct to represent it as a reduction of 21 sets of examinations to 13 sets, because the two combinations of the Medical Corporations in Scotland add really two to the 19 sets of examinations. Then I would also venture to say this; that the actual reduction in examinations requiring to be visited is practically more considerable than would appear from that statement: for the reduction of *minimum* examinations would be from 11 to 3; and as it is the minimum examinations that specially require to be visited, the reduction would practically be an important one.

1069. I am glad to have given you an opportunity of making that explanation. If these conjoint examinations were conducted in each segment of the United Kingdom they would be merely pass examinations?—Yes.

1070. Experience proves that pass examinations have rather a spontaneous tendency to deteriorate and to go down; do you think that might be met by having the young men that would pass that conjoint board examination divided into two or even three classes, classed and unclassed candidates allowed to pass; of course the rejected would not be classed at all?—I think that probably would be an advantageous plan, so that the men would have the inducement that something like an honour might be gained. I think it would be a very good matter of detail.

1071. You think it would, as a detail, have the effect of dividing a minimum into the low minimum and a minimum somewhat higher?—I think there probably might be a real advantage in it.

1072. I wish to ask you one or two questions with reference to the Medical Council. Do you think that in the general regulations which should be devised in order to attain that approximate similarity which it would be desirable to have in each segment of the United Kingdom under your plan, the Medical Council is a suitable body to carry out the supervision and to accomplish that?—I do not know how a novel body could be better constituted. I have thought about it particularly since I received an invitation to give evidence before the Commission. I have thought of these things and have not thought of a better plan, taking everything into account. The medical authorities in the three divisions of the kingdom have a right to be fairly satisfied in the matter.

1073. Do you think it necessary, or desirable, with a view to that being practically and efficiently done, to increase somewhat the powers of the Medical Council?—I do not think it is necessary. The powers of the Medical Council are very considerable if they have their proceedings public and take care to publish everything that they find wrong in the medical authorities. Public opinion exercised upon the medical authorities would go much further and be capable of much readier application than the powers of the Privy Council.

1074. At the same time I think you will admit that if a judicious approximate similarity is to be attained between examinations of this kind, conducted in each part of the United Kingdom, it might be desirable that you should have a similarity of marks; for instance, that the same value should be given to particular subjects in each part of the United Kingdom. Would the Medical Council have sufficient powers, do you think, to carry out anything of that kind as they are now constituted?—I remember that very question being discussed at the Medical Council on the proposal of Dr. Parkes whose opinion upon all these subjects was one of the best that could possibly be. He proposed it but it was not carried. I voted for it. I carry on a system of that kind at Cambridge quite systematically, but it is liable to this obvious objection: supposing throughout the whole country or throughout all those medical authorities it was necessary for a candidate to get 50 per cent. of the maximum marks. The number of marks a candidate gets does not depend merely upon the questions set, but upon the estimate that the examiners form of his answers; you could not possibly expect that different examiners would form anything like the same estimate. I have had considerable practical experience on this very point because most of the papers at Cambridge are looked over twice. It is done in all cases as to which there is a doubt whether the man should pass, and in all cases in which there is a doubt whether a man should be put in the first class. With an old experienced examiner I find my marks tally as nearly as possible. But with an examiner less experienced the marks do not tally so exactly.

1075. That is not exactly the point to which I allude. You might have a conjoint examination in Edinburgh in which the highest marks which the very best men could get in anatomy might be 50, but you might have one in London in which the highest marks which the very best man could get in anatomy would be 100, that would give a different value to anatomy in one place to that which it possessed in the other; would you give as nearly as you could the same value to the subjects in the different places?—Do you mean 50 in one case and 100 in the other to the same questions?

1076. For the best possible answer you could get, the maximum marks that the very best man could obtain might differ?—Do you mean to the same questions?

1077. To the same questions or to the best possible answer that could be given upon that subject?—The same subject?

1078. Yes; obviously you could not always have the same questions. I am speaking of the conjoint scheme in different parts of the United Kingdom?—I do not think it matters whether the number of 100 or 50 were fixed on. It is the proportion of the maximum marks that is to guide you.

1079. We need not pursue that; it is rather an abstruse subject?—Supposing a number of questions, if they are perfectly answered, would carry 100 marks, then it is the proportion that the man gets that would establish his merit.

1080. Let me ask you one or two questions with regard to the constitution of the Medical Council. You know that there is a good deal of feeling outside, amongst the profession at large about this subject of direct representation?—Yes, a great deal.

1081. Do you think it desirable that there should be direct representation on the Medical Council?—I think it particularly desirable that the question should be

Prof. Paget, M.D., F.R.S.

20 June 1881.

settled in some way or other. I think I have already expressed an opinion that for the special or chief purpose of the Medical Council it is as well or better constituted now than it would be with an addition of members elected by direct representation; but I do not think that the Medical Council would be actually spoiled by the addition of some members so elected. I do not think it would be improved for its main purpose; but I think there is a just claim for direct representation if the Medical Council be called upon to discuss again questions which it has had to discuss, I believe, at the instance of the Government, such as those questions I mentioned about the admission of women to the register, and about the admission of foreign and colonial graduates to the register on terms different from the terms prescribed for British graduates. The admission of foreign and colonial graduates and the admission of women are both questions affecting more or less the interests of the bulk of the profession at large; and I think when persons' interests are affected they have a claim to be represented in the body that discusses them.

1082-3. Do you think that that desire (which certainly is a very important thing to be considered) on the part of the profession for direct representation might be sufficiently met by altering the constituencies which return the present representatives? For instance, in Dublin the representative of the College of Surgeons is returned by only 21 votes of the Council?—May I ask (I do not know) how those 21 are elected?

1084. They are elected by the fellows, and they elect the representative?—I should not in that case think that there was any great hardship upon the general body of the college, if the fellows elect a council and the council elect the representative. I think the case a very much stronger one with some of the other bodies. In the case of the Queen's University of Ireland (though that, I suppose, has come to an end); in the case of the Society of Apothecaries of London, their representative is appointed I fancy by the company, and they are practically proprietors of stock.

1085. I do not speak of the hardship, but do you think it might be a judicious way of meeting the movement, that there is now, for direct representation to increase the number of voters in the different constituencies?—If it could be so met I think it a desirable mode of meeting it.

1086. In fact with regard to the College of Surgeons in Ireland, although the Council is elected by the fellows, it would tend to ease this cry for direct representation by throwing it upon the constituency at large to some extent?—Yes.

1087. So with other bodies, you think?—I think that is a desirable way of meeting the difficulty.

1088. That is what you would call a judicious mode of meeting it?—Yes.

1089. (*Mr. Simon.*) I should like to ask you a question on a point you were just now touching upon, although it was a hypothetical case. You seemed to say that, if the Medical Council should have again to discuss the question of the admission of women or foreign graduates to the register, then the mass of the profession, as being interested in those questions, should be represented by direct representation?—I think they have a reasonable claim to it.

1090. Would not those questions have to be decided by Government and by the Council, according to their relation to the interests of the public, not as specially concerning the interests of the profession? — The interests of the public undoubtedly are larger and would deserve greater consideration than the interests of the profession; but I think in those two instances I have quoted, the profession have a right to be specially heard.

1091. More than on the other questions that would come before the General Council, do you think?—I think so. The public is very largely interested in the education and examinations of persons before registration, they are very deeply and largely interested. Without expressing any opinion whatever as to the desirability or not of admitting women to the register, the profession is interested, and believes itself to be very much interested, in that question; there are strong opinions felt and expressed.

1092. As regards the functions of the General Medical Council, would this, in your view, be a right description of them? First you would expect it to make certain broad regulations concerning both curriculum and examination which should be common to the three divisions of the kingdom. I wish to emphasise the word "broad"?—Yes, as broad as this, I think that the Medical Council should have power to insist upon a certain minimum period of medical study. I think they should have power to insist upon the practical examinations including clinical examinations. I should perhaps go a little further in details than that; but those instances pretty well convey my opinions.

1093. But assuming that some (it may be few) broad regulations should be common to the three divisions of the United Kingdom, the Council should have the making and enforcing of those?—Yes, of course, "broad" is a comparative word; the thing is more or less broad.

1094. Take a rule as to the full extent of curriculum, for instance—that a curriculum of less than four years' duration should not be accepted; would you approve that as one?—Certainly.

1095. Then, as a second function, they would have in your view to superintend the equivalency of the three joint board standards for license?—Yes.

1096. Then, as a third point, if the Medical Register has a column for higher qualifications, they would have to settle what are the "substantially higher degrees of skill and knowledge"?—Yes, according to the Government Bill, 1880, and according to my suggestion also.

1097. Can you conceive any other tribunal which would settle that question?—None, I think, could settle it so well. I think there is provision for an appeal to the Privy Council in cases of disagreement; that is quite right.

1098. My reason for reminding you of what in other parts of your evidence you have intimated would in your view be the functions of the Council, is to ask you whether those functions would not be such as to require a judicial habit of mind?—Certainly.

1099. A judicial attitude on the part of the Council?—Certainly.

1100. What do you think would be the bearing of the universal suffrage of the profession on that quality in the Council?—I do not think that much of that quality would be added to the Council by direct suffrage.

1101. With reference to the particular danger of spoiling the Council in that relation (to come back to a point on which Dr. McDonnell was questioning you) would you, if the object is to bring the Council more under influence of popular election, think it better to effect that result through the corporations than through direct universal suffrage?—I should think it a better manner.

1102. You spoke of the conjoint scheme which you would theoretically consider the best, as a scheme to which all the authorities of the respective divisions of the United Kingdom would combine?—Yes.

1103. You are aware of course of the difficulty there has been in that matter as regards Scotland?—Yes.

1104. The question of universities being forced to take part more or less in a system of joint action for licensing purposes has been considered from two points of view: one branch of the question being, what would be the effect on the efficiency of a conjoint board system if the universities stood aloof from it, leaving the Medical Corporations alone responsible for it; and the second branch of the question being, what would be the effect on the interests of the universities if they were made unreservedly subject to a conjoint scheme. There are those two divisions of the subject, and I mention them both at starting, as I propose to ask you a question on each of them. First as regards the effect which would be had on the efficiency of the system of joint examinations by the standing aloof of the universities from that scheme, is it your opinion that their standing aloof would be seriously prejudicial to the system?—I would scarcely use so strong a term as "seriously prejudicial"; I think it would be an advantage that the universities should take part in it certainly; but judging from what I know and have seen of the English Medical Corporations, I do not think that their standing aloof from the universities would be seriously prejudicial to a scheme in England.

1105. But the relation of the two classes of bodies being quite different in England and Scotland, what do you think would be the effect in Scotland?—I can only judge from the representations of those who speak for the Scottish universities, and they seem to intimate

that the effect would be there that the number of persons who apply for the degree—

1106. I think you are misunderstanding my question. I mean what would be the comparative value of a Scotch joint licensing body in which the Scotch Universities did not co-operate, and which would be an exclusively corporation board?—That would depend a good deal upon the vigilance with which the Medical Council visited the examinations. If the Medical Council by visiting these examinations took care that the standard was equivalent to those in England and in Ireland, I see no reason why the certificates should not be as much valued in one place as the other.

1107. They would have, you think, to be particularly kept up to the mark?—I scarcely like to express any opinion upon that, because my means of judging are so imperfect that I can only judge from what I remember of those Scottish Corporations in the year 1873 and, I think, 1874, but certainly in 1873. The visitors were as good as could possibly be found, and everything they wrote and reported was worth reading. They were Dr. Parkes, Mr. Busk, and Mr. Timothy Holmes. The impression left upon my mind by those visitations, was that the examinations were not satisfactory, and I should have expected that those examinations would have been visited again, more particularly as the visitors themselves recommended that they should be revisited; but I am bound to say (it is only fair and right that I should say) that it might be quite unfair to judge of the present action of the corporations by what their action was in 1873. I should think in nearly all the licensing bodies the examinations have been very much improved in the last 7 or 8 years, and *their* examinations may have been improved. I have no doubt that they have been improved, and they may be at the present time quite satisfactory examinations, although I think the matter requires to be cleared up, inasmuch as the reports of the examiners were not quite satisfactory, in 1873; and since 1873 the number of qualifications granted by those examining boards have increased 100 per cent.

1108. I will ask you to look at the matter in another point of view. England receives a very large number of doctors from Scotland. Would you think Scotland was giving us the best system it could, as security for the qualification of those doctors, if it gave a system of corporation examinations without including the university element?—No; I should think it a desirable thing that the university element should enter into the combination in Scotland. I may say that I think there may be some inducement for the Universities to take part in this joint scheme, even if they were left to do it or not as they thought proper, because, if they took part in this joint scheme their minimum examinations would not require visitation at all. If they took part in the scheme, and took the examinations of this board as qualifying for their lower degree, then, of course, the examination of the board would take the place of their examinations, if that were the case with any university.

1109. If the universities took part with the corporations in a joint examining system, how would a rule work that persons passing for the license examinations should pass in two divisions, and that those passing in the upper division should have titular privileges at the universities?—But nearly all universities require some residence.

1110. Limiting it to persons who have been residents, is there any reason why a university taking part in a system of joint examinations should not, in regard of its own pupils, accept a passing (or a first-class passing) of the joint examination as equivalent to a passing of the university's special examination in like subjects?—I think that should be left to each university to deal with as it may think proper. I may say with reference to an observation interposed by Professor Turner, I have seen it suggested that a university (I am not speaking of a Scotch university), supposing the conjoint examinations have been established, should give its lower qualification as a matter of course after the conjoint examination. It is not a matter I should advise or have anything whatever to do with; but I have seen it suggested.

1111. You do not see any reason on the face of the case why, if the university had taken part in the examination, passing might not be made to count for something as regards graduation in the university?—I think, if the universities were left to themselves there would be some universities, possibly all of them, who might take it into account in that way.

1112. Now as regards the other division of the university question, the effect on the interests of the universities, if they were made universally subject to the conjoint system. You pointed out the possibility of compromise with the universities in the way of having two conditions of license; that a man should either have passed the conjoint examination of his division of the United Kingdom, or, as an alternative condition, should have passed elsewhere an examination evidencing a substantially higher degree of skill and knowledge?—Yes.

1113. You have thought that a compromise might be arrived at on some basis of that kind?—I suggested it as the only one I could think of.

1114. Would you, proceeding on that principle, and supposing three examinations to be required by the regulations of the central authority admit, in regard of all three, the university pass instead of the joint board pass?—I think that a substantially higher degree of knowledge could only be judged of by taking into account all the examinations that had to be passed, and not merely the last.

1115. I notice by your approval, in substance, of the conjoint scheme in England, that you approve of accepting in England the science examinations of the universities as evidencing at all events an equal, if not a higher, degree of knowledge?—Yes.

1116. Would you be disposed to follow the same course in the practical branch of the examination; would you allow any exception to passing the conjoint examination in its practical final division?—I am afraid I do not clearly comprehend the practical working of that.

1117. In the sort of scheme you were sketching, you would (say in Scotland) accept a man's having passed the science examination of the University of Edinburgh as a substitute for his passing the science examination of the conjoint board?—Certainly.

1118. Would you in the same way accept the final examination of the University of Edinburgh as a substitute for passing the final—that is to say, the practical—examination of the conjoint board?—That would mean practically the University of Edinburgh having nothing to do with the conjoint board.

1119. Of course it would if the university graduate were altogether exempted from passing the joint examination?—I would not give the certificate of the conjoint board to the examinee of any university. Merely because he had passed the university examinations, I do not think he could be entitled to the certificate of the conjoint board, which would mean something different.

1120. As regards the principle of recognizing, as equivalent to conjoint board examinations, examinations which have been passed before universities, should you be disposed to say that universally a degree examination expresses a higher degree of skill and knowledge, than might properly be claimed as a national minimum?—I would not go so far as to say that in every case; I do not know enough of all the universities in the United Kingdom to justify my saying that; and I may say we have had so few reports of visitations from the Medical Council of late years, that it seems to me nobody can judge of that.

1121. May I remind you of a statement which was contained in a question asked of you by Professor Turner a few minutes ago; he mentioned that in Scotland 66 per cent. of the practitioners are university graduates; that being the case, would it not be reasonable to assume that the standard of qualification for obtaining a university degree in Scotland is not sensibly above that which might be taken as a good national standard?—It is difficult to answer that question; one could only give a very poor opinion upon it. Looking at the number of degrees granted in Scotland, a mere outside observer would say there must be one of two reasons for the number being so great; one that the standard is low, or, the other (which is, of course, much more creditable to Scotland, and which I have no doubt does apply considerably in Edinburgh), namely, that Edinburgh being a great medical school, and teaching men well, there are a number of men there on the spot, and who being on the spot, and the degree being, so to speak, before them, they go on and take it; but I am not prepared to give an opinion as to which is the more powerful cause of the two, or whether the first cause I mention is one at all. I do

Prof. Paget, M.D., F.R.S.

20 June 1881.

not know enough of the matter to justify me in saying that the standard in Scotland for medical degrees is lower than it should be.

1122. (*Chairman.*) You prefer not to give any opinion with regard to Scotland, in short?—I have no wish to do so at all. One may, perhaps, infer reasonably that in Scotland the examinations are on the whole somewhat less difficult than those of the University of London. One could say that, because the examinations of the University of London are open to candidates without residence, and therefore are as open to men as those of the Universities of Scotland; and yet it is a fact no doubt, that the proportion of degrees granted in Scotland is out of all proportion to the number of degrees granted in England; but I think it would be rash to say, and I should rather not express an opinion, that the standard is lower in Scotland than in England. I am really not qualified to form a judgment upon that; I do not know enough of it. The little I do know of the examinations of the University of Edinburgh is that they are good.

1123. (*Mr. Simon.*) I am not at all meaning by my question to imply any doubt as to the excellence of the Scotch university examination, but my question was as to the interpretation of the fact, that 66 per cent. of the practitioners in Scotland are university graduates and whether that being the case you can fairly say that the qualification so extensively held is a higher qualification than can rightly be taken as a national standard?—If you take that as a national standard, of course the inference is that the other 34 per cent. of the men were not quite competent.

1124. There is an alternative to that. Getting the degree would, of course, cost a certain sum of money, and trouble, and it, therefore, does not follow that those 34 per cent. could not have passed the university examination. My meaning was to ask whether if 66 per cent. of the men in Scotland can get university degrees, the university degrees can possibly mean more, for instance, than the membership of the College of Surgeons of England and the license of the College of Physicians of London?—I cannot really form an opinion upon the matter, I do not know enough of it; I have not visited their examinations.

1125. (*Mr. Cogan.*) I understand from your evidence on the whole you consider that, if there was a system of conjoint boards, the best system would be that in which the universities and corporations would combine?—Certainly.

1126. And you consider that the necessity for the scheme which you yourself suggested arises merely from the difficulty of carrying out that system in some parts of the United Kingdom?—Precisely.

1127. That difficulty does not exist in England?—No.

1128. Are you aware that in Ireland four out of the licensing bodies agreed also to a conjoint scheme, the University of Dublin and the corporations?—I know there has been a great deal of consideration of the matter in Ireland, and at various times there have been various agreements; and on one occasion, if I rightly remember, they went so far as to agree upon a scheme, and laid it before the Medical Council, and it was actually confirmed by the Medical Council.

1129. Yes, that is quite so; it was sanctioned. Then in fact the practical difficulty arose in Scotland?—Yes.

1130. In Scotland the more important licensing bodies are the universities?—They are the most important bodies, no doubt. I do not know whether they license most persons.

1131. Unquestionably as regards the importance of the medical education and the character of the degrees in point of importance, the universities of Scotland stand before the corporations?—In point of importance in the matter of medical education, the universities are incomparably higher; but if the other bodies grant a large number of minimum qualifications, their proceedings are of quite as great importance to the public as the proceedings of the universities, and perhaps more so.

1132. Do you not think, irrespective of the other advantages derived in a conjoint board by having a combination of all the licensing bodies, that the mere fact of the universities and corporations bringing into combination different qualities, in the one case the more scientific branch and in the other the more practical, is of itself a great advantage in the examinations?—Certainly.

1133. And that it would not be for the public benefit that that combination should be prevented, but that it would be advantageous for the public if it could be permitted?—Certainly. I hope that my suggestion, which was a very weak one, I have no doubt, may not be understood as preventing the universities joining. My suggestion was that three *at least* of the medical authorities in each division of the kingdom should be required to combine. If the universities, or any of them, were to join in the plan, so much the better.

1134. If in the scheme adopted it were proposed that the preliminary examination in arts and also the preliminary scientific examination and the earlier professional examination were not necessarily to be conducted by the conjoint board, and that only a full examination for the pass examination in medicine, surgery, and midwifery, both systematically and clinically, were to be the only one necessarily adopted by the conjoint board, you do not surely think that that would interfere very materially with the universities, or be such a serious and revolutionary change as is sometimes pictured to us?—Certainly it would not interfere very greatly with the universities; the amount of inconvenience would, I suppose, be as great in my university as in any except that of Durham. Our candidates would have to come to London and be examined, and pay five guineas, and the examination might interrupt their studies somewhat; but the inconvenience is not so great that it ought to interfere with any measure of real importance to the public.

1135. I need not ask you—for, of course, your opinion naturally is, that the great object to be achieved is that which is most for the public good, and not that which is most for the good either of the corporations or the universities?—Certainly.

The witness withdrew.

Prof. Humphry, M.D.

Professor Humphry, M.D., called in and examined.

Memorandum handed in by Professor Humphry, preliminary to giving evidence.

Having been for many years in practice as a surgeon, also a teacher of anatomy and surgery, an examiner at Cambridge and at the College of Surgeons, a member of the Medical Council, of the Council of the College of Surgeons, and of various boards and committees, including those related to the conjoint scheme for England, and a visitor of the examinations at the Queen's University, Ireland, and at the Universities of Edinburgh, Glasgow, Aberdeen, and St. Andrews, and at the College of Physicians of England, my attention has been long and much directed to the subject of medical education and examination, and I shall be happy to give information derived from any of the above experiences if desired.

Education.—The remuneration in the profession scarcely repays for prolonged education and laborious self-denying life. Hence it does not attract many of the upper and richer classes. Those who enter it are often young and indifferently educated, and the standard of general and professional knowledge cannot be very high. This is the radical difficulty. The study is wide, varied, and difficult. The curriculum is onerous, and increasingly so as the several branches of science enlarge, tending to superficiality. Opportunities increase also, but not proportionately. Need for an alteration of the Anatomy Act, and for an increase of the staff at some of the hospitals. Extension of time would add to cost of an already costly education.

Examinations have outstripped education; hence, rejections numerous. Ground covered too great, and too much knowledge of detail required; hence, study rendered laborious and wearisome, interest damped, and intelligent pursuit of knowledge checked. The competition *upwards* in curriculum and examination to be feared as much as the competition *down*wards said to exist between the licensing authorities.

Both would be obviated by a combination of the colleges of physicians and surgeons and the universities in each division of the kingdom, to form a board of

education and examination similar to the proposed Conjoint Board for England; this board to make all rules and arrangements for education and examination, preliminary and professional, appoint examiners, superintend the examinations, visit the schools of medicine, and report annually to the Medical Council and the Privy Council. The report to contain, among other matters, a statement of the fees received for examinations and of the disbursements of them.

The rules and arrangements for education and examination to be submitted to the Medical Council, and the examinations to be open to visitation by the Medical Council.

Thus there would be a board of education and examination and a supervising medical council; and the sole authority would not be, and ought not to be, delegated to any one board or council.

Arrangements to be made for exchange of some of the examiners in the three divisions, for the purpose of harmonising and equalising the examinations.

All who pass the final examination of the board to be admitted to register as "Licensed Practitioners." Those who, in addition, receive degrees or diplomas from medical authorities may be registered under those titles: the examinations for such degrees and titles being liable to visitation by the Medical Council. These visitations would not require to be frequent.

Registration to give legal right to practise.

Those who shall have passed the examination or examinations in earlier professional subjects at a university to be required to pass the final examination only of the board. Those who shall have passed the final examination at a university to be required to pass the practical and clinical parts only of the final examination of the board; provided the university examinations are satisfactory to the Medical Council.

The board to be composed of two members appointed by each of the combining authorities, together with two general practitioners in each division of the kingdom appointed by the Crown; these Crown appointments being in place of appointments by Societies of Apothecaries of England and Ireland, and of the Faculty of Physicians and Surgeons of Glasgow.

The three bodies just mentioned, though not appointing members of the conjoint board of education and examination, might continue to give their titles if so desired; and the other corporations and the universities would be free to give their titles or degrees in such manner and after such examinations as they think fit, but they would be registrable as licenses to practise only in the case of those who passed the examination of the conjoint board.

Professors and teachers should not be excluded either from the board or from the staff of examiners.

Medical Council.

Functions.—Not to be regarded as representing certain bodies, but as acting in the interests of the public, with the view that the qualifications of those entering the profession may be sufficiently high, but not so high as to lead to undue diminution of the numbers.

To receive and consider education and examination rules from the conjoint board. In case of non-approval, to confer with the board. If necessary, to make representation to the Privy Council.

To adjust differences between the combining authorities on the board, and between the latter and the medical schools, with appeal to the Privy Council.

To make suggestions to the board respecting education and examination.

To visit examinations conducted under the board and under the medical authorities.

To see that the examinations and rules, and fees, in the three divisions of the kingdom, are nearly equal.

To prepare and publish the Pharmacopœia.

To keep and publish the Medical Register, and to strike off names from it as at present.

To report annually to the Privy Council their proceedings, statements respecting education and examination, a financial statement, &c.:—

Constitution:—

6	to be appointed by Crown as at present.				
2	,,	,,	by Conjoint Board for	England.	
1	,,	,,	,,	,,	Scotland.
1	,,	,,	,,	,,	Ireland.
2	,,	,,	by whole profession in	England.	
1	,,	,,	,,	,,	Scotland.
1	,,	,,	,,	,,	Ireland.
14					

Members of the board not to be members of the council unless appointed as such by the board.

Appointment of four members by the profession a concession to wishes of profession, not as being a good mode of appointment.

Appointment of four members by conjoint boards, for the purpose of maintaining good relations between the board and the council.

Present Medical Council has worked as well as councils usually do, as well as could be expected seeing that it is composed of members, busy men, from the three divisions, and had to harmonise the views and interests and customs of the three divisions. Its influence has been considerable. The representation of several authorities by its members has facilitated improvements. Visitation of examinations has been beneficial, but it needed to be supplemented by visitation of schools.

Absolute authority should not be vested in the council, however composed. Better that one body (the board) should make rules for education and examination, and conduct the examinations; and that another body (the council) should consider and report upon these rules to the Privy Council. The intervention of the Privy Council would be rarely necessary.

The number of medical authorities might with advantage be reduced.

Foreign and Colonial practitioners should be required to pass the practical and clinical parts of the Board examination, in the same manner as those who have passed the examinations at the British universities.

1136. (*Chairman.*) You are, I believe, at the present time Professor of Anatomy at Cambridge, and you are also President of the British Medical Association?—Yes.

1137. And you have written a memorandum which you put in touching the most important points of the medical licensing question which you propose to submit to us?—Yes.

1138. Then I shall take the liberty of assuming that this memorandum represents in a general manner your opinion upon the various points of interest?—It does so.

1139. You have, I believe, for many years been a practical surgeon, also a teacher of anatomy and surgery, and an examiner, and also a visitor of examinations?—Yes.

1140. With regard to the course of education which ought to be gone through by every person before he is admitted to the medical profession I should like to know if in your opinion every medical practitioner ought to have a sufficient knowledge of medicine, surgery, and midwifery?—Yes, I think so.

1141. With regard to the present education of medical men, you are of opinion that the curriculum is at the present time rather onerous?—I think so, seeing the remuneration which results, I think the education and the expense of education is too great. The term of four years can scarcely be exceeded, and the amount of knowledge which has to be obtained in that four years is really greater than a man can attain with advantage to himself. There is so much detail to be acquired, that he studies under too great a pressure, there is too great a crowd of facts to be accumulated and too little time for thinking upon and digesting those facts.

1142. You would not propose to shorten the term of four years?—No, I would not.

1143. Should you propose then to shorten the number of subjects in which he is now examined?—I would diminish slightly the number of subjects and also curtail the area, as far as possible, in others.

1144. What subjects should you curtail?—I think botany should be left out entirely, and biology, or zoology rather; and I think that materia medica and pharmacy should be diminished; and seeing how extensive a subject physiology now is together with minute anatomy, minute and coarse pathology, and pathological process, there should be some schedule or some curtailment. Some definition of area should be made to which the necessary studies should be limited.

1145. Would not the omission of these subjects be very likely to affect the efficiency of the medical student as a physician and surgeon?—I do not think it would, really. I think it would probably rather increase his efficiency if it enabled him to think a little more upon various subjects which he has to learn. At present they are quickly crowded in for examination, and they are somewhat more quickly forgotten. There is too

Prof. Humphry, M.D.

20 June 1881.

little time for digestion and thinking upon them; I think that is a very serious defect at the present time.

1146. Ought not every physician and surgeon to have some acquaintance with most of those subjects?—I do not think a knowledge of botany is by any means essential or a knowledge of zoology, or the amount of knowledge which is at present required of materia medica and pharmacy.

1147. On the other hand, you are of opinion that to some subjects too little attention is paid at the present time?—I do not think I can say that.

1148. For instance the study of anatomy?—No, I do not think that too little attention is paid to it, I can scarcely say really that too little attention is paid to any, but I think that the area in each is somewhat too great, that the students do not get sufficiently clear, definite, and useful knowledge of each.

1149. When you mention in your memorandum that there is a need of an alteration of the Anatomy Acts, to what do you refer?—I mean that at the present time there is not sufficient opportunity given for the study of anatomy by the working of the present Acts; and furthermore that there is by no means sufficient opportunity for the conduct of anatomical examination. I may state briefly that the amount of subjects supplied, in London and in the country, do not amount to more than one half of what would be required for the proper education and examination of the students.

1150. In what respects do the Anatomy Acts of the present time prevent a student from obtaining a sufficient knowledge of the subject?—At the present time the law is that those who have legal custody of bodies may give up those bodies for anatomical purposes. The guardians of unions are regarded as the persons having this legal custody, or, perhaps, strictly speaking, it might be the master of the union. Of course the master of the union cannot act without the assent of the guardians. In each case, therefore, the assent of the guardians must be obtained. Now guardians in some instances, indeed in many instances, are unwilling to give their assent. I have had very considerable experience of guardians of unions in this matter, I find a large number are unwilling, and they are unwilling to a great extent because it gains them disfavour with the persons who elect them. If it becomes known that they have assented to this they become unpopular in the district and are liable not to be re-elected. Therefore I think it is putting the guardians in a somewhat unfair position. I think the onus of having to give assent should hardly rest with them, but that it should rather be a Governmental or Parliamentary decision, that the bodies of those persons who have lived and been maintained at the public expense, and who have died in union workhouses, and left no friends to attend their funerals, should be given for anatomical purposes under certain regulations.

1151. Then I may take it your complaint is not that insufficient attention or time is bestowed upon the study of anatomy in the education of the medical students, but that there is a difficulty in obtaining the subjects, by means of which that study should be assisted?—Certainly, both for study and for examination. It is scarcely possible for a student in England to obtain a course of operative surgery. He cannot perform operations on the dead bodies because he cannot obtain the dead bodies. Those who wish to do it must go to Paris for the purpose. Furthermore, bodies cannot be obtained here for the purpose of examination.

1152. Let us now consider the question of examinations. You propose that there should be a central board of examiners to be composed of two members appointed by each of the medical authorities, together with two general practitioners in each division of the kingdom appointed by the Crown?—Yes, that is so; a board very closely corresponding to the proposed conjoint board for England. The conjoint board for England was formed by a combination of all the authorities, each sending two members. I would propose that it should be the Colleges of Physicians and Surgeons and the universities, with two members appointed by the Crown in lieu of the members hitherto sent by the Apothecaries Society.

1153. You, therefore, are in favour of a conjoint board of examiners in each division of the kingdom?—Yes.

1154. And you consider that that system is very far preferable to the system which is at present in existence?—I do not know that I would use the words "very far." I do not think the present system is working very badly or so badly as many persons represent; but I think on the whole it would be better, provided the clause which I have inserted respecting the universities be admitted. I think if that were not admitted a conjoint board would be a positive evil.

1155. Do you think that under the present system the examinations are nearly equal?—The chief evidence we have of inequality, perhaps, is that of the Apothecaries' Society of England. We learn by the data of the returns of examinations that the rejections there are small in proportion to the rejections at other bodies, the rejections at all the other bodies are numerous. I have no further evidence of the equality or inequality than that of the bodies which I myself happen to visit.

1156. Do you know whether the examinations of the various universities are nearly equal?—I have visited the examinations in Scotland and the examinations of the Queen's University in Ireland, and they are good.

1157. Is the examination of the University of St. Andrew's nearly equal to that of the University of Edinburgh?—That examination can scarcely be compared, inasmuch as that is an examination of members who have been in the profession many years. That is not an examination for a license. There is an examination for a license; but there are no candidates, or hardly any.

1158. That is rather an examination for what may be called a higher title?—An examination of members who have been in the profession for some years.

1159. But still your preference is for a central examining board?—I think on the whole it would be better.

1160. And you would propose that the board should make all rules and arrangements for examination, and also for education; reporting annually to the Medical Council?—I would throw the whole responsibility of education and examination upon that one board, under the control, supervision, and suggestion of the Medical Council.

1161. But under the supervision of the Medical Council?—Under the supervision of the Medical Council.

1162. And you consider it very important that there should be an exchange of some of the examiners in the three divisions?—I think that would be the most efficient method of equalising the examinations, and it would have the further effect of informing each examining board more thoroughly than could be done in any other way of the proceedings of the other examining boards, and would enable them to regulate, stimulate, modify and equalise one another.

1163. One question with regard to the examinations themselves. You consider that at the present time there is too much knowledge of detail required in the examinations?—I think the tendency of examinations is on the whole to become too strict in most subjects, and in detail especially.

1164. Would you explain yourself a little more fully with regard to the point of detail?—I think that the requirement of knowledge of facts in chemistry, in physics, in anatomy, in zoology, and in pathology, is somewhat too great.

1165. Do you consider that there is the danger of the examinations becoming too strict and the competition too great?—I think that is the tendency of examinations for the minimum qualification. I think the tendency of examinations is naturally to become stricter, and the tendency of examiners, on the whole, as we go on, is to become stricter and stricter.

1166. Is that a tendency which you would be disposed entirely to curb?—Not entirely, but there is a greatly increasing proportion of rejections. In the years from 1867 to 1875 the rejections increased from 14 to 23 per cent. That is an enormous increase in the proportion of rejections, and shows that at any rate the examinations have been growing in severity, at a greater rate than students have been growing in knowledge.

1167. Is it found in the kingdom that there is any want of medical men?—It is a very difficult question to ascertain, in fact I believe it has not been ascertained whether the numbers of medical men are being maintained in proportion to the population. At any rate they are not increasing at a greater rate than the population, that I believe is certain, and there is complaint in some rural districts that medical men are not in sufficient numbers. One's own experience shows that medical men are less satisfied now to go into the rural districts

and do work there. Their education being higher and their expenses greater, they are less satisfied with their remuneration in those districts, and, unfortunately, I am sorry to say, the remuneration in the agricultural districts has become very much less lately.

1168. Do you find as a matter of fact that this increasing stringency of examinations has interfered with the public interest by diminishing too much the supply of medical men?—I believe it is so to some extent. When the examinations were increased, after the recommendations of the Medical Council with regard to preliminary were adopted, there was a sudden diminution of members in the profession. I believe the profession is now recovering from that, and that the numbers joining now are again increasing.

1169. And of the various examinations which must be passed through by the medical students in the various parts of his career, which examination should you propose should be conducted by the central board or should you propose that all examinations should be conducted by that board? Let me take first of all what I may call the examination in arts; the examination which a candidate has to pass when he wishes to become a medical student?—That, I think, should not be conducted by a medical authority or by a medical board. That had better be conducted by those who have the conduct of general education, but I think the medical boards might recognise such of those examinations as were thought sufficient.

1170. Do you think it would be desirable that at that examination some knowledge should be required, or at least admitted, of the scientific subjects of which we spoke just now, namely, chemistry, botany, and others?—I think it is very unadvisable to separate the early education of the medical student from the early education of other members of the community. I think they should all be conducted alike, and that all that should be required in that first examination is such a knowledge as is required from an ordinary member of any profession. I would not make it in any degree special. When these subjects become subjects of general education, then I would require them, but not before.

1171. Then you would limit that examination to general subjects such as classics, mathematics, literature, and ordinary matters of that kind?—While those remain the ordinary subjects of education.

1172. Then the medical student has to pass certain professional examinations after his admission as medical student. Would you propose that the first professional examination after his first two years' study should be conducted by the board, or would you leave that to the teaching institution at which he is studying?—I would leave that to be decided by the board.

1173. And with regard to his subsequent examinations, or any examination that there might be prior to the final examination, should you be disposed to leave that to the board also, subject to the approval of the Medical Council, I suppose you always mean?—To the examiners appointed by the board.

1174. And the final examination itself, the practical examination, that I suppose you would insist upon being conducted by the board?—Yes.

1175. Would you make any exception in that case in favour of persons who had passed their examinations at a university?—It would be quite sufficient if they were required to pass the practical and clinical parts. I think it is very important that those who have passed examinations at the universities should not be required to go through the several examinations required of other students. The having to do so would discourage them from going to universities and from passing the examinations at the universities.

1176. You have spoken more than once of the Medical Council, meaning thereby the central body which would generally supervise the examining board?—Yes.

1177. Can you suggest to us any better central body than the present Medical Council?—Supposing the plan to be adopted, which I have suggested, of one central board, constituted in the way I have mentioned by the several authorities, then I think the Medical Council should be constituted in a different manner to what it now is. The Medical Council should not in that case be formed by election by those authorities but in some other way.

1178. Let us take that point of the constitution of the Medical Council; would you propose that four members, a certain number of members at all events, should be appointed by the general profession?—I think it really will be necessary to do that. I do not think it by any means the best mode of appointment. It cannot be the best mode of appointment but there is such a strong demand for it that I think it would be necessary to assent to that. I do not think that any great evil would result from it.

1179. When you speak of "appointment" you refer, I suppose, to election in some form or other?—To election by the profession.

1180. And you propose also that there should be four members appointed by the central examining board?—Yes.

1181. A certain number of members at all events?—Yes.

1182. Do you consider that very essential?—I think that would tend very much to the harmonious and simple working of the Council; questions would be arising in the Council which these members upon the board could explain and *vice versâ*; and I think one of the good points, though so much objected to, in the Medical Council, has been the manner in which the several authorities have been induced to adopt the suggestions of the Medical Council by the fact of certain men being present on both. For instance, a member of the Medical Council is present at the Council of the College of Surgeons; he can represent to the Council of the College of Surgeons the views and intentions of the Medical Council and his influence contributes very largely to the harmonious action of those two bodies. In the same manner at Cambridge the presence of members of the Council on the medical board at Cambridge undoubtedly smooths the way very much to the adoption of any suggestions made by the Council. On the other hand it is a means of representing to the Medical Council the views of the College of Surgeons, and the University of Cambridge, and other bodies. I think that has been a very important point in the constitution of the Council, and its continuance would be very important as a medium of communication between the proposed board and the Council.

1183. Do you think it is of great importance that the central examining board should be composed, in part at all events, of persons who have been accustomed to teaching?—I think it would be quite impossible to form a good board without that.

1184. And you are also of opinion that it is important that there should be on the Medical Council, persons who are either teachers or who have lately been in the habit of teaching?—I think there is no objection to that at all. I would leave that entirely to the decision of the persons who have to appoint them.

1185. With regard to the functions of the Medical Council; you apparently consider that their most important duty is that of supervising, and making recommendations with regard to study and examination?—To supervise the examinations, to suggest means of equalising them when they were not equal, or to make various suggestions to the boards. I would not give them any greater power. I would not give to any council an authoritative power.

1186. I should like to ask you one question with regard to the manner in which, in your opinion, the Medical Council has exercised hitherto the powers with which it is now vested. Do you think that on the whole they have exercised their powers with judgment and that they have gone as far, in making an order, as they wisely could?—I think they have done as well as councils usually do. I have not a profound faith in councils at all. I think the Medical Council has really worked very fairly when you consider that it has been composed of Englishmen and Scotchmen, and Irishmen.

1187. Do you think that in some cases they might not have been a little more urgent and pressing in some of their recommendations?—I am not quite sure that they would have done good if they had been, for their decisions have not always been wise, and I think it would have been sometimes very mischievous if they had had the power of pressing their recommendations.

1188. Might they not have been less intermittent in their visitations of examinations?—I think they have been very greatly hindered in all their proceedings by their discussions in regard to legislation. That has been almost fatal to the efficient action of the Medical Council. So much time has been occupied in discussions with regard to Bills in Parliament and legislation that they really have not had time to give their attention

Prof. Humphry, M.D.

20 June 1881.

sufficiently to other matters. The visitations of examinations have been a very excellent work that they have done. There is scarcely an examination in the United Kingdom that has not been modified in consequence of those visitations. They are, however, attended with a great deal of expense. I think they might have been carried out a little more frequently.

1189. It is apparently your idea that it would be a great advantage if they could be elevated above the level of legislative discussions?—Decidedly.

1190. I should like to ask you one or two questions with regard to the part to be taken by the universities in connexion with the central examining boards; do you consider that it is of very great importance that the universities should take an active part in the examinations?—I think if the Colleges of Physicians and Surgeons in each of the three divisions of the kingdom, were to form a board, that that would really and practically be sufficient; but I think it would on the whole make a better board if the universities sent members to that board also. I think they would take a larger and wider and somewhat better view, and form a somewhat better board, but I should not regard it as of the first importance.

1191. If, however, the universities took no part in the formation of the Board, how should you propose to subject medical students studying at the universities to the examinations of the central board?—Then I would not subject them at all. I think unless the universities took part in the board the university students should not be subject to the examination at all.

1192. Then how would the university student obtain the state license to practise?—I would give him the state license on passing the university examination.

1193. Then should you be prepared to set up alongside the state examination a university examination?—I do not think any harm would result from it.

1194. How would you ascertain that the university examinations were high enough in standard or that they were not of a lower standard than the state examinations?—By a visitation of their examinations, but I think on the whole it would be a better plan to have the board composed of their representatives as well as of the representatives of the Colleges of Physicians and Surgeons, and require the students of the universities to pass the practical and clinical parts of that board's examination.

1195. I believe you also think that the number of medical authorities might with advantage be reduced?—Yes, I think it might.

1196. Have you any objection to give us rather more detailed explanation of the matter?—I think the Apothecaries' Society of England and Ireland are not now required as medical authorities, and I think that the Faculty of Physicians and Surgeons of Glasgow is scarcely necessary, and that the Colleges of Physicians and Surgeons and the universities in each division of the kingdom would be quite sufficient.

1197. In constituting the Medical Council you propose to do away with all the representation of medical authorities which at present exists, and to substitute a representation of conjoint boards?—I would avoid the idea of representation altogether if possible on the Council. The idea of the Council should not be to represent any particular bodies, but stand in the interests of the public; it has been an unfortunate thing in connexion with the present Medical Council that it has been regarded as representing bodies. I apprehend that was not quite the original intention, but it was thought that that would be the best mode of forming the council.

1198. But in forming an examining board you propose that the members should be appointed to a certain extent at all events by the medical authorities?—Not in any way to represent them, but that I think would be the best mode of forming the board, you would then have men who would be more likely to be acquainted with the subject of education and examination than any others, and it would be, I believe, the best mode of electing them. For instance, I believe the very best mode of election in the Medical Council is the plan followed at the College of Surgeons in England, where a number of men accustomed to sit round a table and do business together elect from among themselves the man whom they know or think to be the best fitted for the work. It has proved to be so on every occasion. When a vacancy occurs at the Medical Council they simply consider who will best do the work, and they elect him whom they think will do the work best. I think that is a good mode of election, and it should, as far as possible, be adopted in forming the board of education and examination.

1199. A difficulty has arisen, as you know, with regard to the admission of foreign and colonial practitioners to the Medical Register, you are of opinion that the foreign and colonial practitioners ought to be required to pass an examination before such admission?—If we distrust the examining bodies in the United Kingdom, over whom we have control and whose examinations we can test, so far as to require the members who pass those examinations to pass the further examination of a conjoint board, then I think that all foreigners who have passed examinations, of which we really have not much knowledge, and over which we can exercise no control, should also certainly be required to pass such an examination. I would therefore require them to pass the practical and clinical parts of the examination.

1200. Do you think it would be quite impossible for the Medical Council to obtain by visitation or otherwise a true knowledge of the value of foreign universities?—I think it would be quite impossible. There are not only all the various examining bodies in England, but every one of the individual States in America has a separate examining board, and those who receive a qualification from the board in one of those States are not licensed to practise in another State in America; therefore, we should be giving a privilege to those who pass the examinations there which is not accorded by the States themselves. We could not possibly visit the examinations of all the several States of America as well as those in Europe and India and Australia; it would be quite impossible.

1201. And you would be conferring upon persons studying at foreign universities an immunity which you do not confer upon persons studying at your own universities?—Quite so.

1202. And of course the Medical Council would also have no right whatsoever to demand any information with regard to those examinations?—No right at all.

1203. Then you do not hold at all with the proposal of the Government Bill of 1880 on this point?—I think it would be much better that they should be required to pass an examination.

1204. But do you consider it is essential that they should?—Yes, I think it is essential.

1205. (*Bishop of Peterborough.*) You suggested that certain subjects should be left out of the present curriculum of study for students, and amongst them you mentioned botany?—Yes.

1206. Is there really any use to the average student of medicine in a knowledge of botany?—I do not think there is any necessity for it at all. I think there is a certain use in it in enlarging his mind and giving him a pleasurable occupation, but that might be said of a great many other subjects.

1207. But beyond its educational value it has no other?—I think it has no other value at all.

1208. It is simply a survival of the times when doctors gathered their own remedies?—Perhaps it is. It may be a survival of the time when one man was expected to compass the whole range of knowledge more than now.

1209. Physician use medicines made of plants largely?—Quite so.

1210. And surgeons use knives?—Quite so.

1211. But is there any more reason why a doctor should know how a plant is made than that a surgeon should know how a knife is made?—Not at all.

1212. Botany is a subject of considerable difficulty, and of detail, and lays rather a heavy burden upon the student, does it not?—Yes, it is a diminishing burden, and I think it might be left out altogether.

1213. As regards the preliminary examination in arts the object of that, of course, is to show that the student or the candidate has that average general culture which will fit him for a liberal profession?—Quite so.

1214. And you say that you see no reason why that should be conducted by medical examiners?—Certainly not.

1215. You would be prepared to accept the results of an examination by the usual educational authorities?—Certainly.

1216. For instance, the Oxford and Cambridge local examinations, and so forth?—Certainly, I think it would be much better left to them.

1217. Would you not think there might be this much reference to the future profession of the man, that he might be allowed to bring up for that examination particular subjects, as, for instance, it may be a great advantage to a medical man to know French or German? Would you fix any particular language we will say which a student should be required to know, or would you allow him to leave languages out altogether; or would you say it was a good thing that a medical student or medical man should know Greek or Latin; would you at all in this way fix the subjects of the preliminary examination?—I would not fix them at all. I would leave them to be the subjects generally thought to be best and found to be best for general education; I am not aware that a knowledge of foreign language is more an advantage to a medical man than to other men.

1218. With regard to his own study?—I do not think it is to the ordinary student.

1219. (*Chairman.*) As I understand, you would leave that entirely to the institution in which the person was going to study, would you not?—No.

1220. (*Bishop of Peterborough.*) You would accept the results of certain recognised examinations?—Certainly, those recognised by the Medical Board.

1221. A certain number of these examining bodies should be accepted by the Medical Council?—By the Medical Board.

1222. Would you allow a student going up for his preliminary examination in arts to bring up certain scientific subjects which might afterwards clear the way for him in his professional studies, to make those subjects optional, and allow him to get credit for them?—I would allow it. I would not encourage it very much; I should be very sorry to divert the medical students from the regular path of learning.

1223. I observe that you propose that every student in medicine should pass the final examination of the joint board with one exception, viz., in case of the universities objecting to this joint board; you would then allow their students to pass without any such final examination?—I would require them to pass only the practical and clinical part.

1224. You would require them to pass the practical and clinical part?—Yes, if the university had the opportunity of joining in the formation of the board.

1225. You would exempt them from passing an examination in science or general culture?—Quite so.

1226. What would you include under that head of science; would you, for instance, include chemistry?—Certainly. I would require him to pass only so as to show that he has a competent practical knowledge, and would consider that having passed the university examinations his scientific knowledge is assured.

1227. Then you put one proviso to that, that the university examinations are satisfactory to the Medical Council. If the student is to pass the practical and clinical examination of the board, I presume you mean by these university examinations university examinations in scientific matters?—Yes.

1228. Do you think the universities, such as Cambridge or Oxford, would like to submit their examinations in science to the opinion of the Medical Board as to whether they were sufficient or not?—Their examinations in science so far as they are required for medical examinations?

1229. For medical purposes?—Cambridge has already done so, that is to say, it has opened its doors to visitation by the Medical Council, and it and all other bodies are likely to be benefited, I think, by visitations and opinions brought to bear upon them from without.

1230. The word "university," of course, is a very general term. It applies, of course, to all existing universities. How would you deal with the case of a new university coming out and asking to be admitted on the same footing as others?—I think there should be facility in the various parts of the United Kingdom for students to present themselves at universities. For instance, in the north of England there should be, I think, some one university which should offer facilities for students to obtain an education similar to that at Oxford or Cambridge.

1231. What I mean is this, there is nothing in the fact that a certain body calls itself a university that is supposed to give any special merit to its system of training or examination. There happens to exist a certain number of universities now, some very good, some not equally good; you would give to all these equally this privilege of exemption in certain subjects from the examination of the Medical Board provided the Board approved of their examination. Might you not extend that equally to any body in the world? Take the case of a couple of medical men in London setting up a school. Why should they not claim the same privilege as you propose to give the universities?—A university would require to have Parliamentary sanction and a Royal Charter.

1232. You think that would be a sufficient guarantee for the excellence of the education?—I think it would. I do not know to what extent that is likely to go, but I think it would.

1233. Then, I understand your exception in favour of universities is not that you think that proposal best in itself, but as a mode to be adopted if the universities hold aloof from the joint board?—The proposal I have made on the memorandum paper is the one that should be followed in any case.

1234. Whether they joined the conjoint board or not, you would give to all universities this privilege, that their existing preliminary examination in arts and their further training in science should always be accepted by the conjoint board?—Yes.

1235. And that the conjoint board should only examine in practical subjects the two practical subjects you named?—In medicine, surgery, and midwifery.

1236. But whether the universities joined the board or not, you would require always that every student should be examined by the conjoint board in those two practical subjects?—Not quite that; if the universities did not take part in the board or had not the opportunity to do so, then I do not think that the university students should be subject in any way to the examination of the board.

1237. Not at all?—No.

1238. Not even in those two practical subjects?—No; I think if they are examined in practical subjects, then the universities should take a part in the constitution of the board.

1239. I take the case of a university which, we will suppose, stands aloof from the board altogether, and has no representation on the board; then, in that case, you would exempt the students of that university from any examination whatever?—No, I would not. If that university had an opportunity of uniting in that board, then, I think, that the students of that university should be subjected to the examination in the same manner as the others. You give it an opportunity of taking part in the formation and construction of this board, and whether it avails itself of the opportunity or not, I think it should be subjected to the examination.

1240. Then, if I understand you rightly, practically, it would come to this, that you would in no case exempt the student of any university from some degree of final examination by the joint board?—Provided that university has the opportunity of taking part in forming that board.

1241. Exactly; you would give every university an opportunity of joining the board, if it pleased?—Certainly; and I would compel the students all to be examined by it.

1242. As regards practical and clinical training, is it not the case that some universities at least have by no means very good opportunities of practically training their students in medicine?—They may not have practical training in their own place, but they require that their students should have practical training somewhere. I do not think it is by any means a disadvantage that a student should be required to obtain his practical training in a place different from that at which he obtains his scientific training.

1243. Clearly; but in that case the university accepts the testamur of the foreign body to whom the student goes, and therefore the testamur is not really its own but that of another body, which it has adopted?—It accepts the testamur of study; it will accept certificates of study, but it will not accept the testamur of knowledge, that is the difference.

1244. That is to say, the university finally tests the student?—Yes.

Prof. Humphry, M.D.

29 June 1881.

1245. Would you propose that the examination of the conjoint board should be after the student has passed through his university curriculum, or at any time before it?—I would leave the student that option. The examination I propose (the modified examination by the board) must follow his university examination.

1246. You would make it follow?—Yes.

1247. And not come at any particular time in the course of it?—No.

1248. We have heard a good deal about the visiting of examinations by the conjoint board, do you think it possible for them to carry out that system efficiently without very great expense?—It must be a considerable expense, and it cannot be perfectly efficient, but I think it is very advantageous.

1249. Suppose the visiting body, whoever they may be, consider the examination of some medical body below par, and that it requires to be raised, and that the medical body thinks its examination good enough, is there any way of settling the question between them; is the present body absolute in its power of raising the examination, if it finds fault with it, or has the body complained of any power of appeal?—It never has been done, but the process would be, that the Medical Council, on the strength of those visitations, would report to the Privy Council that that examination was insufficient; the Privy Council could then suspend that examination; it would be the action of the Privy Council.

1250. Then, how would the Privy Council decide the question between the two?—The Privy Council would hear observations from the body accused, and would then decide.

1251. Are there any medical members of the Privy Council, there are none, I think?—I do not know.

1252. Then would not the appeal be from one of two highly learned and scientific litigants to a body that was not in the least scientific to decide the question between the two?—I suppose that is much the constitution of our highest courts throughout the kingdom.

1253. If you have the final practical examination by the conjoint board, which every man must pass, what do you want with this visitation to keep certain other examining bodies up to the work; does it not seem rather a clumsy arrangement to set one body to examine, and then another body to go and see how that body examines; and supposing you have a sufficient and efficient final examination, why do you want a system of visiting all round?—There would be the visitation of the examinations under this board to see that they were sufficient. That would be conducted by the Medical Council, and that would be necessary, I suppose. Then, further, if the other bodies (the universities, we will say) obtained certain privileges under any Act, for example, if their students are admitted to registration, then it would be desirable that the same Medical Council should have evidence that their examinations were sufficient; and, moreover, it is not simply that, but there is a real benefit done to what one may call the knowledge of the subjects of examination at these visitations. Really the knowledge that the visitors themselves obtain and the knowledge they communicate about the manner in which examinations are conducted is in itself valuable; and as I have said, quietly and silently by process of those examinations, almost every examination in the United Kingdom has been modified. It has been the case at Cambridge. We have modified our examinations considerably in consequence of those visits. I may say that we have improved them very much, and that has been done quietly and silently, without a word ever having been said as to imperfections in them. Some of our members have been visitors; I have myself visited examinations in the Universities of Scotland and Ireland, and the information I gained was extremely valuable to me with regard to the improvement which might be effected in examinations at Cambridge.

1254. Supposing this conjoint board to examine every student before he gets leave to go on the Register, that would practically make it a licensing board for the whole kingdom?—Quite so.

1255. That being so, is there any cause why there should be any other bodies that issue a license?—There would be no other bodies issuing licenses. No body would issue a license from that time forth.

1256. Every body now issuing a license would, I suppose, be allowed to give titular qualifications?—They would give titular qualifications.

1257. The one license would be the state license for the whole kingdom?—For the whole kingdom.

1258. Other bodies would be allowed to add to that their title *valeat quantum*?—Quite so.

1259. You do not contemplate that the titles received from any one of the existing bodies should qualify a man to go on the Register?—No, if any title is admitted on the Register it would be an evidence that a person holding that title had passed the common examination and something more.

1260. What I understand you to mean is this, that before any person is allowed to practise on the bodies of the people the State should give him a license to do so?—Quite so.

1261. It does not matter what you call it, but it is practically a license?—Quite so.

1262. In addition to that he may obtain titles where he pleases?—Quite so.

1263. But these titles, *qua* titles, shall not give him any right to practise on the bodies of the people?—Quite so.

1264. He must get that right always from the State through the conjoint board or otherwise?—Yes, that is so.

1265. Would you propose that a university should be allowed to give an honorary title to a man who had not got, or who had failed to get, from the conjoint board this permission to practice?—Yes, I would; but that title would not be admissible upon the Register, I would leave the universities free to give their degrees.

1266. (*Mr. Cogan.*) I see that you suggest a considerable diminution in the number of the Medical Council; you think they might be reduced to 14?—Yes.

1267. You propose that two should represent the conjoint board for England, one for Scotland, and one for Ireland?—Yes.

1268. Of course if, what you contemplated as possible, the universities were left out—I presume the universities would also be represented on the Medical Council if they did not join the conjoint board?—I did not contemplate that; I would not contemplate any kind of representation on the Medical Council. I would get rid of the whole idea of representation if possible on the Medical Council.

1269. You would have the Medical Council constituted as proposed in your paper, and I think you would allow the universities of England, Ireland, and Scotland to confer licenses, but would not have them send any person as their representatives to the Medical Council in future?—I do not propose that they should confer licenses. The licenses would be obtained only through the conjoint examination; the universities would confer no licenses. They would give degrees but not licenses. They would join in forming the board, and as joining in forming the board they would to a certain extent join in forming the Medical Council.

1270. I think I understood you to say that you thought it would be sufficiently satisfactory if the corporations, the Colleges of Physicians and Surgeons in England and Scotland, and in Ireland, united to form the conjoint board, and that the universities might be left out?—I think that that might be sufficient, but not so good as the plan I proposed.

1271. If such a state of things were to exist in the future, and they were to be left out, would you contemplate that they should be represented on the Medical Council, or would you exclude them altogether?—I am hardly prepared to answer that.

1272. Do you not think it is very natural, if they remained in the same position as they are in now with the power of licensing, that they would object if they were not so represented upon the Medical Council as at present?—If they were subject to the influence of the Council I will say Yes; but I am very unwilling to admit the idea of representation upon the Medical Council at all. I think it should stand between the public and the examining bodies.

1273. I quite understand that you do not consider those, who are selected by these particular bodies, simply as representing the interests of those bodies, but as representing the interests of the whole profession?—I would rather regard them as representing the interest of the public, and not the interest of the profession. I do not think they do represent the interests of the profession.

1274. That is what I mean?—They should stand as it were between the profession and the public, if one may so speak.

1275. You suggest that certain members should be elected directly by the profession, but you yield to that merely as a sort of sop to the agitation that has been going on?—Yes.

1276. Do you consider that it would be possible to, as it were, make this concession to the wishes of the profession by allowing those who represent the profession directly to be elected through the corporations, greatly enlarging the elective bodies in those different corporations?—I do not think it would, and I do not think it would be any very great advantage. I think you would diminish the excellence of the mode of representation of the corporations, and would not after all satisfy the profession. At present the mode of election by the corporations is excellent, and widening the constituency would rather damage the excellence of those elections.

1277. Do you believe that this anxiety on the part of the profession for direct representation on the Council is to a great degree caused by the idea that certain subjects would be referred for consideration to that body which you do not contemplate ought to be left to it?—I think the motives are varied, that some persons have one idea respecting it and some another, and that a great many of them have had a notion that their interests in connexion with the poor law and in various other ways would be considered and perhaps promoted.

1278. Are you of opinion that those are subjects that could be properly given to the Medical Council?—Certainly not. I would make it simply a council of education and examination, but with the other functions I have mentioned, as to the pharmacopœia, medical registration, and so on.

1279. I see you suggest the importance of having an interchange of some of the examiners in the three divisions of the United Kingdom?—Yes.

1280. Do you think there would be any practical difficulty in carrying that into effect?—I think there would be some practical difficulty, but I do not think it would be insuperable. The members of the board would discuss together which of them could with most convenience form part of the board in another division of the kingdom. In that way it might be very well arranged, though not without some difficulty.

1281. Your idea is that, as far as possible, the examinations, the expense of the licence, the time occupied in education, the curriculum, and in fact, generally, that all things should be as similar as possible in the three portions of the United Kingdom?—Yes.

1282. So as not to give any undue interest to persons to go to any particular part?—Quite so.

1283. Of course you contemplate that the visitation through the Medical Council should still be kept up?—Yes.

1284. You think that would be essential?—Yes.

1285. Has it occurred to you that the branch councils in different parts of the United Kingdom should visit the examinations in the other parts at any distant periods of time?—I have not distinctly contemplated any branch councils, but I think the whole body of the Medical Council should appoint visitors to visit in the three divisions, not necessarily that they should be members of one division visiting others. Perhaps they might take the plan which was determined on the last occasion; the visitation which is at the present time going on is by three members appointed to visit the examinations in all the divisions. It is thought that that will be the better mode, and that those three persons will in that way be enabled to give better information as to the examinations generally; that is, all the corporation examinations.

1286. (*Mr. Simon.*) The question I would first ask you refers to an observation you made with respect to the suppressibility of the Glasgow Faculty. You thought, as I understood you, that the Faculty might properly be suppressed on the ground that only one College of Surgeons was wanted for that division of the kingdom?—My idea rather was not to suppress it, but not to give it a place upon the board. If it chose to continue its examinations and to give its titles it could do so. I would not suppress it in that way; I would not altogether extinguish it.

1287. (*Chairman.*) There is one point you might like to add to your answer; you do not propose to give any corporation or body or university a place on the Medical Council; that is one of the very important parts?—Yes, quite so.

1288. (*Mr. Simon.*) You assume a College of Surgeons in each division of the kingdom: but the Scotch constitution, as I understand it, is that the College of Surgeons of Scotland exists in two sections, one of which is in Glasgow, under the name of the "Faculty," while the other, having its seat in Edinburgh, is not known as the College of Surgeons of Scotland, but only as the College of Surgeons of Edinburgh?—I do not quite understand that.

1289. In England we have the Royal College of Surgeons of England?—Yes.

1290. In Scotland there is no College of Surgeons of Scotland, but a College of Surgeons of Edinburgh, and under a different title, a similar body, called the "Faculty," in Glasgow?—I do not quite know the relations between them.

1291. (*Chairman.*) There is a Faculty of Physicians and Surgeons in Glasgow?—Yes.

1292. (*Mr. Simon.*) It is, so to speak, the local College of Surgeons?—Quite so, and of Physicians.

1293. So that it fulfils the functions of the College of Surgeons partially?—Quite so.

1294. Locally?—Yes.

1295. It fulfils the same functions in Glasgow as that which you assume to be the Scotch College of Surgeons fulfils in Edinburgh?—Yes.

1296. But it is neither more nor less, is it, than that college?—It does not examine so many students, my feeling is that the one body would be sufficient.

1297. Are you aware of the provision offered in section 50 of the Medical Act of 1858, for their becoming only one body, namely, that there should be made a Royal College of Surgeons for Scotland, such as there is for England and Ireland, by the consolidation of those two Scotch surgical bodies?—That is proposing an amalgamation of the two?

1298. Yes?—Quite so.

1299. So that Scotland, like England, should have a Royal College of Surgeons of its own; that would probably meet your view?—Quite so.

1300. Then turning to the question of the Medical Council, as regards its powers, you would not give it large coercive powers, I understand you to say?—Certainly not.

1301. You would give it some powers of general regulations?—I would not give it any power of making special regulations.

1302. General regulations?—I would not give it the power of making regulations at all. I mean I would leave it to the board to make all rules and regulations with regard to education and examination; those to be subjected to the Medical Council, but not that the Medical Council should make any.

1303. Would you allow so general a rule to be made by the General Council as this, that the curriculum should be of at least four years?—I would leave that to the board, I would leave the board to make every regulation.

1304. The divisional board?—The divisional board; if that were not satisfactory to the Medical Council, the Council would represent to that effect (and I would require the Medical Council to report annually) to the Privy Council.

1305. That it should act, not by way of regulation, but by way of disapproval?—Disapproval in certain cases.

1306. Then you distinctly depart from the proposal of the Government Bill of 1880 in clause 15, to give power of making examination rules to the Council?—Quite so.

1307. You would expect of the Council that it would ensure equivalence of standard as between the three divisions of the United Kingdom?—So far as possible; near equality.

1308. You would also expect of the Council that it would be the judge of what constituted a higher degree of skill and knowledge?—Yes.

1309. Then having regard to those questions which are of an eminently judicial kind, you would, of course, attach very great importance to the constitution of the Medical Council?—Certainly.

Prof. Humphry, M.D.

20 June 1881.

1310. You would deprecate that there should be anything like a haphazard element in the constitution of the Medical Council?—It is very difficult to say what one would mean by "haphazard"; I think the question of the best method of election to various posts is one of the most difficult that we can have to solve.

1311. If I may refer to action taken by yourself a couple of years ago in the Medical Council I would read a resolution that you then moved, and which, no doubt, is fresh in your mind, "That this Council, taking into "consideration the nature of the duties which devolve, "and are likely to devolve upon it as a council of "medical education and registration, is of opinion that "the principle of election of members to the Council by "the direct representation of the whole profession does "not afford sufficient guarantee for the selection of the "persons best qualified to perform those duties; and that "the Council therefore recommend that such a principle "should not be adopted." That was moved by you and seconded by Sir William Gull?—Quite so; I should quite adhere to that.

1312. Then you said in answer to Mr. Cogan that direct representation, if given, would only be given as a sop?—As a concession; "concession" is a better word.

1313. As a "sop," that was the word used?—Yes, I heard the word; I did not use the word, I would rather say "concession."

1314. Do not let us lose the word.—I would rather say a "concession."

1315. And it is in answer to agitation that you propose that four out of fourteen members of the profession should be elected by universal suffrage?—I think there will be no rest in the profession, and that we shall have no rest from legislation until that is to some extent granted, therefore, I thought on the whole better to do it.

1316. But you there (I am not saying whether rightly or wrongly) abandon what you consider to be the right principle of the Council?—I do not think that by any means the best mode of election to the Council, but I would assent to it for the purpose of obtaining the greater end.

1317. You consent to it to the extent of four out of fourteen?—I think that is as great a proportion as has been required or asked for.

1318. Supposing that what you consider the better principle be abandoned, and that when the details of a new arrangement come under consideration those who have promoted the agitation come and ask that the number of direct representatives, instead of being four as proposed under your plan, should be six or eight; how would you resist that?—I should adhere to my proposal; I would not grant more than that, especially as another part of my proposal is that a certain number of general practitioners should be upon the conjoint board; the practioners would be upon the conjoint board, appointed by Government, and the profession would be represented upon the Council in this direct manner.

1319. But if that object is secured, if you have general practitioners on each divisional board, do you in addition to that want the very disturbing and precarious method of election which is called direct representation?—I do not want it, but I yield to it.

1320. At whatever risk to the Council?—At such risk as it would entail. I do not think the risk would be so very great and alarming, and I do not think it would do any great harm.

1321. If you could preserve exactly your own proportions, you think that no great harm would be produced?—No; in proportion as the number is increased the harm would be increased also.

1322. Have you formed any notion in your own mind how that election would be conducted and how a candidate would appeal to the constituents?—I do not profess to have a very profound knowledge of the mode of conducting such elections, but I should have thought it would not be a matter of any very great difficulty, that it would be advertised at stated periods when the vacancies occur and what vacancies do occur, and I conclude that names approved by a certain number of members of the profession would be brought forward, and that those names would also be advertised in some regular and recognised manner, and a statement issued at the same time of the form in which each vote should be given. Then I conceive that each member of the profession might on a stamped paper write out that form and the names of the persons for whom he would vote, and that paper, being duly witnessed, should be sent to the central office where the votes would be counted. I do not conceive that there could be any great difficulty or expense about that.

1323. Do you contemplate that the position of a direct representative would be one much desired?—I think so.

1324. Then assuming it to be much desired, as for instance a seat in Parliament is much desired, how would you have the competition for it conducted; would there be any channel of communication between candidates and constituencies except through the journals?—I do not conceive that there would be; certain names would be brought forward. I do not think the voting would be quite so extensive as is imagined. The members of the profession would know some of those candidates, or they would have studied under them at their schools, or have some knowledge of them in that sort of way, and then of course there would be the influence of the journals (that cannot be prevented) for good or for evil, and in that way they would make up their minds. I would have the whole paper written out by each elector so that there should be no sending of papers from candidates to them: the whole form should be written out by the electors themselves.

1325. But assuming competition, how would the candidate put his case before his constituency?—Through the medical journals.

1326. Then he would depend upon the goodwill of the medical journals for his opportunity of doing that?—No, I do not think that.

1327. Do you mean he could do it by advertisement?—I do not think any journal would refuse from a candidate a statement, or if one journal did another would not. I do not think any journal would refuse to place in it a letter from a candidate; I cannot conceive that.

1328. Does your experience then lead you to believe that a journal allows itself sometimes to be refuted in its own columns?—Certainly, I have repeatedly done that myself, or attempted it.

1329. If a candidate wished to appeal irrespectively of the journals to his constituency for one of these seats which you propose, have you thought at all what would be the expense of each circular letter that he addressed to his constituency?—If he were to publish a circular to his constituency do you mean? I do not think many would do that; some might do it, but the appeal through the journals would usually be sufficient.

1330. I am very anxious to get your opinions on what one may call the roots of the desire for direct representation?—I think the root of it is that in the first place the profession feel that they pay, sustain, and support the Medical Council. The funds of the Medical Council are entirely derived from the profession. That is the case undoubtedly, and therefore they feel that they have a sort of claim to an influence in it. I would rather put it in that way; that is the groundwork, and that is a real and legitimate claim. I think it is a fair claim. Then secondly, they have also the feeling that the real requirements of the practitioner in the matter of education would be better attended to if there were a representation from the practitioners generally on the Council; whether rightly or wrongly that is undoubtedly the feeling, and a stated feeling. Those are two of the grounds upon which the claim is based. Then the third feeling is that at present they seem to regard (I do not know why they should do so, but they do, and I do not at all justify this) the corporations as to some extent hostile to themselves. I really cannot tell what is the root of that, but they have that feeling, and it is expressed among them in a manner which surprises me. I think it is quite ungrounded. They feel therefore that on the Medical Council the corporations have their own way, if I may so say, as against the profession. Mind I am not at all giving this as my own view of the matter. I think it is quite unfounded and ungrounded; but I think those are the three reasons, as I have gathered them; first, that they pay or provide the funds; secondly, that they know better the wants of the general practitioner; and thirdly, that they feel that the corporations dominate too much on the Council, and through the Council on the profession.

1331. I observe that in referring to one of those grounds you used the expression "rightly or wrongly." Do you mean to state that those are the views on which

people press for direct representation?—I think I said the first does seem to me to furnish something of a claim, that is, the fact that they furnish the funds by which the Council is conducted.

1332. As regards that point they do not, I think, make any annual payment in support of the Council?—Still the funds of the Council are entirely derived from them.

1333. They are derived from the admission fee which persons entering the profession have paid as a condition of their being admitted to it?—That admission fee is high for the purpose of maintaining the Medical Council.

1334. It does maintain it?—That is what I meant; they do provide the funds.

1335. But maintaining it is for the interests of the public, is it not?—Then they consider that they, furnishing the funds, ought to have a share in promoting what may be regarded as the interests of the public.

1336. Do you think that the view of the best and more thoughtful of them, is, that, looking upon the profession as a whole, and as if it were a single corporation they, as members of it, believe themselves entitled to have a voice in the licensing system which admits to it?—I think as members of the profession and as furnishing the funds (I think they take that into consideration too), that they are entitled to a share in the deliberations of the Council.

Prof. Humphry, M.D.

20 June 1881.

1337. If I rightly understand the spirit with which they ask to be on the Council (putting for the minute the question of funds aside and looking to the other question) I would ask you whether that desire might not better be satisfied by enlarging the constituencies of the existing corporations rather than by recourse to a method of election which you, on principle, consider bad, and which would endanger the efficiency of the Council?—I think that a proposal of that kind would injure the constitution of the corporations. I think it would distinctly injure them, and would not satisfy the public on this point.

1338. That it would injure all the corporations?—The College of Surgeons of England especially was in my mind, but I think all of them.

1339. What do you say about the Apothecaries' Company?—I do not think it would improve it. I think it would distinctly injure that which is, after all, the most important, the College of Surgeons of England. I think the College of Surgeons would be distinctly injured by that alteration without any clear gain to the Medical Council or to the profession, and without in any way satisfying the profession. I do not think it would meet the desire of the profession, because all of them are not members of the College of Surgeons.

Adjourned to Friday next at half-past 3 o'clock.

SIXTH DAY.

Friday, 24th June 1881.

PRESENT:

THE EARL OF CAMPERDOWN IN THE CHAIR.

THE BISHOP OF PETERBOROUGH.
THE RIGHT HON. W. H. F. COGAN.
THE MASTER OF THE ROLLS.
THE RIGHT HON. GEORGE SCLATER-BOOTH, M.P., F.R.S.
SIR WILLIAM JENNER, BART., K.C.B.
JOHN SIMON, ESQ., C.B., F.R.S.
PROFESSOR HUXLEY, F.R.S.
ROBERT MCDONNELL, ESQ., M.D., F.R.S.
PROFESSOR TURNER, M.B., F.R.S.
JOHN WHITE, ESQ., *Secretary.*

Mr. ARCHIBALD HAMILTON JACOB, M.D., called in and examined.

Mr. A. H. Jacob, M.D.

24 June 1881.

1340. (*Chairman.*) You are a Fellow and Member of the Council of the Royal College of Surgeons of Ireland, I believe?—Yes, I am.

1341. And you were recently chairman of the Council of the Irish Medical Association?—Yes.

1342. The Irish Medical Association corresponds very nearly with the British Medical Association in England, does it not?—Yes, so far as Ireland is concerned.

1343. It is not exactly affiliated to or connected with it?—No, not in any way.

1344. Does it consult with it?—It is strictly *en rapport* with the British Medical Association, but is not a branch of it, or associated with it in any way directly or indirectly. It is the equivalent in Ireland of the British Medical Association.

1345. You are also the editor of a publication well known as the "Medical Press and Circular"?—I am.

1346. And you are also the editor of the Irish Medical Directory?—Yes.

1347. In all those capacities you, of course, have abundant opportunities of becoming acquainted with the feeling of the general body of practitioners in Ireland?—I have abundant opportunity.

1348. Now, coming directly to the constitution of the Medical Council, have you reason to know whether, in the opinion of the Irish medical practitioners, it is desirable that there should be some direct representation of their body upon the Council?—The Irish Medical Association has petitioned Parliament in favour of direct representation, and has at successive meetings for several years enunciated its opinion that no legislative measure can be satisfactory which does not provide for direct representation.

1349. (*Mr. Sclater-Booth.*) On the part of medical practitioners, generally, do you mean?—Yes, as a method of reconstruction.

1350. (*Chairman.*) Has this subject been brought up at meetings of the Irish Medical Association and discussed by them?—Yes, repeatedly, in successive years; I may say for the last six or seven years; and Parliament has been petitioned by those meetings for reconstitution of the General Medical Council, and for direct representation as a part of that reconstitution.

1351. Can you inform us whether that petition was drawn up at very large meetings, and very largely signed?—It was signed by about 600 members; I am not able to give the exact number.

1352. Speaking from your own knowledge do you believe that the general body of practitioners really attach great value to direct representation?—I do decidedly.

1353. Is that because they regard the Medical Council as charged with the duties of supervising general study and examination, or is it because they regard it as a sort of medical parliament at which general questions

Mr. A. H. Jacob, M.D.
24 June 1881.

affecting the medical profession would be entertained?—The feeling of the profession in Ireland, so far as I understand it, is that the General Medical Council has not been successful in the purpose for which it has been established by reason of its misconstitution; part of its misconstitution being the omission to represent the medical practitioner, and the representation of the licensing bodies being altogether excessive and redundant.

1354. In what way has the Council failed, in your opinion, to represent the medical practitioner in Ireland?—In the subjects in which the general working practitioner is daily interested. For instance, the practice of the profession by unlicensed persons has not been dealt with by the General Medical Council at all; on the contrary, the Council has definitely declined to enter upon any course of checking unlicensed practice whatsoever; and the result of that is that, both in Ireland and elsewhere, the practice of the profession by unqualified persons has gone on unchecked, and has achieved great proportions. The feeling of the profession, also, is that even if this function were not neglected by the General Medical Council, the presence of direct representatives in the Council is necessary to counterbalance the excessive influence of the licensing corporations in that body.

1355. Do you consider that Parliament in passing the Act of 1858, intended that the Medical Council should deal with this question of unqualified persons practising?—I am strongly of that opinion.

1356. In your opinion, did the Act of 1858 give to the Medical Council the power of dealing with that question?—Certainly, I think they possess that power.

1357. Would you point out to me what clause gave them that power?—I think they have power under the 40th section of the Act of 1858. That section says, "Any person who shall wilfully and falsely pretend to "be, or take, or use the name or title of a physician, "doctor of medicine, licentiate in medicine and surgery, "bachelor of medicine, surgeon, general practitioner, "or apothecary, or any name, title, addition, or description implying that he is registered under this Act, "or that he is recognised by law as a physician, or "surgeon, or licentiate in medicine and surgery, or a "practitioner in medicine or an apothecary, shall, upon "a summary conviction for any such offence, pay a sum "not exceeding twenty pounds."

1358. You see the important part of it is, "or any "name, title, addition, or description implying that he "is registered under this Act?"—Yes. No effort whatsoever has ever been made by the General Medical Council, so far as I know, to enforce these penalties against persons practising without qualification.

1359. Where does the Act say that the Medical Council is to enforce these penalties?—The Act does not put it upon the Medical Council to do so. But I consider that inferentially it is the duty of the General Medical Council to carry into effect the objects for which the Medical Act was constructed; and that the suppression of illicit practice was one of those objects which has not been carried into effect.

1360. Then Parliament has not imposed that duty upon the Medical Council, I understand?—It is not stated in the Medical Act that the Medical Council is charged with that duty; but the Council is charged generally with the administration of all the purposes of that Medical Act, this being one of those purposes.

1361. Has any absolute authority been given to the Medical Council under the Act of 1858; absolute power to do, I mean, as contrasted with the power to recommend?—Do I understand your lordship to allude to questions of education?

1362. First, with regard to education?—Their powers with reference to that are that they can order a licensing body to comply with certain requirements. If the licensing body refuses to do so, it is competent for the General Medical Council to represent that licensing body to the Privy Council, and the Privy Council may then withdraw from the recognition list the license of that body, and disfranchise that body as an educational body. And in that way a coercive power exists in the General Medical Council, but only through the Privy Council.

1363. Is it, then, correct to say "coercive"; is it not rather that the power is merely a power of representation?—It is a power of representation to the Privy Council, and in that way it is a coercive power upon the licensing body.

1364. Then you say that the influence of the licensing corporations has been too great upon the Medical Council?—Certainly.

1365. Am I to gather that in your opinion some of these licensing corporations ought to have less representation, or less proportionate representation, than they have at the present time upon the Medical Council?—The Medical Council is exclusively composed of representatives of licensing corporations, with the exception of the Crown nominees; they are the sole exceptions. All the other members of the General Medical Council are representatives of the licensing corporations; and the feeling of the profession is that the tendency of that over representation has been to keep medical education in the condition in which it has been—that it has been against progress and improvement and change in medical education.

1366. To return to the question of direct representation, you are apparently of opinion that the Medical Council is not representative of the general profession; is that so?—That is strongly my opinion.

1367. You are also of opinion that the Medical Council has come somewhat short in performing its duties; do you attach any connexion between those two in the way of cause and effect?—I do.

1368. As I understand, you think that the Medical Council would be more active in performing its duties if there were a direct representative element upon it?—That is my opinion.

1369. Let me ask you one question with regard to the examinations which the students have to pass at the present time. I suppose I may assume that in the case of every person who is admitted to practice medicine, you consider that he ought to be possessed of a sufficient knowledge of medicine, surgery, and midwifery?—Quite so.

1370. Are you aware that at the present time the licensing qualifications which are given by some of the Corporations, are what are commonly known as only half qualifications?—Yes.

1371. I would like to ask you whether in your opinion there is not a want of equality in the examinations, the curriculum, and the fees of these various corporations?—There is an excessive want of equality as regards Ireland, which I will illustrate by one or two figures. A person desiring to obtain the M.B. and M.Ch. degrees of the University of Dublin will have to attend 13 courses of lectures, occupying at least three years in medical study. It will cost him 136*l.* for his medical and surgical qualifications, besides 83*l.* for the arts qualification, which is necessary to his obtaining these as a University student, making a gross total of 219*l.*, that that man will have to pay. The lectures are 61*l.*, the hospital 44*l.*, and the degree fees 31*l.*, that makes 136*l.* If the same student desires to obtain the same degrees in the Queen's University he can obtain them upon lectures which may be put in in two years at an expense of 61*l.* This is considerably less than half the expense of even the medical portion of his education in Dublin University, and it is one year less in the way of curriculum. If he desires he can obtain qualifications at the Apothecaries Hall, with 12 courses of lectures, for 73*l.*; but if he wishes to obtain the Dublin double diploma, that is the license of the College of Surgeons and the College of Physicians, it will cost him in three years 157*l.* So that the expense of obtaining degrees varies in Ireland from 61*l.* to 157*l.*; and the length of the curriculum varies from two years to four years. Therefore, there is an extraordinary inequality, as suggested by your Lordship; and, if your Lordship will permit me to point out the effect of that inequality, I will do it by means of the table I present to you.

(The following table is handed in.)

TABULAR STATEMENT of NUMBER of IRISH STUDENTS who were Registered in the 10 Years, 1865 to 1874, and whose Names appear in the REGISTER of PRACTITIONERS, showing the Places of Education and Qualification.

PLACE OF STUDY.	Average No. of Students registered at each School.	SURGICAL QUALIFICATIONS.						MEDICAL QUALIFICATIONS.						Total Degrees granted to Students of each School.
		Dublin College of Surgeons.	M. Ch., Dublin University.	M. Ch., Queen's University.	Glasgow Faculty.	Edinburgh College of Surgeons.	London College of Surgeons.	Dublin College of Physicians.	Apothecaries' Hall.	Edinburgh College of Physicians.	M.B., Dublin University.	M.D., Queen's University.	Other qualifications.	
College of Surgeons - -	31·3	161	5	11	1	13	4	119	12	21	11	18	0	376
School of Physic - -	68·6	128	126	4	1	12	8	54	3	6	207	7	2	558
Catholic University - -	18·0	65	3	5	2	5	2	40	5	8	1	5	0	141
Ledwich School - -	48·6	145	10	13	2	40	17	90	50	53	10	13	3	446
Carmichael School - -	5·0	30	3	7	1	6	5	19	4	6	1	7	3	92
Steven's Hospital School -	10·0	42	1	1	0	5	1	34	3	13	4	0	1	102
Queen's College, Belfast -	48·0	9	0	94	9	54	12	6	4	45	0	95	1	328
Queen's College, Cork -	44·1	8	1	96	7	66	8	16	15	56	0	101	1	375
Queen's College, Galway -	30·6	16	0	58	3	31	2	6	9	28	0	57	2	212
Number of Registered Degrees granted by each Body.	Total Students.	748	149	289	26	232	49	384	105	233	234	303	13	2650
		Total, 1,493 Surgical Degrees granted.						Total, 1,259 Medical Degrees.						Total Degrees granted.

1372. By "the effect of " inequality," you mean the effect upon medical education in Ireland?—Yes. The effect upon medical education in Ireland.

1373. May I take it that this is your meaning, that the result of inequality in the curriculum and the amount of fees is to drive students away from Ireland to other places at which the curriculum is shorter, and where the fees are lower?—Yes. To drive the students from those bodies which maintain a high curriculum, a high course of study.

1374. A high course of study and a short curriculum, you mean, has that effect?—No, a long curriculum and a high course of study will drive them to other bodies which require a shorter curriculum and a lower course of study, whether those bodies be in Ireland or in Scotland. In drawing up this table I took the Medical Students' Register, which is published annually by the Medical Council, for 10 years, and I picked out from it all the Irish students, numbering 2584; I followed those students into the Medical Register of Practitioners for the purpose of ascertaining where they obtained their licenses, and the table gives an analysis of the information they obtained. I call particular observation to the columns headed "Edinburgh College of Surgeons," and "Edinburgh College of Physicians," and to the figures standing against the Queen's Colleges in those columns, from which it will appear that out of 232 surgical diplomas granted by the Edinburgh College to Irish students, 54 were granted to students of the Queen's College, Belfast, 66 to those of the Queen's College, Cork, and 31 to those of the Queen's College, Galway; that is to say, that 151 out of the 232 came from the Queen's Colleges. Now, if you will permit me, I will explain the reason of that. A student attending in a Queen's College may obtain all the lectures necessary for a Queen's University degree, or a Scotch double diploma in two years, not more than two courses of lectures being required in any subject. That student, if he were to come to Dublin, would be obliged to put in a third year, to attend a third course of lectures, pay for his maintenance in Dublin, and pay his fees. Consequently, he does not come to Dublin; but when he seeks a diploma outside his own university, he goes direct to the Faculty at Glasgow, or to the Colleges of Physicians and Surgeons at Edinburgh for it. Thus, it turns out that a very large proportion of the Irish students have within the last 15 or 20 years taken their qualifications in Glasgow or in Edinburgh, in consequence of the fact that the curricula there are equal to the curricula of the Queen's Colleges, and below the curricula of the Dublin Colleges. Therefore I use these figures to enunciate the fact that that inequality has been productive of an enormous exodus of Irish students to Scotland; and that if that exodus, or that competition of curricula, is ever to be put a stop to, it can only be put a stop to by, to a certain extent, equalising the curricula, the fees, and the examinations.

1375. Then will you tell me by what means you would propose to stop that inequality?—By the conjoint examination, as proposed by the Bill already before Parliament.

1376. By substituting for the examining boards of the various medical authorities, which at the present time differ in their requirements, a central board, the operation of which would be uniform all over the three Kingdoms; is that what you mean?—Three central boards; one for England, one for Scotland, and one for Ireland, and all of an equal standard so far as it is possible to make them so.

1377. And I infer from what you say that they would be under the general direction of some such central body as the present general Medical Council?—Yes. The proposition in the last Government Bill was that the General Medical Council should make a scheme for each division of the Kingdom, and should make that scheme equal, so far as it was possible to make it equal, throughout the Kingdom.

1378. The proposition of the Government Bill of 1880, I think, was that the Medical Council should lay down the curriculum, and also the general course of study?—Yes; the words were that they should fix a scheme (as well as I recollect the words) so that the qualifications should be granted in all divisions of the Kingdom on the like terms.

1379. The words are "the General Medical Council " shall frame rules for regulating the curriculum of " study and the examinations?—There are further words, "to secure uniformity."

1380. (*Bishop of Peterborough.*) I think you said that the presence of representatives of the licensing bodies on the Medical Council tended somewhat to the increase, or rather, did not tend to the checking, of illicit practice; and you thought that that would be corrected by adding persons directly representative of the profession?—Yes.

1381. May I ask why you think that the representatives of licensing bodies should be careless about unlicensed persons practising; would not their interest be in exactly the opposite direction?—I say so, because the practice of the profession by unlicensed persons falls, not upon the class from which these representatives are selected by the licensing bodies, but upon the class of working practitioners from whom it is desired to elect the direct representatives. The class of practitioners now chosen by licensing bodies or by the Crown are above the level of the competition of unlicensed practitioners in any way: but the general rank and file of the profession are not above the level, and they suffer considerably from unlicensed practice.

1382. You think direct representatives of the profession would have a keener and more direct interest in excluding anything of that kind?—I am strongly of that opinion.

1383. You say that the want of their presence on the Medical Council has the result of checking improvement and change in medical education; would you

Mr. A. H. Jacob, M.D.

24 June 1881.

explain why it should be so?—I make the remark rather more as expressing what has happened, and I appeal to experience in confirmation of it. But I think that it will be obvious to the Commission that the representatives of licensing bodies in the interests of those licensing bodies would naturally be content to maintain the *status quo*, the *status quo* being one favourable to those bodies in respect to diploma-giving, money making, and so forth. Therefore, a Council, mainly representative of those bodies, would naturally be for maintaining the present condition of things, and they have maintained, it as a matter of fact.

1384. You are of opinion that enlarging the curriculum very much would impose more trouble upon the licensing bodies, apart from the question of gain, and that they might not like additions to the curriculum?—The licensing bodies, as a rule, are making very good incomes by the present system. It is not at all desired by many of them that they should be disturbed; and as long as the Medical Council is composed mainly of those bodies the tendency will be not to disturb existing arrangements.

1385. You drew attention to a very important matter, as it seemed to me, the inequalities of time required to be occupied by those who pursue their studies in connexion with the different licensing bodies. I understand you to say that in some cases the time required is two years, and in others four years?—Nominally, all students take four years. Nominally, the medical profession requires four years of study; practically, it only requires three anywhere.

1386. How is that?—Because the fourth year is not kept in a school; it is not of a character capable of being checked. In England one of the years is in many instances occupied by service with a general practitioner, which may or may not be a *bonâ fide* year. In Ireland, as a matter of fact, two years and nine months has been the time in which a diploma might be obtained, and in which an enormous number of diplomas were obtained. The two years and nine months were so fixed, because three winter sessions of lectures were required. In an institution which only required two winter sessions of lectures, although nominally that institution required three or four years, it was competent for the student to pass through all the necessary curriculum in the two years, and many of them did pass through the necessary curriculum in the two years.

1387. Is it your opinion that the two years curriculum is too short for the purpose of a proper education?—Certainly, I am strongly of that opinion.

1388. You think that the curriculum should not be less than *bonâ fide* four years?—Yes, I am quite of that opinion.

1389. Then, I think, you said that the appointment of a conjoint board would tend to prevent this variety of time: would you explain to us how that would work. It does not seem clear to me that the appointment of a conjoint board would necessarily affect at all the length of time?—The function of the general Medical Council under the Bills, which have been brought before Parliament, would be to create the scheme under which that conjoint board would work; the Medical Council would determine the length of the curriculum, the amount of the curriculum, the standard of examination, and the fee to be paid; and that would be compulsory on all the conjoining bodies. It would not be possible for any particular body to remain out, and continue to give its license or diploma on a less term than that; and the consequence would be that competition would cease, because there would be no going from one body to another to obtain either a lower degree of education, or an easier examination or a cheaper fee.

1390. If I gather your meaning rightly, it is this: that as this conjoint board would examine every person before he is placed on the register, and as he must pass that examination, there would be no gain in one particular body making its curriculum much shorter, or its course of study much lower, inasmuch as that would probably lead to the man being plucked at an examination of the conjoint board?—The proposition is that these bodies should cease to give their lowest qualifications altogether. For instance, in Ireland the College of Surgeons, and the College of Physicians, the Queen's University, the University of Dublin, and, we will say, the Apothecaries' Hall, would conjoin in the formation of this board, they would contribute examiners to the board, and they would *ipso facto* cease to give their own inferior degrees, their own qualifying license. They would be out of the competition altogether. They would then only give their superior degrees, which would be degrees of honour, following after the qualifying license.

1390a. Your idea of a conjoint board is that it should be a licensing body?—Yes, it would be the examining board which would examine for a license; and it would be the sole and only examining board which would examine for a license.

1391. You mean that it should really examine for the license?—Yes.

1392. And that that should be the only licence given?—Yes.

1393. Then you would take away from these bodies, if they joined the conjoint board, any power they now have to give a license of their own?—Yes; of giving what are called qualifying licenses. They would continue to give the superior diplomas.

1394. You would leave them to give what we may call titular degrees, as distinct from the license to practise?—Certainly.

1395. Then you do not distinguish between the license and admission to the register; you would make them one and the same thing?—No, I would not. I am glad your Lordship has asked that question. It was a proposition that the examination held by that Board should be the sole qualification to go on the register, and that nothing more than that should be necessary. That was the proposition contained in Lord Ripon's Bill, but that is not the proposition contained in the Government Bill, or the present Bill, or any of the Bills of the present day. The proposition is now that a man, having passed the conjoint board, should *ipso facto*, without further examination, or without further fee, affiliate himself to the co-operating bodies by obtaining their diploma. That is a very important difference; for though it might appear redundant to require the student to go further than the qualifying examination, it is absolutely essential for the continuance of the existence of those bodies that he should obtain the diploma from them; as otherwise they would cease to exist, and the machinery for holding those examinations would break up.

1396. Then I understand you to propose this; that the conjoint board should license in the sense of permitting a man to practise, but that it should require after this permission by license or registration were given, that the man should obtain a diploma from one of the bodies?—Yes; not a diploma upon examination, or an extra fee; but a diploma following upon the conjoint examination, as a matter of course. These bodies would be co-operating, and they would satisfy themselves by their co-operation in this examination that the man knew his business, and would then and there affiliate him to the body by calling him an L.R.C.S., an L.R.C.P., or whatever the title may be, and he would become one of their *alumni*.

1397. Then if he got his diploma from one or other of those bodies immediately, as a matter of course, on passing the conjoint board, the diploma would have no special value, but would be the result of his passing the examination of the conjoint board?—Exactly.

1398. Then what would be the object of the student seeking that, or why should we ask him to seek it?—That is exactly what I want to point out to you. If you were not to ask the student to do that, he would be practically uncontrolled by any licensing body. Now, in the first place, these licensing bodies exercise a very salutary control in many instances upon the practitioner, and it is desirable that he should be maintained under that control. Secondly, if you do not require him to take the diploma, necessarily you cease to give the licensing body any claim to the money which he pays, and the licensing body becomes then and there bankrupt. For the maintenance of these bodies it is absolutely essential that they should be entitled to a share in the fees; especially as these bodies are the machinery by which the licensing examination is carried out; and if the bodies were to close their doors, the licensing examination would cease to exist.

1399. Have you ever considered whether it might not be better that a medical practitioner should be examined by the conjoint board after he has got one of these diplomas, and not before; would not that be practically to test the value of each diploma by the person, who has obtained it, being compelled to pass a subsequent examination, and would not that have the effect, more than any other mode, of equalising the curricula, and

preventing competition of curricula; and would it not tend to keep up a fair minimun standard if you put the examination by the conjoint board after a person has done with his licensing or educating body, and not before?—I think that such a proposition would be very effective for the purpose that is desired, namely, the equalising of examinations and securing that the diploma examinations should be of a high character. The question would then at once arise, what is the *raison d'être* of the diploma examination, if you are going to submit the man to a subsequent examination.

1400. Would not the reason you have just now given, namely, that it is desirable to subject a man to the control of some medical authority, apply equally in both cases?—I think it would apply equally.

1401. The objection has been taken to subjecting students who have obtained diplomas from medical authorities to examination subsequently by a conjoint board, that is held to be unworthy of the dignity of those bodies; you are aware that it has been proposed to keep up an even standard of examination by means of visiting the different examinations, are you not?—Yes.

1402. May I ask you which do you think is the most derogatory to a learned body, that its examiners should be watched by persons coming to listen to their examination, or that the value of their diploma should be tested by subsequent examination; do you see much difference in the matter of dignity in the two processes?—I confess to having very little confidence in visitation of examinations; I do not think it corrects the evils of examinations in any effective way. I do not think that visitation would be as offensive to the *amour propre* of the body, as a subsequent examination, but, as I said before, I do not think visitations, speaking generally, have ever been productive of much useful result in the way of raising the standard of examination.

1403. You think that the examination by a conjoint board would have the effect of raising the standard of examination to a reasonable minimum, and of checking what you have termed the competition of curricula among the licensing bodies?—It would be completely effective, I take it, for those purposes.

1404. Then, supposing such bodies to examine, the result practically would be this: that each degree, or each diploma, granted by these different bodies, would have its own value in the market ultimately, according to the reputation of the body who gave it?—Quite so.

1405. Do you find, as a matter of fact, that students will go generally where there is the best teaching, or where there is the greatest ease in passing?—There are two classes of students. There is a very large class of students who seek ease of passing, a small curriculum and cheap fees; and there is, I am glad to say, a daily growing class of students who are prepared to go in for long curricula and complete courses of study, and to devote themselves to it for the purpose of acquiring high class qualifications. But there are the two classes of students seeking the profession; and they each have a separate direction in which they go.

1406. (*The Master of the Rolls.*) Although I have not been here from the commencement of your examination, I understand that you are in favour of direct representation, as it is called, on the Medical Council?—I am.

1407. Do I understand that you wish the functions of the Medical Council to remain as they are, or to be extended?—I think that the powers which the Medical Council now possess might be made more definite and more explicit; but I think it possesses most of the powers, in fact, I would say, all the powers necessary, if they were made more explicit and definite.

1408. Do you think that those powers could be more usefully exercised, without the attendance of the public press at their debates?—No, I think they would be much less usefully exercised in that way.

1409. Have you directed your attention to the proportionate representation which you would like. I do not understand that you wish all the members of the Council to be elected by direct representation?—Certainly not.

1410. What proportion would you say?—The method of re-construction which, if I were asked my opinion, I would suggest would be, firstly, that the Medical Council, as it at present stands, should be materially reduced in number; first, by disfranchising certain bodies which seem to me not to have a right to appear on the General Medical Council, and, secondly, by coalescing together other medical bodies whose functions are somewhat analogous, and whose share in licensing is not very large. And having so reduced the numbers, I would then add six direct representatives.

1411. And how would you elect those six; would you have separate ones for England, Ireland, and Scotland?—Yes.

1412. I suppose they would be divided in some way between the three divisions of the kingdom?—The branch registers of each of the three parts of the kingdom would supply the means of division.

1413. Then each of the divisions of the kingdom would elect one or more members of the Council; how do you propose to elect them?—In the same way as ballot elections are generally held, by sending round a voting paper at a given date; certain members being nominated, and their names contained upon this voting paper, let the vote be given. This voting paper being sent round from the Branch Medical Council to all the practitioners appearing on the register of that Council at their registered addresses, and having been filled up would be returned duly signed; and then the votes should be totted up. This election I would propose to be held every three or five years.

1414. You think that that would be a sufficient guarantee; that it is not very likely that people would take the trouble to commit fraud in such an election?—No, I believe not. Besides, I believe that arrangements, which would get rid of any chance of fraud, are quite capable of being made for voting by paper. In the case of synod elections in the Irish Church they are largely held now by paper votes, and there is a machinery by which it can be done without any danger of fraud. My calculation is that this would cost about 200*l.* to the General Medical Council every three or five years, and my opinion is that that 200*l.* would be amply repaid to the Council by the corrections in the medical register which the election circulars would bring home to them. The medical register now is an inaccurate document, from the fact that a man once placed upon the register cannot be removed from it except under the Act of Parliament, and by compliance with certain clauses of the Act of Parliament; and if he dies without the knowledge of the registrar, or removes from one place to another, or retires from practice without giving notice, as happens in many instances, his name then still appears. Therefore, I take it, the expense incurred in this matter need not be considered, as the thing itself would yield a return irrespective of the elective return.

1415. With regard to the conjoint board, as I understand, you would propose to have a conjoint board for each of the three divisions of the kingdom; the regulations to be made and the examiners to be appointed by the conjoint board; but there would be, I suppose, some controlling power in the General Medical Council?—The General Medical Council would construct the requirements for these conjoint boards.

1416. You would not leave the curricula to the joint board?—No, I take the provision contained in the Bill of 1880 with regard to that.

1417. Do you think that the Medical Council has not done its work well?—I do.

1418. You think they have not?—I think they have not.

1419. You think that this infusion of elected members would improve it, as I understand?—I do.

1420. As regards the existence of these bodies, of course if the general examination of the conjoint board took place after the diploma of some of those bodies had been granted, it would not affect these bodies at all?—No.

1421. They might still examine and give their diplomas or degrees?—If the conjoint board were constructed by the co-operation of these bodies they would cease to give their qualifying license, their lowest license.

1422. You would compel them to cease?—I think there would be no compulsion in the matter; because the boards who joined would contemplate having to cease to give. I believe they did contemplate having to cease, and there was no dissent.

1423. I want to get your opinion upon rather a different proposition. Suppose this were to take place—a conjoint board to be established for each of the three divisions of the kingdom with their members properly nominated (I am not going into the question now about how they are to be nominated), freedom to be allowed to

Mr. A. H. Jacob, M.D.

24 June 1881.

the present bodies to grant their diplomas or degrees on such terms as they thought fit, a power to be given to the conjoint boards to accept their examinations, except for the practical examination, if they thought fit, provided that every one should pass a practical examination before his admission to the register, and should obtain a license from the conjoint board, would that affect those bodies prejudically?—That proposition, that the joint board should confine itself in certain cases to a practical examination was made by Professor Turner in connexion with the universities, and it has been generally approved. Considering the high class of education which universities, speaking generally, require from their students, it has been considered a reasonable proposition that the first half of the conjoint examination should have its equivalent in the examination of a university; but that the second or practical half should be passed at the conjoint board by every student without exception. But I do not think it would be a desirable thing to extend that privilege to other bodies than the universities.

1424. Confining it, as you suggest, what would be the effect upon the other licensing bodies?—Necessarily the other licensing bodies would be at a disadvantage, but speaking for Ireland, I know the licensing bodies there, when they contemplated the conjoint examination, were prepared to submit to that disadvantage, and to afford the special privilege to the universities of giving the first half of the examination to their own students, and of letting them come for the subsequent half to the joint board. Nevertheless I do think that the licensing bodies would be necessarily to a certain extent at a disadvantage in the matter.

1425. (*Chairman.*) The licensing corporations, you mean?—Yes, the licensing corporations, the tendency would be for the student to go to the universities, because he might as well take his half there, that would be a certain amount of attraction to the universities.

1426. (*The Master of the Rolls.*) Do you not think that that would be compensated for in this way, that, the universities retaining the higher demands, the students who wanted to go through easily would not go to the universities?—I think so; and that shows the consideration which led the licensing corporations not to object.

1427. The result then, if I understand your opinion rightly, is this, that nobody could present himself for examination unless he had either a university degree or a diploma of one of the licensing corporations. No mischief would then be done. I assume of course that they would get a share of the fees of the joint board?—I think there would be no mischief done by that.

1428. That would prevent anyone entering the medical profession unless he obtained a license of the corporations or a university degree?—Quite so.

1429. Would it not, in fact, lead to something of this kind that the licensing corporations, knowing that there would be this practical examination afterwards, might let in their candidates for their first license on easier terms?—I think that would be checked by the poor figure that those licensing bodies would cut when their men came up to the examination.

1430. I suppose it would not make much difference, because the men could not practice?—It would damage the prestige of the institution if their men were constantly rejected in the superior examination.

1431. In that way you would think it would be sufficient?—I do, decidedly.

1432. Then I gather your opinion to be that, if the examination of the joint board were subsequent to obtaining a diploma from a licensing corporation or a university degree, it would practically effect all that the Government requires, and at the same time it would not injure the corporations?—Yes, that is my opinion.

1433. Do you think that the effect of the second examination would be seriously felt? Because it has been represented to us that the mass of the medical students are poor people. The expense would hardly be added to as far as fees are concerned, but it would be added to to some extent. They would have to come to London or go to Edinburgh or Dublin, say, and there would be some expense to the student and some delay in that way. Do you think that either of those things would be material?—No, not at all material. I suppose every student has to go to some of the educational centres for his examination. The Queen's College student has to go to Queen's University in Dublin to be examined for his degree; and therefore he would be in exactly the same position if he were to go and be examined by the conjoint board.

1434. This proposal would, I suppose, have this additional effect; that every man taking a title from the conjoint board would have some title to be registered with?—Quite so, it would have that effect.

1435. It would also have this effect, would it not, that it would preserve any reputation acquired by the value of the diploma or degree?—Quite so.

1436. On the whole, I gather that you do not see any objection to that?—I do not.

1437. (*Sir William Jenner.*) I should like to know whether you think it more for the good of the public or for the good of the profession that unlicensed practitioners should be prosecuted?—Most distinctly for the public good.

1438. Then who do you think should bear the expense of prosecuting for the public good; should the profession bear it?—Well, as a matter of fact, the profession does contribute a very large sum in that way.

1439. I do not speak of what it does, but of what should be. We are talking of a Bill to legislate for the future, and I want to know whether it is right, in your estimation, that the profession should pay for carrying out that which is for the public good by prosecuting unlicensed practitioners. I think with you that clearly the public do suffer from unlicensed practitioners, but is it right that the profession should bear the cost of prosecuting them?—I think it is not equitable that the profession should be called upon to do so.

1440. We hear from the Medical Council that they have no funds except those derived from the profession; would they be justified in spending the money of the profession in protecting the public from unlicensed practitioners, the public not contributing a penny to the funds of the Medical Council?—I think the Medical Council would be perfectly justified in spending any of the sums received by it from the profession for any of the purposes set down in the Medical Act, and, although I concur in the view that, strictly speaking, it is not equitable that the profession should defend the public from unlicensed practice, still I think that, that being one of the functions imposed upon the General Medical Council, or at least placed in the hands of the General Medical Council by the Medical Act, it would be *intra vires* for them to expend the money in that way.

1441. Still, they are not bound to do it, but only permitted to do it, and being permitted to do it, do you think they would be justified in using funds for the purpose not contributed by those who were to be benefited by it?—I think they are inferentially bound.

1442. I am speaking of whether they are legally bound?—The words of the Act do not put this special function peremptorily on the General Medical Council, but they put all the functions contained in the Act upon it.

1443. Have you any idea what it would cost for the prosecution of an unlicensed practitioner? We hear that 60 or 70 ought to be struck off the register at once, and that it would cost a very large sum to perform that function. It being for the public good and having nothing to do with the profession, the Council would be expending the amount they receive, or pretty much so, and how are they to curtail their expenses to get the large amount of money required to prosecute for the public good?—I think a very small amount of money would serve every purpose, because I think a dozen examples made by the General Medical Council would at once check unlicensed practice, and wholesale prosecution would not be necessary, in my opinion.

1444. Would it not be better if the Medical Council could present to the Government those who were unlicensed, and so get the Government to protect the public interest with the public money, instead of the Council doing it with professional money?—I think that would be a more equitable arrangement.

1445. (*Professor Huxley.*) Do you think that under the 40th Section of the Act, to which you were referring just now, the Medical Council could recover penalties against a druggist for practising over the counter?—No, I do not think it could.

1446. Do you think it could recover penalties against any unlicensed practitioner, supposing he did not profess to be on the register or qualified to be upon it?—No, I think it could not, so long as he did not represent himself to be registrable as a medical man in the terms of the Act.

1447. Do you think it was the intention of those who drew the Act that the unlicensed practice of medicine should be checked?—Yes, I do.

1448. Do you gather that opinion from the preamble of the Act?—Yes, I do.

1449. Would you kindly tell me what words of the preamble lead you to that opinion?—I beg your pardon, I do not know whether I gather it from the preamble of the Act.

1450. Will you look at the preamble of the Act and see what it says?—The preamble says "distinguish "qualified from unqualified practitioners."

1451. The public shall be enabled to distinguish qualified from unqualified practitioners?—Yes.

1452. It does not say that unqualified practitioners shall be stopped from practising?—No.

1453. But that the public shall be able to distinguish between the two?—Quite so; the preamble does say that.

1453a. As the Act of Parliament has defined its own purpose in that sense, why is it part of the duty of the Medical Council to put down unqualified practitioners?—When the regulation and government of a large class like the medical profession is vested in a body, and certain penalties upon the infraction of the Act so vesting it are enacted by the Act, I think it is for that body to enforce it. And I judge from the analogy of the Pharmacy Acts, under which prosecutions are maintained by the Pharmaceutical Societies, both of England and of Ireland. So far as I know the function of prosecution is not more definitely imposed upon the Pharmaceutical Societies than it is upon the General Medical Council; nevertheless they do apply their funds to those prosecutions; they do prosecute, and they do enforce the terms of the Act, and do not allow the unlicensed practice of pharmacy.

1454. I understood you to say just now that, in your opinion, the Act would not bear out the Medical Council in prosecuting a person who practised, unless there were clear evidence that he professed to be on the register?—I say that the Medical Act would not; but I am not to be understood as acknowledging that it is not desirable that such a power should be given to the General Council.

1455. But do I understand you to be of opinion that the Act, as it stands, does not give that power?—In my opinion the Act, as it stands, does not enable the General Medical Council to prosecute anybody for any other offence than that of misrepresentation.

1456. Under these circumstances, how can it be said the Medical Council have neglected their duties in not doing the thing you tell us they have not the power to do?—Because they have not prosecuted those who have misrepresented themselves.

1457. Have you proof of that in any particular case?—Yes, there are sundry persons who have been prosecuted by private societies for having misrepresented themselves. They were prosecuted by these societies, irrespective of the Apothecaries Act, the Act under which recent prosecutions have been maintained. These persons were prosecuted because they did so misrepresent themselves, and certain convictions were got. The convictions were not always satisfactory, nor were they numerous, in consequence of the terms of the Act being very undefined; but still there is a field for the General Medical Council, and there always has been a field, as to persons assuming titles implying that they were registered.

1458. Is it within your knowledge that the case of any person, who had wrongfully assumed to be upon the register, has been brought before the Medical Council and that the Medical Council have refused to prosecute?—I cannot give chapter and verse for it; but I know that the question of prosecution was brought under the notice of the General Medical Council, and that the General Medical Council did not see its way to prosecute.

1459. Have they never prosecuted any person for falsely representing himself to be upon the register?—Not to my knowledge.

1460. (*Professor Turner.*) You are, I think, the author of a little pamphlet, called "The General Medical "Council, whom it represents, and how it should be re-"constructed," published in 1880?—I am.

1461. And may we consider that in this pamphlet you have embodied your opinions on the General Medical Council perhaps a little more formally than you have had the opportunity of stating them to the Commission to-day?—Yes, substantially, they are embodied there.

1462. We may take this pamphlet, then, as representing, in a definite form, your views upon this subject?—Yes, they are more strongly expressed there than I should express them to a Commission; but still they are substantially the same views.

1463. I read in the "Prefatory Note" which you have added to this pamphlet:—"The author earnestly trusts "that the facts and arguments set forth in this pamphlet may help those, who are not conversant with "the needs and aspirations of the medical profession "at large, to understand the nature of their clamorous "protest against the perpetuation of the General Medical Council, as it exists, their reasons for dissatisfaction with the proceedings of that body, and their "opinions as to what is needed to make it more effective in the future than in the past." And you hope that this pamphlet may be "perused by members of the "Legislature, and by those who do not usually read "Medical Journals." That is what you state?—Yes.

1464. Although, as you say, you have perhaps a little more strongly expressed yourself in this pamphlet than you would be inclined to do before the Commission, yet you wish these strong expressions to be brought under the notice of the Legislature and persons interested in these matters?—Yes, I wish the facts stated and the conclusions drawn from these facts to be brought before their notice.

1465. I would like to direct your attention to one or two of those strong expressions here. I observe, on page 6, you say, referring to the Council,—"Nevertheless, with "this very large aggregate income, the Council is "living beyond its means, as the following table will "show." Then, on page 7, you go on to say, "the "Council has for the last six years been drawing "steadily upon its capital, although during that period "there was no decadence, but rather a steady increase "in its income"?—Yes.

1466. Then you give certain tables, which are given, I suppose, for the purpose of substantiating your statement?—Yes, the tables on page 6.

1467. I have taken the trouble to add up the figures you yourself have furnished me with, and, taking the eight years that are given there, I find you state that the excess of income, during some of those years, over the expenditure was 4,606*l.*, and the excess of expenditure, in certain other years, was 2,483*l.* If you subtract 2,483*l.*, the excess of expenditure, from 4,606*l.*, the excess of income, it seems to me that you will have a balance in favour of income of 2,123*l.* Now how do you reconcile these facts with the statement that the Council is living beyond its means, and that it is drawing steadily upon its capital?—This pamphlet was originally written in 1878. The 1,360*l.*, which appears there in the last column, did not come into the calculation.

1468. It is in the table here?—I know it is; but it states here that for the last six years, with one exception, the Medical Council had been drawing on its capital; and that is accurately true of all the years 1878, 1877, 1876, 1875, and 1874; and this 1,360*l.*, that appears as excessive income, brought up the losses on the previous years.

1469. I think if you will subtract that 1,360*l.* from the total excess of 2,123*l.*, which I have already mentioned, you will still find that there is a balance in favour of income, and therefore an addition to capital?—Not on the six years I think.

1470. It is on the eight years you give in the table?—It says six years. I say the Council has for the last six years been in that position. The statement is conversant with six years, and the 2,630*l.*, which appears in 1872, does not come within those six years.

1471. Why do you manipulate your figures in such a way as to leave out one year in which there was so important an addition to the capital as 2,660*l.*? That certainly seems to me to be hardly a proper way of coming to a fair conclusion upon the matter?—The statement is quite definite, that for six years it had been drawing on its capital; and that statement is borne out by the facts. In the year 1872 the Medical Council made a large profit; but from and after that year, up to the year 1878 (with the exception of two years), it did draw on its capital.

1472. Have you seen the balance sheet for the last year, which shows a balance in favour of income of

Mr. A. H. Jacob, M.D.,

24 June 1881.

1,568l. ?—I have seen it, but I did not go into the finance of it at all.

1473. There is another charge which you make against the Council. You will excuse my referring to these matters, because, as a member of the Council, I feel that a charge which is made against the Council to a certain extent reflects upon individual members of it; and, therefore, there are certain points in your statement upon which I should like to have a little explanation from you. At page 10, I find you state that the Council "has 'recommended' changes for the better, "but, lacking the courage to battle with the vested "money interests of individual institutions, has per- "mitted its 'recommendations' to be habitually set "at nought." Do you still hold to that view?—I do. As a matter of fact, its recommendations have been habitually set at nought.

1474. Did you ever happen to see that document (*handing a document to the witness*). Will you kindly read the title of it?—"Tabulated Returns from Medical "Licensing Bodies, showing how far their regulations "and practice are in accordance with recommendations "of the General Medical Council on education and "examination." Yes, I have seen that.

1475. Did you derive, from that document, any confirmation of the statement you have made in your little pamphlet?—I derive confirmation from experience, and my knowledge of the facts. For instance, it is one of the recommendations of the General Medical Council that not less than four years should be occupied in medical study. It is notorious that two years and nine months has been occupied in medical study; and as two years and nine months has been a frequent period for obtaining a medical license, the recommendation has been disregarded in that respect. I have reason to know that that has been set at nought. Again, it has been one of their recommendations that no man should obtain his qualification before he was 21 years of age, and that preliminary examination should always precede medical study. I am aware, as a matter of notoriety, that these recommendations have been in certain cases set at nought.

1476. With regard to this very important point, as to the age of 21, is not that something more than a recommendation of the Medical Council; is it not a regulation of all the licensing authorities themselves, that candidates for their licenses must be 21 years of age?—I believe it is a regulation of the majority of them; so far as I am conversant with their regulations, it is so.

1477. You tell us that it is a matter of notoriety that these things which you refer to prevail; will you kindly tell us where this is a matter of notoriety? Where is it a matter of notoriety that these irregularities prevail?—When I speak of my own personal experience, necessarily, I mean Ireland.

1478. Then the matter of notoriety, as I understand, is that it is in Ireland that this prevails?—Yes. I am not prepared to say that it is not so elsewhere; but I speak of Ireland.

1479. Did you ever hear that in England or in Scotland similar irregularities prevail?—No.

1480. Then, turning again to your little pamphlet, at page 13 you go into the question of "members" (that is, members of the Medical Council), "respecting "whose election the profession exercises no real con- "trol"?—Yes.

1481. Then you give a chapter on the Crown nominees, and the representatives of non-medical governing bodies?—Yes.

1482. Then you argue that these gentlemen are not such persons as are in your opinion a proper kind of person to represent, what you call in another part of your pamphlet, working practitioners?—No, I think you misconceive my meaning. My plan *quoad* these bodies, is that their representatives are not representatives either of the constituencies of the bodies themselves or of the profession, but of the limited number of persons who form the electors.

1483. I will ask your attention to page 35, on which you recommend what should be done with reference to the Medical Council in future. You say, "To cause "the Crown nomination to be exercised in favour of "distinguished working practitioners rather than "exalted metropolitan doctor-princes"?—Yes, I understood you to be referring to the Crown nominees in the previous question.

1484. Yes, I said Crown nominees. Then you go on to say that these gentlemen (who, to use your own expression, may be regarded as "exalted metropolitan doctor-princes"), cannot be expected at all to sympathise with the working practitioners of the country, because they have not the means of becoming sufficiently acquainted with their needs. You say, for instance, "Respecting the medical requirements of nine-tenths "of the population of Great Britain, of the daily work "of nine-tenths of the profession, of the educating of "those who are to be the medical advisers of the next "generation, they" (that is the Crown nominees as elected or nominated at present) "are likely to know "little save that which they acquire from journalists "or in after-dinner chit chat; and they have, there- "fore, neither the zeal for progressive improvement, "which animates those who feel the necessity for "change, nor the energy which belongs to younger "men or active teachers." That is what you say?—Yes.

1485. Now, are not these exalted doctors, who are at present selected to some extent, at least, by the Crown, constantly brought into contact with the medical practitioners all over the country?—They are, certainly.

1486. Is it not a fact that such a distinguished Physician, for instance, as our colleague, Sir William Jenner, is in the daily habit of consulting with practitioners in London, and in all parts of the country?—Yes, it is.

1487. And that, in this way, he, and others like him, have the most ample opportunities of making themselves acquainted with the wants and wishes of the profession?—I would be very sorry that it should be thought that I used any expression derogatory to the honourable position which the Crown nominees occupy, and I altogether repudiate any intention of using such an expression; what I desired to convey was that it was not reasonably to be expected that a metropolitan physician, earning very many thousands a year, and practising in the very highest walks of the profession, should understand in the fullest sense the daily difficulties which the working practitioner throughout the country has to deal with, his walk in life being essentially a different one, though I do not doubt that his intimate communion with the working practitioners informs him, to a greater or less extent, of the nature of those difficulties under which that practitioner works. Nevertheless, I do hold that he occupies a position which does not enable him to be entirely in sympathy with the working, laborious, general practitioner throughout the country. I desire that my observations should be construed in that way.

1488. Will you explain to us, as briefly as you can, what you mean by the expression "the right of our pro- "fession to self-government"? What is the right to self-government of the medical profession in its bearing upon the constitution and functions of the Medical Council?—It is my contention that as the Church and the Law make arrangements for the administration of their respective professions, so the medical profession has an integral right to make similar arrangements; that the interests of the public are already provided for by the element of the Crown nomination; that the interests of the licensing bodies are very much over-provided for by the redundancy of licensing representatives; but that the rank and file of the profession and their interests as such are not provided for, and that, therefore, it is desirable that the Medical Council should be reconstituted in order to admit of their representation. I maintain the right of the rank and file of the profession to govern themselves, subject to the necessary control of the Crown nominees to guard the public interest.

1489. Then you consider that in this matter of self-government, if you had a direct representation of the general body of practitioners on the Council, this question of unlicensed practioners, which you referred to in the earlier part of your evidence, would assume much greater prominence than it has in the Council as at present constituted?—I assume that it would; but I do not wish it to be understood that I regard that as the only probable result.

1490. Would you tell us what are the other results you contemplate?—The other results I should anticipate from the introduction of a direct representative element, would be that the tendency, now manifested by licensing representatives to maintain the *status quo*, would be counteracted, and there would be more rapid progress in medical education; that the General Medical

Council would take a more decisive line towards recalcitrant licensing bodies than it has hitherto done, because it would have an element in it more anxious than the representatives of licensing bodies could be for progress and improvement.

1491. You used the expression "*status quo*" as regards medical education; are we to understand that you mean that during the 23 years that the Medical Council has been in existence there has been no progress in medical education?—No, I do not mean to be so understood.

1492. Then what do you mean by the *status quo?*—I admit that there has been progress; whether it has been progress resulting from the action of the General Medical Council or progress resulting from the natural growth of scientific feeling in the profession is another question. I admit that there has been progress, but the present condition of affairs with nineteen licensing bodies competing with each other is a thing which ought to be put a stop to; and I think that the introduction of direct representatives would give a stimulus to the putting a stop to that and every other hindrance to improvement in professional education.

1493. Have you any knowledge of what the condition of medical education was before the Medical Council was called into existence by the Act of 1858?—I could not give any evidence worthy of the notice of the Commissioners on that subject. I was too young a man at the time, and I do not know except by hearsay.

1494. You are not able, from your own knowledge, to contrast the condition of things as they existed before 1858 with the condition of things at the present day?—No, not of my own knowledge.

1495. Are you aware that enormous strides have been made in medical education since the year 1858, and largely under the advice of the Medical Council?—I am aware that considerable progress has been made.

1496. Are you aware, for instance, that the institution of an entrance examination has been rendered compulsory under the moral suasion exercised by the Medical Council over the various licensing bodies, and that it is to the Medical Council that that most important reform in our medical arrangements is due?—I am not aware that it is to the Medical Council that that is due. My feeling is that there has, of recent years, grown up in the medical profession a great desire for educational improvement and reform, and that that has marched *pari passu* with the Medical Council's recommendations, and I freely acknowledge that the Medical Council's recommendations have always been in accord. My complaint is that the Medical Council has, if I may use the expression, not had the courage of its convictions, and has not exercised the strong control, I would almost say the coercive control, which it might have exercised upon licensing bodies.

1497. Will you tell us in what respect the Medical Council has not had the courage of its convictions?—I think it might have provided more definitely for four successive years of study; and I think it might have made the attendance at lectures, and so forth, of the student more a reality than it has hitherto been.

1498. Are you familiar with the recommendations of the General Medical Council as regards professional education?—Yes.

1499. Is it not laid down most definitely in chapter 4, section 21, "That the course of professional study "required for a license shall occupy at least four years, "of which at least three winter and two summer sessions shall be passed at any school recognised by "any of the licensing bodies mentioned in Schedule (A) "of the Medical Act."—I am aware of that.

1500. What could be more definite than that recommendation as regards study?—It is nothing more than a recommendation.

1501. You have told us that it is notorious that in Ireland this recommendation is not complied with, but I must say that this document (to which I have already directed your attention, containing the returns from the medical licensing bodies, showing how far their regulations and practice are in accordance with the recommendations of the General Council on medical education and examination) does not at all bear out your statement that an important regulation like that is not complied with?—I cannot answer for that. I simply state that it is notorious, and it is notorious.

1502. Are we to suppose, then, that the Irish bodies that have answered these questions have given answers which are not in accordance with fact?—I have not studied the answers given by the bodies, and therefore I cannot say whether they are in accordance with facts or not, but if they have stated that in all cases, or nearly all cases, four years of medical study is required, I distinctly say that that is not in accordance with fact.

1503. You gave in a table of statistics relevant to the course taken by a large number of Irish students. I did not have the advantage of having a copy of that table before me, but I understood you to state that a very large number of the students educated in Ireland went to Scotland for the purpose of obtaining the diplomas of corporations in Scotland; was not that so?—That is so.

1504. And I understood you to state that one reason for this was that the Scottish bodies did not require so extensive an attendance on certain courses of lectures as the Irish bodies did; was I right in that?—Yes.

1505. Since you made that statement I have looked into the regulations of the Royal College of Surgeons in Ireland, and I find that that College requires certificates of attendance on three courses of lectures both on anatomy and physiology, three courses of lectures on the theory and practice of surgery, and certificates of attendance on two courses of lectures on chemistry. Now, is it not quite possible that the Irish Royal College of Surgeons may require a greater degree of attendance on courses of lectures than is at all necessary?—It is quite possible.

1506. May not a student be over-lectured?—Yes, I think he may.

1507. May not a student find it an advantage, therefore, to have certain examining bodies to go to which do not require attendance on so extensive a course of lectures as the Irish College of Surgeons?—It may be an advantage to the student in enabling him to get off with a brief and easy curriculum; but I do not think it is for the public benefit that he should go from one licensing body to another to search for a limited curriculum.

1508. Are you acquainted with the regulations of the University of London?—I am not intimately acquainted with them.

1509. Do you recognise that the degree of the University of London is one of the best medical degrees conferred in this country?—Yes, I do.

1510. Are you aware that the University of London only requires attendance on a single course of lectures on any subject?—I am aware of that.

1511. Then you have expressed the opinion that you do not think the visitations of examinations are productive of good as regards raising the standard of education?—I did not say that they were not productive of good, but I think the good is very limited. I think visitation a very ineffective way of checking examinations.

1512. May I ask you if you have ever acted as an examiner?—No.

1513. You have no experience, then, of examinations?—Yes, enormous experience, not as an examiner, but sitting as an assessor for the examination of many hundreds of students.

1514. Have you ever acted as a visitor of examinations?—No, never.

1515. Then you really have no experience of the effect that the visitations of examinations have exercised?—Except from the appearance of the reports, and knowing what result was achieved by those reports.

1516. Is it not the case that in almost all the examining bodies in the country alterations have been made in conformity with the recommendations of the visitors?—I am not aware that it is so.

1517. Is it not (to use an expression of your own) "notorious," that the examinations of the various licensing bodies have largely improved in quality since the system of visitation of examinations was instituted?—I am perfectly well aware that they have largely improved in quality, but I do not in the least attribute that to the visitations.

1518. (*Dr. McDonnell.*) You have stated that from your knowledge there is a strong and *bonâ fide* claim put forward on the part of the profession for direct representation?—I have said so.

Mr. A. H. Jacob, M.D.

24 June 1881.

1519. Without at all going into the grounds on which you may think that advisable, do you think, as a practical man, that any Bill, however good, would be likely to pass if it did not take that into account? Do you think that the opposition upon the part of the profession would be sufficient to endanger any Bill, if it did not provide for that?—I have the best reason to know that all the representative organisations of the profession regard direct representation as being indispensable, and that no Bill, no matter what its other characteristics may be, will receive the approval of those representative organisations unless it contains direct representation.

1520. With regard to the other point, on which you gave some very valuable evidence, that is, with regard to the number of students, who leave Ireland in order to get degrees or diplomas or licenses elsewhere.—I think you said you had gone over a list of over 2,000?—2,584.

1521. A considerable number, especially of the young men educated at the Queen's University, went to Scotland in order to get their license?—Yes.

1522. There must be some considerable inducement to lead to this result; and a possible inducement that occurs to one is that it may be on account of the excellent education they receive in Scotland; but if I understood your answer rightly, these young men are educated at the Queen's University, and go to Scotland to pass?—Quite so.

1523. Therefore, we must set aside the idea that it is for the excellence of the education that they go?—Yes.

1524. The second thing that occurs to one is that it may be on account of the lower standard, either of examination or curriculum, or that the fee is lower; is the inducement in your opinion in this direction?—I am not in a position to form any judgment as to what the standard of examination is, but I am as regards curriculum and fee; and I believe the cause of the exodus of students is in consequence of the lower curriculum and the cheaper total cost of qualifications obtained in Scotland.

1525. There is a third cause which has occurred to my mind, as the only possible third cause which might produce such a remarkable result as that which you mentioned, and which I confess surprised me when I heard it. It may be, that without having a low standard of examination, there may be a facility in passing examinations given in consequence of the individual being examined by the same person who has taught him. It appears that that may be set aside, also, because these young men go from the university where they are educated, in Ireland, to Scotland?—Quite so; as a matter of fact these men do not take any of their education in Scotland; they go for the qualification and nothing more.

1526. You are led to believe that it is in consequence of shorter curriculum and lighter fee that they go there?—Quite so.

1527. It would be of great importance to ascertain whether anything of the same kind occurs with regard to any of our Irish institutions; do you know as a matter of fact whether any young men come to Ireland from either England or Scotland, to pass at any of our licensing bodies?—I am only able to answer, with any degree of certainty, for the College of Surgeons, and I do not know of any young men coming from England or Scotland to pass at the College of Surgeons, except such as have come from England or Scotland and taken their education in Dublin; I do not know of any who have been educated in England or Scotland who have come to Ireland to take their qualification.

1528. Then, in fact, you look, for a remedy for this exodus of Irish students, to an equalisation of the curriculum?—Yes, I do.

1529. Such as might be carried out under a conjoint scheme supervised by the Medical Council?—Quite so.

1530. I do not exactly understand your position with regard to the unlicensed practitioners; you, I think, said one of the principal reasons for desiring to see the rank and file represented on the Medical Council was, that they would in fact come down more sharply on the unlicensed practitioner?—Yes.

1531. By the "unlicensed practitioner" do you mean a person who assumes a title that he has no right to assume?—I mean a person who engages in medical practice without having any qualification whatsoever, and therefore without any license.

1532. Surely, in a free country, a man has a right to employ a quack if he likes?—There are a number of those who represent themselves as being registerable surgeons while they are not so, and they are always open to prosecution at any moment.

1533. The Act gives the Medical Council the right of coming down upon any person who assumes a title, or pretends to be a registered practitioner if he is not so; but would you give to any authority in this country the right of saying, to a bone-setter for instance, "I will not allow you to set bones"?—No, I would not; but I think the circle might be drawn much wider, so as to include persons who, in an undefined way, and by using titles which are not strictly registerable titles, do nevertheless misrepresent their position to the general public, and represent themselves as holding qualifications. I think that clause 40 of the Medical Act ought to be amended and enlarged to a certain extent; but I do not think that unlicensed practice, so long as it is understood by the public to be unlicensed practice, ought to be forbidden or punished by law.

1534. (*Mr. Simon.*) There is one question I should like to ask you about direct representation. I do not refer to it in regard of any question of abstract right, but I want to see clearly the proposed mode of giving effect to it. You have spoken of the mode in which voting papers should be sent round. Now, I wish to direct your attention to the mode in which, in the case of rivalry between candidates, the candidates would come into relation with their constituents: how, in short, they would canvass, one against the other. How do you suppose that would be done?—I suppose if canvassing took place at all, it would necessarily be by circular or by letter of some sort or other.

1535. Have you formed any opinion as to the expense which that would entail upon individual candidates?—I have not formed any opinion because I do not think that canvassing would obtain to any considerable extent. In the first place, in medical constituencies which now have the elective power, canvassing is not the order of the day; wherever representatives are now returned by considerable numbers of electors, canvassing does not exist; and I believe that canvassing in the medical profession would not do any candidate much good. I have full confidence in the capacity of the medical profession generally to sift the qualifications of any man, and to render nugatory any attempt to exercise undue influence in that way.

1536. If you regard the position of member of Council as one of trouble and responsibility, and one which will bring on its holder a considerable amount of criticism (as you apparently do if one may judge from some of your remarks), you would probably not expect a very active candidature for it?—If I regarded it solely as a matter of trouble I certainly would not.

1537. But if you regarded it as a place of ambition, such as a seat in Parliament, you think it would be one which would excite much emulation and be an object of ambition?—Quite so.

1538. Would the candidates, practically speaking, have any means of appealing to their constituents except through the good will of the medical journals?—I presume the candidate would lay his views before his constituents, as a parliamentary candidate does, stating them briefly in the form of an election address, leaving the constituency to form a judgment as to his views and capacity for carrying them into effect.

1539. I will not take the case of Ireland, but will take a larger constituency, for my illustration; do you think it probable that in England many men would be willing to incur the expense of circulars in order to obtain a seat in the General Medical Council?—I think there would be many such men, but I do not know that such expense would be necessary. I do not know that it would be necessary to circularise the constituency; but if it were, I am sure there are men of high rank and character in the profession, who would so much desire the position of representative that they would not hesitate about the necessary expense incident to that position.

1540. But if the canvassing were a matter of reiterated appeals to a constituency, do you see any way in which it could be done except through the journals?—It could be done in the same way, and advertised in the same way as the candidature of a parliamentary candidate.

1541. At a very great cost?—No, not at a very great cost.

1542. In speaking of the proposals for legislation that have been made, you spoke of a necessity that men entering the medical profession in the future should be, as I understood you, affiliated to the particular bodies?—Yes, I did.

1543. In the admission of a candidate to the medical profession, say in England, there would be seven bodies concerned on the system of conjoint boards?—Yes.

1544. Do you propose that he should be affiliated to all those; they would all have taken part in his examination?—I have not considered the question sufficiently closely from the English point of view to enable me to give a good answer to that question, or to judge whether there is a practical difficulty in that way. Such a condition may exist. I have rather looked at the question from the Irish point of view where only four or five licensing bodies exist.

1545. Would you propose that a man who passed the joint examination in Ireland should be affiliated to the five Irish bodies?—I rather think he would not be affiliated to the University of Dublin, for this reason, that the University does not give its full degrees to anybody except graduates in Arts; and, therefore, it would be a limited number of persons who could take the affiliation in that case, although they had passed the conjoint board, and although the University of Dublin co-operated in that examination. I apprehend they would be affiliated to all the other co-operating bodies.

1546. Are you aware that in the legislative proposals that have been made, including Lord Ripon's to which you referred, the intention has been that the examination fees should be divided amongst the licensing bodies in accordance with a scheme to be agreed upon between them?—Yes.

1547. You are aware of that?—Yes, I am.

1548. I understood you to say that the bodies would become bankrupt unless (in addition to that arrangement), there were provision for some supplementary and special affiliation to them?—Provided they were to divide the fees they would not become bankrupt; but I infer that if they did not give their diplomas they would be held not to have any claim to divide the fees, that is, that with their omission to give the diplomas their right to a share of the fees would lapse; that is what I apprehend; but if their right to share in those fees were fully acknowledged and they received them, undoubtedly they would be still maintained out of the fees, whether they granted the diploma or not.

1549. (*Chairman.*) Would the share of fees received by each corporation depend on the number of persons who took their diplomas after passing the board examination, or upon what principle?—The proposed fee for Ireland (and for England) was 30 guineas. The proposition in Ireland was, that the fees should be divided into five-eighths and three-eighths. The University of Dublin was to co-operate in the scheme. It was ready to contribute examiners, but it did not ask for any share of the fees; and the five-eighths and the three-eighths would have been given to the Colleges of Surgeons and Physicians respectively. That was the Irish scheme, which I hold in my hand now. This is the scheme which was adopted by the Irish bodies, and which passed the General Medical Council, but it never went farther than that.

1550. (*Mr. Simon.*) Here is the proposal of clause 9 in Lord Ripon's Bill of 1870, to which you referred:—"A scheme for the establishment of a medical examining board may provide, amongst other matters, "for . . . (6) the application of the income derived "from such fees" [that is, the examination fees] "in "paying the expenses of the examinations (including "the remuneration of the members of the board) and "the other expenses of the board, and of carrying the "scheme into effect"?—Yes.

1551. That is one of the things that may be provided for in the scheme?—Yes.

1552. And it may provide for "the application, on "the conditions contained in the scheme, of all or any "part of the surplus for the support of museums, "libraries, or lectureships, under the control of any of "the medical authorities, or in contributions to the "public purposes of any of the medical authorities; and "the application of the residue (if any) to any public purposes connected with the medical profession, or for the "promotion of education in medicine and surgery; and "the conditions, if any, to be complied with by any such "medical authority, or by any authority under whose "control such residue is applied." Now, supposing that proposal to have come into operation as regards the fees received, every corporation interest that is now provided for would equally have been provided for, would it not?—Quite so.

1553. So far, then, as that is concerned, you would not see a necessity for anything like what I may call "supplementary affiliation"?—No, I would not. What I wish to say is, that I think the licensing bodies would resist any proposition for putting the conjoint examinee on the register without the diploma, because they would feel that their claim to the fee would not be understood by the House of Commons. The House of Commons would not see that they had any claim to the fee if they were not to grant the diploma or not to affiliate the student in any way, even although they were co-operating in the examination; and that is one of the reasons why the licensing bodies objected to dispensing with the diploma.

1554. But, as a matter of fact, you are aware, no doubt, that, in every proposal made to Parliament, it has been proposed that the fees should be divided amongst the bodies?—It is so.

1555. Therefore, in speaking of the "supplementary affiliation" as absolutely necessary to the continuance of the bodies, there was a little misapprehension, was there not?—If the House of Commons were content to pass that clause, giving the bodies a division of the surplus money, the granting of the diploma would not be absolutely necessary to their continuance.

1556. Then there was a second point of view in which you took up that question of affiliation. You thought that, in the interests of the moral government of the profession, every man should be forced to be a member of a special corporation?—Yes.

1557. That he should be under the control, as you put it, of a particular body; is that the case, at present?—Every man who holds a diploma from a particular body is under the control of that body.

1558. Let us see how far that is the fact. Is a man who holds a degree of Trinity College under the control of that college?—Certainly.

1559. Can he be struck off the register by the college?—No, but he is subject to a certain control which is provided for by the Statutes. I am not prepared to say what the nature of the control is that is provided by the Statutes; but all the graduates (whether medical or otherwise) of Trinity College are subject to certain control by the university. I do not know what the nature of the control is, nor do I know, in the case of very many of the licensing bodies, what the amount or extent of that control is; but, I believe, I am correct in stating that every licentiate is, to some extent, under the control (be it greater or less) of the body from whom he holds a diploma.

1560. But Trinity College, having given a man the degree of "Doctor of Medicine," and the man being on the medical register in respect of that degree, can Trinity College take away his degree, and thus remove him from the register?—I cannot answer that question. I do not know whether it can or cannot. I am not sufficiently conversant with the matter.

1561. Can you answer the same question in regard to the Queen's University?—No, I cannot; but I can answer it with reference to the College of Surgeons, in Ireland.

1562. Can you answer it in regard to the Apothecaries' Company?—I think the Apothecaries' Company have such a power.

1563. Then, as regards the control, I venture to think you are not quite clear in your mind as to whether, at present, much control is exercised by some of the individual bodies?—I do not think there is very much control exercised, but it is exercisable; and in cases which urgently require that it should be exercised, it is exercised. We have recently removed a man from our list of licentiates of the College of Surgeons, and struck him off (and he has been struck off the register by the General Medical Council) by virtue of the powers given to us for the purpose of controlling our licentiates and fellows.

1564. Have you in view the fact that, if the system of divisional boards (acting as proposed) under the General Medical Council were instituted the General Medical Council would have the power of striking off men from the Medical Register? That is to say, that the body in which all the institutions would be represented

Mr. A. H. Jacob, M.D.

24 June 1881.

would have that power of control?—I think it is highly desirable that they should have such a power.

1565. You do not think, then, that there would be want of effective control over members of the medical profession in such a system as that?—I think it would be better to have the dual control, because, I think, the the General Medical Council should take cognisance of larger questions, but an individual licensing body might take cognisance of minor questions of professional discipline, such, for instance, as homœopathy. They are bodies which might exercise a certain censorship in respect to that kind of thing; but the General Medical Council could not be reasonably expected to exercise such censorship.

1566. Do you think that a man should be liable to be struck off the roll for practising homœopathy?—No, I do not.

1567. In respect of all the more serious offences, the General Medical Council would have the power of striking him off the roll?—Yes.

1568. You think that that would secure punishment enough for serious offences?—Yes. In that connexion, allow me to say, I greatly dissent from the proposal contained in the Bill, that the Medical Council should have the power to retain on the register a man convicted of felony, if the Medical Council should be of opinion that the circumstances of the case were trivial. I do not think that the Medical Council ought to have any power of condoning a felony in that way; and that if a man is convicted before a jury of 12 men, he ought, certainly, to be struck off *ipso facto*.

1569. So that the case does not appear to you to be very strong, as I gather, for compulsory affiliation to corporations, provided their fees are secured, and that the General Medical Council have the power of striking off the register?—No, I do not call it a very strong case.

1570. Then, as regards a third question, you spoke of the General Medical Council not acting properly against recalcitrant licensing bodies. I think that was your expression?—Yes.

1571. You said that it had not the courage of its convictions?—Quite so.

1572. You are aware that it legally has a want of coercive power, and that it has acted through recommendations?—I am aware that it acts through recommendations; but its coercive power lies in its reporting a body to the Privy Council. I has not, in itself, the coercive power.

1573. You referred to three matters, as to which I confess, as I listened to what passed, it seemed to me that you believed the Medical Council to have virtually connived at an evasion of its regulations in three important particulars?—I did not desire to imply that it connived at it. I stated that those recommendations were, as a matter of fact, evaded, and that the Medical Council did not enforce them; but I did not suggest that the Medical Council was cognisant of it, and notwithstanding such cognisance, permitted the thing to continue.

1574. I think I understood you to say, emphatically, that it was notorious?—So it is notorious.

1575. And, being notorious, you would expect that the 24 members of the medical profession (it being part of their business) should know it?—I think it would be strange if they did not know it.

1576. I will not press you on questions relating to two of the points, because we are close to the end of our time; but there is one, regarding which I have opened the minutes of the Medical Council in order that I may ask you a question. One of the three points to which you referred was laxity in respect of preliminary examination?—Yes.

1577. Now I read in the minutes of the General Medical Council of two years ago, namely, in April and July of 1879, a reference to correspondence with the Irish College of Surgeons on that subject?—That is in respect to a man of the name of Eames.

1578. It arises in that case?—Yes.

1579. Is it your opinion that the General Medical Council showed any laxity in that matter?—No but I should desire to say that the recommendation in favour of preliminary examination as a precedent to medical study was many years old at that time and through all these years had been disregarded, and that this recent occasion was the first time it had been enforced by the General Medical Council, or so far as I know an effort made to enforce it.

1580. Still, the reference in your pamphlet which has been quoted refers to a time long subsequent to that. Let me read to you, in respect to that case, a resolution to which the two names attached are those of Sir William Gull and myself. An answer was received from the Irish College of Surgeons that seemed unsatisfactory, and here is the resolution which was agreed to, I believe, unanimously, "That the council of "the Royal College of Surgeons in Ireland be in-"formed that, in the opinion of this council, the con-"tinued non-compliance with the recommendations of "this council in respect of the preliminary examina-"tion, prior to registration, as stated in the secretary's "letter of April 1879, is much to be regretted, and "that this council trusts that the Council of the Royal "College of Surgeons in Ireland will reconsider their "action in regard to the matter in question." I draw your attention to that, and I ask you whether you are not aware that in consequence of this resolution of the General Medical Council, the College of Surgeons of Ireland did amend their course in that respect?—I am perfectly aware of all the circumstances, and I am aware that they did amend their course; but I desire again to observe that that resolution and the action taken thereupon came only in 1880 at the end of a long series of years during which the recommendation of the General Medical Council on this subject had been set at nought. The Medical Council receives members from Ireland representing Ireland, and sitting on the Irish Branch Council, and to whom I think it must have been known that that resolution had been set at nought. Save that, I have no knowledge whether the Medical Council did know of it or not.

1581. Still I think you do know that the line which had been followed by the Irish College of Surgeons, and was here criticised and censured by the General Medical Council, did not amount to a systematic non-compliance with the recommendations nor even to a series of careless omissions and exceptions under them?—Quite so.

1582. Then was not your censure of the General Medical Council rather severe under the circumstances?—I think not; my statement was couched in the words that the recommendations were habitually set at nought, and that is so. That recommendation was habitually set at nought for years prior to that time. I do not say set at nought with the knowledge of the Medical Council, but it was set at nought, and as I acted on the Council of the Royal College of Surgeons at the time, I am perfectly conversant with all the circumstances of the case; and on that representation, based upon the resolution which you have just read, the College did alter its procedure, and now insists on the preliminary examination being a precedent of medical study, and refers all exceptions to the Branch Council.

1583. In talking of the reasons for which students go from Ireland to Scotland, you speak of Scotland as having the easier curriculum, that is to say, you believe it to have fewer rigid lecture requirements?—Yes.

1584. And smaller fee?—Yes.

1585. Should you attach very great importance to those matters as inducements?—Yes, certainly.

1586. Should you regard them as vicious or objectionable inducements?—Yes; I certainly should regard the restricted course and the smaller fee as vicious inducements.

1587. Are you not aware that there is a great difference of opinion amongst persons, whom I am sure you would consider disinterested, with regard to the necessity for attending several courses of lectures upon any one and the same subject?—I am aware of that.

1588. You would not impute bad faith to people who differed from you, I suppose?—Certainly not; and I should not in the least object to a reduction of the curriculum if it was a universal reduction. My objection is not to the reduction of the curriculum itself but to the fact that the reduction operates improperly by inducing men to go where they will get a shorter and easier course of study. I mean, shorter, in the sense of being less in extent.

1589. You would, of course, consider it fatal to the public interests, if there were such differences of examination between Dublin and Scotland, that men should be able to go from Dublin and pass an examination in Scotland which might be below the proper requirements of the public?—Certainly I should.

1590. But as regards whether the conditions of curriculum were easier in respect of attendance on plural courses of lectures, or whether the fees were less, probably you would not attach equal importance to those questions?—I think the inequality has a very mischievous effect, although I do not think that a plural course of lectures is a very important thing in medical education. I think the difference in extent and cost of curriculum is very injurious to medical education, and makes it impossible for licensing bodies to keep up what they conceive to be the necessary standard of education, whether they rightly or wrongly so conceive it.

1591. I think I am right, am I not, in believing that one of the Irish qualifications, giving admission to the register, namely, that of the Apothecaries' Company, is obtained for the sum of 16*s.*?—9*s.* 4*d.*, 10*s.* Irish.

1592. Supposing that a good examination is conducted for 10*s.*, one which entirely satisfies the requirements of the public, and is in all respects satisfactory and sufficient, do you see any reason why, merely because of its cheapness, it should be discontinued?—I do not see any reason why a good examination should be discontinued, even if it cost nothing, but I say that the net effect is a disastrous one, by making it impossible for the more expensive institution to keep up the standard of education, because men will go not only to those places which are cheaper in point of money, but which are easier in point of education.

1593. (*Mr. Cogan.*) You spoke with reference to any new construction of the Medical Council, and you said you thought it might be necessary to disfranchise some of the licensing bodies that now send representatives to that body, and that some of them should be coalesced?—I did.

1594. Which do you think should be disfranchised and which coalesced?—I am strongly of opinion that the Apothecaries' Company, both in Dublin and London, should cease to send representatives, and I think that the Glasgow Faculty has ceased probably to have a claim. Those are the three bodies which I would name as open to disfranchisement, and as to coalescence I should think that the University of Durham might advantageously be conjoined with some other body in returning a representative. I do not like to individualise, but I am quite clear with reference to those that I have named. I am bound to say that I never could see, or never did see, any reason why the Apothecaries' Hall of Ireland should send a representative to the General Medical Council. Under its Act of Parliament it is essentially a pharmaceutical body, and it never would have obtained recognition as a medical body except for a vote taken in the General Medical Council by a majority of one, many years ago, at the instance of the Army Medical Department. It would never have been recognised as a medical body at all but for that, and I do not think it has any claim to send a representative.

1595. Do you think that the more direct representation of the medical profession could possibly be achieved by enlarging the elective bodies of the several corporations?—I am very strongly in favour of an enlargement of the elective bodies; but I do not think that a representative of a licensing body would cease to be representative of the special interests of that body, even though he were elected by a much larger number of the *alumni* of that body than he is now elected by; nevertheless I hold that the representatives of licensing bodies ought to be, and in point of fact legally are, under the Medical Act, bound to be elected by the voting constituents of that body and not by councils. I raised that question in the College of Surgeons of Ireland not very long since. A legal opinion was taken upon the subject; it was adverse to my contention, and the Council still maintains its right to elect the representative; but if that be the law, I hold that it is against public policy and that the representatives of licensing bodies ought to be elected by the corporate voters in those bodies, and not by any council. One of the complaints I have to make of the constitution of the General Medical Council is that the representatives sent forward by the licensing bodies do not represent even those licensing bodies. I need hardly say that I speak with the utmost respect of the representative of the University of Dublin, who could not be improved upon, no matter who elected him; but he is elected, as a matter of fact, by eight elderly clergymen, and I do not consider that that is a fitting method of election for the University of Dublin. I might pursue the parallel further, as I have done in this book or pamphlet which has been referred to, and point out that the present method of election does not give the *alumni* of most licensing bodies practically, any vote. My calculation, is that only 1,300 medical men, out of the 22,000 odd, have any conceivable means of expressing their opinion as to the representatives in the General Medical Council. I say that is not satisfactory.

1596. Do you consider that if the functions of the Medical Council be restricted to what they are at present, registration and education, that there is any great advantage in having reporters of the public press present at their meetings?—I think the publicity of the proceedings is absolutely essential, and that it has done an immense deal towards aiding the General Medical Council in carrying out the reforms which it has recommended, and that it has done it by preparing public opinion for those reforms and has been the means of obtaining the public approval, and the approval of the profession generally, to those reforms when they have emanated from the Medical Council. I do not think that those recommendations would have been received with the attention which they did receive, were it not that the public were kept fully informed upon the subject by the reporting of the proceedings.

1597. (*Chairman.*) Then you are of opinion that the recommendations of the Medical Council have been received with great attention?—I never denied that they had been received with attention, nor did I ever deny that they had a very material influence.

1598. Should you be in favour of restricting the subjects of discussion in the Medical Council in any way?—I do not think discussion ought to be restricted in any way except within the limits of the Act of Parliament. It ought not to go outside the boundaries of the subject to which the Medical Council is devoted; beyond that I would not make any restriction.

1599. Should you then be disposed to limit it within the four corners of whatever there might be in the Act of Parliament?—I should think the Medical Council would not be authorised to discuss anything except the functions imposed upon it by the Act of Parliament.

1600. Could you particularise the subjects which in your opinion ought to be discussed by the Medical Council?—I would say medical education and examination; the prosecution of unlicensed practitioners and other matters, such as the granting of certificates.

1601. (*Mr. Simon.*) Would you include the payment of poor law medical officers?—No, I do not think so. Education and examination and the checking of unlicensed practice would be the most important things for discussion. Of course there would be questions arising in connexion with the publication of the national pharmacopœia, and the register, and other things.

1602. (*Chairman.*) You would be disposed to exclude the question of medical professional fees and things of that kind, as I understand you?—Your Lordship means for lectures and so forth?

1603. No, not for lectures, but for ordinary medical attendance?—I do not think the question of fees, nor the salaries of poor law medical officers would come within the functions of the Medical Council.

1604. You think they ought to be excluded?—Certainly; I do not think the Medical Council ought to diverge into anything outside the terms of the Act which constitutes it.

1605. Would you extend its discussions to outside questions of public interest as distinguished from questions of limited interest to members of the profession as individuals?—I think its discussions should be strictly restricted within the functions imposed upon it by its Act of Parliament, whatever those functions may be.

Adjourned till to-morrow at half-past three o'clock.

SEVENTH DAY.

Saturday, 25th June 1881.

PRESENT:

THE EARL OF CAMPERDOWN IN THE CHAIR.

THE RIGHT HON. W. H. F. COGAN.
THE MASTER OF THE ROLLS.
JOHN SIMON, ESQ., C.B., F.R.S.
PROFESSOR HUXLEY, F.R.S.
ROBERT MCDONNELL, ESQ., M.D., F.R.S.
PROFESSOR TURNER, M.B., F.R.S.
JAMES BRYCE, ESQ., M.P.
JOHN WHITE, ESQ., *Secretary.*

Professor HUMPHRY, M.D., recalled and further examined.

Prof. Humphry, M.D.

25 June 1881.

1606. (*Mr. Simon.*) I had better just remind you, perhaps, where we were when we left off on Monday. I had asked you a question with reference to your original objection, as embodied in the motion which you made in the Medical Council two years ago, and which was carried by an overwhelming majority, to the effect that the mode of election by universal suffrage did not give a guarantee for the election of the fittest persons?—Yes.

1607. To the principle of that motion you adhere?—Yes.

1608. Then, being asked what in your opinion were the roots of the feeling for direct representation, you dwelt particularly, upon a claim which the general practitioners advanced to be directly represented in the Medical Council, by reason of the General Council being paid out of the registration fees?—I mentioned that that was a claim.

1609. And, thirdly, you, I think, recognised fully that a candidate for election by direct representation would practically have no means of appealing to the constituency except through the goodwill of the medical journals?—He could do it, of course, by letter. He could do it by sending a statement of his views round to the medical practitioners, otherwise he could only do it through the various journals; it would be quite open to him to send any statement, of course.

1610. Perhaps I had better ask a further question on that point. In England the practitioners are above 15,000, are they not?—Between 15,000 and 16,000.

1611. Close upon 16,000?—Yes.

1612. The cost of sending a circular would be very considerable, would it not?—It would be 8,000 pennies; that is easily reduceable to a certain number of pounds.

1613. Do you believe, supposing it to be a matter of ambition amongst candidates, that one circular sent round would be sufficient?—I should have thought so.

1614. Judging by the analogy of other elections, do you find that one manifesto is sufficient?—I should have thought that in this instance one manifesto would be sufficient.

1615. I would now ask you whether you think you have exhausted the motives which have led numbers of persons in the medical profession to advocate universal suffrage?—The three motives which I gave were the three which appeared to me to be, at any rate, the most important: I do not remember any other. There may be others, but those are the ones most impressed upon my mind.

1616. Regarding the argument, upon which you particularly dwelt, of a claim arising out of the registration fee, and supposing that argument to be at all tenable, what particular motive would there be to enforce it?—I think the members of the profession feel that they would be the best judges of the knowledge required for the practice of the profession, and would have the best knowledge of those who require to practise generally.

1617. But are we not all members of the profession?—I think that is not quite their feeling; at present they feel that the examinations are regulated by surgeons and by physicians, and not sufficiently by general practitioners; as I glean it, that is the feeling.

1618. Before you leave that point, is it not in your knowledge that several members of the Council, present and past, are and always have been general practitioners?—There are some, certainly. I think the reason I have mentioned has been one of the reasons which have urged them to insist upon direct representation. I am not speaking of it as my own opinion, but as one of the motives which have induced the call for direct representation.

1619. The point is, whether that reason will hold water. As a question of fact, are there not, and have there not been, various general practitioners members of the General Council at one and the same time ever since its existence?—There have been; but the preponderating influence in the General Council, no doubt, has been the other way.

1620. The business of the Council being to influence education and control examinations, do you doubt that the predominating influence should be where you say it has been, namely, with persons who are not general practitioners, but who are or have been teachers or directors of examinations?—I think it decidedly better that it should be where it has been; and I am bound to say that I think it is quite probable that if the general representation were carried out the predominating influence still would be the same. I am not at all aware that it would make much difference, so that it might not really carry out the end they have in view. I think it quite probable that they would still elect the more prominent members of the profession.

1621. Has there been among the members of the Council in the last few years any member of more activity and influence than Dr. Andrew Wood?—I think no one.

1622. Was he a general practitioner?—I believe he was. He represented the College of Surgeons of Edinburgh.

1623. Is Mr. Teale a general practitioner?—I imagine not, but I really do not know.

1624. Is Dr. Fergus a general practitioner?—I do not know.

1625. Do you know whether Dr. Scott Orr is a general practitioner?—I have only general knowledge as to that. He represents the Faculty of Physicians and Surgeons of Glasgow.

1626. But with that general knowledge you do not doubt that the special knowledge of general practitioners, so far as they may be said to have a special knowledge, is represented fully in the General Medical Council?—It is quite represented. With reference to that feeling of preponderance of corporations and corporation interest in the Council, I distinctly said that I did not attach importance to it.

1627. Are you aware that there was another and a very special motive which first made the demand for direct representation popular with the mass of the medical profession?—I do not know what you are referring to.

1628. Do you remember that 10 years ago a memorial was presented to the Government signed by, I believe, nearly 10,000 practitioners, as the final outcome of an agitation that had then been going on for one or two years, the gist of which was, "Reform the Medical "Council in order that underpaid and unpaid medical "labour may be abolished." Is not that within your recollection?—I believe I have already said that in the minds of many there evidently was lurking an idea that the Medical Council might be made subservient to the interests of the profession in other ways. That was the case. It was supposed that the Council might promote their interests in connection with the poor law.

1629. Their pecuniary interests, you mean?—Their pecuniary interests; that, I believe, was the desire.

1630. You have no doubt that that was an argument that was likely to be very influential?—I think that they have confounded the intentions of the Act in connexion with the General Council sometimes with their own interest; and they have forgotten that the Medical Council was appointed simply for the purpose of promoting education and examination, and have thought that it might be made subservient to other purposes.

1631. In the proposal you make for a new form of Council, you propose to reduce the Council in number from 24 to 14?—Yes. I should observe that my proposal institutes a Board, and there being that Board, then, I think, the Medical Council might be with advantage reduced.

1632. You think that, under the proposed system of conjoint examining boards, the right to representation might be vested in the conjoint boards instead of being vested in the separate authorities, and thus the Council might advantageously be reduced from 24 to 14?—I always avoid using the word "representation;" I would rather say "appointed by."

1633. You think the Council inconveniently large for the transaction of business unless it were necessary, for other reasons, that it should be as large as it is now?—I think it would transact its business better if it were not so numerous.

1634. Supposing your acquiescence in direct representation were accepted, but that those who had the application of the new process did not like your mode of applying it, and pressed what has been proposed in the Medical Association Bills: namely, that there should be six extra members of Council elected (those six to be elected by the mass of the medical profession) so as to make an addition of six members and raise the number of the Council to 30: what would you think of that?—I think it would be disadvantageous to the working of the Council.

1635. Would you think that too high a price to pay for the advantage of having members elected on the Council by universal suffrage?—I do not think it would be too high a price to pay for obtaining the advantage of getting medical legislation settled.

1636. But if you could carry out medical education by satisfying claims that the Commission thought just after full consideration, although those claims might not include direct representation, what would you say to that?—I should be very happy if the profession would be content, and if there could be permanent legislation without it. I have no personal desire for direct representation. I acquiesce in it, and would acquiesce in it, for the purpose of settling the question and satisfying the feelings of so large a number of the profession.

1637. (*Dr. McDonnell.*) I wish to have one thing explained which appears in the précis you were good enough to send to us. Am I to understand that you wish to have one Board for the whole, or a Board for each segment, of the United Kingdom?—A Board for each segment of the United Kingdom.

1638. Then you propose three Boards and one Medical Council?—Certainly.

1639. I see from your précis also, you think that the Medical Council should see that the examination, the rules, and the fees in the three divisions of the United Kingdom are nearly equal?—Yes, nearly equal.

1640. You think that the examinations alone being equal would not be quite enough. You would desire that the regulations, to some extent, as to curriculum and fees, should also be equal?—Yes, nearly equal.

1641. Looking at it from the public point of view, do you think it advantageous to the public that the same body that confers the privilege of entering the medical profession should both examine for that privilege, and teach?—I do not quite understand that question.

1642. Do you think it for the interest of the public that the teaching and examining for a license should be conducted by the same bodies?—Supposing the license to practise to be a thing separate from the conferring of a degree or title?

1643. I am not speaking now of the title, I am speaking of the education.—That being regarded as a separate thing, do you mean?

1644. Yes. According to your ideas, as sketched out in this plan, the conjoint board would be the board which would confer the license to practise?—Yes.

1645. Do you think it desirable that the right of conferring the license to practise should be enjoyed by bodies who also educate students?—I think there would be no objection to bodies who educate students combining to form a Board for the purpose of conferring licenses.

1646. Then it would not be an educating Board?—Certainly not; it would be merely a Board regulating and directing education and examination, but not actually conducting education.

1647. May I ask, are you in favour of free trade in teaching; are you in favour of young men being quite free to learn their business wherever they can?—Certainly.

1648. You think that there are advantages which arise from free trade in teaching?—Yes.

1649. Do you think there are corresponding advantages which arise from the competition in giving diplomas or licenses?—I do, certainly. I mean that it would be a very great disadvantage if there were only one degree-giving body. I draw a distinction between licenses and titles.

1650. It is about the license I wish to speak; the thing which the bulk of the medical public prize is the right of getting their name on the Register, which gives them the privilege of entering a money-making calling, that is, a calling in which they can earn their livelihood?—Yes.

1651. They prize that, and therefore the power of getting registered has a money value. Do you think it desirable to have in existence the number of bodies that are at present competing against each other in respect to that right?—No.

1652. You are in favour of having open competition as far as education is concerned, but you are not in favour of having competition when the competition is for the privilege of getting upon the Register?—No; I think it better that the giving of licenses should be under one central Board in each division of the kingdom, but that is quite compatible with there being competition for titles and diplomas.

1653. Suppose that your idea were adopted, and that we had a substantially good Examining Board in each segment of the United Kingdom, and that it were necessary to pass that examination in order to get upon the Medical Register (we will suppose that that has been carried into effect), would you allow any young man, whether educated at home or abroad, provided he had knowledge enough to pass that examination, to go in for it, pass it, and get upon the Register?—Provided he had conformed with the rules and regulations of that Board.

1654. I want to know how far you think it would be advisable to lay down strict rules upon that subject; you would still, it seems, have a curriculum?—I would still have a curriculum.

1655. Would you refuse the right of examination to any person educated outside the United Kingdom—educated you know not how, but who could give proof that he was prepared to stand the test examinations?—Not provided he had passed the examinations outside the kingdom in the division of the world in which he might have been educated, and provided the Board saw that there was sufficient reason to regard the education there given as a good one.

1656. I confess what I meant by free trade in education was, that you would be content to allow any young man to present himself for examination who had knowledge enough to pass that examination. Would you be prepared to say to him, "Get your knowledge where you like; go to any school you please and learn where you can?"—I do not mean quite that; I mean that I would allow him to be educated and instructed in any school as to which there was reason to think good education was given. I do not think we can trust to examination alone or that it would be wise to trust to examination alone, because we know perfectly well that the examination must be an examination for a minimum standard; and men may be intelligent men, or men may be crammed up to a minimum standard. However you arranged the examination, they would contrive, with insufficient education, to pass that examination.

1657. Do you think if the minimum standard were of a thoroughly practical kind, that cramming would be an evil? I mean, for instance, if a pupil were examined at the bedside for practice, in the chemical laboratory as regards chemistry, and in practical pharmacy and other things in the proper places, do you

Prof. Humphry, M.D.

25 June 1881.

think grinding or cramming could ever tell injuriously ?—I think you would insure a better average man if you required him, in addition, to have gone through a certain amount of hospital practice. I would not trust to the simple examination of him, because it must be comparatively short ; it cannot be a long examination.

1658. Then you think it would be desirable to test both by examination and by curriculum ?—Yes.

1659. I gather from your answers to other members of the Commission that you think it would be well to lighten the curriculum ?—Yes.

1660. And also to make the examinations more practical than they are at present ?—Less in detail. I think we should endeavour to elicit a certain amount of theoretical knowledge. I do not entirely assent to the view that the examinations should be altogether practical.

1661. The examination would almost certainly be divided, as it is at present, and possibly might on your plan be more judiciously divided. I suppose we may assume that the part relating to arts, the preliminary examination, would be one part ; the part relating to the more scientific parts of practice of medicine and surgery would be the second ; and the final would be completely practical ?—Not completely practical ; the final examination would be in medicine, surgery, and midwifery, the principles as well as the practice.

1662. I need not ask you about that. The arts you would leave to the existing machinery already at work in the country for educating in arts ?—Yes.

1663. The scientific part, you think, might be dealt with by our universities and chartered colleges as they are ?—Quite so.

1664. Would you insist upon the practical part of the examination being tested by the conjoint board ?—Yes, upon the understanding that the universities took part in it.

1665. That being so, you would be rather in this difficulty : some persons look at anatomy very much from a practical point of view ; in which of the examinations would you put it, for instance ?—I would put it both in the scientific and the practical. I would not allow a man to pass the final examination unless he then showed a good knowledge of anatomy as part of surgery and medicine.

1666. I see that at one part of your examination you laid a good deal of weight upon the number of rejections as a proof of the high standard of examination ?—As a proof that the examination had outrun the acquirements of the students.

1667. Do you think that that might possibly be explained in another way ? Do you think it possible that students now care less about rejection than they did formerly ?—Undoubtedly they do.

1668. Do you think therefore that a certain number of students may advisedly, and even by the advice of their teachers, go into an examination with a view of finding out the lowest amount of knowledge necessary to enable them to pass that examination ?—I do not mean quite that, but that they would take their chance with less reluctance than they did formerly.

1669. Therefore the number of rejections may become considerable without its being any proof of the absolute goodness of the examination ?—I do not think that is the entire cause. I think, furthermore, that the examinations have increased in severity in greater proportion than the students have increased in knowledge ; both causes have contributed to swell the number of rejections. According as examinations are numerous, so will men care less for the disgrace of rejection.

1670. I merely allude to it because I observe that you and some other witness laid a good deal of stress upon the number of rejections. Sir James Paget did so also. Do you think it may be explained in more ways than one ?—Certainly. It is the case also that examinations have increased in severity.

1671. Do you think the examinations have increased so far in severity as to produce any real dearth of medical men in the United Kingdom ?—In answer to that question when it was put to me before, I said it was very difficult to tell. The statistics are not patent upon that subject. Medical men have, I believe, decreased in number relatively.

1672. Do you not think that would be always likely to correct itself in the way that other things correct themselves in obedience to the law of demand and supply, and that it would be necessary for the Poor Law Boards to increase the payment if candidates did not present themselves ?—I think we must not conceal from ourselves the fact that the payment generally in reference to our profession is low in proportion to the education and to the labour given.

1673. But do not you think it has been mounting up of late years from the very causes you now allude to ?—The payment ?

1674. Yes, I had better put it in this way perhaps : do you think that the salaries of medical officers in the various public services and workhouses have been increasing in such a way as to meet the possibility of any dearth ?—I doubt that. I do not think the payment of the profession is greater than it was relatively to the amount of education and work done. At the present time, and in the last year or two, it has been decreasing, and very seriously decreasing, in agricultural districts.

1675. I think you spoke favourably of the suppression of the Faculty of Physicians and Surgeons in Glasgow ?—Yes.

1676. Do you think it would be just to wipe out a body of that kind which has been in existence for a very long time ?—I did not suggest that the body should be suppressed or wiped out, but simply that I thought it was not necessary that that body should appoint members on the Board. I would leave the body as it is ; I would not interfere with the body.

1677. Then I misunderstood your evidence ?—It is simply that I thought it not necessary that they should elect members of the Board, but that the Board should be elected by the Colleges of Physicians and Surgeons and the Universities in each of the three divisions. I would leave the several bodies as they are, to confer their degrees or diplomas as they chose, and as they do at present.

1678. (*Professor Turner.*) I should like to ask a question upon a point which has been raised by Dr. McDonnell in the course of his examination as to the relation of education and licensing in the same body ?—Dr. McDonnell drew the distinction between license and titles ; we keep that quite clear.

1679. That is not my point ; the relation of education and licensing in the same body is my point. The University of Cambridge at the present time is an educational body as regards medicine, and it is also a licensing body through the degree in medicine that it confers ?—Certainly.

1680. Have you ever seen any evil result from that combination ?—No ; but I think on the whole, if we do have one licensing body in each division of the United Kingdom, it will then be better that all licenses should be conferred through that body.

1681. But may I ask have you seen any evil arise from the combination, in a body like the University of Cambridge, of the power to give the education, and through the degree a license to practice ?—No.

1682. Do you imagine that in any University evil would arise by this combination (which now exists, observe) in the Universities. By that combination, of course, they become educating bodies and licensing bodies ?—I am not aware that any evil does exist, or would be likely to exist, but I quite conceive that it possibly might exist ; and I think, on the whole, it would render that one licensing board a better board, and a more satisfactory board to the whole kingdom, if the universities and corporations took part in it, and if students from all were subjected to the examination of that board before obtaining their license.

1683. This is rather a hypothetical position that you are taking up, and not one in which you have any experience, is it not ?—It is to a certain extent hypothetical.

1684. You have expressed your opinion as to the advisability of there being a conjoint board established in each division of the kingdom ?—Yes.

1685. May I ask whether your advocacy of a conjoint board is at all based upon any knowledge or impression that the present examinations are insufficient ?—I have no knowledge of examinations being insufficient.

1686. Have you any impression to that effect ?—I have some impression that they are. It is so often reported to me that they are insufficient in one or two directions (which I would rather not mention), that I suppose there must be some reason for the statement. The examinations with which I am acquainted, and which I visited, were all sufficient.

1687. You are, I think, an active member, I may say, of the Council of the College of Surgeons of England ?—I am a member of it.

1688. And the College of Surgeons of England is in the habit of granting, after examination, fellowships?—Yes, there is a special examination for the fellowship.

1689. And it is, I think, universally admitted that the examination for the fellowship of the College of Surgeons is one of a very arduous character?—It is a difficult examination, certainly.

1690. So much so, that the number of those who enter for the fellowship each year is not very large?—It is not large. That has been partly in consequence of the requirement of a special preliminary examination,—a preliminary general examination,—as well as a preliminary scientific examination.

1691. Taking the examination as a whole, it is a difficult examination?—It is a difficult examination, certainly.

1692. Then I think that those who are candidates for that examination have to go through a more extended range of professional study than is required of candidates for the membership?—Yes, they have in anatomy, physiology, and surgery.

1693. And a more extended range of study implies a greater expenditure of money for educational purposes?—Quite so.

1694. And it would, therefore, follow that men whose circumstances in early life are not such as to give them the command of money may, under the present regulations of the College, be debarred from obtaining a fellowship?—That is quite the case.

1695. So that a certain number of men of ability may now go into practice who will find it impossible at any part of their career to obtain the fellowship?—You are quite right.

1696. Are you of opinion that the fellowship of the College of Surgeons of England, or that the power of obtaining the fellowship of the College of Surgeons of England, should be extended in this way: that a practitioner of a certain standing who has shown that he possesses power and ability in his profession should be able to obtain that fellowship on somewhat different terms to those at present in existence?—I quite think that it should be so, and I have used my feeble endeavours on the Council of the College of Surgeons to bring about a change so that it should be so. I have always advocated the admission of practitioners of medicine—or of all members of the College—to the examination for the fellowship.

1697. Are you of opinion that the College of Surgeons of England might appoint Fellows by a system of nomination and selection, even although those Fellows have not been examined for a fellowship?—I think that should be done with very great care, and in a small number of instances.

1698. But supposing that it were done with great care, and that there were special hindrances put in the way, by regulation, of admitting improper persons, you would have no objection to the establishment in the College of Surgeons of Fellows by election?—The College of Surgeons has the power, and already exercises it in a small number of cases, two a year.

1699. Do you think two a year is sufficient?—With great care I think that might be extended, but I certainly think that all members should be admissible to the examination without any further requirements of education. That I have always thought, and I have endeavoured to get that regulation carried.

1700. (*Professor Huxley.*) You gave us some very interesting and important views in an answer to a question put by the chairman with respect to the present curriculum of medical education. You gave it as your opinion, I think, that at present it is somewhat overweighted?—Yes.

1701. And, I think, you further expressed the opinion that it was particularly overweighted in the direction of botany, zoology, and materia medica?—Yes.

1702. In reply to a subsequent question, I think you were rather disposed to eliminate botany altogether?—Yes.

1703. And zoology?—Yes.

1704. I suppose, in giving that opinion, you referred to systematic botany and systematic zoology?—I am speaking, of course, of the minimum qualification. I would elimiate botany and zoology altogether.

1705. Of course, botany and zoology are very wide terms; they include the most elementary knowledge of animals and plants as well as the most detailed knowledge. Would you think it advisable that a medical practitioner should not have some conception of what is meant by, we will say, bacteria?—I think quite a sufficient knowledge of botany or of biology might be obtained in elementary physiology, which would include the general principles of biology.

1706. And the same reply would hold good in respect to zoology?—Yes.

1707. It would be an undesirable thing, I presume, in your opinion, that medical practitioners should not have some conception of what trichinæ are?—Yes.

1708. Or some knowledge of parasitic life?—Yes, he should have some knowledge of parasitic life.

1709. And without a certain amount of zoological knowledge he could not possess that, of course?—That would be given in an elementary biological course of physiology.

1710. You spoke also of the great difficulty which at present exists in obtaining a sufficient supply of subjects for the study of anatomy?—Yes.

1711. Do you think, under those circumstances, the work of the medical student might not be very much facilitated if at the beginning of his career he had a course of practical instruction, which would give him the sort of elementary knowledge of life that he wants, and that he would at the same time by the dissection of common animals, such as rabbits, be enabled to acquire a fair knowledge of histology, osteology, and so forth?—I think, if the human subject could be obtained, the requisite knowledge would be gained in a shorter time than by the process you mention. In default of the possibility of obtaining a sufficient number of human bodies, the method you mention might come in as an auxiliary, but it would be better for the ordinary student if he could obtain that knowledge through the human body.

1712. Do you not think the facility of cutting about and wasting the bodies of the lower animals might a good deal facilitate his acquaintance with the general structure and plan of animals before he began to study man?—It would facilitate his knowledge, but he might as well be obtaining the correct knowledge, that is to say, the knowledge of the human body, at the same time that he is learning the method of dissection; it would save him time.

1713. Still at present there is likely to be a great difficulty of obtaining subjects, is there not?—There is a difficulty, certainly.

1714. It is not likely to diminish, is it?—I should hope that there would be ere long some enactment which would render it more easy to obtain bodies.

1715. At any rate I apprehend your objection to botany and zoology applies to the making of them special objects of medical study?—Yes.

1716. While, on the other hand, you would view with approval some such elementary course as that which I have suggested, which would give the commencing student at least a knowledge of the phenomena of living bodies generally?—I would, provided he cannot obtain this knowledge of the human body specially. It would be an advantage to the student, no doubt, if he could have that. To the student who could take a rather wider range of instruction that instruction would be distinctly beneficial and advantageous.

1717. In any case, even in the narrowest range of education, a man should know something of the topics I have referred to?—Yes, as part of an elementary course of physiology.

1718. That knowledge would be easily given by such a course, would it not?—Certainly.

1719. I think, among your list of subjects which might with advantage be cut down, we had materia medica as well?—Yes.

1720. I dare say you remember the days when we used to have to work up Dr. Pereira's "Materia Medica"?—Yes, I have had to do it.

1721. And I suppose I shall not be putting it too strongly if I say you considered that a great waste of time?—A very great waste of time.

1722. I presume the knowledge of drugs which a medical man actually requires might be obtained in a very short time without much instruction?—Yes; the mode of action of the drugs is a different thing.

1723. I, of course, exclude that, pharmacology being one of the most important of medical studies?—Yes.

1724. What is your opinion of the bearing of the formation of a conjoint examining body in each division of the kingdom upon the taking of degrees by the

Prof. Humphry, M.D.

25 June 1881.

ordinary student; I am not speaking now of the more distinguished student, but the ordinary student?—I think, unless the provision which I have mentioned were adopted, that the ordinary university student should not be required to pass through all the examinations of the conjoint board, the result would be bad; that is to say, if he were required to pass through the several examinations of the conjoint board it would be very disadvantageous, and would deter him from obtaining the university degrees. I think it is very important that the university student should not be required to pass through any but the practical and clinical parts of the conjoint board examination.

1725. Do you contemplate the examination of the conjoint board being passed before or after the examination for the degree?—After. Otherwise, there would be no security that the student would pass the examination of the university; it must be after.

1726. So that if conjoint boards were established, and the student were allowed to take his examination by the conjoint board before he took anything else, the chances are he would not take anything else?—Many would not present themselves for the university examinations at all.

1727. And the degrees of the universities and the fellowships of corporations would become dead letters pretty much?—A smaller number would pass those examinations, and that would lower, of course, the general standard of medical education in the country.

1728. That would not be desirable?—I think it would be very disadvantageous. The whole thing had better be left as it is than risk that sort of occurrence.

1729. Has any other course occurred to you? Of course, the object in view is to obtain the equivalency of examinations; how that is obtained is not a matter of any very great moment. Suppose, instead of conjoint boards for the purpose of examination, there were for each division of the kingdom, or for the kingdom generally (that is a matter of detail), a board of delegates from all the existing licensing bodies, which should have the power of regulation and inspection of the examinations, and which should be instructed to see that no license for practice was given unless the examination was a complete one (that is to say, in the three great branches), do you think that such an arrangement would secure the requisite equivalency, leaving the licensing bodies otherwise just as they are?—Do you mean that certain delegates should visit certain examinations?

1730. That you should have a board formed by delegates from all existing licensing bodies, and that that board should be entrusted with the power of supervision and regulation subject to the general instruction that no examination should be regarded as complete unless it took place in the three divisions?—That would be a more complicated process.

1731. It would have the advantage of leaving bodies where they are?—It would. I do not think it would act quite so well; they cannot possibly visit and regulate all the examinations.

1732. Do you not think that if the board to which this function were entrusted consisted of delegates from each of the bodies, that those delegates themselves would be practically inspectors in their own colleges or corporations?—It would be an alternative, but I do not think it would be quite so clear and simple and satisfactory a plan.

1733. The great practical difficulty is this: In the first place, supposing the conjoint scheme is adopted, either you must put the conjoint scheme examination before or after the other. If you put it before, there is the chance of cutting off the supply of candidates for the later examination; if you put it after, it becomes rather a hardship upon an intending practitioner that, having passed the more difficult examination, he should have to go up to a lighter one, does it not?—It really is not such a very great hardship if a man has passed a difficult examination to go in for an easy one.

1734. Do you not think examinations are, like hypotheses, not to be multiplied beyond necessity?—I think that would apply to the difficult examinations. I do not think the easy examinations are a very great trial, but I greatly prefer a plan of the kind which you have suggested to any plan which would not admit the university examinations, with the exception of the final and practical part. I think the evil attendant upon that would be very great.

1735. (*The Master of the Rolls.*) I want to know your opinion on a scheme which is something like yours, but still differs materially from it; and I should like to know your opinion upon it in two ways,—first of all as a scheme in itself, that is, on its own merits; and secondly as a scheme having regard to the peculiar position of the medical profession in respect to the present licensing boards at the present moment, and the desirability of bringing about, if we can, some legislation which would put an end to the questions which have so long agitated the profession. You understand the two views, I presume?—Quite so.

1736. One may be considered a view of simple merits; the other a view of merits combined with expediency. The suggestion upon which I wish to obtain your opinion is this: assuming the Medical Council to be altered merely by adding to its body a certain number, say six, who shall be elected by what is called direct representation—that in all other respects it remains the same; assuming the functions of the Medical Council to remain substantially the same as they are at present, then establish three conjoint boards for the three divisions of the kingdom on the system that the conjoint boards shall be partly elected by the 19 licensing authorities, and partly by Government nomination; that these conjoint boards shall be restricted to examining alone; that they shall have nothing whatever to do with the regulation of medical education; that the regulation of medical education shall be left to the several licensing authorities (some of those bodies granting diplomas and others degrees), subject of course to the power now possessed by the Medical Council of interfering where they think the curriculum insufficient, and representing this to the body itself or to the Privy Council; that the candidate who obtains the diploma or degree shall not thereby be entitled to practise, but that he shall, after obtaining either the diploma or degree of any one of the 19 licensing bodies, be entitled to present himself for examination, and for nothing but examination; that that examination, as regards the diploma-granting bodies, shall be complete in this sense, that it shall comprise what has been called the scientific examination (in all the subjects in which they now examine, commonly called botany, zoology, chemistry, anatomy, and physiology) and also a final examination which shall be what is called a practical examination in surgery and medicine, or, as I suppose you would say, a clinical examination; and, as regards the universities, that the candidate shall pass the final examination only; that the cost of the examination by the board shall be such as shall be equivalent to the fees demanded, that is to say, that there shall be no profit for division; so that the present licensing bodies shall depend then, as they depend now, upon the fees paid for obtaining their own diplomas and degrees. That is about the substance of the scheme I desire to suggest to you; it differs from yours, but it has many points of resemblance to it?—The Medical Council would remain the same with an addition of six?

1737. Yes.—The functions of the Medical Council would be the same as at present?

1738. I ought to add that its functions would then include the supervision also of the boards. The Council would supervise the examinations of all the licensing authorities.

1739. Yes; and in addition supervise the examination of the boards?—Yes.

1740. Their visitation work, therefore, would be greatly increased?—Not greatly, but somewhat increased.

1741. It would be increased?—Somewhat.

1742. And the Council would be enlarged by direct representation?—Yes.

1743. That would involve the disadvantage of a larger Medical Council, which would, I confess, in my opinion, be a rather less efficient Medical Council, and a much more expensive Medical Council. There would be a large number to be paid, and their work of visitation, which is a very expensive work, would be increased.

1744. I am not sure that it would be increased. You must recollect that there would be very little visitation required in connection with the boards; the Council might trust the boards; I do not think the visitation would be much increased. The object of visitation, of course, is to look after those who require looking after?—The Medical Council at present is rather a cumbrous body, and a difficult body to carry out effective work. It is such a very serious thing for members who are busy men to have to come from different parts of the kingdom, that I would rather diminish than add to their functions, I confess.

1745. That is, as regards its own merits?—As regards its own merits.

1746. Now with regard to the second point? — The point of expediency?

1747. I want you to answer the same question with regard to the Medical Council from the second point of view—the point of view of expediency?—I think the plan of direct representation would satisfy the profession. I think the profession would be satisfied with such an addition as you propose to the Medical Council, so far as I understand their wants; so that, as regards expediency, that would meet the requirement, I think.

1748. Now as regards the board itself, confining it to examination, leaving the regulation of the curriculum to each diploma or degree granting body?—The avenue to a license would then be through any one of the authorities with the examination of the board superadded

1749. Yes, with only the final examination superadded as regards the universities?—You mean that a candidate passing through the College of Surgeons of England would pass all the examinations of the College of Surgeons and then would be subjected to a repetition of the same examinations by the board?

1750. Not the same.—An examinations of the same character?

1751. That I am not sure of. They may think it right to make a different examination; it is quite possible in that point of view that some of the diploma granting bodies would modify their examination.—Still, as I understand it, this board would examine them in all the subjects required?

1752. Yes, not for general education but scientific and final.—All the scientific and final subjects, whether they had been examined in by the several bodies or not?

1753. Yes. Might I suggest to you that that would have this great advantage: in the first place it would leave to each body all the privileges which it now possesses, and all the fees which it now obtains, and it would leave every candidate the choice of belonging to one or more of these bodies if he thought fit; it would not interfere with the government of these bodies or their regulations of curriculum and so on, in fact it would not interfere with them at all; it would, would it not, act as a kind of spur to the worst of the bodies (I do not use the word invidiously); they would not like any considerable proportion of their candidates to be plucked by the conjoint board; it would have a tendency in that way to produce the same effect as visitation, would it not?—I think it would render the access to the profession very different, and more difficult.

1754. Why?—If each of the bodies were spurred to make its own examination more difficult, it would have that result.

1755. Assume it to be equal to the minimum?—Still it must be above the minimum in order to ensure that its candidates are not rejected on examination by the further board.

1756. Would that be a great mischief?—I think the examinations at present are quite severe enough.

1757. I am assuming that, if the examination is severe enough, the minimum would not be above it. I am not now saying what the minimum should be, but assuming that the minimum examination is properly fixed?—If any Body is to examine its students up to the mark of assurance that they pass a further examination, they must examine them beyond the requirements of that examination.

1758. They probably would; do you not think so?—That would be making the minimum examination higher than it need be.

1759. I am not sure about that, because you must recollect it gives you a double security. Do you agree to this, that if you had an examination sufficiently prolonged, conducted by competent persons, you could ascertain the qualification of a man to practise medicine even without curriculum?—If you have it sufficiently long you might.

1760. That being so, if you make it longer than at present, do not you afford some additional security that a man has attained the minimum?—This would be not one longer examination, but two short ones?

1761. Yes.—That I do not think would do.

1762. Do you not think so?—No, I think the first examination must be more difficult than the second, and then that there is no need to have a second.

1763. The difference is this, the first examination is kept up to its minimum by the existence of a second?—The first examination must be kept above the standard of the second.

1764. Slightly, it might be so, but, at all events, equal?—I think if you are examining a student, and know that he will be tested by an examination subsequently to come on, you must examine your student above the level of that examination.

1765. There is the competition which exists as regards lowness also; one must not be much above another, because the student would probably go to the one that granted the diploma on the easier terms?—One great principle should be to put an end to the competition either downwards or upwards, so far as the license is concerned.

1766. It would be immaterial the moment you got the conjoint board, because the public are only interested in getting qualified practitioners?—I think it is rather hard upon the student. I think it would be a serious additional burden to the student.

1767. Do you think it would be an additional burden if he were allowed to pass that examination immediately after the other?—Yes, I do, indeed. There is always a certain risk in examination. I think there is that point I have mentioned, that the first examination must be more difficult than the second. I cannot see how that is to be obviated if you have to examine under any circumstances students who know that they are to be subjected to an examination further on; you always endeavour to examine them in such a manner that they shall not be rejected at the second examination.

1768. You must put against that the desire of attracting as many students as possible to take your diploma, and the knowledge that there is another body next door with the same desire; that would check the excess very much?—One would be glad to get rid of that sort of competition in either direction.

1769. I do not think that competition is undesirable if you do not thereby damage the public. If the public are always assured that the practitioner is qualified, perhaps the competition between the different bodies is desirable. The more distinguished the degree the more valuable it is; the better the examination the more valuable is the degree?—The increasing the difficulty of the minimum standard would scarcely benefit the public, I think.

1770. That depends upon how you increase it?—I think, if you increase it in any way, that would be the result.

1771. If you do not increase it beyond that which a student can fairly pass, so as to diminish the number of candidates required for the wants of the community, you do benefit the public?—My difficulty is this: that the second examination must be an examination testing the man up to the requirements of practice; there must be *a sufficient* examination.

1772. The board examination, you mean?—Yes, the board examination; that ought to be sufficient. If you subject him to an examination before that, my position is that that previous examination must be of a higher character and more difficult than the second necessary one. I think that that would be an unnecessary burden to subject all the members of the profession to on their way to a license.

1773. To an additional examination?—I think so; an additional examination in all the subjects of license.

1774. I think you said, as regards the university students, that that would be a very fair thing to do and would do no injury to them?—Simply the practical and clinical parts; but I said it would deter them from going to the universities if they were to be subjected to examination again by the conjoint board in all the subjects of the examination. I think that in the interests of the public and to satisfy the general feeling, and in order that the universities should take part in the work of regulating education and examination, their students should be subjected to that partial final test and nothing more.

1775. You think that would not be a hardship?—It would be to a certain extent a hardship, but I think that might be submitted to.

1776. I do not think you have quite caught the proposition. The proposition was, as regards the diploma-granting bodies, their students, as a rule, who obtain the diplomas, should pass both examinations; but, as regards univerities, they should only pass the final examination?—I understood that. I am speaking of the diploma granted to the students, who would con-

Prof. Humphry, M.D.

25 June 1881.

stitute the mass. I think it hard upon the mass of the students to be subjected to all that amount of examination.

1777. I suppose you do not think a single qualification sufficient?—Certainly not.

1778. Take a man who passes the College of Surgeons. Is it a hardship for such a man to pass the additional examinations?—I think so. One has to bear in mind that he will go through an examination in that which, I think, is found to be the most difficult part of the examination. The preliminary medical examination would be the same in all cases in anatomy and physiology, which really is the cardinal difficulty. A larger number are rejected in those subjects than in any of the other subjects of the examinations.

1779. Would it meet your views if the same indulgence were granted to persons who obtained the diplomas of the diploma-granting bodies as you propose to grant to the university students?—It would much more nearly meet it, certainly.

1780. So that everybody who obtained a diploma or degree should pass only the final examination?—That would be a less evil; but it would still be rather hard, I think, upon all the members of the profession to attain no higher position than they now do, and to have that additional examination.

1781. Still you would have the check of the minimum examination of the board, which ought to be more efficient than any occasional visitation of the licensing bodies?—It probably would be more efficient.

1782. Then, even in that respect, there is the double advantage of testing the value of the diplomas and degrees?—In the final and practical part.

1783. In that in which I understand the public is most interested?—Yes, the public is interested in ensuring that there is a good education all the way through the medical profession.

1784. Inasmuch as you can secure a good general education by the examination of bodies who make it their business to examine as to general acquirements, commonly called arts, so you probably could ensure a sufficient scientific examination by leaving it to these bodies, certainly to the universities, and you think also to the diploma-granting bodies under sufficient supervision?—I think you might ensure sufficient examination. I do not think it would be looked upon as so satisfactory a plan, or that on the ground of expediency it would meet your view.

1785. You see it would avoid a great many difficulties?—I do not think it would avoid many difficulties in England, because the English bodies have already assented to a conjoint board.

1786. The English scheme might be unsatisfactory in some respects, especially as to the right to take titles and so on, not leaving the examinee to choose his own body to which to affiliate himself. This would have a great advantage over that, and would not cost any more, so far as England is concerned?—In the plan I suggest they would still be able to choose their own body for obtaining their title.

1787. They might pay a large fee, and according to the English plan belong to all three at once; would it not be cheaper to let a man choose one?—I think the English plan was objectionable in that respect.

1788. This plan would also avoid the necessity of interfering at all with education, leaving education to be regulated, so far as universities are concerned, by the educating bodies; would not that be an advantage?—Yes; it would come to very much the same thing if the bodies united and agreed to a common plan of education.

1789. Not unless that common plan were to apply to every one of them?—At the present time there really is one plan of education for all the practitioners of England; the plan of education is the same.

1790. It is not quite uniform?—It is the same curriculum or very nearly the same curriculum.

1791. There are considerable differences?—With the College of Surgeons, the Apothecaries' Society, and the College of Physicians there is not a very great difference.

1792. There is a good deal of difference between their curricula and those of the universities?—There is some difference, but the difference is not very great.

1793. Is not some difference desirable?—I think the present amount of difference is not undesirable at all.

1794. Is it desirable to lay down one curriculum for all the practitioners of England, Scotland, and Ireland?—I think one general curriculum might very well be laid down for all.

1795. Would not some freedom, especially to the universities, be desirable?—I was supposing that there should be some freedom, that the universities should remain precisely as they are; but, that inasmuch as the education of the general practitioner is at the present time very much the same for all, we need not interfere with that, and that that would not be interfered with, but on the whole would be somewhat lightened.

1796. You may put it in a different way. Suppose you left them all free, as at present, subject to the control of the Medical Council, is it not quite possible that the College of Surgeons might say, "Our students "shall learn surgery, and we do not care about the "rest of it, because there is the General Board. We "will lighten our examinations as to medicine or "anything of that kind, and confine ourselves more "particularly to that which bears a relation to our "name." I am putting it hypothetically—That is what I imagine they will do when there is any joint board at all.

1797. The College of Physicians might say, "We "will not examine students in surgery any more; they "will get a sufficient examination from the conjoint "board to protect the public; we will lighten our "examinations from the surgical part of it"?—That is what I conclude they will do under any circumstances when there is any kind of conjoint board. I imagine that to be the case.

1798. You would by this plan lighten the examination at one end, though you might add to it at the other?—I imagine it would come to very much the same thing, that the board would direct what should be the education and examination.

1799. I am assuming now that the degree-granting boards do nothing but examine for the diploma, subject to the control of the Medical Council?—I cannot quite understand how it could work. Suppose they were to say, "We have nothing to do with education; we will "simply examine those who come from, say, the "College of Surgeons," it must give a somewhat different examination, I suppose, to those who come from the College of Surgeons and those who come from elsewhere.

1800. No; I propose the same examination by the conjoint board of everybody who comes.—This examination would take the whole range of subjects; that is my difficulty.

1801. In the final examination?—The College of Surgeons, before it granted its diploma in surgery, must examine in the whole range of anatomy, physiology, surgery, and all the branches of knowledge required for the practice of surgery, and in all those subjects the student would be re-examined by this board.

1802. No; on the second proposition, only in the final examination. I want to get your opinion upon that second proposition, that the board should only examine in that which we have styled the final examination, the practical examination in surgery and medicine?—You mean that the conjoint board would be satisfied with the examination of all the other bodies in everything but the final subjects?

1803. Yes.—I do not think that would be so satisfactory; for instance, the Apothecaries' Society does not examine very severely in anatomy and physiology.

1804. That would be the fault of the Medical Council?—Then the Medical Council would still have to visit all these bodies?

1805. Exactly so. When you say, "All these bodies," are not you putting it a little too high? Practically it would be only those bodies they suspected of making their examinations too low.—I think they have always thought that such an invidious plan of proceeding that they have never adopted it. They have always examined all round without indicating by their visitation that they were suspicious of any particular body.

1806. But ought they to do so? You said just now that the Apothecaries' Society's examination might be deficient in physiology; ought they not to send to see that that examination was sufficient? Would they be justified in troubling themselves with the examination of the University of Edinburgh or the University of London? Would it not be a sheer waste of time and money?—I do not see how they would know that any particular body were efficient without visiting its examinations.

1807. They know the style of examination and the style of candidate who passes; there is a knowledge in the medical profession which is so complete that no one would doubt for a moment that a visitation once in 10 years would do for some, and once in three years for another, and once or twice every year for a third. They know perfectly well.—Their only means of knowing correctly is by visitation; they must not take outside rumour.

1808. Have not they the examination papers?—No.

1809. Do not they know the way in which people pass?—No; they only know that through their visitations.

1810. They might know it by the penny post, that is, by writing a letter?—Seeing the papers gives them really very little information with regard to the examination.

1811. Does it not?—Very little indeed, I think.

1812. Are you really of opinion that it gives them very little information?—Very little.

1813. Assuming you know something of the examiners, and that they do not pass students on sham papers and on sham answers, is that still your opinion?—I think there is very little information gained by merely seeing the examination papers.

1814. Assuming you know something of the examiners, and also that they do not set papers that are not required to be answered, what do you say?—I say that you can only judge by your cognisance of the examiners which you would obtain through visitations.

1815. You would know the examiners without visitation?—No, I think not.

1816. Do you think the Medical Council do not know their confrères?—You may know their competency to examine, but not their manner of examination. One is often extremely deceived in that respect by one's knowledge of a man as a man. One's knowledge of him as a man and one's knowledge of him as an examiner are two very different things.

1817. I am told as a fact that the Medical Council do make a difference as regards visitations, and do not visit all these bodies the same number of times. Are you acquainted with that as a fact?—They proceeded to visit all the bodies.

1818. And have not repeated the visits?—They have repeated the visits to all the bodies.

1819. Equally?—I believe equally. The only one omitted was the University of London. I believe all the others were equally visited.

1820. Is there not such a thing as common sense and common knowledge applicable to the Medical Council as well as to other bodies?—I do not know that there is likely to be more common sense in the proposed Council than in the present.

1821. Assuming you have reason to believe that the examinations of the University of Edinburgh or of the University of London (I will put those because they will be unquestioned) are honestly and fairly conducted by those bodies, would you think it necessary to visit them as often on the question of examining in anatomy and physiology as you would the Society of Apothecaries, whose examinations you have reason to believe are rather deficient in that way?—It is necessary in the first instance to compare the several examinations.

1822. Assuming some little discretion were exercised in that way, would not a very moderate amount of visitation be all that would be required?—The weaker examinations might be visited oftener than the others.

1823. Would you be kind enough to tell me in what respect the medical student would have to complain, except as to the small additional fee, and it would be very small; I am told that five guineas would be ample? Five guineas would not be sufficient to defray the expense of all the examinations if repeated by the board; it would be sufficient to defray the one final board examination, according to your last proposition, or I believe it would.

1824. I have endeavoured to obtain information from those who know?—I believe five guineas would about pay that.

1825. Suppose it were 6*l.*, it does not matter; you cannot call that a substantial addition to the expense?—It is an addition.

1826. Recollect what a man would get, he would get the licence of a Government board, or what was equivalent to it, that is, what is recognised by the State?—This examination is in the interest of the public, and it is the public that gets the advantage rather than the student.

1827. Does not the student get the advantage?—Not by the proposed additional examination.

1828. Do not you think that the State license puts a man in a better position than the license of the Society of Apothecaries?—I think it is hard upon students that they should have to pay for the additional information obtained by the public of their having sufficient knowledge to fulfil these various appointments; and if an examination of this sort were instituted I think the public ought to pay for it.

1829. Does not the student obtain a privilege? I am assuming that all the present privileges will depend upon his obtaining the State license?—State privileges are not very great.

1830. They are not inconsiderable; there are an enormous number of appointments that can only be held now by licensed practitioners?—They are for the most part very poor appointments. It is in the public interest that this additional examination would be held.

1831. Not more in the public interest than every professional examination?—In all professional examinations for license to practice it is the public interest which is the first consideration.

1832. No doubt; but if I recollect right, in every other case of examination not only does the student pay fees for examination, but he pays a Government stamp, generally of very great amount?—And I always regard it as a hardship.

1833. Still it is a very trifling matter, the expense of five guineas, is it not?—I do not know that that need be made a point of importance. Every addition to the expenses of the medical student is to be avoided.

1834. Would there be a hardship as regards time?—No, not necessarily; he might pass it immediately after passing the other.

1835. And would, I suppose, as a rule, if he were going into practice?—I think the difficulty to him would be the raising of the standard of examination.

1836. Do you think it very undesirable that the standard should be raised a little?—I think it is high enough at present.

1837. In all cases?—Not in all cases, probably.

1838. Then in some cases it would require a little raising?—Probably it is not high enough in all cases.

1839. Would it not have a tendency, which is a very important one, to equalise the examinations?—Among the several bodies, you mean?

1840. Yes, as regards the minimum?—It would raise those which are low at present, undoubtedly, and I think it would also raise a little higher those which are at present high.

1841. Do you think so?—I do. If the student has to pass any examination subsequent to the one, I think it will have the effect I have stated.

1842. As regards expediency, something of that kind would almost disarm opposition?—I think it might diminish the opposition of some of the bodies; I do not think it would diminish the opposition of the profession generally.

1843. In what respect?—Because I think they are anxious that the examinations generally, the earlier professional examination as well as the later, should be conducted by some conjoint board—some one board.

1844. Do you think that they consider that some of these bodies would not be trustworthy as regards the earlier examinations?—I think that is to some extent their feeling.

1845. You think they would prefer the first alternative?—No, I do not think they would prefer either alternative; I think they would greatly prefer the one board examining in all the subjects, and admitting to the licenses.

1846. That would allow them to examine before belonging to any body?—Before belonging to any body.

1847. Or without belonging to any body?—Irrespective of belonging to any body.

1848. Would it be right in that case to compel them to belong to any body?—I think not.

1849. Would it be right in that case as regards the public to make the man pay merely for keeping up a body with which he did not want to connect himself?—I think not.

1850. Would not the result of that be the utter ruin of three-quarters of these bodies?—I think some of the

Prof. Humphry, M.D.
25 June 1881.

bodies would pass out of existence, but I think others would be maintained in their present position, and that would be an advantage.

1851. Take the bodies with which you yourself are connected; what is the effect it would have upon the College of Surgeons, for instance?—I think it would diminish somewhat the numbers of those who applied for the membership, though not very greatly.

1852. Assuming that your conjoint board gave a title to the man,—for instance, if you made him a licentiate in medicine and surgery,—do not you think he would less want to be a member of the Society of Apothecaries?—I think he would be less likely to desire to be a licentiate of the Society of Apothecaries, but it would not diminish his desire to be a member of the College of Surgeons. I think a certain number would refrain from the attempt, but I do not think it would diminish the desire at all.

1853. I admit the present desire.—I think it would diminish it in a certain number of cases, but not largely.

1854. You think not materially?—I think not materially. I judge that from the fact that so many members of my own university, although there may be no necessity for their going to the College of Surgeons, yet still do so. The diploma of the College of Surgeons is very highly valued, it gives the title of "surgeon" and all general practitioners are expected to belong to the College of Surgeons.

1855. All men who are surgeons?—All who are surgeons, and they constitute by far the larger proportion.

1856. Would not that cease to exist when you had the title of surgeon attached to the license?—I do not know what title would be given, I suppose the title would be "licentiate" or "practitioner."

1857. It might be the title of "licentiate," but suppose it were any other title, that implied that a man was a surgeon and medical practitioner, what do you say to that?—I think he would still desire to have that title in what might be regarded as the legitimate manner.

1858. Then, as I understand, you feel confident that, notwithstanding the license, he would take his second examination?—I think he would.

1859. He would not consider it oppressive to do it voluntarily, but would consider it oppressive if he were compelled to do it; does not that follow from what you state?—The position is not quite the same. If it were known that the examination at the College of Surgeons would necessarily be followed by another examination by a conjoint board, I think that examination would be more stringent; but if it followed the conjoint board examination I do not think it then would be increased in stringency. The examination would be simply, I imagine, in surgery and anatomy.

1860. You think it would be less than at present?—No, I think it would be about the same; but I think that if it were followed by another examination the tendency would be to make it more strict.

1861. That would be the only difference?—It is an important difference.

1862. Do you think it is?—I do.

1863. The difference would be certainly very slight. I assume that the present examination of the College of Surgeons is something above the minimum that would be required?—I think it probably is.

1864. Why should they increase it then?—Because, if that examination is to be followed by another, you must examine considerably above the level of the other. The student who passes one examination is always liable to be rejected at another. There is a considerable margin of risk, and in order to provide against that, you must increase the stringency of your examination.

1865. You must have it something above your second?—You must have it clearly and distinctly above.

1866. Its being something above, I can understand.—And a little amounts to a great deal in examinations.

1867. As I understand you, it is somewhat above now?—Somewhat above what the minimum in surgery would be; I think it probably is something above.

1868. Why should they increase the stringency of the examination?—To carry it more clearly above.

1869. On the other hand, if all the students, or the great bulk of them, take the same diplomas as regards the College of Surgeons, do you think the same observation would apply to the College of Physicians?—The diploma of the College of Physicians is not sought for by nearly so many as the diploma of the College of Surgeons. I should think that would remain very much as at present. I do not think either the position of the College of Physicians or the College of Surgeons would be seriously imperilled.

1870. Not practically?—I think not.

1871. And you would make the same answer if the fees of the examination of the conjoint board were no more than sufficient to defray the expense of this examination.—I mean if there were no sharing of surplus funds?—I suppose, under any circumstances, the cost of the conjoint board would be merely such as would cover the expense of the examinations.

1872. That was not the proposition of the old scheme?—There was to be a reserve for the expense of the museum of the College of Surgeons; that would not be necessary under the new proposal, but the fee paid for that examination would be lessened.

1873. I am now going upon your proposition, making the examination by the conjoint board proceed quite at the option of the student, he taking any order he liked, perhaps "independently" would be the better way of expressing it. Of course he might take it either before or after; you would not prevent him taking it after. You say that would not, in your opinion, affect the position of the College of Physicians and the College of Surgeons in England?—I think not.

1874. You make that answer on the assumption that there shall be no surplus from the conjoint board examination?—Yes. I have always thought that supposing the plan of conjoint boards to be adopted, resulting in less need for visitation by the Medical Council, there would be some surplus fees of the Medical Council, and the surplus might be appropriated to diminishing the fees of the students under the conjoint board.

1875. Then if you establish a conjoint board, which examines independently of any diploma or degree, you must either through the conjoint board or the Medical Council, establish a curriculum also; that follows?—Yes.

1876. It would add therefore to the functions of the conjoint board?—Yes.

1877. You think that would be preferred by the profession to the passing of the other examination first?—I think it would, and I think it would on the whole work better.

1878. Supposing the conjoint board examined everybody both in science and in the final and practical examination, except university students who obtained degrees, do you think it might not lead to this, that the College of Surgeons would examine in surgery only, and the College of Physicians in medicine only, and so on?—Quite so. That is what I contemplate; they would also to some extent examine in anatomy and physiology.

1879. Not in the case I put. I assume that then anatomy and physiology would be sufficiently examined in as a minimum; they might examine in it for a higher degree, such as that of a fellowship, or something of that kind, but would they necessarily examine in it?—I make no doubt their final examination would be one which would test the student in anatomy and physiology as well as surgery and medicine.

1880. You think they would not accept the examination of the conjoint board?—I think that is doubtful. They would to a certain extent I have no doubt. I cannot tell at all what regulations each body would make under the supposition of there being another examining board.

1881. Then, as I understand you, an additional stringency you think would arise in the examinations, and would do more injury to the student and profession than the absolute certainty of preserving to these bodies their fees, members, and privileges?—I do not think that the fees, and members, and privileges would be very much interfered with.

1882. As I understand the objection in your mind to the examination of the conjoint board following the diploma or degree in all cases is that it would tend to increase the stringency of the examination by the diploma-granting bodies. That is your opinion, and that you think would be considered injurious by the profession and by the students. On the other hand, if you make the examination of the conjoint board to precede, or allow it to precede, you then run some risk that the students who have passed the examination of the conjoint board and become licentiates of medicine and surgery would not proceed any further?—I think the advantage to the profession would be in the examination

of the conjoint board preceding, and then that the various bodies should make their examination as they liked, for the purpose of giving their diplomas and titles.

1883. You think there is no serious risk of injuring those bodies?—I do not think there is a serious risk. I think there would be some risk, I think the numbers would diminish to some extent, but I think not to a serious extent.

1884. Now you will see what the meaning of my question is. Would it be the more prudent thing to run the risk of the examinations being made rather more stringent by the diploma-granting bodies, as compared with running the risk of seriously injuring such a body as the College of Surgeons by the diminution of students, and so on?—I think the latter would be the less risk, and I think there would be an advantage to the profession and to the public in having the examinations of those bodies supplementing the conjoint board, and not being requisite as avenues to the profession.

1885. (*Professor Bryce.*) With reference to the point you put to the Master of the Rolls about the standard of the one examination being raised, it is important to get it quite clear. I understand your argument as to raising the standard of the second examination is this: that there is always so much probability that the questions set may not suit a man on one examination that have suited him on another; or that the man may be less equal to himself on that other examination; that the persons conducting the first examination will be obliged to set the standard higher than they otherwise would do, in order to make sure that everyone who passes their examination will pass the subsequent examination also?—That is what I mean.

1886. (*Chairman.*) In the evidence you gave with regard to the point of direct representation, you sometimes spoke apparently as expressing your own opinion and sometimes as President of the British Medical Association?—I have not spoken at all as President of the British Medical Association. I give no opinions whatever as President of the British Medical Association. I merely give them as my own individual opinions, quite irrespective of that position. I have taken scarcely any part in the political movements of the British Medical Association, indeed I have been often opposed to them.

1887. You said that you yourself did not think the concession of this direct representation would give what those who demand it think it will give; on the other hand, you said that you were in favour of allowing it?—I have spoken sometimes of concessions to the profession, but in speaking of those concessions to the profession I did not speak in any way with reference to the British Medical Association.

1888. Still the British Medical Association has been supposed to represent, to a considerable extent, at all events, the feelings of the general medical practitioners, who feel that their interests have been rather passed over?—It includes a very large number of the general practitioners, but I have spoken of the profession without considering the British Medical Association at all. The views I have expressed may or may not have represented the views of the Association; but I have spoken of what I believed to be the views of the profession, in whatever way represented, whether by the British Medical Association, or by the petition which the profession issued, or by the journals, or in whatever way it has come before me, as an individual.

1889. Then we are to take it that the opinion you have expressed is your own opinion as an individual?—Quite.

1890. And your opinion is that direct representation ought to be conceded to some extent; is that your opinion?—My opinion is that it will be very difficult for any Bill to pass, and legislation to be carried into effect, which does not contain the principle of direct representation; and, therefore, on that ground it is advisable to grant a direct representation.

1891. And on that ground only?—On that ground mainly; I may go so far as to say only on that ground.

1892. With regard to the Medical Council, you stated that an increase in the numbers of the Medical Council in one respect would, in your opinion, be a disadvantage?—Yes.

1893. Is it your opinion that the Medical Council ought to receive pay on all occasions that they meet?—I think that it is necessary there should be some payment, but the payment need not be quite so high as it has hitherto been. I have often thought over that, and wished personally that there was no payment. A considerable number of men might not be able to occupy the position of a member of the Medical Council unless there were some payment, because of course it involves a very considerable interference with practice, and therefore, some of those who would otherwise be on the Medical Council might not be able to accept the post.

1894. If pay were discontinued, do you think that that might not act as a check upon long debates, to some extent?—I do not think it would make any difference. I do not think the debates are prolonged because there is payment. I do not believe there is any reason to think that.

1895. Do you think it is possible that the fact of there being payment might act as an inducement to certain individuals to join the Medical Council?—No; I do not think it would be an inducement to any to join. They would be more free agents, and would be less liable to the various imputations that are made upon them, if there were no payment.

The witness withdrew.

DR. JAMES GREY GLOVER, M.D., Edin.; L.R.C.S., Edin.; L.S.A., Lond.; called in and examined.

1896. (*Chairman.*) You are a doctor of medicine of the University of Edinburgh?—Yes.

1897. You are also connected with the "Lancet" paper?—Yes.

1898. You gave evidence before Mr. Forster's Committee in 1879?—Yes.

1899. May I take it that you are of opinion that every student of medicine who is admitted to practice should have given evidence of his possession of a sufficient amount of knowledge in the three subjects of medicine, surgery, and midwifery?—Certainly.

1900. With regard to the examinations by which the qualifications which are given are tested, have you been struck by the inequalities of the examinations of some of the present medical authorities?—I have been struck with the reports of the inequalities. I have had no personal experience of it, and it is very difficult to get personal experience by which to answer that question, but I have been very much struck with the strong impression amongst men who are in a position to be well informed of the existence of such inequality.

1901. And you consider that it is very desirable that those examinations should be, as far as possible, equal and uniform?—I think it is most desirable, and I think it was the fundamental understanding upon which the legislation of 1858 was agreed to. That was certainly the understanding amongst the English authorities and the Scotch authorities. I do not know so much about the Irish authorities; but my readings of the discussions, and the evidence at that time shows that the only basis upon which consent was given to reciprocal recognition of qualifications, was that care would be taken to equalise the examinations.

1902. As a means of equalising the examinations, do you consider that the best means would be to abandon the present system of examination by 19 bodies, and to entrust the examinations to a board?—Most certainly.

1903. One board for each of the three divisions of the kingdom?—One board for each; perhaps one board for the whole would theoretically be the desirable thing; I think it would be the desirable thing; I do not know that it would be practicable, but certainly there should be one board for each division at least; that should be the minimum amount of reform, I think.

1904. Perhaps I ought to explain that I am putting these questions to you in a leading manner, owing to the fact that you have already given very long and very valuable evidence to Mr. Forster's Committee. Individual members of the Commission have read your evidence with great attention and care, and therefore I am rather summing up your evidence on a few of the more prominent points than really inviting from you any expression of new opinion?—Yes.

1905. The form of examining board that you would prefer, I believe, is a board elected by the Medical Council, is it not?—Yes.

Mr. J. G. Glover, M.D.

25 June 1881.

1906. Not by the Educational Department or the Government?—No; by a reformed Medical Council.

1907. Failing that board, you would be content with a board for each division of the kingdom to be chosen by the medical authorities, and subject to the sanction of the Medical Council?—Yes; with this qualification, that there should be some diminution in the co-operating bodies. I think if you are going to have 19 bodies in a conjoint board it would be so complicated and so costly that I could not think that a satisfactory solution of the question.

1908. You would propose to diminish the number of medical authorities, I believe?—Certainly.

1909. You have already stated that your proposal would be to diminish the medical authorities by abolishing for that purpose the Apothecaries' Society in England and in Ireland, and the Faculty of Physicians and Surgeons in Glasgow, I think?—Yes; one corporation in each division of the kingdom, leaving the two Royal Colleges.

1910. And as a supervising body, I apprehend you would propose to have something in the form of the Medical Council?—Yes.

1911. You are, I believe, not satisfied with the manner in which the present Medical Council have discharged their duties?—I am very much dissatisfied with it.

1912. You are of opinion, in the first place, that they have not had sufficient power entrusted to them?—I am strongly of that opinion.

1913. In the second place, that they have not exerted the powers of persuasion and of recommendation with which they have been entrusted?—I think I might say that, too; and thirdly, if you would allow me to add another complaint, I would say this: seeing, that by reason of that want of power, they were able to do so much less than they themselves wished to do, they never would accept more power. My chief charge against the Medical Council is that, not having power to do what they saw needed to be done, they, in every Bill brought forward, have declined to take more power, even when it was the wish of the Government that they should take it.

1914. Do you not think that sometimes it may be wise to decline to take upon yourself too much authoritative power?—I suppose it may be so occasionally.

1915. Are not bodies inclined sometimes to be more recalcitrant when you attempt to control them?—Yes; but you see this has been going on for 20 years. If the Commission would allow me I would give them two or three illustrations of what I mean, which would show that for 20 years the Council have been trying to do things which are no nearer being done to-day than they were 20 years ago. I would like very much to give the Commission two or three illustrations of what I mean in that respect.

1916. Is it not already in your evidence?—I have one or two fresh illustrations of what I mean; they would not occupy the time of the Commission more than five minutes.

1917. Perhaps it is better that you should give them?—I will take, for example, the question of higher titles. There are lower titles which can be put upon the register and there are higher ones. In the very first year or two of the existence of the Medical Council the question of higher titles came up, and the Council came to a resolution that the General Medical Council are of opinion that for the future no license or degree should be given by any of the bodies in Schedule A. of the Medical Act without examination. That is 22 years ago, 1859. The Council were of opinion that for the future no license or degree should be given without examination by any of the medical bodies contained in the Schedule of the Medical Act. The effect of that opinion has been *nil*. These higher qualifications are given now for money, on the production of a few very easily procured testimonials, and on the payment of a certain sum.

1918. You would, probably, wish to qualify that by saying "in one or two instances," would you not?—In all the Scotch corporations; and if you would allow me to say so, there is a very severe fellowship examination in England; in order to get that title in the College of Surgeons of England, you have to pass a very severe examination, at which a few weeks ago 58 per cent. of the candidates were rejected, including some of the best men in the London schools; 58 per cent. failed in the first examination for that fellowship, which in Edinburgh is got for nothing but money and testimonials.

1919. When you say Edinburgh, you only mean the Edinburgh corporations?—The Edinburgh corporations, certainly; it is the fellowship of the College of Surgeons. The opinion of the Council was expressed 21 years ago that there should be no qualifications given without examination, and that continues to this day. It never turned up again in the Medical Council for 10 years; it turned up again in 1870, when Dr. Christison said the discussion of what was a higher title would give rise to a great deal of unpleasant discussion; he could see no reason why a man should not be allowed to register any title he pleased.

1920. (*Mr. Simon.*) You use the expression "qualifications." You do not mean that titles given without examination were used as means of putting persons on the register?—No, they are on the register previously; still that does not alter my reasoning. The man is on the register already, but this is a higher title, and in the Bill of 1870 it was proposed to put in a special column for the insertion of higher titles. Hence arose the discussion in 1870, when Dr. Christison expressed himself as I have stated. Dr. Christison said the discussion of what was a higher title would give rise to a great deal of unpleasant discussion; he could see no reason why a man should not be allowed to register any title he pleased, and the Council then passed this resolution:—"That in the opinion of the Council, it is inexpedient to "call upon the Council to decide which are higher and "which are low titles, and that in Column III. in the "proposed new register, all titles given by bodies under "Royal Charter should be inserted on proof of their "being possessed." Now, I submit that that was a great come down for the Medical Council. At its very outset, with Sir Benjamin Brodie in the chair, they expressed their disapproval of bogus degrees and of the highest titles not carrying any guarantee of superior education. They saw that their expressed opinion had no effect. It never came up again, except quite incidentally, and then they passed this very inadequate resolution in 1870, and the thing continues to this day, and has been a source of scandal in Parliament this session, and the Council, I think, cannot be said to have acted very effectively as a council of medical education in that respect. That is one illustration which I give of the ineffective action of the Medical Council. The next one I will give shall have reference to the question of preliminary education. The Council has always made a strong point of preliminary education, and has had a discussion almost every year from its formation, until now, by way of promoting that. The great wish of the Council in this respect has been to get the medical bodies to discontinue examinations in preliminary or general education, and to get the medical bodies to leave that to the national educating bodies. In that respect it has entirely failed. That opinion was expressed by the Medical Council in the first or second year of its existence; it was expressed again in the last session of the Council, and the thing continues and the medical bodies have defied the Council in that matter, and say they will continue to examine the students themselves in preliminary subjects. Now, what is the result of all this? Here is the evidence of the College of Physicians of Edinburgh in 1877:—"In reference to the "general attainments of the candidates, the Council "regret to be obliged to state that in the opinion of "their examiners little or no improvement has taken "place within the last 10 or 15 years." That is the testimony of the Royal College of Edinburgh as to the state of preliminary education upon which the Council has been legislating for 20 years, and upon which it has not been able to carry out its own fundamental convictions. I have come across one piece of evidence which may be interesting to the Commission. A writer in the "Lancet" in the year 1877 said of 75 candidates at a recent preliminary examination, only 46 knew the genitive of "*unus*," and only 48 knew the genitive of "*idem*." That is incidental, but it is an instructive fact. Dr. Haldane, the excellent representative of the College of Physicians of Edinburgh, said that at the recent examination of the College of Physicians of Edinburgh, 53 per cent. were rejected in Latin, 75 per cent. in Greek, 40 or 45 per cent. in Arithmetic, Algebra, and Geometry; but though they were rejecting so freely in his own college, he was confident there were other bodies in which that standard was not acted up to; at every professional examination men came forward who did not know the elements of English, and could not even spell or express themselves correctly. That is

merely used as an illustration that the Council has failed to carry out its own views. I have several other illustrations.

1921. (*Chairman.*) I must not interrupt you, if there is anything material which you wish to say?—I have several other illustrations of the ineffective action of the Council, but I have given them pretty fully in my previous evidence.

1922. With regard to this point of preliminary education, is it quite correct to say that the corporations insist upon retaining examinations in the sense of examining as they did 10 or 15 years ago?—I think the examinations are more severe. This examination of the College of Physicians seems to be severe, as they rejected a large number of those who applied to them. There was, of course, a preliminary examination before the Medical Council existed.

1923. Still, of course, you would say that the Medical Council has done a great deal towards instituting preliminary examinations within the last 20 years; there was not a preliminary examination in every case 20 years ago?—As far as I know there was, certainly.

1924. Was there always a preliminary examination at the Royal College of Surgeons?—Yes.

1925. Of England?—I do not know that; there was in the Apothecaries' Society.

1926. You can only speak for the institution at which you were yourself examined?—Yes.

1927. You cannot say, on the other hand, that there was a preliminary examination in every case?—I cannot say that there was in the English College, but I can say that there was in the Edinburgh College of Surgeons, and in the Apothecaries' Company of London.

1928. Not in the English College?—I cannot say.

1929. Have you heard that the College of Surgeons of England are about to discontinue their preliminary examination, in deference to the views of the Medical Council?—Yes; the Royal College of Surgeons has shown in that matter, as in many others, deference to the opinions of the Medical Council.

1930. To that extent, at all events, the wishes of the Medical Council are being carried out?—In that particular college, but not in other cases.

1931. Still it would not be correct to say things are remaining in exactly the same state as they were?—No, certainly not.

1932. It would not be correct because there is an instance of a very important body which is actually doing the very things which the Medical Council has expressed a wish should be done?—Yes, 20 years after the expression of the wish. I would like incidentally to take one other illustration, with which I need not detain the Commission at any length,—that is the matter of conjoint boards. In the year 1868, if not sooner, the Council passed a very strong resolution in favour of the bodies acting conjointly, and it is not done now; it is less likely to be done by the spontaneous action of the bodies than it was 10 years ago.

1933. You are probably aware of the reason why no step has been taken, are you not?—No, I am not; except that some of the bodies have changed their minds about it.

1934. Are you not aware of the difficulties that were felt in Scotland, for instance, with regard to the establishment of such a system?—I know that there were difficulties; there always were difficulties, but they made up their minds to overcome the difficulties.

1935. Should you be disposed to place in the hands of the Medical Council so strong a power as that of setting up the conjoint boards without requiring the approval of the bodies affected or the consent of the Privy Council?—I should think it would be right to have the consent of the Privy Council, but I am afraid, if you wait for the approval of the interested bodies, that you may wait.

1936. Do you think that that is a question of so very great importance, and effecting such a very great change, that it seems almost necessary to appeal again to Parliament?—I do. I think it will never be done by the spontaneous action of the bodies.

1936*a*. How could the Medical Council have carried out such a change as that?—If the Medical Council had had power to do it, or had had more disposition to report their own failures to Parliament or to the Privy Council, and had said, "We cannot do this; we have "tried, and the bodies do not obey us. Give us more "power." That would entirely have exonerated the Medical Council from blame.

1937. You think then, apparently, that the Medical Council themselves ought to have gone to the Privy Council and pointed out that their own powers were insufficient, and asked for larger powers?—Yes, I do.

1938. In your opinion the Medical Council itself ought to represent fewer corporations than the number which at present exist?—Yes.

1939. And should you be disposed to diminish the number of the members of the Medical Council in its reformed state?—I should rather wish to see it smaller than larger.

1940. Do you think that the number of the Medical Council has had anything to do with the somewhat dilatory character of its proceedings?—Not very much, I think. I think that admits of other explanations.

1941. But you would propose to include on that body some general practitioners; you would propose, in other words, to introduce the principle of direct representation of the general practising body?—Yes; I would like to see the general practitioners of the country very decidedly represented upon it.

1942. Will you kindly give me your reasons for that wish?—I think that it is a body which exists with reference to general practice and to the education and the efficiency of medical men; and I think, therefore, the introduction of a certain proportion of medical men, who know what hard medical practice is, what the difficulties of medical men are, what the difficulties of medical students are, and what the defects of medical education are, I think such an element in the Medical Council would be very valuable indeed. I would like to say that the other bodies in the profession, the College of Surgeons and College of Physicians—especially in England—have always had about them a certain speciality; they have been bodies of consultants, acting with a view very much to consulting or court practice and hospital practice, and not thinking very much of the general body of the profession. That is very strongly my opinion, and I should be prepared to prove it to the Commission. So strongly was that the case with the College of Physicians, that they declined to have any charge or oversight of the general practitioners; and to make up for their defects in that matter, that work had to be delegated to the Apothecaries' Society.

1943. That was a good many years ago?—That was a good many years ago; but still that is the history of the creation of the Apothecaries' Company, and all the profession has been labelled apothecaries—superior chemists—just to set off to a little greater advantage the pure physician and the pure surgeon. The College of Surgeons had a strong opinion that if you educated a man in anything but surgery and anatomy you were derogating from his efficiency as a surgeon. Mr. Green (if you will allow me to quote a few words from his evidence before the Select Committee of 1847) said, with evident sighing after a past state of matters, "Formerly, when the "young men came to London, they devoted themselves "especially to Anatomy and Surgery; when I first "taught in St. Thomas's, a great number of the "students did not attend to the practice of medicine at "the hospital at all;" and the College of Surgeons has not, until a very few years ago, had any examination in Medicine. Mr. Green says when he came to London the young men did not even study medicine, and many of them did not even attend the lectures upon the practice of medicine and kindred subjects. He said when the "extensive" examination of the apothecaries was put on, that that was fraught with risk to the efficiency of surgeons. He thought that the young men then were getting too many lectures and too many subjects to distract their attention. Mr. Green's complaint was at that time that the students had too many lectures and too many subjects, and I should like to supplement that by saying that I think they now have too many examinations.

1944. That is your own opinion?—That is my own opinion. I wish to show the exclusive spirit of the corporations. The middle man of the profession—the practitioner—has fallen between two stools, and has not been considered much by either the College of Surgeons or the College of Physicians; the general practitioners have been left out of all the corporations. The midwifery men, and the men who take cognizance of the diseases of women and children, which form a huge part of human suffering, have been despised by both the College of Physicians and the College of Surgeons. There has not been a physician accoucheur who has occupied the chair of the College of Physicians, and, as far as I know, no physician accoucheur has

Mr. J. G. Glover, M.D.

25 June 1881.

been asked to give one of the chief courses of lectures in the London College of Physicians.

1945. Then I take it you desire the presence of members of the general practising profession upon the Medical Council mainly, because they would naturally take the part of the practitioners; and also you think they are more in harmony with the feeling of the general body of the profession than the general body of the Council now are?—Quite so; and I think they would have practical views on the matter of Medical Education, which would be of use in the council on education.

1946. And it is because their views upon the subjects of education and study would represent those of the great majority of the profession, that you wish to see them on the Council?—Yes, and their presence would give the Council more weight with the profession; the profession would look up to the Council to a greater extent than they now do, and would, I think, be more in sympathy with it.

1947. Should you be disposed to limit the sphere of the discussions of the Medical Council to those questions which are questions of public interest?—Very much.

1948. You would be disposed to prevent the Council from wandering into general questions which are not so much questions of public interest?—Decidedly I would.

1949. Such, for instance, as any question relating to what one may call, using the word not in any invidious sense, the selfish interests of the profession as apart from the public interest?—I quite agree that it would be undesirable for the Council to go into such matters, except in so far as they affect the public interests. I believe the interests of the public and the profession to be identical. I believe there are questions of illegal practice which are questions of as much public interest as of professional interest; and I think the Council has been at fault in not taking notice of this a little more than it has, and preserving the sacredness of registration and occasionally prosecuting bad frauds under the penal clauses; but excepting where there is public interest in connexion with the penal clauses of the Act, I have no wish to see the Council assume fresh duties.

1950. Then you would be in favour of the Council prosecuting in the instance of cases of fraud?—In bad cases of fraud, or where certificates of death were signed by men professing to be registered practitioners, which is done on a huge scale in many parts of the country, to the great disadvantage of the public, as I think.

1951. Should you limit the prosecutions to cases in which persons had acted representing themselves to be licensed medical practitioners?—Yes.

1952. You would not then be disposed to extend the prosecutions further, and to reach those cases in which persons ordinarily known as quacks, practice without assuming any title which they have no right to assume?—No, certainly not, I think there must be quacks; at any rate there always will be quacks, and I have no wish to extinguish them.

1953. Do you think that the Medical Council ought to have power to enforce its views?—Most strongly, and I think that any legislation that does not secure that will be a perfect failure.

1954. Would you define your meaning a little more clearly please, and point out to us to what extent you would recommend that the Medical Council should receive this additional power or receive absolute power?—I think it should have the duty cast upon it of framing regulations of general education, and regulations for the conduct of professional examinations. It was provided in the last Bill (at any rate it was put in as an amendment against the wishes of the Medical Council) that "The General Medical Council shall "frame, and when framed may revoke, alter, and add "to rules (in this Act referred to as examination "rules) for regulating the curriculum of study and the "examinations of persons;" that is very much the clause I allude to, and I should regard any Bill that did not include that as sure to be ineffective.

1955. You would place that power in the hands of the Medical Council as distinct from the examining boards?—Distinct.

1956. And you would make the Medical Council the direct superior, and the absolute superior of the examining boards?—Certainly so, because at the table of the Medical Council the representatives of all those bodies sit; they are the very best men, and if "in the multitude of counsellors there is safety," you could not have a better security for safe and wise regulation than you would have at a board where you have representatives of them all.

1957. You would give the Medical Council the power of making certain rules regarding study in the case of the medical authorities, would you?—Yes.

1958. The teaching bodies?—Yes, for the minimum qualification. "The general Medical Council shall "frame, and when framed may revoke, alter, and add "to rules (in this Act referred to as examination rules) "for regulating the curriculum of study and the "examinations."

1959. Would you go so far as this, that you would say that the Medical Council should lay down the general rules of study which should be followed, and the courses of study which should be followed at the various teaching bodies?—Yes, and the nature of the examinations also.

1960. (*Professor Turner.*) I understood you to say you wished a reduction in the number of licensing bodies in each division of the kingdom?—Yes.

1961. And for Scotland you suggested that the Faculty of Physicians and Surgeons should no longer be a medical authority?—Yes.

1962. May I ask if your attention has been directed to clause 50 of the Medical Act of 1858, in which it is stated, "If at any future period the Royal College of "Surgeons of *Edinburgh* and Faculty of Physicians and "Surgeons of *Glasgow* agree to amalgamate, so as to form "one united corporation under the name of 'the Royal "College of Surgeons of Scotland,' it shall be lawful "for Her Majesty," and so on; do you see any reason why instead of actually suppressing the Faculty of Physicians and Surgeons it may not be amalgamated with the College of Surgeons of Edinburgh so as to form a College of Surgeons of Scotland; would not that meet your view?—I look upon it partly with reference to what I should propose to do with other divisions of the Kingdom. We want to get rid of some corporations and want to deal impartially.

1963. If you amalgamate those two into one corporation, it puts Scotland in the same position as England and Ireland; each would have a College of Surgeons and a College of Physicians?—That would be a very great point and would so far meet my views. There are two reasons why we want to ged rid of superfluous bodies on the Council. The first is because they take up a seat on the Council, and the second is that they have pecuniary interests that have to be satisfied in any ulterior schemes of examination.

1964. Why would you suppress the Faculty of Physicians and Surgeons in Glasgow rather than the Royal College of Surgeons of Edinburgh; if you wish to have one suppressed why should you select that in preference to the other?—By suppression of the Faculty you leave the Metropolitan Royal College, which seems to me to have the greater claim to continuance.

1965. Are you not aware that the Faculty of Physicians and Surgeons in Glasgow is a corporation of great antiquity?—Yes.

1966. And one that has fulfilled important professional functions in the great and important centre of the west of Scotland, namely, Glasgow?—I do not deny that at all, but we should leave the University of Glasgow in that great commercial centre.

1967. You have given us your opinion as to illegal practice. Do I understand that you do not wish to push clause 40 of the Medical Act any further?—I would not say "any further." I wish to say that while under the influence of public opinion and existing laws medical men are being so severely examined, and the conditions of entrance into the profession are made so strict, I think it is not fair not to make their titles very sacred. While I would do nothing against quackery as such but leave the utmost freedom to the public to employ whom they please, I would make the false use of titles very wrong and punishable very severely.

1968. Would you be disposed to extend the penal clauses so far as to bring under their cognizance what is sometimes called illicit practice or counter practice?—No, I would not do that. I believe I am, perhaps, not quite representing the general opinion there. The counter practice, I think, never could be stopped, and I think it is not desirable that it should be stopped. If a chemist goes out to visit and poses as a medical man, and carries on medical practice in the ordinary sense of the word, or in severe cases, then, I think, a clause should

be so constructed as to overtake that kind of practice; but counter practice cannot, in my opinion, be suppressed.

1969. Then you have given us your opinion very emphatically as to the English corporations and as to the way in which you think they have neglected what we may call the general body of practitioners?—Yes.

1970. Are not those opinions rather of historical or antiquarian interest?—No. They have considerable bearing on existing facts. There is not anything like an adequate examination in medicine in the College of Surgeons in England, no examination in midwifery, though a large number of practitioners of the country are practising on the strength of their diploma; they have no examination in therapeutics.

1971. Is it the case that nowadays men go into practice solely on the diploma of the Royal College of Surgeons?—There is a large number, they may be counted by the thousand, on the register.

1972. That is, men who have gone into practice in former years; but what I wish you to look to in considering my question is, what is the existing state of things, not what was the condition of things 10, 15, or 20 years ago?—I think, as a matter of fact, men are getting more frequently, probably under the influence of public opinion, double qualifications, but I think it a great hardship for men to say that what you have to do in the cure of these evils is to make a man go up to two bodies; I think it is hard to say to a poor fluttering student, "You must go up to the examinations of two bodies," when their examinations are nearly identical, and there is no excuse for either of them being incomplete. To trouble him with two sets of fees and two examinations, instead of giving him a complete examination and a complete diploma, and leaving him with time and money for a higher qualification, is very unjust and very cruel.

1973. Would not a combination of those two powerful corporations in London, namely, the Colleges of Surgeons and Physicians, for examination purposes, meet your view, so that the examination conducted by them jointly would be an examination on the whole range of medical subjects, and the diploma they conferred would be a double qualification?—If that were part of a system which was compulsory in the other divisions of the country, it would be satisfactory.

1974. Are you not aware that in Scotland there is already a combination between the Colleges and Faculty of Physicians and Surgeons?—I am quite aware of it.

1975. And that the Scottish corporations have in that respect complied with the provisions of a distinct clause of the Act of 1858?—I am quite aware of it, but that does not satisfy us that their examinations are equal in severity. It does not give any guarantee of equality in the different divisions of the kingdom.

1976. Have you any reason to believe that the double qualification, as carried on in Scotland by the corporations, is an insufficient test of a man's competency to practice his profession?—There are impressions abroad to the effect that the examination for it is not equal in severity to other corresponding examinations.

1977. Could you give us any reason; could you tell us what your reason is for thinking so?—I think that information of that kind might, perhaps, be better got from other witnesses.

1978. Observe, I am speaking of the double qualification?—I have an impression that men would get through that examination that would not get through the English examination.

1979. You have no facts?—Yes, I have facts, and I have statements that have been made to me by others. I know, as a fact, it has been shown in the Medical Council, that the number of examinations by the London Apothecaries' Society and the English College of Surgeons went down greatly, and the examinations by the Scotch Colleges correspondingly increased. Applications to the corporations in England became fewer, and applications for the qualifications of the Edinburgh corporations became more numerous. There is a competition between the bodies. Dr. Parkes showed this in 1870, by comparing the numbers examined by the English and the Edinburgh Corporations respectively in 1862 and 1868. The Society of Apothecaries, in 1862, examined 340 candidates, in 1868 only 223. The Royal College of Surgeons, England, in 1862 examined 531, in 1868 only 404. It was otherwise with the Edinburgh Corporations. Before the Act of 1858 there were practically no Licentiates in the Edinburgh College of Physicians. In 1859, a year of grace, the College made 10,000*l.* by the easy gift, sometimes without examination, of its licence to persons already possessed of a medical qualification. In 1863, the number of applicants for its license were 160, in 1868, 408. The Royal College of Surgeons, Edinburgh, in 1863 had 132 applicants for its license; in 1868, 153. This fact has been published lately: A young man went to the College of Surgeons in England and was plucked. He went to the Edinburgh College of Surgeons and was also rejected. He went next to the Faculty of Glasgow, and there he got through. He got the license of that Faculty to practice, and some little time after that he was found in possession of the Fellowship of the Edinburgh College of Surgeons—the highest qualification which it had to give. That has not been contradicted.

1980. You refer to the action of the London College of Physicians as ignoring the general practitioner?—Very strongly.

1981. Is that the present action of the London College of Physicians?—Not so much as formerly.

1982. Is it the action of the London College of Physicians at the present time?—To that extent that there has never been a physician accoucheur in the chair.

1983. Has not the London College of Physicians instituted a very admirable examination for its license?—Yes, I admit that.

1984. Then can you say that the London College of Physicians, having instituted this license for the general practitioner, and having carried on now for some years an examination for that license, has ignored the wants of the general practitioner?—I say it has come very late to an appreciation of its duty; but still we have to complain that that College allowed the Apothecaries' Society to come into existence, and thereby labelled us all as apothecaries—superior chemists. I feel that point very strongly. It does not hurt me, I hope; but it was an act of disrespect to the body of the profession.

1985. That is going back to 1815?—Would you allow me to quote some words of Dr. Hawkins', taken from the evidence which he gave before the Select Committee of 1847. "Until about 1837 the College of Physicians "(so strongly did it uphold the distinction of classes) "required that every person admitted should be dis- "franchised from the College of Surgeons or from the "Society of Apothecaries if previously they happened to "be members of either of those bodies;" and Dr. Hawkins approved of that: "Believing, as I do," he said, "that the division of the medical profession into classes "is, upon the whole, beneficial to all, I think the regu- "lation was a good one."

1986. That is not the spirit of the College of Physicians at the present time?—Perhaps not. It is not the law of the English College of Physicians; but I feel that the exclusive spirit of the corporations has got into the Medical Council, and that it has been strongly represented in the Council, so that there has been scarcely any thing in the Medical Council but a body of consultants.

1987. You have known the Medical Council for a great many years; can you not point to various general practitioners that have sat and are now sitting on the Council?—They are greatly in a minority.

1988. Would you propose to make the general practitioner element the majority of the Council?—No, I would not; but I would like to see the Corporations made not a majority of the Council so as to dominate divisions and votes, and, I think, hinder all desirable legislation, as at present.

1989. You have expressed a very strong opinion that the Medical Council should have the power of framing rules for examination?—Yes.

1990. You have stated also that you see no reason why this should not be granted because the medical authorities are represented on the Council?—Yes.

1991. Then do you propose that, under this reformed Medical Council to which you have referred, the medical authorities should still be represented on the Council?—Yes.

1992. With the exception of the three authorities you have mentioned, one in each division of the kingdom?—Yes.

1993. Then you have expressed your dissatisfaction with the Medical Council in various respects?—Yes.

1994. First, as regards the higher titles?—Yes.

1995. Secondly, with regard to preliminary education?—Yes.

1996. And thirdly, as to conjoint boards?—Yes.

1997. I would like to direct your attention to one or two points connected with each of those. First, as regards higher titles; could you show any clause in the

Mr. J. G. Glover, M.D.

25 June 1881.

Medical Act which gives to the Medical Council power to inquire into the subject of higher titles?—I think they have the power under clauses 18, 19, 20, and 21. The Council may require information as to the course of study required for obtaining qualifications; the colleges may combine in conducting examinations; defects in the course of study are to be represented to the Privy Council. I think, under those clauses, the Council should have done more than it has done. I admit that clause 20 limits, perhaps, the power of the Council: "In "case it appear to the General Council that the course "of study and examinations to be gone through in "order to obtain any such qualification from any such "college or body are not such as to secure the possession "by persons obtaining such qualification of the requisite "knowledge and skill for the efficient practice of their "profession, it shall be lawful for such General Council "to represent the same to Her Majesty's most Honour-"able Privy Council." It would seem from that clause 20 that, so long as the curriculum and examination of the college gave a man enough knowledge to practise his profession, the Medical Council had scarcely a right to go to the Privy Council. That I admit. I think it is a pity that it is so weakly worded. My complaint against the Medical Council is, that it has never sought stronger power.

1998. May I direct your attention to the Bill of 1880, which, in the particular I am about to speak of, is a mere repetition of that which has appeared in various Bills that have preceded it. I think I am right in saying it is a repetition, to a large extent, of the Bill of 1870. Power is given under clause 7 of the Bill of 1880 to the General Medical Council to admit to the register "any "additional diplomas held by a person therein which "appear to the Council or to the Privy Council, on "appeal, to be granted after examination, by any of the "medical authorities, in respect of a substantially "higher degree of knowledge than is required to "obtain a qualifying certificate under this Act"?—Yes.

1999. I may tell you, as a matter of my own personal knowledge, that this clause has been approved of, not only in the Bill of 1880 but in similar previous Bills in which it was included, and adopted by the Medical Council?—Yes.

2000. I think that is hardly in accordance with your sweeping condemnation of the Medical Council, that it has never gone and applied for powers to get evidence of fuller knowledge of those higher titles?—I think I substantiate it by quoting the last resolution of the Council of 1870: "That in the opinion of the Council "it is inexpedient to call upon the Council to decide "which are higher and which are low titles, and that "in column 3 of the proposed new register all titles "given by bodies under Royal Charter should be in-"serted." And that the Council is not to be called upon to decide. That is what I have always found fault with in the Council; it shirks responsibility, and besides that, Professor Christison says it would give rise to an unpleasant discussion.

2001. Besides that, the Council has on more than one occasion affirmed its assent to the principle laid down in this clause 7 of the Bill of 1880, to which I have directed your attention?—I am very glad to hear it; I have overlooked that.

2002. Then your condemnation may apply to the Council of 1870, but can hardly apply to the Council of 1880; is not that so?—I should be grateful to you for the reference to the Council proceedings with reference to that. That is the Government Bill from which you quote, and it does not follow that we might not have had opposition to that. May I ask you if that proceeded from the Council?

2003. It proceeded from the Council?—I am speaking, if you will allow me to say so, in reference to what was said in the House of Commons by Mr. Mundella a few weeks ago. I think Mr. Mundella would, probably, have been informed of any later action on the part of the Council in that direction if there had been any. Therefore, I am speaking strictly according to facts. The last deliverance of the Council, as far as I know, was to the effect that it would be "inexpedient to call upon the Council to decide."

Adjourned to Monday next at three o'clock.

EIGHTH DAY.

Monday, 27th June, 1881.

PRESENT:

THE EARL OF CAMPERDOWN IN THE CHAIR.

THE BISHOP OF PETERBOROUGH.	JOHN SIMON, ESQ., C.B., F.R.S.
THE RIGHT HONOURABLE W. H. T. COGAN.	ROBERT MCDONNELL, ESQ., M.D., F.R.S.
THE MASTER OF THE ROLLS.	PROFESSOR TURNER, M.B., F.R.S.
THE RIGHT HONOURABLE GEORGE SCLATER-BOOTH, M.P., F.R.S.	JAMES BRYCE, ESQ., M.P.
	JOHN WHITE, ESQ., *Secretary*.

Mr. J. G. Glover, M.D.

27 June 1881.

Dr. JAMES GREY GLOVER, M.D. Edin., L.R.C.S. Edin., L.S.A. Lond., recalled and further examined.

2004. (*Prof. Turner.*) When we adjourned on Saturday we were on the subject of higher titles?—Yes.

2005. If I mistake not, you had admitted that there is no clause in the Medical Act of 1858 which gives the Medical Council the power of insisting upon examination as a necessary condition for a fellowship?—No, I admitted that there was a weakness in the clause.

2006. Clause 20 is not definite upon that point?—No, it is not.

2007. Then you quoted a resolution which was adopted in the year 1870, in which the Council declined the onus of declaring what was a higher title; that was a resolution in connexion with the Bill of 1870 then under discussion?—It was.

2008. You are, of course, aware that since 1870 there have been several medical Bills introduced into Parliament?—I am quite aware of it.

2009. In 1878 there was a Bill which went through the House of Lords and got as far as the House of Commons?—Yes.

2010. It did not pass the House of Commons?—No.

2011. I want to direct your attention to clause 8, subsection 7, of that Bill, in which it is stated that "The "General Council shall from time to time make, and "when made, revoke and vary orders (a) for the regis-"tration in a separate column of the Medical Register "(on payment of the fee fixed by the orders), and the "removal from the Medical Register of any additional "diplomas held by a person registered therein, which "appear to the Council or to the Privy Council on "appeal to be granted after examination by any of the "medical authorities in respect of a substantially "higher degree of knowledge than is required to "obtain a qualifying certificate under this Act"?—Yes.

2012. That clause was in the Bill of 1878. Now the Bill of 1878, as you doubtless recollect, was very maturely considered by the Medical Council, and at very considerable length indeed. And I find in the minutes of the Medical Council of April 15th, 1878, Vol. XV., that it was moved by Mr. Simon and seconded by Sir William

Gull, and agreed to, "that clause 8 be in substance approved;" and clause 8 includes that which I have read to you?—Yes.

2013. Then, again, the matter came up before the Medical Council on the 2nd July of the same year, 1878, and I find it was moved by Sir James Paget and seconded by Dr. Pitman, and agreed to, in clause 8, sub-clause 7, after the words "this Act," to insert "'or which the Council sees fit to accept as testimo-"'nials of special distinction recognised by the "'medical authority which grants them.'" Then I find it was moved by myself, seconded by Sir James Paget, and agreed to, "That the following words be "added to the foregoing resolution:—'That a right of "'appeal to the Privy Council should be granted to "'the medical authorities in the event of the General "'Medical Council refusing to register an additional "'diploma or testimonial of distinction granted by "'one of these authorities'"?—Yes.

2014. So that I think we have evidence that in the year 1878 the Medical Council did approve of the principle of the Government Bill as regards this question, and made certain suggestions of amendment on it?—I admit that. I was speaking quite authentically in what I said, because I was quoting the words of Mr. Mundella, which no doubt were prompted by the Medical Council as far as it was concerned. If you would allow me to read Mr. Mundella's words they will show you that I was quite justified in what I said. These resolutions of 1878 show an advance in the minds of the Council, or show at any rate that they had made up their minds not to oppose the Government proposal as regards these higher qualifications.

2015. Yes, but it is something more than that; they generally approve of the clause?—These were Mr. Mundella's words, "I have reason to believe that, with "regard to the Royal College of Surgeons of Edin-"burgh, a fellowship can be obtained by persons who "are already members of the Colleges of Surgeons in "England, Scotland, or Ireland upon the terms stated; "but, I understand, that fellowship is not a license or "qualification for practice, but is a distinction con-"ferred by the College by a three-fourths vote. With "regard to the Faculty of Physicians and Surgeons of "Glasgow and the Royal College of Physicians, Edin-"burgh, I have not yet been able to obtain certain "information. With respect to the question of so-"called higher titles, I understand it was discussed by "the Medical Council in 1859"——

2016. 1859?—Yes, you will find the resolution on the subject in 1859 which I quoted to you. Shall I read that again?

2017. Perhaps it would be as well if you would do so, just to bring the several points together?—In 1859 the Council passed this resolution, "That the General "Medical Council are of opinion that for the future no "license or degree should be given by any of the bodies "in Schedule A. of the Medical Act without examina-"tion." My charge was that although the Medical Council expressed that opinion in 1859, in the year 1881 we are still giving degrees and higher titles in the same way as before. I will complete Mr. Mundella's answer, "With respect to the question of so-called higher titles, "I understand it was discussed by the Medical Council "in 1859, and it was then decided that in the opinion "of the Council in future no license or degree should "be given by any of these bodies without examination; "and in the year 1870 the subject was again brought "forward in reference to clause 16 of the Medical Act "Amendment Bill, but in consequence of the with-"drawal of the Bill, and pending further legislation, "the subject has not been at present renewed."

2018. I must, with all deference, say that I hardly think that this quotation which you have given us of the date of 1859 bears on this question. It seems to me to bear generally upon the question that licenses and degrees can only be given after examination?—Quite so, and they are given without examination.

2019. And these licenses and degrees, as I take it from my reading of clause XX. of the Medical Act, are the licenses and degrees which are required primarily for admission to the Register?—No.

2020. Now, a fellowship is not required primarily for admission to the Register, but is a something granted to a person who is already registered, is it not?—Yes; but I look upon fellowships in the same category as degrees, something higher, something honorary.

2021. I cannot agree with you that that bears upon the subject which we have now under consideration; I differ from you as to your way of looking at that?—Quite so.

2022. I am not raising any question as to the accuracy of your interpretation of the resolution of 1870, but I would ask you to come a little nearer to the present time, and to say whether in 1878 the Council has not entirely adopted the principle that those higher titles should not be registrable unless they have been granted after examination by any of the medical authorities in respect of a higher degree of knowledge than is required in order to obtain a qualifying certificate under this Act, or in cases in which the Council see fit to accept them as testimonials of special distinction recognised by the medical authority which grants them?—Yes, I think the Council has so far put itself right; I think it is still in a very weak position. I think it a very shocking thing that a college should have been giving "bogus" degrees, as I call them, for 21 years without any protest from the Council. I admit that the Council has accepted in that resolution the proposal of the Government Bill.

2023. Therefore whatever condemnation you may have been disposed to pass upon the Council of 1870, it is hardly, I think, deserving of application to the Council of 1880?—It is deserving, inasmuch as the Council has not made any special representation from itself of this great evil; I cannot myself alter that.

2024. Still, has not the Council taken such means, as it had at its disposal by the resolution of 1878, which I have read to you, to bring about legislation upon this matter?—That is supposing that the Bill of 1878 originated with the Council, and that that proposal also originated with it. The Council accepts it, but I have no evidence that the Council wished for or initiated the proposal.

2025. But the Council accepts the Government proposal?—That I admit.

2026. You have referred to a certain fellowship as a "bogus" qualification, I do not quite know the meaning of the word "bogus"?—Nor I.

2027. I should like you to explain what you mean by the word "bogus," because I do not profess to understand the meaning of it?—I understand by it the giving of a qualification, or a title without any attempt to find out whether the man is worthy of the title that he is to receive, perhaps in the absence of the man, and in consideration of a money payment. All these conditions apply to the gift of the fellowship of the Scotch corporations.

2028. Are you aware of the steps that are taken preliminary to the conferring of the fellowship of the Edinburgh College of Surgeons?—Yes.

2029. What do you know on the matter?—I know that a man petitions to be received as a fellow, and that a certain time elapses before his petition is considered, and that if a certain proportion of the fellows think his petition and his testimonials satisfactory, he is received.

2030. Is it not the case that every petition sent in by an applicant for the fellowship is referred to the Presidents' Council of the College of Surgeons; that the Presidents' Council of the College of Surgeons, consisting of certain representative fellows of the College, inquire into the circumstances connected with the applicant, that the petition must be signed by responsible persons who are Fellows of the College, and that the applicant must be personally known to certain of the fellows who sign his petition?—Yes, that is quite so.

2031. And that his application must be supported by testimonials from persons of influence and position in the profession?—Quite so.

2032. Then the application being inquired into in this manner by the Presidents' Council it is submitted to the fellows?—Yes.

2033. And it is circulated amongst the fellows?—Yes.

2034. And the fellows being a considerable body, there is ample opportunity, is there not, for criticism and inquiry by them into the qualifications of the applicant?—Yes.

2035. And then he is submitted to the test of the ballot. Now, does not this seem to be a measure of care employed by the College of Surgeons to ensure that those candidates for the fellowships have a professional position which may in the judgment of the College be regarded as rendering them worthy of the fellowship?

Mr. J. G. Glover, M.D.

27 June 1881.

—I think they are entirely inadequate tests for the conferring of such a high distinction.

2036. Would you hold then that every Fellow elected by a College of Surgeons should pass through a special examination for the fellowship?—I do not say that that is the only way in which a fellow may be elected, but I think anybody can be elected in the way you describe, provided he has not broken any of the Ten Commandments or done anything very bad; if he has got a reasonable moral character and the lowest qualification or diploma admitting him to the Register, it seems to me almost any ordinarily respectable man by a process of that kind can be made a Fellow of the College.

2037. I suppose you have no information at all as to the number of applicants applying for the fellowship of the Edinburgh College, whose claims are not considered to be satisfactory?—I have no detailed knowledge.

2038. Do you suppose that every applicant is as a matter of course received and admitted to the fellowship?—I hope not. I should be sorry to think that a College from which I hold a diploma received so very indiscriminately; but I gave you a very striking case on Saturday showing how the process has been abused; and that has not been contradicted.

2039. Now we will pass to another of the grounds you raise as a matter of dissatisfaction with the Medical Council, namely, the preliminary education, which is, as we all admit, a matter of great importance. I understand that your objection is that the recommendation of the Medical Council "that it is desirable that "the examination in general education should be left "to the universities, and to such other bodies engaged "in general education as may from time to time be "approved by this Council," has not been enforced?—You will allow me to remind you I used this as an illustration of the ineffective action of the Council. I say that although the Council has been aiming at that for 20 years, the thing is no nearer being realised now than it was then, and that at the very last meeting of the Council, the Council was defied by one of the bodies, as you may remember.

2040. Have you looked to see how many of the medical corporation authorities in the country have complied with that condition of the Council?—No, I have not.

2041. I think you recognise that the College of Surgeons of England has done so?—Yes, lately.

2042. Are you aware that the King and Queen's College of Physicians in Ireland have done so?—No.

2043. It is the case, and the Royal College of Physicians of London have done so. I would like to read what the Apothecaries' Hall of Ireland says upon the matter in an answer which it gave to a query submitted to it by the General Medical Council some little time ago: "The Court is disposed to leave in future the "examination in general education to the universities, "and such other bodies as may from time to time be "approved by the General Medical Council, provided "Greek be included in the examination." Then I find that the Royal College of Surgeons in Ireland says, "It would be willing to act upon the recommendation "of the General Medical Council if a sufficient exami-"nation should be established accessible to students "without undue cost and independent of any pro-"fessional educational body"?—Yes.

2044. So that we have the College of Physicians of London, the College of Surgeons of England, the King's and Queen's College of Physicians of Ireland all complying with the recommendation of the Council?—Those are three.

2045. We have also the Apothecaries' Hall in Ireland and the Royal College of Surgeons in Ireland, both expressing their willingness to comply with the recommendation. I would like to ask you one or two more questions in connexion with this matter, and you must excuse me pressing this point, because you and I both wish that there should be a fair statement of the case; we have neither of us, I am sure, any wish but that. At the time when the General Medical Council recommended that the authorities should leave the examination in general education to the universities, can you tell me if in the three divisions of the kingdom the universities had organised examinations of such a character as would serve the purpose of the medical student?—I do not know that they had, but I believe if a body like the Medical Council had made representations to the universities, and had taken powers to enforce its convictions, that it would have been done long ago.

2046. Is it not the case that the universities have during the last 20 years been gradually elaborating in England and also in Scotland (I cannot speak so much for Ireland) systems of local examination throughout the country?—Certainly.

2047. But is it not also the fact, that if the medical authorities themselves had not undertaken the responsibility of an examination in the subjects of preliminary education, it would have been impossible for medical students to have the opportunities given to them which were required by the Medical Council?—Yes, that is quite true.

2048. I think that you ought to take that into consideration as a matter not without importance, in your criticism of the Medical Council?—It does not alter the fact, that, up to this year or last year, when all these ample provisions were made for having the students examined by the national bodies, the corporations still defied you.

2049. Just look at it in this way; is it not quite within the rights of the medical corporations to institute and carry on preliminary examinations?—It may be within their rights, but it is against the feeling of the General Medical Council, an act of defiance which is not for the public advantage.

2050. Supposing the General Medical Council had taken, say, the Edinburgh College of Surgeons, to the Privy Council, and endeavoured to coerce it through the Privy Council, would it not have been within the rights of the Edinburgh College of Surgeons to say that they had perfect power to do what they were doing?—I suppose it would; I suppose that would have been quite within their rights.

2051. Would it not have been within their rights to say that the examination was conducted in an entirely satisfactory manner, and that there was nothing in their mode of conducting the examination at all of a character to require them to be censured?—The Council would then have had to say that they had proofs of very imperfect examinations.

2052. But are there any proofs of imperfect examinations?—I gave you some evidence on Saturday, which, I think, is striking.

2053. As regards the preliminary examination, do you mean?—Yes; would you allow me to repeat it.

2054. Yes.—This is the testimony of the Edinburgh College of Physicians in reference to the general attainments of the candidates. "The Council regret to be "obliged to state that in the opinion of their examiners "little or no improvement has taken place within the "last 10 or 15 years."

2055. Improvement in what?—General education; general attainments. You seem to have forgotten that I gave you the still more specific fact, that of 75 candidates at a recent entrance examination, only 46 knew the genitive of "unus," and only 48 knew the genitive of "idem."

2056. Does it say that those candidates passed?—The next fact does refer to passed candidates. Dr. Haldane said that at a recent examination of the Royal College of Surgeons of Edinburgh, 53 per cent. were rejected in Latin, 75 per cent. in Greek, and 40 to 45 per cent. in Arithmetic, Algebra, and Geometry; *but he was confident that there were other bodies in which that standard was not acted up to. At every professional examination men came forward who did not know the elements of English (that is after they have passed their preliminary examination), who could not even spell or express themselves correctly.*

2057. Is there any evidence in the statement you have just made to us, that the bodies that passed those candidates were the medical corporations?—I cannot prove that, but I say your system admits inevitably of the continuance of that complaint.

2058. Another objection which you raised to the Medical Council as one of your difficulties with regard to it was, that it had not sufficiently endeavoured to carry out a system of examination by conjoint boards; am I not right?—Yes; that it had been quite ineffective at any rate. It has made good efforts, I admit, but it has been quite ineffective by reason of not having the power of enforcing its convictions.

2059. If the Medical Council has not power to enforce its convictions, because the Act does not give it the power, is the Medical Council to be blamed for that?—

Most strongly, because it never would take the power, though it has been urged upon the Medical Council, it steadily and uniformly said "No, we do not want that power."

2060. Has not the Medical Council repeatedly approved the principle of a conjoint scheme?—Certainly; but it has never wished to have the power of enforcing its views against the wishes of the individual bodies.

2061. Is it not within your knowledge that the Medical Council has over and over again, by majorities varying in their magnitude, approved of the principle of the conjoint scheme, and approached the Government over and over again on that subject?—You mean that there should be a conjoint scheme of some kind or other instituted. Certainly, they did approve it once, almost unanimously; I believe there was one vote against it.

2062. Has not the Medical Council, then, done all in its power? I am not saying whether the scheme it supported was a proper scheme, I am giving no opinion upon the matter; but has not the General Medical Council done all in its power to carry out a scheme of combination amongst the medical authorities?—It has done a great deal and expressed its opinion in favour of such scheme.

2063. What more could it have done?—It could have gone to the Government and said, "We are quite helpless; we have passed resolutions for 12 or 15 years in the direction of a conjoint scheme, and you see what they have come to;" they have come to nothing.

2064. Is it not the case that the Bill of 1870, which contains a provision for a conjoint scheme, would have passed the legislature, if opposition had not been raised to it by the general body of the profession on the ground that that Bill did not contain a provision for direct representation?—Yes, that is quite true.

2065. And was not that the reason why that Bill was wrecked, and not from any action of the Medical Council?—Yes.

2066. The Medical Council had approved of the Bill, had they not?—Yes.

2067. And had done all it could to get the Bill passed?—Yes.

2068. But the Bill was wrecked by certain persons in the profession, who had strong feelings as regarded direct representation?—Certainly; it was done by the profession itself, by an amount of professional opinion which could not be withstood.

2069. Then why should the Medical Council be blamed because a conjoint scheme has not by this time become law?—Because it would never agree to the other points of amendment in the Medical Act, which the profession thought as necessary as the Medical Council thought the conjoint boards. We have always had the conviction that the conjoint boards, apart from some change in the opinions of the Medical Council, would be of very little use.

2070. (*Dr. McDonnell.*) Have you seen a good deal of the working of the Medical Council?—I have seen a great deal of it.

2071. How do you happen to have seen it?—I happen to have a connexion with the "Lancet." That paper, like all the medical journals, takes an interest in the proceedings, and for 12 or 14 years I have watched the Council very closely, and seen more of it than any man who is not a member of it.

2072. In fact, you are sitting at the meetings?—Generally; almost daily I am there.

2073. I presume you would not deny that the Medical Council has done some good and thrown some light on the weak points of the examining system?—I think it has. I think it has certainly done a great deal of good, but not so much as it should have done, considering the eminence of its members, and the amount of time and money it has spent.

2074. Has the Council ever ventured to give its opinions upon the question of curriculum?—Generally it does not enter into any question of curriculum, out of deference to the individual bodies. It does not like to interfere with their freedom, but it has occasionally passed resolutions in reference to the curriculum. I remember one resolution, in particular, of the Council. It was the outcome of a long discussion on the rejections. The Council recommended that in no instance should more than one course of lectures be required of the student.

2075. I had that in my mind and was referring particularly to that; have the recommendations of the Council on that subject taken effect?—Certainly not universally, and not as far as I know to any great extent.

2076. How would you account for their not having done so?—Because these Recommendations go down to the bodies with no force in them. They say, "this is a mere recommendation of the Council, it is not meant to bind us." Such a resolution as that would affect a great number of interests, and is not necessarily acted upon.

2077. In fact you think the medical corporations, where they are dealing with mere recommendations, do not mind a dog barking if it cannot bite?—No, they know the Council will not be very hard upon them; that it would not go to the Privy Council; and though they have, in a great number of instances fallen in with their wishes in a matter like that, which is a very important matter, they use their own discretion.

2078. And though you censure the Medical Council you would like to see it get more power?—I am sure if such power is not given to it, anything you do will be of no use.

2079. In the matter of curriculum, would you do away with lectures altogether?—No, I would not, but I would greatly reduce the number of compulsory lectures. I think there is a kindness in guiding the student and giving him the outline of a bare curriculum, but to exact a great number of lectures from him I think is wrong.

2080. In so far then you agree with the Medical Council, for that is the direction in which they tend, and would proceed if they were able to carry it out more fully?—Certainly.

2081. In one of your replies to the chairman, if I recollect rightly, I understood you to say that the dilatoriness of the proceedings of the Council admitted of other explanation than cumbersomeness from numbers?—Yes.

2082. To what do you refer?—I think when a subject comes before the Council, it has to be discussed from so many points of view and in the light of so many interests that that leads to long discussions. Then the Council has a habit of consulting all the bodies before it comes to definite conclusions. It sends down inquiries and gets answers from them before it ventures upon a discussion, and before it comes to any definite resolution. Then the Council finally only arrives at a recommendation, and as that may not take effect the evil continues, and the matter, comes up again for rediscussion, so that the Council is constantly repeating its own discussions *ad infinitum*.

2083. As regards this question of Higher Titles, you spoke of the Royal College of Surgeons of Edinburgh and of England. The one you said gave the higher title even *in absentia*; the other by examination; neither of those are the first preliminary means of getting upon the Register, and that being so, what is the practical harm done by that difference?—The harm is done in two or three ways. First, I think the public is hurt. The public sees that a man possesses the fellowship of a college, which sounds something superior, and is misled.

2084. In fact, it is a means of throwing dust in the eyes of the public to some extent, you mean?—Yes, I know of men going to the colonies with a title like that and making great capital of it. Then in the case of a vacancy in a London hospital for example, the fellowship of the College of Surgeons is required; one man has a fellowship, to get which he has had to pass through a very severe examination, and a prolonged course of study, another man has a fellowship which he has practically bought. They both stand in the same position as regards this vacancy. I think it is a great hardship upon the man who has gone through the severe examination that another man can get exactly the same title with no examination at all.

2085. Do you think the Medical Council could ever grapple with that? Do you not think—to put it thus—that a College of Surgeons whose charter required them to have an examination, might, if they pleased, make that a mere sham and, therefore, practically a sale? Although there might be an examination, yet it would be practically a sale?—I think no College should have such powers. I think if it had them and it used such powers, it should be reported upon by the Medical Council.

Mr. J. G. Glover, M.D.

27 June 1881.

2086. What I mean is this: do you not expect rather too much of the Medical Council in thinking that they could find out that kind of thing which is undoubtedly more or less fraudulent, but which as a matter of fact is most assuredly likely to be done, in fact, certain to be done?—I think the Medical Council, as a public body created by the State for the supervision of medical education, is a body to which the public may look for protection from a delusion of that kind.

2087. No doubt it is very desirable, but I think it is expecting too much from any body?—I am sorry to hear it.

2088. Do you think there are no advantages in inequality of examination?—I think there should be no inequality in regard to a *minimum* examination. I think it is not permissible that men in Edinburgh, Dublin, and London should differ as to the course of the femoral artery, or whether the liver is on the right side of the body. I think in regard to a *minimum*, there should be a fair approach to equality. In regard to higher qualifications and degrees there may properly be some variation in the standard of examination.

2089. Would not some inequality remain even under three conjoint boards if the Council had some real authority?—There would be some inequality, but nothing like the inequality that exists at present, because it would be much more easy to supervise three bodies than 19, and to regulate the principles of examination.

2090. Do you think the equalisation of the minimum examination would tend to lower or raise the general standard of medical education? I will ask you to consider that, as I think it a very important matter.—It would decidedly tend to raise it, in my opinion, because this is confessedly a minimum standard, and the conjoint board examination would probably be higher than any minimum standard just now; then all the other standards would have to be higher than that, at least, we presume so, if this column No. 3, which is to admit higher qualifications, is to be part of another Register; all other examinations would have to be higher than the minimum or they would not be recognised by the Medical Council; and I think the higher you go in the minimum qualification the higher you would get in the others. It is a question of a pyramid. If you raise the base of it you raise the whole structure.

2091. Do you think the splitting up of the knowledge required by the medical practitioner into medicine, surgery, and midwifery, is at the present time an anachronism — I mean one examination here in medicine, and another in surgery, and a third in midwifery?—I think it an anachronism, and a very cruel anachronism.

2092. In fact you think, that splitting up medicine, surgery, midwifery, for an ordinary medical practitioner, who is to take charge of Her Majesty's subjects throughout England, which is a very large area—that we have outlived that period, and that medicine, surgery, and midwifery should stand upon a common basis?—I think they should all be embraced in the examination of the general practitioner.

2093. And that the time has come when in the evolution of things we must adapt ourselves to the requirements of the age?—Certainly.

2094. The Medical Council, we all admit, has done a good deal in the progress which has been made in this matter, for instance, of the double diploma, as it is called. Do you think that the progress of making medicine and surgery stand together in the double diploma is really due to the Medical Council or due to the public boards throughout the United Kingdom?—It is not realised yet. Men are on the Register in hundreds or thousands, I might say, with only one diploma.

2095. Can they hold the English appointments; do they hold an appointment in the army?—No.

2096. Can they hold an appointment in the Irish Poor Law service?—No; the double diploma has come from the requirements of the public service, the poor law, and the army and navy.

2097. You alluded to the fact that midwifery does not hold so important a position as it ought?—No, it does not indeed.

2098. And that the Medical Council has not attempted to bring it forward in the way that it ought?—No.

2099. Does midwifery form a part of the examination of the College of Surgeons in England?—No.

2100–1. Do the College of Surgeons give any diploma in midwifery, apart from their ordinary diploma?—Not just now I believe; they have not examined in midwifery.

2102. They leave midwifery out?—They leave midwifery out.

2103. Do you think it a good thing that a practitioner should be able to get upon the Register through a surgical diploma, in which so important a thing is left out?—I think it is a shocking defect in the examination.

2104. As a matter of fact, I believe most of the cases that arose in the Irish Medical Service, of dismissal of officers from practice, arose in midwifery cases; do you think then that the public were wise in requiring that a knowledge of midwifery should be a *sine quâ non* for practitioners entering that service?—Certainly.

2105. Should you think that that ought to be required as a *sine quâ non* for getting on the Register?—Certainly, and that no man should get on to the Register without showing a knowledge of midwifery.

2106. With regard to this matter of direct representation, do you yourself distinctly believe that the presence of general practitioners on the Medical Council would improve the Council as a Council of education?—I do, distinctly.

2107. And you think that there is a real feeling in the profession at large upon the same subject?—A most extensive feeling.

2108. And you think that that feeling is sufficiently strong to make them so much in earnest about it that they would oppose legislation unless their wish is granted?—I believe they will never consent to any medical Bill that does not include it in some form.

2109. (*Mr. Simon.*) There is one matter on which I will ask you a question or two, namely, as to the conditions under which men can acquire a right to call themselves by the title of "doctor." Do you hear much complaint of the difficulty of getting that title in England?—Yes, I do.

2110. Would you explain what you understand to be the nature of the difficulty?—Men like a title that sounds well; they think the title of "doctor" or the word "doctor" before their name has a good effect with the public, and they either go to a foreign university or they go to one of the colleges of physicians in this county, which has rather, perhaps, given out that its license carries the right to the use of the title of "doctor" by courtesy, and so they manage to think that they have the right to put "doctor" upon their brass plate and upon their card. It is a very extensive thing. You may remember it was done by a very large number of practitioners after the passing of the Medical Act, by such a large number indeed, that one college is said to have made 10,000*l.* in one year.

2111. Do you refer to the Edinburgh College of Physicians?—I do. It made 10,000*l.* without any of the expense of examination; on the whole it did not examine the men. In regard to a great number of them they were satisfied to know that they were on the Register, and they got the title.

2112. You have not answered exactly the question I meant to ask you. You speak of the ways in which men have tried to get over the difficulty in England: but as regards the fact of the difficulty in England, have you anything to say in explanation of it?—I think there is a difficulty. It is a just matter of complaint that the graduation in medicine in England is not very easy; the old universities have given no facility for it. Until quite lately it has been a very impracticable thing to get a degree at either of the universities. It is more practicable now, but I still think that there ought be some way of getting a degree in medicine in England a little more easily than at present.

2113. Is it on the continent almost the general title of medical practitioners?—I believe so, but I am not very familiar with the continental system.

2114. Have there not been two quite different systems in Great Britain: in England the requirements having been comparatively high, sometimes involving previous graduation in arts, at other times involving exceedingly difficult medical examinations; while in Scotland the access to the degree has been comparatively easy, and the meaning of the title consequently much more nearly akin to that which it has in most continental States?—That is a matter of opinion. I have heard you say very severe things about the case with which some of the

degrees of Scotland were to be obtained; I have heard the expression of opinion that the degree of the university of Edinburgh did not represent a higher examination than ought to exist for the common licensing qualification. That is a matter of opinion. I think that is a very serious statement, and it is one of the faults of the system of not having a Medical Council that can give a decided opinion upon the merit of a degree, and that I, as a holder of a degree from Edinburgh, have to submit to a disparaging remark like that. I feel it a very great hardship, and I differ from you in that matter, but there is nobody to decide the question, and it is a matter of opinion. Professor Turner would decidedly differ from you, and I must leave the Commission to form its own opinion upon such a matter as that.

2115. The question upon which I was more anxious to have your opinion was, as to prevalence of discontent amongst persons of credit as general practitioners in England, on the subject of the difficulty in their way if they wish to obtain a degree?—There is an extensive feeling of that kind.

2116. As regards the value of the Scotch university degree, as compared with what might properly be a national minimum standard, Professor Turner mentioned a few days ago before the Commission that 66 per cent. of the practitioners in Scotland are graduates of Scotch universities; what would be the proportion in England of graduates of the English universities?—I do not remember the figures, but I know it would be very much smaller.

2117. When you see a degree held by two thirds of the practitioners in the country, do you think you can fairly assume that that is a higher title than might be adopted as a conjoint board standard?—Yes, I think so. That depends upon the degree of education in the country in which that obtains, and the condition of medical education in the teaching bodies.

2118. If one of those Graduates came and settled in a London street or square next door to a man who held the diploma of the Royal College of Surgeons of England and the College of Physicians of London, would you think there was presumption in his favour because of the title?—Decidedly.

2119. You would think that he was a man of higher qualification?—Yes, I would. I should be sorry to think that a man could go through the ordeal of graduation in the Edinburgh, or other Scottish University, and not be decidedly the better for it.

2120. I do not mean presumption on the part of the public?—No.

2121. I mean presumption amongst skilled persons; you think there would be such presumption?—I do.

2122. Would you not think it part of a just system in relation to the man who stands at that titular disadvantage, that he should have facilities for getting, if he deserves it, an equal title in this country?—Certainly I do. I think it a just cause of complaint that he has not.

2123. You think the mass of the general practitioners of the country have a right to complain that they have not facilities for obtaining the degree of "Doctor of Medicine" on trial of their merits?—Yes.

2124. (*Mr. Cogan.*) At present I believe it is a fact that a member of the College of Surgeons in England has to pass a very severe examination in order to become a Fellow of that college?—He does.

2125. It is an exceptionally severe examination, I believe?—It is so severe that at the recent examination a few weeks ago 58 per cent. of the men were rejected at the first examination, including some of the best men in the London schools, I am told; men who are demonstrators in the schools in anatomy were rejected in anatomy.

2126. The same member of the College of Surgeons, I believe, could obtain the fellowship of the Scotch College of Surgeons by passing the ordeal of a ballot and the payment of certain fees, without passing any examination whatever?—Quite so.

2127. Do you think that that is a state of things that ought to exist?—I think it is a scandal.

2128. You mentioned a very striking case to us of a person who was rejected by an English corporation, I think of the College of Surgeons of England, and who was also rejected by a corporation in Edinburgh?—Yes.

2129. He obtained admission to the Register through the Faculty of Physicians and Surgeons in Glasgow, and having thus got on the Register, was by payment of fees and by ballot made a fellow of the College in Edinburgh?—Not immediately, but after a little time.

2130. May I ask you is that a case within your own knowledge?—It is a case that has lately been mentioned in print, and it has not been contradicted; it is not within my immediate knowledge; I should think it is a common fact.

2131. Supposing the system were arrived at of having conjoint boards for each division of the United Kingdom, do you think it would be an anomalous thing that the Scotch universities, who give 66 per cent. of medical degrees, should be left out of that scheme?—I think it very desirable that they should be brought into it with some consideration (and a good deal of consideration) of their position, and for the work that they are doing; I think it would be unreasonable to require one of their candidates to go through the whole of the conjoint examination if he had passed the university examination.

2132. You think that the members of the Scotch universities as well as the corporations ought to pass at least the final examination in the practical branches?—Yes, I do think so, or failing this arrangement, that the Medical Council should be represented on the examining boards of the university.

2133. You mentioned in one of your answers that there were certain medical appointments in the great hospitals in England that they required to be held by fellows of the College of Surgeons of England?—No, you require for a surgical hospital appointment in London to hold a Fellowship of a College of Surgeons; it may be the College of Surgeons of England or of Ireland or of Scotland. What I did say was that the fellowship of the College of Edinburgh could be had by ballot and for money, and that in London it could only be obtained after a severe test, but that these qualifications, so differently obtained, were on the same level.

2134. Supposing the system were adopted, such as has been sketched out, of having a sort of State examination which would give a general license to practice, do you think that all those who had been so placed upon the Register as fit for practice ought to be eligible for any appointments in the great hospitals?—That is a difficult question. The hospitals have a right, I think, to say "we will require something higher than "the minimum qualification." They are voluntary institutions, and they have a perfect right to say that. I think I may say we think it a hardship that the College of Physicians monopolise certain things in London in a way that the College of Surgeons do not. Hospital appointments can only be had in London by members of the College of Physicians. As a graduate of Edinburgh I cannot take a hospital appointment in London unless I choose to become a member of the College of Physicians. I can scarcely become a medical officer of an insurance office unless I become a member of the College of Physicians. This does not arise from any requirement laid down by the law, it is the spontaneous action of the institutions.

2135. Do you consider if there were conjoint boards in each portion of the United Kingdom it would be advantageous as far as possible to have an interchange of examiners between one portion of the United Kingdom and another?—Yes, I should think it would be advantageous.

2136. (*Bishop of Peterborough.*) I gather from your evidence to-day that you are of opinion that the Medical Council has (for whatever reason it may be) insufficiently discharged in past times its functions?—Very insufficiently.

2137. I also gather from your evidence that this may at least, in part, be owing to the fact that the corporations were strong enough to disregard the recommendations offered by the Medical Council?—Yes.

2138. It would appear therefore that the Medical Council, assuming it to be desirous to perform its duties meets with antagonism from individual bodies who are stronger than itself?—Yes.

2139. Therefore we may assume that the interest of those bodies is, to a certain extent, antagonistic, or is supposed by them to be antagonistic, to that which the Medical Council represents?—Sometimes it is so.

2140. The Medical Council may be taken as representing the general public and the State?—Yes.

Mr. J. G. Glover, M.D.

27 June 1881.

2141. And these corporations as representing, more or less consciously, corporate and personal interests?—Quite so.

2142. Therefore I understand your view of the matter to be this, that the Medical Council wants power in the interest of the State and the public to override personal and corporate interests?—Precisely so.

2143. With regard to these personal and corporate interests, they have sprung up at different times in history?—Very different.

2144. And under different circumstances?—Very different.

2145. The fact that we have 19 licensing bodies may therefore in point of fact be considered as an historical question?—Quite so.

2146. It is merely because the State found 19 bodies exercising certain functions that it recognised those existing bodies?—Yes.

2147. Therefore those existing bodies being recognised by the State, they may be regarded as discharging for it the duty of testing the qualifications of those who seek to practice?—Certainly.

2148. That is to say, they imperfectly and diversely, and with considerable personal interests in one direction or another, exercise for the State the function of ascertaining the fitness of the persons who are to practice on the bodies of the subjects?—Precisely; whereas originally they were intended to act in a very limited sphere.

2149. Exactly; their sphere of operation was originally limited?—For example, the College of Physicians of Edinburgh only licensed men for the old town of Edinburgh, not for the whole city.

2150. And the Faculty of Glasgow was limited to a few counties round about that town?—Yes.

2151. Then the process of legislation of late years has been to enlarge the functions and increase the powers of those licensing bodies?—Very much so.

2152. It has given them practically a very valuable monopoly?—Very valuable.

2153. And that, monopoly in the nature of things somewhat tends against the interests of the public; is that so?—Yes, they have a commercial interest.

2154. And therefore, without supposing them to be dishonest or unfair, they may be unconsciously biassed by that commercial interest?—Just so.

2155. Might it not be to the advantage of the State to resume a portion of those privileges which it originally gave to those bodies with a view to their more efficient discharge by another body?—I think so strongly.

2156. Supposing the State to adopt the principle which prevails abroad, somewhat of a *Staats-examen*, and to say to each of those bodies: "You may give your "license or diploma as you think fit, but it is our busi- "ness to say, not at the first but at the last, that the "persons who have obtained your title of 'doctor' or "'licentiate,' or whatever it may be, are persons fit to "practice on the bodies of the subjects," there would be no injustice to those bodies by the State doing that, would there?—I think it is very unjust to require a student to pass any unnecessary number of examinations. I think the examining process should be reduced as much as possible. It is a very harassing one. Therefore to require a man to pass the existing bodies and then for a license to pass the State board is to require him to go through two ordeals instead of one.

2157. But supposing the State appoints a board to test the fitness of a man, and that it left it to the man to choose where he would obtain any other medical qualification he pleased, what would you say to that?—That is my view of what is desirable, supposing the State board to give a complete examination and the man is not required to go before any other.

2158. He would obtain from some educating body or licensing body evidence that he had duly qualified himself; the State would then say, "Before we allow you "to use these qualifications on the liege subjects we "require you to pass our examination"?—Would you require him to have the license in addition to the State qualification? This would be a double exaction for which I can see no justification.

2159. No, not necessarily; whether he got that or not he should not be allowed to practice until the State had tested his fitness?—I think that should be so.

2160. Supposing the State appointed an independent body of examiners to say on behalf of the State, "This "man is fit to practice in medicine, surgery, and mid- "wifery," would not that interfere less than any other proposed scheme with existing interests; would it not leave the existing interests practically intact?—I think it would not affect them so much as the bodies think that it would affect them, but it would seriously affect them.

2161. Would it not have this effect, that if that were once established you would not be put to the necessity of what is called disfranchising any one of those bodies, because their license or their diploma would be tested by the final *Staats-examen*; and then if a sufficient number of their diplomaed persons were rejected by the *Staats-examen*, the license or diploma of those bodies would lose its value and die out by a natural process of extinction, would it not?—The question is whether they would not all die out, if men could be put on the Register without going through the gates of the corporations; they would go directly on to the Register.

2162. Would it do any very great harm if they did all die out?—I do not myself know that it would.

2163. I speak of licensing bodies as distinct from educating bodies?—No, I think they would exist as guilds or clubs, and would give men any status they at present possess.

2164. As regards the preliminary examination, I understood you to say, in answer to a member of the Commission, supposing the Medical Council objected to the sufficiency of the preliminary examination by any particular medical corporation, it would still be within the right of that medical corporation to refuse to obey the recommendation of the Medical Council?—In the present state of the law it is so.

2165. Then you think it very important that the law should be altered so far that the State should have full power to secure a sufficient and liberal culture from those who are going into the profession?—Certainly.

2166. In other words, you hold that there are two points in a man's professional career at which the State should specially and directly intervene; one for the purpose of seeing that he has got a sufficiently liberal culture to entitle him to enter the profession; the other for the purpose of seeing that he has got sufficient professional training to entitle him to practice?—Certainly.

2167. And you would leave the intervening studies of the man either to the educating bodies or to the educating bodies as controlled and raised by the Medical Council?—Yes.

2168. (*The Master of the Rolls.*) If the State gives a license to practice, ought not the State to have some guarantee that a man is fit to practice?—Certainly.

2169. Could that be better secured than by one examination for all by a Government body—I mean, one for each of the three countries?—I think that is the right arrangement.

2170. Assuming that you take security for the proper composition of the three boards, would there be any objection to allow things to remain just as they are, with this exception, that no man should go on the Register unless he passed what has been called the final or practical examination; for that is what the public is interested in?—The objection to that is that you would not have the State examination in the fundamental subjects in anatomy and physiology which, in my humble opinion, are quite as important to the efficiency of a man as the examination in the final subjects. It was ignorance of these subjects that was first discovered by the Army Medical Board; a man was found to believe that the liver was on the left side of the body, and he did not know the difference between the two bones of the fore-arm.

2171. That was an extreme case?—That was an extreme case, but not a very extreme case. Dr. Parkes said he had examined 800 medical men for the army, and found a number of them with ignorance like that on questions of Anatomy and Physiology that had got two diplomas from the existing bodies. The state examination you propose would take no cognisance of these vital subjects.

2172. You must assume, I suppose, that those gentlemen had forgotten their previous knowledge?—That is a charitable way out of the difficulty; but I think the

State examination should cover the first subjects as well as the last.

2173. The difference is this: if we allow the present medical examining bodies, consisting of, we will call them for shortness the universities, and the medical corporations, to examine as they do now, they will examine in everything or nearly everything?—Yes.

2174. I think it very likely that some of them will cease examining in a portion of their examinations. That seems to be common ground. Then would there be a sufficient guarantee in the State examining only in the practical or clinical examination (the practice of medicine and surgery), leaving the Council of Medical Education to ascertain that the other bodies who gave their diplomas took a sufficient examination in what has been called science; botany, chemistry, zoology, anatomy, and physiology, I believe, is about the whole of it?—My answer to that would be this: if the Medical Council were reconstituted, reformed, and had such a constitution and such powers as to command the confidence of the profession (which it has certainly never had), then I think that might be a safe arrangement.

2175. That would have one advantage, you see; it would not take away any of the privileges of the present bodies?—No.

2176. It would add somewhat to the cost of entry into the medical profession, because there would be the additional fees to be paid for the State examination?—It is most desirable to keep down the price of the State license, I think; it ought to be cheap and low.

2177. My proposition assumes that the State license should be granted merely for the cost of the examination; but still the cost would be additional to what the student now pays, provided he registers with a single license; it would not be additional if he registered as he does now, generally with a double diploma. Whatever fee he pays to the State in the course of the examination it is additional to what he pays for his diploma. Then it appeared to me to be very probable that a great number of students, who now take the double diploma, would take but one. For instance, a man may say, "I "am a member of the Royal College of Surgeons; I "shall register for that, and pass the State examina- "tion." He would pay nothing to the Apothecaries' Company; I think that, as far as I can ascertain, would be a not improbable result?—He would take one license.

2178. He would take a single license, knowing that he must pass his science with the body that grants him the single license, but which has nothing to do with the practical examination afterwards. In that way, the cost might not be increased at all to that student, and students of that class would be the great majority, as I understand?—Yes, I think it would be a hardship that they should require a man to pass the State board *and* the licensing body; you see you would not then have a complete board which would enable a man to go on the Register.

2179. Yes, you would, because he would come with his diploma to the State body and say, "Now examine "me in the practical examination, and put me on the "Register"?—Yes, but he must go through the corporation.

2180. Yes, or the university?—My own feeling would be that it would be wise and right to exempt all university students from the preliminary professional examination, as presumably men that have undergone a sufficient examination in anatomy and physiology.

2181. As well as the others?—I would not exempt him from the final one.

2182. Not the practical one?—No; I think if a man goes to the expense and through the ordeal of a university course, he ought to have some consideration and some advantage, and be exempted from all but the final examination in clinical subjects; but other men should be able to get a complete examination, I think, from the State board, whatever it be, whether it be the conjoint body, made up of the Colleges of Surgeons and Colleges of Physicians, or an entirely independent body.

2183. You see in all these schemes that I have seen introduced, a great number of difficulties arise; this suggestion is free from all difficulty, except the actual additional examination and the expense of it?—Yes.

2184. And probably another advantage would be this, to which I wish to direct your attention, that the bodies who are sending up students would not like a large proportion of those students to be plucked by the Government board?—No.

2185. In that way, would it not produce an indirect benefit in making them raise their standard?—I think it might.

2186. As regards expense, I have made some inquiries, and all these opinions of mine on the subject are second hand. It appears to me the actual expense and cost of education in the medical profession is very much lower than it is in the case of any other profession with which I am acquainted?—I should not have thought so.

2187. I will tell you what I have been informed, and ask your opinion upon it, and you will understand that these are not opinions of mine. I am told about 135 to 150 guineas ought to cover the total cost?—Of teaching?

2188. Yes, of educational fees, the cost of medical education?—I believe that is about it.

2189. That is much more moderate than the cost of education for most other professions. To that you must add the examination fees, which are not very heavy; they vary, of course, with the body to which the student goes?—You see the fees are so various now, that a man can get on to the Register for half-a-guinea, as far as the examination is concerned.

2190. If he goes to any of the bodies he must pay those fees?—There is one body, I believe, that only requires half-a-guinea.

2191. Which is that?—The Apothecaries' Hall in Ireland.

2192–3. However, it is very moderate; I was not aware there was anything so low as half-a-guinea.—Will you allow me to point out that the conjoint scheme is not moderate; the fees under the conjoint scheme in England amounts to 30 guineas; that is a very serious matter.

2194. Assume now the only added cost to be the cost of the examination which the State would be put to, what do you think that cost ought to be?—5*l*.

2195. I am speaking of the clinical examination, not of anatomy and physiology?—I should say 5*l*.

2196. I am told that is too low, but I want to ask your opinion upon it; have you gone into it at all?—I do not think the clinical examination should be an expensive examination.

2197. The requirements for the State board examination would not be great if you had a building, which I am not sure you would require, because I think you could hire the rooms; there would be cost of light, taxes, repairs, cleaning, and wages of servants to be provided for; then there would be the examiners' fees, and something must be put down for the expense of the subjects, the apparatus, and so on?—Yes.

2198. The number of students might probably be taken at a thousand for England?—A thousand altogether, I should think.

2199. You might take it at quite a thousand?—Yes.

2200. That would produce 5,000*l*. or 5,000 guineas; do you think that would be enough?—I should think so.

2201. Then the expense would be moderate; five guineas would be a trifle compared with the privilege the student would gain by being admitted to the Register, and also giving to the public a guarantee that he was fit to practice. I suppose you are one of those who think that the public is not quite satisfied with the minimum of the 19 bodies?—Though the expense would be moderate it would be a clear addition to the present expense, and the plan involves not only more expense but additional examination boards, which, I think, a great evil and hardship. It would add three to the existing 19. I think the public is not satisfied with existing examinations; it has had a great deal of reason to think that there is great inequality and great competition.

2202. You see this would secure two objects; it would give the public a guarantee of minimum qualification, and it would give a guarantee also to a great extent of equality of examination. I mean as regards every one who passed the examination, because being examined by the same set of examiners the standard would be pretty nearly the same?—The weak part of the arrangement is, that there is no security for anato-

Mr. J. G. Glover, M.D.

27 June 1881.

mical and physiological knowledge, which are the basis of a good medical practitioner's education.

2203. You have told us already that you think the Medical Council could manage to secure that sufficiently?—A reformed Medical Council might do so.

2204. That would get rid of that objection?—In some measure.

2205. Would not such a reform of the Medical Council as would secure that be preferable to making everybody pass, except the university students, what I may call a double examination?—It would have great advantages.

2206. You see it would be a saving in time; he could pass his final examination immediately after he got the diploma or degree of the corporation or university?—You still think that the examination of the medical corporation would include the clinical subjects.

2207. I would leave that to the medical corporation. What I mean is this: the clinical subjects being a part of the examination of the State, I would no longer compel the medical corporation to examine throughout the medical subjects. I would leave the College of Surgeons to drop medicine, the College of Physicians to drop surgery, and rely upon the State board for the additional subject, giving the student, therefore, a rather higher degree in the subject in which they examine, so that a man registered as a member of the College of Physicians, or a man who originally registered as a member of the College of Surgeons, should be eminently distinguished in that branch. It struck me that that would have some advantage in lightening the examination, and secure a better quality of examination?—With a reformed Medical Council I think that might be so. But it does not lighten either the examination ordeal or the cost of it to the student.

2208. I want to know what proportion of the Medical Council you think should be elected by the body of the profession?—I think about a third.

2209. There are now 24 members; I am looking at it in a practical way with a view to securing legislation. I cannot say that it will be satisfactory to everybody, that is quite impossible, but I desire to ignore as few people as possible, and throw out as few people as possible, consistently with the general welfare. Of course, if you could facilitate that, it is desirable, although you might leave in the representation some people who never ought to have been there originally, and might introduce into the representation people you would not, perhaps, desire to see there. Suppose you have a Council of 24 and add six to it, leaving the six Government nominees, and six to be elected by the profession at large, do you think that would be satisfactory?—Do I understand you to mean to add six to the present Council?

2210. Yes, leaving everybody else in?—I think it would be too large; it would be too talkative.

2211. That brings me to another question which I should, perhaps, have addressed to you before; do you not think it might be desirable to exclude the reporters?—My opinion on that point will perhaps not be considered unprejudiced, but I may tell you that one of the presidents of the Council, and one of the best presidents the Council ever had (I am sure Mr. Simon and Professor Turner will agree with me), says he considers the admission of the press has doubled the power of the Council. That is Professor Paget, he is not a sentimental man, but such is his opinion, and you could scarcely expect me, as having some slight connexion with the press, to ask for the exclusion of the press or to approve of it.

2212. In my opinion (and I have had very considerable experience of executive boards, for I have belonged to and do belong to a great many) business is better done when people do not make set speeches, and when the press is present there is a great tendency to make set speeches?—There is no doubt of it, but the subjects are very interesting to the medical body. The subjects are of interest to the profession, and it is a great means of education, I think, to have them discussed with as little temptation to talking as possible.

2213. Do you think the addition of six would be material?—I think it would; I think it would make a very large and unbusiness like Council.

2214. Independently of that, would you think the six a sufficient representation of what I will call for shortness the general practitioner?—Six added to the present Council, do you mean?

2215. Yes?—I think it would be too small a proportion of the Council. You see in the present Council the corporations dominate; they are nine to seven or eight universities, and most of the Crown members, and most of the university members, are also distinguished members of the corporations.

2216. The same observation would apply to the general practitioner, who would be a member of some corporation?—Yes, but the present members are official members; they are members of the governing body of the corporations.

2217. I suppose that would be always the case if you wish for distinguished men, and you would not ostracise your distinguished men on that ground?—You want men who are familiar with the general body of practitioners and their work; I think a third should be the proportion, if you put it to me.

2218. You have six Government nominees; you are giving the general practitioner an equal share with the Crown, that is with the Government of the country in nominating, is not that sufficient? Again, speaking to a great extent as an outsider, and from information, I say, that what it appears to me is wanted is not so much to put the governing power into the hands of the general practitioners, where I should be very sorry to see it, as to give them a sufficient representation to make their views known to the Council, and a sufficient number to fairly support those views on a division; do you think six would not be enough added to the present Medical Council?—I could not agree myself that that would be a good Council.

2219. I am assuming that; I only want to know the proportion; would you want so many as a third?—My own view is that the Council wants reducing.

2220. In numbers?—There are bodies which every one admits to be superfluous. The Apothecaries' Company, which has been of great service, never would have had the duty to do which it has performed if the Royal Colleges had done their duty. Why should the profession be saddled in perpetuity with the maintenance of superfluous corporations?

2221. That is not quite the question, I think, which we shall have to consider. It is very difficult to destroy anything of the kind in this country, and perhaps it is undesirable that it should be easy?—I assure you in the profession and in the Council the abolition of these bodies is looked for.

2222. You see there is this to be said about them, that if they are so useless they would not get any students?—No, but they will get fees.

2223. My suggestion is not to give them one farthing beyond the fees of those who become members of the corporations themselves. You see the scheme I suggest to you would not give them any fees in perpetuity, excepting in the case of people who wish to pay?—But they would have a permanent seat in the Council in perpetuity.

2224. They will not want that if they cease to exist?—They will not cease to exist as commercial companies. The Apothecaries' Company is a commercial company; it sells drugs, and is a thriving company; it would therefore continue to have a seat in the Council, while it had, as a medical body, lost all respect.

2225. There might be a provision put in that the Medical Council should have the power of directing anybody that ceased to examine a certain number of medical students, or grant a certain number of medical diplomas, should be no longer represented on the Council; something might be put in to meet that?—Yes.

2226. I have thought over that, because it was suggested by a previous witness that it would perpetuate the corporations. That could be provided for, could it not?—Yes.

2227. What I am thinking of is to avoid as much as possible the notion of abolishing anything that could possibly be kept going without detriment to the public interest?—I have that feeling as a sentiment, but the case is so strong and the absence of the *raison d'être* so complete in regard to two or three bodies, that unless you had a clause like that I think it would be a very imperfect piece of work.

2228. Then as regards the mode of election, I suppose you would make that by some kind of universal suffrage among the members on the Register?—That does not seem to be an impracticable thing.

2229. As regards the penalty, would you make a special provision for recovering it; first of all, I suppose you would agree that it is desirable to better define and to expand, if I may say so, the offence of representing yourself as an authorised medical man, when you are not so?—Quite so.

2230. The present Bill, I suppose in your opinion, is defective as far as that is concerned?—Rather weak and defective.

2231. The only ground on which I can recognise the need for a penalty is the benefit of the public, for a man representing himself to be an authorised practitioner?—Quite so, that is my view too; it is in the interest of the public that I wish the use of titles protected.

2232. Where would you put the power of recovering the penalty?—Who should prosecute, do you mean?

2233. Yes?—I think the public prosecutor, instigated by the Medical Council in bad cases. I would leave the discretion to the Medical Council.

2234. Would you not allow anybody to be prosecuted except by the Medical Council?—I would give power to anybody to prosecute that liked, but I should be glad if the Council were made more responsible than it is at present. It has always said that it was no part of its duty to prosecute.

2235. Would you make it part of its duty in the same way that it is the duty of the Attorney-General, in some cases, to authorise a prosecution, and I regret to say part of the duty of the judges in other cases to authorise a prosecution. There are certain cases in which you cannot prosecute without an order of a judge; there are other cases in which you cannot prosecute without the authority of the Attorney-General; would you make it a *sine quâ non* that there should be no prosecution without the sanction of the Council?—No, I would not; at least unless the Council were a very different one to the one we have at present, I am afraid we should have to wait a long time before we got the consent of the Council. You see there are large parts of the country in which all sorts of false things are done, false certificates of death given, and unqualified practice carried on on a large scale, greatly to the injury of the public; I think that some means of repressing and punishing that ought to be found in the Act. I am quite willing to leave that in your Lordship's hands. I personally do not wish for any impracticable suppression of quackery or that sort of thing.

2236. You would leave it open, but if you leave it open would you give the penalty to the Council?—If the Council prosecuted. Hitherto it has left the practitioners of the country to prosecute, and it has taken the fines until lately, I think. I am informed by Professor Turner that the money is repaid now; I was not aware of that.

2237. Would it not be better to take away the power and leave the penalty to go to the Crown in the ordinary way? There is a great objection to giving a penalty to the prosecutor; many persons if they did not get the penalty would be deterred from prosecuting?—Yes.

2238. It does not, in practice, increase the funds of the Council, and is it not an invidious thing?—Might not the Council be at great expense in prosecuting?

2239. I do not propose that they should prosecute; I do not see why they should prosecute more than anybody else?—Do not you think as the custodians of the Register they should take some means to punish the crime of false pretension to registration?

2240. It is not the case with anybody else. I cannot see any ground for the exception. The custodian of a Register does not prosecute?—Not if frauds were so extensively practised as to be a public evil?

2241. The answer is that the propriety of punishing for crime should be with the public authorities.—That would be quite so.

2242. (*Prof. Turner.*) I wish to direct your attention to a statement you made about the use of the title of "Doctor of Medicine" by the Edinburgh College of Physicians. We have here an official document from the Edinburgh College of Physicians referring to that matter. I would like you to hear what they say. "Another circumstance which gave rise to much mis-"representation was this: many of the new licentiates "of the college, possessing no university degree, at "once proceeded to style themselves "Doctors of "Medicine." This, however, was from no fault on the "part of the college, as those who made inquiry on the "subject were invariably informed that the College "had no power to grant the degree of M.D., and that "consequently its licentiates had no right to call themselves doctors. (*Note.*—The letter books of the college "contain ample proof of the correctness of this state-"ment.)" I read that just to let you see that th College has not sanctioned the use of the title "Doctor of Medicine"?—That has been denied.

The witness withdrew.

ROBERT SCOTT ORR, Esq., M.D., called in and examined.

2243. (*Chairman.*) You are President of the Faculty of Physicians and Surgeons of Glasgow?—I am.

2244. You are also the representative of the Faculty on the Medical Council at the present time?—I am.

2245. You have been, until recently, extra professorial examiner in the university of Glasgow of medicine and clinical medicine, I believe?—For a period of 10 years.

2246. You are also at the present time an examiner in the Faculty of Physicians and Surgeons?—Yes, and I have been so for a period of 12 years.

2247. And you hold the degree of M.D. from Edinburgh University, and the Fellowship of the Royal College of Surgeons of Edinburgh, and you are, of course, also a fellow of your own Faculty?—I am, and a licentiate of the Royal College of Surgeons as well as a fellow.

2248. I should like, in the first place, to ask you a few questions with regard to the constitution of your own Faculty. The corporation consists of the entire body of fellows?—It does.

2249. And the fellows are, I believe, elected without an examination at the present time?—Yes, without an examination at the present time.

2250. Upon their election, do they pay any fees?—They do, they pay one fee of 50 pounds.

2251. Is the number of fellows at all limited?—It is not limited.

2252. Will you kindly tell me what classes of persons are eligible for the fellowship of your Faculty?—Those who possess an M.D. degree or a licence in surgery.

2253. From any of the existing medical authorities?—Yes.

2254. And all the fellows constitute the governing body of the Faculty?—They do.

2255. The Faculty returns a member to the General Medical Council who is elected by all the fellows?—By all the fellows both resident and non-resident.

2256. Can you give me any idea as to the proportion of fellows to the licentiates of your Faculty?—The licentiates of the Faculty, of course, are scattered all over the country. I have no conception of the number of licentiates of the Faculty.

2257. Are there four times as many licentiates as fellows, do you think?—I quite believe that.

2258. Then the licentiates have no voice at all in the government of the Faculty?—None whatever.

2259. Now, with regard to the licence which is given by the Faculty, the licence is a qualification to practice surgery only?—Surgery only.

2260. That is a single qualification?—A single qualification.

2261. But the curriculum embraces all the essential subjects of a medical course of study, that is to say, not of surgery only, but also of medicine and midwifery?—It does, and the candidate, I may add, is tested on all these subjects thoroughly.

2262. So that your Faculty, although it gives a qualification to practice surgery only, examines in medicine and in midwifery also?—It does.

2263. So that although the license which you give is a single licence, the qualification which is required for that licence is what is called the double qualification?—The examination is the same. We do not give a double qualification. We can only give the single qualification, but the education required and the examination is the same.

R. S. Orr, Esq., M.D.

27 June 1881.

2264. The examination is on all three subjects?—On all three subjects complete. I may add that we are, as far as I know, the only licensing corporation that examines in clinical medicine for a surgical license. I am informed by Doctor McDonnell that the Irish College examine in that subject; I thought we were the only body that did so, but if I am in error I am glad to be corrected.

2265. Although the licence given by your Faculty is what is known as a single qualification only (the licence in surgery), yet I believe you have joined with the Physicians and Surgeons of Edinburgh, and in conjunction with them give a double license, do you not?—We have joined with the Royal College of Physicians and give the double qualification to practice medicine and surgery.

2266. And in that combination the Royal College of Physicians have charge of the examination in medicine?—They have.

2267. And you have charge of the examination in surgery?—Yes.

2268. I wish to ask you one question with regard to the preliminary examination which has to be passed by those who wish to obtain a surgical licence from your Faculty; do you accept the preliminary examination of any other bodies as equivalent to an examination by your own body?—So far as they go we do.

2269. And what examinations do you accept?—The examinations of any of the corporations or universities.

2270. You accept the examinations of any of the corporations or any of the universities?—We do.

2271. And with regard to your own examination, will you describe to me the subjects and the mode in which the preliminary examination of your Faculty is conducted?—They are all laid down in our regulations, which distinctly state the preliminary examinations that we exact, and they are conducted in accordance with the recommendations of the General Medical Council, and are the same as those of the other corporations.

2272. Have you any means of testing whether your examination is of a standard not lower than that of the universities and other corporations?—We believe it to be as well conducted, and quite as high.

2273. Are the examiners chosen from among your own fellows, or do you generally call in examiners from universities or other corporations? I am now speaking solely of the preliminary examination. They are conducted by our own fellows, and also by our secretary; all of them being graduates in arts.

2274. But never by extra professorial examiners?—That is not the case now, but formerly it was so.

2275. Have you ever heard it stated that the preliminary examination in some of the Scotch corporations was not so high as those of the English corporations and universities?—No, I cannot call to mind that that has ever been stated. I may say, with regard to our own examinations, the preliminary examinations as far as I know have only once been visited by visitors from the General Medical Council, and the report was highly favourable. If I am allowed, I can refer to the reports of the visitors of the examinations on the preliminary examinations, in which they speak of them very highly; if you will allow me I will read two short paragraphs.

2276. Perhaps you had better do so; in what year did that visitation take place?—It took place in 1868. In the report it is stated that they are perhaps too stringently conducted on the one hand.

2277. If the paragraphs are very short you might wish to read them, and perhaps you had better read them?—They are as follows: "(1). The printed "papers.—These we append to this report; a perusal "of them sufficed to show that they had been care- "fully prepared, by competent examiners, and that "they were well suited to test the candidates in the "respective subjects, not being, on the one hand, "pitched so high as to become injuriously exclusive, "nor, on the other, so low as to form insufficient "tests of the proficiency of the candidates. We "do not find reason to take exception to any one of "these papers. (2.) The written answers.—The whole of "them were sent us; and having perused a selection "of them of various qualities, we had no hesitation in "forming the opinion that the judgments regarding "them were given fairly, even stringently, perhaps too "stringently, and that no candidate was allowed to pass "whose papers did not justify that course."

2277*a*. (*Mr. Simon.*) Who were the visitors?—The visitors were Dr. Andrew Wood and Mr. Syme.

2278. (*Chairman.*) I have asked all I wish to ask with regard to your own Faculty. Now with regard to the present system of giving licenses, you are of course perfectly familiar with the present system under which licences are given by the 19 medical authorities. Do you consider that that system is the best system which is possible, taking all the circumstances into consideration, or have you any suggestions to make with regard to improvement?—I do not know any other system that could be adopted without dislocating the whole arrangements of the country.

2279. Would you like to enter a little more into detail upon that subject, because of course any new arrangement must dislocate the arrangements of the country to some extent?—If your question points to the institution of a conjoint board, then I fail to see how that would remedy the evil; if evil there be.

2280. Are you of opinion that there are any means of ascertaining whether the examinations are equal or uniform all over the kingdom under the present system?—The only means of ascertaining that would be to adopt a system of visitation, probably some permanent system of visitation of examinations throughout the country.

2281. Would you point out to me how that uniformity could not be ascertained by means of a conjoint board?—The only conjoint board that I have studied has been that which has been constructed to suit England, and I do not see how that would work, at all events in Scotland. I do not see how uniformity would be obtained by it, because, as I have read and studied the construction of that board, there are to be something like 48 examiners. Those examiners would require to be sub-divided and to form different boards sitting in twos or threes, as the case may be, and uniformity would thereby be entirely destroyed. I do not see how you could have a uniform board. The probability is that the same men who at present examine would be re-appointed examiners, sitting in detachments and sub-divided boards, and the uniformity which is aimed at would not be secured. I need not perhaps go over all the objections that have been stated to the formation of a conjoint board, but there are others. Unless you require it I need not go over the objections, so far as Scotland is concerned, but if you wish it I am prepared to do so.

2282. I think perhaps you had better give us your opinion, I would rather that you should express your own opinion?—Then with regard to Scotland, we have different centres of examination at present. In that respect it is different from England, from which the students all come to London to be examined from the different schools, most of the schools being already in London, whereas in Scotland we have three centres, Edinburgh, Glasgow, and Aberdeen, and I do not see, therefore, how a board is to work. We would have difficulty in agreeing to allow the board to sit exclusively in one city. For example, if it sat in Edinburgh, it would not be just to Glasgow nor yet to Aberdeen. That objection perhaps might be obviated by the board travelling to different parts of the country, or else the students must come to the board. Then again in the English conjoint scheme, if I read it aright, the universities take no practical share. They are differently situated altogether from the Scotch universities, they are qualifying rather than teaching bodies. Of course there is a certain amount of teaching both in Oxford and Cambridge, but I do not suppose a complete curriculum could be got at an English university; in that respect they differ from the Scotch universities, which are not only qualifying bodies but teaching bodies. The English universities have given up their rights to form a portion of the conjoint examining board in England, if I understand it aright; I do not see very well how the Scotch universities could be kept out of such a scheme, and I do not see how they could very well join in it. Then, further, with regard to the conjoint scheme, if a man passed the conjoint examination he would have no stimulus to go any further, it would ultimately have the effect of preventing him going in for the higher degree of the university. It might not do so at first, but the ultimate result would be that he would cease to care for the university degree, because he would have got all he wanted to get him on the Register by passing the board of the conjoint scheme and there would be no inducement for him to go up for a degree. Then as to the question of expense, as I understand the English conjoint scheme, the student is

to pay 30 guineas for his qualifying certificate. The higher class men might choose to go forward and pay another fee for the degree, but the ultimate result, as I have said, would be to lower the degree in the estimation of the profession; the qualifying certificate, in fact, would take its place, and it would not be sought as it is at present. So that as far as Scotland is concerned I cannot see that the conjoint scheme is required, or that it would even work well.

2283. Then let me ask you one question with regard to the Medical Council. You have no doubt heard of the claim which has been put forward by the general practitioners that they are not at the present time sufficiently represented upon the Council, and in connexion with that claim they have proposed that there should be some direct representation of their body; do you consider that that claim is well founded on their part?—I have always had a difficulty in seeing wherein the interests of the profession were at variance with the interests of the corporations. At least if I speak for Scotland this agitation certainly did not originate in Scotland, my impression is that it originated in England. It has never found much favour in Scotland, so far as I know. I think if the profession were polled, probably the majority would not be in favour of it, seeing that Scotland hitherto has always been well represented by the general practitioner in the Medical Council.

2284. But as a matter of fact, to take your own Faculty, you would admit that the general practitioners are not directly represented in the governing body of your Faculty which elects the member to the Council, they are not represented, that is to say, except in so far as some of their number may be Fellows?—In regard to the Faculty, they have always returned a general practitioner to the Medical Council; all the members of the Medical Council returned by the Faculty have been general practitioners.

2285. But they have never returned a member of their body who was not a Fellow?—No, never.

2286. And three fourths at least of their body are not Fellows?—Quite so, that may be the fact, perhaps a larger proportion, but if you go beyond the Fellows then you get into another grade of the profession, men most probably not so likely to make efficient members of the Council, and if you take a man who would make an efficient member of the Council probably he is connected with some corporation whose interests (if he has any feeling in the matter) he would try to support.

2287. (*Mr. Cogan.*) I think I understood you to say that if the system of conjoint boards were adopted in Scotland it would not be possible to leave the universities out, but that they should become a portion of such conjoint board?—Certainly. Having regard to the large educational powers they exercise, they could not well be kept out; they have so much to do with the education of the profession, they must have a place, I should suppose, on the conjoint board.

2288. (*Mr. Sclater-Booth.*) You say that on account of the greater number of medical gentlemen who are educated in the Scotch universities, do you not?—Quite so.

2289. You saw no objection to the English universities being left out of the conjoint board?—I do not see any objection.

2290. Did not you say they had expressed their willingness to be left out?—I understand they are left out, they do not send examiners to the conjoint board.

2291. I think you are mistaken. I gathered from your observation that you drew a distinction between the English and the Scotch universities?—I understood that the English universities had given up their right to form a part of the conjoint board.

2292. I want to know your point of view, you think it quite essential that the Scotch universities must be represented on the conjoint board?—Yes.

2293. But it does not appear to you essential that the English universities should be represented?—I may be speaking under a mistake, but I understand that the English universities do not send examiners to the conjoint board.

2294. Do you, from your own point of view, consider that although the Scotch universities must be represented, it does not follow that the English universities should be represented?—Not at all. I do not mean to say that.

2295. A large number of the general practitioners in all parts of England were educated at the Scotch universities, is not that so?—I believe it is so.

2296. Are you aware that it is amongst that class of practitioners that the claim for direct representation finds favour, or is it not; do you know?—I do not know that of my own knowledge.

2297. You do not apparently take very much interest in this question of direct representation?—Yes, I do.

2298. You do not agree with the contentions of those who advocate it very much, do you?—I have stated that I do not see the necessity for it in Scotland.

2299. That is what led me to ask you whether you are aware, as a matter of fact or not, whether the numerous gentlemen educated at Scotch universities and practising in England are amongst the strong advocates of direct representation?—I was not aware of it, but I have no objection myself to the addition of representatives from the profession to the Medical Council; I do not see any objection to it, though I do not know that it is needed; there might be some objections stated to it.

2300. But supposing it to be the case, that direct representation were given, would you not think it probable that the result would be that there would be canvassing and agitation for the election of a member of the Council who should represent others?—Precisely.

2301. Therefore, if the Scotch practitioners in England were to be allowed a representation, they, in point of fact, would elect one of themselves?—That is one of the objections to it; that it would lead to canvassing, and probably the right man would not be returned.

2302. (*Mr. Simon.*) Have you taken into serious consideration anything in the nature of a definite scheme proposed for conjoint action on the part of universities and corporations in examining for a licence in Scotland?—I have thought the matter over, but, as I have stated, I cannot see how they could be conjoined.

2303. Have you ever considered the possibility of some principle of joint action such as this, which I will sketch to you: That if the universities and the medical corporations concurred in conducting an examination (and you may consider this question to apply either to the first examination or to a later one) the persons passing the examination should be divided into two classes, a higher and a lower, and those of the higher class, so far as they might be university students, should be put on the same footing by their respective universities as if they had passed the special examination of the university?—I do not see any objection to that, as far as I understand it.

2304. On the face of it, you do not see any objection to it?—No.

2305. As regards the geographical objection that you stated, that Scotland has three licensing centres, Glasgow, Edinburgh, and Aberdeen, do you see any objection on the face of the question why joint examinations should not be held at the three centres in rotation of years, or in some other rotation?—It might be done; the expense of it would be an objection.

2306. You spoke of England as having only one centre, namely, London; but may I not remind you of Oxford, Cambridge, and Durham, to say nothing of Manchester?—I may be wrong, but, as far as I know, these universities do not license very many. The majority (I think almost the whole) come to London.

2307. You expressed some misgiving whether persons passing the examination of the conjoint board and obtaining by that instrumentality licence to practice would care to acquire higher qualifications. Would there not be the same inducements of ambition to acquire the higher titles as there are now?—I do not think so.

2308. Why does a Bachelor of Medicine at present go on to take the degree of Doctor of Medicine?—They do not all do so, I am sorry to say.

2309. Of those who do not, does not an appreciable portion use the title of doctor?—I believe they do.

2310. There is a question I should like to ask you with respect particularly to your own corporation. Are you aware whether practical consideration has ever been given to the desirability of giving effect to section 50 of the Medical Act of 1858?—That has never been considered by our Faculty; it has never been brought up. There never was, as far as I know, any occasion to bring it up, and I am at a loss to know the origin of it; I do not know by whom it was put there.

2311. Cannot you conceive that the framers of the Bill of 1858 had a notion that it would be better for Scotland to have a Royal College of Surgeons, such

R. S. Orr, Esq., M.D.

27 June 1881.

as England and Ireland have, than that it should have two local authorities in the matter of surgery?—Very likely they had that idea, but it so happens that the Faculty of Physicians and Surgeons is a very old corporation; it is some 300 years old, and has as its inheritance these rights and privileges, and has had them for 300 years. Then Glasgow is the capital of the west of Scotland, as much as Edinburgh is the capital of the east, and is a very large centre of population, commerce, medical education, and so forth; and as things have turned out, it seems to me to be quite right that they should have had these corporation privileges.

2312. But the question of union with the Edinburgh College has never practically come under consideration?—It has never been considered by the Faculty, so far as I know.

2313. (*Dr. McDonnell.*) You say that the institution that you represent is 300 years old?—Nearly.

2314. And you think, no doubt, that during that long period it has done its duty to the public very fairly well?—I do indeed.

2315. Besides possessing the functions of examining and licensing, you have got a very good library?—We have.

2316. And you think, apart from the giving of surgical diplomas in any way, that it is a useful institution to the public through the profession?—I do indeed think so.

2317. Have you a museum, may I ask?—We have no museum.

2318. Although not having a museum, you think that your institution performs to some extent functions analogous to those of the College of Surgeons here; although it has got a splendid museum, it also has a library which is of great use to the medical public, and it has lectureships such as I believe you have in your institution?—Yes; the Faculty is a rallying point for the profession in the west of Scotland.

2319. You said, I think, just now, that if the qualifying certificate of conjoint boards or a conjoint board was brought into action, it would take the place of the degrees?—Not altogether, but it would tend to prevent a great number of students who now take the degrees going further.

2320. I took down your words at the moment, and you expressed the opinion that the qualifying certificate of the conjoint board would in some degree at all events take the place of the degree. I take it for granted you think also if the conjoint board were brought into existence it would take the place of the licence or diploma in a great degree?—Yes, I think so.

2321. And that in point of fact the introduction of either a conjoint board or a State examination would in a great degree supersede and take away the means of livelihood of the institution with which you are yourself connected?—Certainly.

2322. It would therefore be in fact, if I may use the word, a disestablishment of your corporation?—Yes, it would.

2323. And you feel that your institution having been in existence for 300 years, and having as you think done its duty remarkably well, you have got a vested interest which it would be at least just to respect?—Quite so.

2324. Do you see any reason in common justice why that interest in a university should be more respected than in the institution which you represent—that vested interest which is a source of income?—I do not see any reason why.

2325. You think then in common justice that your interests are just as well deserving of respect as the interest of the universities?—Quite so.

2326. The effect of the conjoint scheme in the eyes of many is that it would take away from you your special power of giving licences, and confer it upon the conjoint board; but that board would have a stock purse, if I may say so, and the distribution of the fees would give you back again some money from that source?—Yes.

2327. Do you think that the corporation you represent would be content to get what I may call a retiring allowance upon those terms?—I do not think so, because there are more interests than mere money interests connected with our corporation.

2328. You think you would rather remain as you are?—We would rather remain as we are.

2329. If the question were not, would you rather remain as you are; but, would you rather be disestablished?—Extinguished you mean.

2330. Yes?—We would rather remain as we are.

2331. But I say if you were told that you were not going to be allowed to remain as you are, and the alternative put before you were, that progress, or what is called progress, now requires that a certain change should be made, and you had your choice of alternatives, either of being extinguished or of falling in with the conjoint board scheme, which would you think best?—Of course we would fall in with the conjoint scheme, and take our place upon it which we would consider ourselves entitled to do.

2332. And do you think that would be a tolerably fair mode of retaining for you functions enough to keep your institution in existence as a very useful institution to the profession, and through the profession to the public?—I doubt that exceedingly. I do not think our functions would be anything like what they are at present if you look at it from a merely financial point of view.

2333. That would depend of course in some degree upon the distribution of the fees that might be made?—Yes, but it would be quite an injustice to treat the Faculty of Physicians and Surgeons in the exceptional manner which you indicate.

2334. Do not you think that the time has gone past entirely for requiring medicine, surgery, and midwifery as three distinct phases of the profession of medicine for the ordinary practitioner. I am speaking now of the duty of ordinary practitioners?—I consider that every student ought to have a thorough knowledge of all three branches.

2335. Your own institution I think you said examines in medicine, surgery, and midwifery?—Thoroughly and perfectly.

2336. If you do so, do not you think you should have as good a right to authorise a person to be regarded as a good general practitioner as any other body?—Certainly, we do think so.

2337. (*Prof. Turner.*) I think it is right that you should know that it has been suggested to this Commission that the Faculty of Physicians and Surgeons of Glasgow should no longer send a representative to the Medical Council; would that meet with your approval?—Certainly not.

2338. Would it meet with the approval of your Faculty?—Certainly it would not.

2339. Do you think it would meet with the approval of your professional brethren generally in the west of Scotland?—No, I am quite sure that they would contend for the representative still being returned by the Faculty.

2340. If such a proposition were definitely made in a Bill presented to Parliament, that the Faculty of Physicians and Surgeons of Glasgow should no longer be represented on the Medical Council, is it likely that the general feeling in the west of Scotland, and of those members of Parliament who represent you, would be against such a proposition?—I believe they would resist it to the last. There has been such a Bill, as you are aware, proposing that the Faculty should not return a representative.

2341. And you have reason to believe that the parliamentary representatives of Glasgow and the west of Scotland would offer every opposition to such a proposal?—I have no doubt of it, I believe it myself.

2342. A question has been put to you by Dr. McDonnell, about the financial arrangements, could you tell us if your Faculty is a wealthy Faculty?—Not at all.

2343. Have you a large capital?—I think something like 18,000*l.* or 20,000*l.*; it is under 20,000*l.* of invested capital at the present moment.

2344. Your Faculty and yourself doubtless have experience in the working of a voluntary conjoint system?—Yes.

2345. There is, I believe, a conjunction between your Faculty and the Royal College of Physicians of Edinburgh for the purpose of granting a double qualification, that is a qualification in medicine, surgery, and midwifery?—Yes.

2346. Can you tell us if this voluntary combination on the part of your body and the Edinburgh College of Physicians has been a satisfactory combination?—So far as I know, I believe it has.

2347. Do you think it has supplied a certain public want?—I think so.

2348. And a professional want?—Yes; it has enabled the student to get the double qualification by means of a single examination conducted by the two bodies, the College of Physicians and the Faculty of Physicians and Surgeons, and at a less expense than would be the case if he went in for each of those examinations separately.

2349. Do you think, then, that if a similar combination were established in England between the Royal College of Surgeons of England and the Royal College of Physicians of London, that that would meet really the public requirements of the case as regards England?—My own opinion is, that if that had taken place 20 years ago, when the two combinations of the Scotch corporations took place, that we should not have heard of this agitation of the question; probably that would have settled it.

2350. (*Mr. Sclater-Booth.*) What agitation do you refer to?—The agitation for a conjoint board.

2351. (*Prof. Turner.*) You think this agitation would not have arisen?—That is my opinion; we should probably not have had this agitation.

2352. Do you consider that this examination, which is jointly held by yourselves and the College of Physicians of Edinburgh, affords a satisfactory guarantee to the public that the candidates obtaining your joint diploma have shown a sufficient degree of knowlege to practice their profession?—Certainly, it enables them to get on to the Register with the double qualification, and my own opinion is that no man should be allowed to be placed on the Register who has not got the double qualification.

2353. And you consider that this joint examination to which you form a party is a test examination of competency to practice the profession?—As thoroughly testing as it should be for the corporations, because there is a point that has not been brought up, and that is simply this, the standard of the corporations is not pitched so high as the universities, and probably ought not to be pitched so high, otherwise you may interfere with the supply to the country of medical men. It is difficult to get men; they are all so highly educated and aspiring now-a-days that it is difficult to get men to go to the country districts. Of my own knowledge I know that this is the case.

2354. Do I understand that this examination which we are now referring to comprises a clinical examination as part of its test?—Certainly; clinical medicine and surgery.

2355. And where is this clinical examination conducted?—At the two hospitals, the Glasgow Royal Infirmary and also at the Western Infirmary, both of which are very large institutions; the one has something like 600 beds, and the other has now, with the addition lately made, about 400. I suppose that there are 1,000 beds in Glasgow now.

2356. So that your candidates are all tested practically at the bedside?—They are all practically tested at the bedside, thoroughly tested; and I may say of my own knowledge, having been an examiner both of the university and the Faculty, that the clinical examinations have raised the standard of knowledge of the student to such a degree that I am quite safe in saying that an immense improvement has taken place in the attainments of the students that now come before us, compared with the time when I first began to examine clinically. The education of the students has been reflected upon because it is supposed to be low, but it is not so.

2357. Then your opinion, from your own experience, is to this effect, that whatever might have been said in former years as to the candidates appearing for examination being ill-prepared does not apply to the candidates who appear for examination at the present time?—They are much better prepared. Of course there are still candidates who appear that are not well prepared.

2358. But taking them, I mean, as a class?—Reviewing, as I said before, the clinical examinations, the appearances that the students make now, when compared with the appearances they made 10 or 12 years ago, show a very remarkable improvement; that is my experience.

2359. (*Bishop of Peterborough.*) I see as regards the constitution of your corporation that it consists of the entire body of Fellows, numbering 174, of whom 107 were admitted as resident in the city. Does that mean that residence in the city qualifies *ipso facto* for a Fellowship?—Not at all. Our Fellows are divided into resident and non-resident Fellows, and these were admitted as residents. They may not all be resident now; they may have gone to the country districts.

2360. It simply means that so many happen to be resident in Glasgow?—They were admitted originally as resident Fellows, and the non-resident Fellows are those that apply to us from other parts. I was asked what fee they paid. They pay a less fee; the resident Fellows pay a fee of 50*l.*, and the non-resident 25*l.*

2361. I think you say the present system of giving licenses and diplomas upon the whole works fairly well, and so well that you cannot imagine any very great improvement?—We endeavour to keep up the highest possible standard.

2362. It has been alleged to us by competent witnesses, with reference to these different bodies that give licenses and diplomas, that the value of their licenses and diplomas, are very unequal, as implying very unequal degrees of knowledge and preparation; may I ask whether you have ever known a candidate who failed at one or two of those examinations and succeeded at others?—I can conceive it to be quite possible.

2363. Have you ever known such a case as this, that a medical student should fail at the Royal College of Surgeons of London, should fail at the Royal College of Surgeons of Edinburgh, that he should pass at the Faculty of Physicians of Glasgow; and then by payment of a fee become a Fellow of the Royal College of Surgeons of Edinburgh, the very body which had previously rejected him as a candidate for the profession?—I am aware that such a statement has been made, and possibly it may be true. I have not been able to discover yet who the individual is, but if I may be allowed, I beg to offer an explanation so far of the matter. I would just say this, suppose we reverse the case, a man comes first to the Faculty of Physicians and Surgeons in Glasgow and is rejected, he then studies for three months, works up as hard as he can, goes to the Royal College of Surgeons of Edinburgh, and is again rejected; he works three months more, and by hard work and perseverance he may pass at the Royal College of Surgeons of England. That is my answer to the question. We know that men have passed at the Royal College of Surgeons of England who have been rejected at the Faculty of Physicians and Surgeons at Glasgow.

2364. I think you the said effect of introducing a conjoint board and final examination by a conjoint board would be practically, to use the expression of one of our Commissioners, disestablishment of some of the existing licensing bodies?—Yes, I think it would.

2365. Would that be the case if the final examination were limited to a practical one and these licensing bodies were still left to give their licenses to the candidate as having passed their examination in what you call the scientific part of medicine and surgery?—Do you mean the first professional as well as leaving the final professional examination?

2366. Leaving the final professional examination; what I mean by the final professional examination is the final practical examination?—Yes, I understand.

2367. For instance, that it should be left to the Medical Authority to certify that *A.B.* has duly studied or passed an examination, as the case may be, in scientific subjects and *A.B.* then comes to the State with this certificate, and the State should then say, "You have satisfied us "that you have got a great deal of book knowledge "and satisfied a number of eminent persons that you "know a great deal. Now we want to ascertain if you "know practically the difference between small-pox "and measles when you see them." Supposing that were done, these various bodies would still retain their power of conducting examinations or giving diplomas, as the case might be, in all these various subjects they teach or license in and the State would finally test their men; in that case, would you be seriously affected financially?—We would be affected financially. Of course I have not considered the question exactly, but probably our finance would suffer as much as if you were to establish a conjoint board, of which we form a part.

2368. In what way would you be very much hurt by that plan?—We would receive no remuneration for the first two examinations, as I understand your question, we would receive no remuneration for preliminary examination, nor yet for the first professional exami-

R. S. Orr, Esq., M.D.

27 June 1881.

nation. You only leave us with the final examination, the practical and clinical examination.

2369. My proposal is just the reverse of that; I leave you to give the first professional examination, and either to give, if you are the educating body, or to test, if you are a licensing body, the scientific knowledge?—Then in that case we are allowed to retain two examinations, and the State or conjoint board, whichever is established, is to have the final examination.

2370. And that final examination is not to be in the scientific subjects I refer to; the State is to accept your *testamur* as to scientific knowledge; but the State wishes to have a minimum test of practical efficiency and skill on the part of the persons it licenses to practice?—If we are to form part of the conjoint board, and examine for the final examination, then probably our finance would not suffer very much.

2371. You are not very much in favour, as I understand, of direct representation on the Medical Council; at least you do not think it of much importance?—I do not see that it is necessary, but I am not against the addition of a certain number of representatives.

2372. Has it occurred to you that though it might not improve the *personnel* of the board materially, yet that it would strengthen the board very much with the medical profession if there were direct representation, in this way, that the medical profession as a body would be much more willing to accept the suggestions and directions of the Medical Council if they were directly represented on it than if they were not?—I believe they would.

2373. In that way the Medical Council would be a stronger body than it is now; it would have more power with the profession than it has now?—Yes.

Adjourned to Friday, July 8th, 1881, at half-past three o'clock.

NINTH DAY.

Friday, July 8th, 1881.

PRESENT:

THE EARL OF CAMPERDOWN IN THE CHAIR.

THE BISHOP OF PETERBOROUGH.
THE RIGHT HONOURABLE W. H. F. COGAN.
SIR WILLIAM JENNER, BART., K.C.B.
JOHN SIMON, ESQ., C.B., F.R.S.
PROFESSOR HUXLEY, F.R.S.
PROFESSOR TURNER, M.B., F.R.S.
JOHN WHITE, ESQ., *Secretary.*

PROFESSOR JOHN MARSHALL, F.R.S., F.R.C.S., Eng., examined.

Prof. J. Marshall, F.R.S., F.R.C.S.

8 July 1881.

2374. (*Chairman.*) You are a Fellow of the Royal College of Surgeons?—Yes.

2375. And a member of the Council of the Royal College of Surgeons?—Yes.

2376. And you have been for eight years an Examiner at the Royal College of Surgeons, and at the present time you are the representative of the College on the Medical Council?—Yes. I have not sat on the Council yet, but I am elected.

2377. You are Professor of Surgery at University College, and also Senior Surgeon at University College Hospital?—Yes.

2378. I need not ask you whether you are well acquainted with the present licensing system, but I should like to ask you whether you think that there is a necessity at the present time for a re-organisation of that system?—Certainly, I am of that opinion.

2379. Will you kindly tell me how you would propose to re-organise that system. Should you do it by, if I may so say, destroying some of the existing institutions and substituting a new system, or should you endeavour to improve the institutions which are already in existence?—I should think the preferable plan is to utilise the existing institutions and machinery.

2380. And I presume that in your opinion the most essential point in the re-organisation is the machinery which will lead to the establishment of a thoroughly competent board of examiners?—That is the great end to be attained.

2381. That board of examiners, of course, you would appoint through the existing institutions. Would you explain to me the manner in which you would lead up to the appointment of the examiners?—That will take, of course, some little time. I may say, at once, that I have some memoranda here, and, if I fail to convey my views to the Commission succinctly and completely, my memoranda are at the service of the Commissioners in any shape that they like, but I will endeavour, as shortly as I can, to explain the mode in which my own mind has arrived at the conclusions which I have come to. First of all, we have, as is well known to you, 19 examining and licensing bodies, and the great difficulty in the way of improving or making the best use of them is that they now act separately; and a primary object is to get them to act in some way conjointly. Ten of these bodies are Universities, and nine are Corporations; and, I think, in approaching the subject, we should discriminate between the objects of a corporate body and the objects of a University. The great purpose of these corporate bodies is to furnish a continuous supply of those medical practitioners who are most pressingly needed by the public. The universities have not accomplished that, nor is there any probability of their being able to do so. Their proper function is to promote the higher education of the Medical Profession, and they also possess quite reasonably the privilege of putting their graduates on the Medical Register. But the corporations supply so largely the imperative needs of the public services and of private practice, that I think, we should, first of all, ask how we should utilise the corporations. I am referring now to the whole kingdom, and I wish to defer, at present, entering into the consideration of separate interests. Having the interest of the United Kingdom, the wants of the whole public to consider, I desire to look at the question from that point of view. With reference to the work of the corporations and of the universities, I may point out that, in the year 1875, the universities examined for their final test 385 candidates, whilst the corporations examined 1,506, a total of 1,891. In the same year, the universities passed, or gave qualifying degrees, or licenses to, 304 candidates, whilst the corporations gave qualifications to 1,148 in a total of 1,452; and the ratio of examinations is nearly 4 to 1, and that of qualifications about 3·75 to 1. I mention this merely to show that the corporations are the chief portals, and constitute the active machinery of entrance into the profession, and, I think, therefore, we may consider them first. Now the great objections to the corporations, as they now exist, are their number and their separate action; and there cannot be any doubt that separately employed they are relatively weak institutions, and the lower ones stand in the way of improvements which might be accomplished by the higher ones. There is more or less inevitable competition between them; but setting aside anything which might be regarded as of a recriminatory nature, or as an allegation against their character, there is this fact, that the General Medical Council cannot supervise those nine bodies as easily as it could a smaller number. There are nine potential bodies admitting into the profession general practitioners concerning whom we wish to secure adequate evidence of efficiency; and the General Medical Council has to visit, investigate, supervise, and control nine different bodies. The first thing, then, that ought to be done is to throw those bodies together into three groups, that is to say, a group for

England, a group for Scotland, and a group for Ireland. I do not think that any step in medical reform will be of any avail unless it really throws those nine corporate bodies into three separate and common examining boards in some way or other. We have had so many terms, such as "conference" and "committee of reference," that I should like to keep to two terms, *board of management*, and *board of examiners* or *examining board*, the board of management coming first. I prefer three national boards of management, each appointing, of course, its own examiners or board of examiners, as one may call them:—and this, for certain reasons, which I will explain. First of all, there is a geographical difficulty in bringing all the candidates to one board, or there is the geographical difficulty of making that board peripatetic, travelling to the different centres. In the next place, there would be the expense of the locomotion of the students or candidates, or the extra expense of a locomotive board of examiners. But another great reason which I have for keeping them separate is this, that, as in other relations, there are national peculiarities and ideas in medicine, in surgery, and in the treatment of disease, whether you regard the active treatment or the dietetic treatment, or any other sort of treatment that is, so to speak, mechanical. I think anybody will admit that the treatment of disease and injury is not identical in all these particulars in the three kingdoms, and that there is a travelling on certain lines, both theoretical and practical, in the management of cases, in the use of instruments, the shapes of instruments, and as to the drugs, diet, and stimulants employed. There are differences which prevail, and those differences it is quite judicious and necessary to maintain, for they are beneficial to the public in each division of the kingdom. Therefore I think it is better to have three national examining boards, and they must be managed by three national authorities or boards of management.

2382. (*Chairman.*) On those boards of management you would propose, I presume, to represent all the corporations?—Yes.

2383. And also all the universities?—Yes; but I am now dealing with the corporations only. I will presently show how I attach the universities to the scheme, but the corporations run through the whole scheme: first, because they will give their diplomas, and, secondly, because they really will take the chief duties and do the hardest part of the work. The examinations will be conducted in their establishments; they will find materials for the examinations, and all subordinate officials and attendants; they will take the fees; they will apportion the fees, and they will grant their diplomas, as I assume, by affiliation, and therefore I take it that the action of the corporations may be followed out first quite independently, and afterwards the mode in which the universities may be attached.

2384. (*Professor Huxley.*) What you are saying now is true of the actual state of things in England, but certainly not in Scotland, because there the corporations do not take the lead in granting licenses?—Yes, they do, though not to such a great extent, but I could give the numbers. Thus: in 1875, of the two totals above mentioned, viz., 1,891 candidates for a final examination, and 1,452 qualifications granted in the whole kingdom, the following are the numbers belonging to the Corporations and the Universities, in England, Scotland, and Ireland respectively:—

		England.	Per-centage.	Scotland.	Per-centage.	Ireland.	Per-centage.
Candidates examined	Corporations	840	94·5	397	65·	269	70·
	Universities	48	5·5	218	35·	119	30·
Qualifications granted	Corporations	681	95·4	255	58·	212	70·
	Universities	33	4·6	186	42·	85	30·

2385. (*Chairman.*) Then you would insist, in the first instance, that all corporations should be represented on these common boards, and you would also insist that the universities should be represented on them?—Certainly.

2386. And should you further propose that the State should send representatives to those three boards of management, or do you intend that the three boards of management should consist solely of representatives of the corporations and the universities?—I think that would be quite sufficient, absolutely sufficient. I do not see where the State can get better managers and examiners than the corporations and the universities can. The several boards of management would be constituted, first, by a number of delegates from each corporation, but there would be added to these delegates from each university, and that is where the universities would come in with regard to the appointment of boards of management, or committees of reference, as they may otherwise be termed. I should call them common boards. There is no objection to the word "common board." It is more true than a "conjoint" board. There should be a common English board, a common Scotch board, and a common Irish board; each would be common to its country, and common to the several corporations and universities in each country.

2387. (*Mr. Simon.*) One for each division of the kingdom?—Yes, certainly.

2388. (*Chairman.*) Now that we have arrived at your conception of three common boards, would you tell us what are to be the duties of those common boards?—I think that those common boards should first of all frame each of them a curriculum suited to the national wants or requirements and ideas of their division of the kingdom. They should frame first a curriculum of study, and they should frame, secondly, the rules of examination, and then they must undertake the responsible task of appointing the examiners in some way or other. I prefer that they should frame those rules themselves, because then you could get also a higher, checking, sanctioning, and approving power; and I think it is an advantage to give them the labour of framing the curriculum and the rules, and to give to the General Medical Council the task of supervising, controlling, sanctioning, and approving them. The rules would then go through two sets of minds instead of one. They would be first framed by men in more immediate relation to the corporations and the universities, and most likely by active men still on their respective councils; whereas in the General Medical Council the tendency is certainly to have a number of persons who have passed away from the active work of teaching and examining, who are most able to supervise, control, and sanction, but who are not so familiar with details as those who are still intimately and actively connected with the corporations and universities, and who would first frame the rules. I think, therefore, there will be an advantage in the delegates on the boards of management framing the respective curricula and the respective rules, and getting them to be sanctioned by the General Medical Council.

2389. Are you aware that in the various Bills upon this subject it has been generally proposed to entrust this duty of settling the curricula and the examination rules to the Medical Council?—Of settling them, yes; but I am speaking as to framing them. I should agree with and approve of their sanctioning, and having the power of modifying them; but I think that the first framing of those rules would be much better left in the hands of the common boards, and that the further procedure should remain with the Medical Council. Experience shows this fact, that it took a large number of meetings to frame the rules for England, and if those meetings had been paid for at the rate of five guineas a sitting, or three or two guineas a sitting, it would have cost several thousand pounds to have framed those rules. Now the Medical Council could not have sat and framed those rules under 50 meetings. We took 70; but, supposing it took 50 meetings, see what an expense it would be for the General Medical Council to prepare those rules. It is true now that it has those rules in form, and it has sanctioned them for England. But it would seem to me still to be better to follow the principle with reference to Scotland and Ireland, and let the boards of management frame rules and send them up to the Council for approval. I think the more you keep

Prof. J. Marshall, F.R.S., F.R.C.S.

8 July 1881.

your supervising authority free from framing the beginning of the thing and the constructing of the thing the better. I think the Council would exercise a better influence if initiation were taken out of their hands.

2390. Then I may sum up your opinion upon this point in the following words, that you would entrust to the common boards the duties which were proposed to be entrusted to the committee of reference in the English conjoint scheme?—Yes.

2391. But to the powers which were proposed to be entrusted to the committee of reference you would add one which up to this point has been proposed to be entrusted to the General Medical Council, that of settling the curriculum and the examination rules?—I think so; everything, of course, being subject to the approval of the Privy Council. (*See* answer to Question 2417.)

2392. When you speak of a common board appointing common examiners, do you mean that the common board should actually appoint the common examiners, or do you mean that the common board should nominate certain examiners out of whom the actual body of persons who would be examiners should be chosen by the institutions at which the examinations take place?—That is a subject, of course, which has been discussed over and over again in my presence, and I know that there are difficulties in either course; but the view which I have ultimately felt disposed to take of it is this, that it is better to let the board of management nominate a certain number, and then allow the corporations finally to elect. In the English plan, the board of management is obliged to nominate two for each office, out of which the corporations respectively select one, one corporation taking chief charge of some examinations, another of others, and a third of others:—the College of Physicians electing principally the medical examiners, for example, the College of Surgeons electing chiefly the anatomical and the surgical examiners, and the Apothecaries' Society most of the chemical and pharmaceutical examiners. One reason why I think the election of these examiners should not be vested in the board of management is, that the board of management composed of delegates from the universities and the corporations would consist of eight, and perhaps of ten, delegates from the universities, and six from the corporations. The voting numbers, therefore, being eight or ten university delegates and six corporation delegates, it is clear that the corporations would be placed in an uncomfortable position with reference to the final election of examiners. It is possible that in that way some difficulties and disagreements in the appointment of examiners would take place; and I do not think it would be quite fair to the examiners who are to examine with the view of giving the license which is to replace, as it were, the present diplomas, or, at all events, to carry with it affiliation to those diplomas, even though they act as agents of the common board. The examining faculty, as it were, being chiefly exercised by the corporations, I say it appears to me not fair to the examiners, that the board of management should have a majority of university men in their actual election. On the other hand, if we provide for the public safety by the exercise of that preliminary power of casting aside any unworthy candidates, and nominating two candidates for each office, it is impossible that the corporations should elect bad examiners if the universities do their duty. It appears to me that the guarantee of getting good examiners is just as good in this way as if the election were in the hands of the board; and it would certainly conciliate a great deal of the feeling of derogation which must and will exist in corporations if you deprive them of their long accustomed power of electing examiners. And especially when you consider the conveniences they are to offer in having the examinations conducted in their own institutions, and then, as I understand, are to be asked to affiliate the licensees to their bodies after they have obtained the board certificate. To deprive the corporations of this power of election, would destroy the influence of the corporations upon the examiners, and lessen the ties between them, and thus would minimise the interest of the examiner in the examination. There is great interest taken in the special examinations by a combined board when examiners act for their own corporations. It will be found in the evidence relating to the examinations in Scotland, that the College of Physicians find their weakest candidates in surgery, and the College of Surgeons their weakest candidates in medicine, and, moreover, that the rejections in their conjoint examination are much more serious than the rejections in their separate examinations. Hence, when a body is acting by itself it is more likely to hold a defective examination than when it is acting in conjunction with another body having different functions. If you can join two or three bodies, each looking after its own special peculiarities and subjects of examination, you get a stronger body, for the detection of unfitness in candidates, in other words, for the protection of the public, than if they were separately examining. There are facts in the reports which show most completely that the percentage of rejections in the conjoint examination of the College of Surgeons and the College of Physicians in Edinburgh, is greater than the percentage of rejections in their separate examination; and the proportion of rejections constitutes, in any case, an exact measure of the protection afforded to the public. In order to accomplish such a result, however, I think you must infuse into the conjoint examining board what I should call the corporate interest, the corporate feeling, the corporate animus, and the corporate desire to do its work well. If you get examiners outside the corporate bodies, elected by the board of management, you do not know where they come from, and they will meet without special interest in their own institutions; but if you get them through the corporations, they will have that interest, which, I think, will make them better examiners. I believe, also, that this double system of nominating the examiners by the board and electing them by the Corporations, will guarantee the impossibility of getting a weak examining board. The board would not allow inefficient examiners to go on to election, and their ultimate election at the hands of the corporations would perpetuate the interest of those several bodies in the examination itself, and for a good purpose, not a bad one. Therefore, I am clearly of opinion, after thinking the subject over, that it would be preferable for the board of management to nominate the examiners, and that the corporations should elect from lists sent in from which they cannot deviate. I think it is a perfect method of election, as it guarantees very good examiners, and examiners taking a special interest in their work.

2393. Then, as I gather your evidence, you consider that all the scientific and professional examinations during a student's career ought to be passed before the common examiners?—I think so, for the general bulk of the profession, which is what we are dealing with now. The university graduates stand in a different position.

2394. What exception would you make in the career of university graduates?—The university graduates in England would be subject merely to the final examination of the common board, for which they would pay a sum that will barely cover the expenses of examination, five guineas. But I think it is a necessary thing, and a good thing, to bring them into a common examination.

2395. You are speaking now only of university graduates in England, I presume?—I began with England.

2396. What should you say with regard to the university graduates of Ireland. Should you make the same exception in their favour?—I think so. I do not think you can deal with one differently to the other.

2397. And you would deal in the same way with the university graduates of Scotland?—I would. I do not see any valid reason why you should make a distinction.

2398. In speaking just now of the constitution of the common board, do you propose that the constitution should be the same in all the three kingdoms, or would you make any exception in recognition of the differences which exist in the three kingdoms?—It appears to me, so far as I have studied the subject, that although there are differences in the three kingdoms, they would not interfere very much with the composition of the common board. Supposing there were, as in England, two delegates from each of the existing universities and corporations in Scotland, there would be four universities with two delegates each, and three corporate bodies with two delegates each. Therefore, there would be fourteen in each country, and the university element would bear the same proportion to the corporation element in each case. In Ireland, there are only two universities, but there are three corporations, so that there the corporate element would predominate unless you gave each university more than two delegates. You might, if you wish to have the university element stronger, insist upon three university delegates, that is to say, three from each body, which would give six, and two from each corporation, which would also give six.

2399. (*Mr. Cogan.*) As a matter of fact, there are three medical corporations in Ireland?—Yes, there are three, just as there are in England and in Scotland, so that the corporate element would be equal in the three kingdoms, although different in character, because there is the Faculty of Physicians and Surgeons in Glasgow instead of an Apothecaries' Company. But there are three corporate bodies in each country, and therefore, you would always get six corporation delegates on the common board of management. There would be the same number of university delegates in England and Scotland, but in Ireland not, unless you had three from each university instead of two. If, therefore, it was thought desirable in Ireland to control the corporate element, it could be easily done by letting each university send three delegates to the board instead of two. But that is a matter which I have no claim to judge of at all.

2400. (*Chairman.*) You would probably be prepared to admit that the Scotch universities take relatively a more important part in medical education and medical licensing than the universities do in either of the other two kingdoms?—Unquestionably.

2401. Would you not, on that account, make a difference in Scotland in the relative representation in Scotland on those boards?—I myself would not; but they deserve an enormous consideration in matters of that kind. I would not object to strengthen the university element in Scotland if the Scotch thought that was desirable, but I should leave it to the Scotch themselves.

2402. But you would make this exception in the case of the university graduates belonging to whichsoever kingdom, that you would be content with their passing the final practical examination by the common examiners?—Quite so. Sitting, as I do here, and thinking, first of the public, and, secondly, of the profession, I cannot for a moment admit but that a Scotch graduate, an Irish graduate, or an English graduate, as a rule, is soundly trained in the scientific part of his education, and would be a safe practitioner to treat the public, if he passed a final, practical, and clinical examination. I think no one could deny but that their training was quite sufficient and adequate for that. I certainly have heard that some of the graduates from the Queen's University in Ireland are defective—not from the Dublin University, but the Queen's University. I have no special knowledge of this, but I have heard that possibly their early training is not as good as it seems to be according to their curriculum; but still, as a general rule, I cannot resist this, that a university graduate, whether Irish, English, or Scotch, is a safe person to practice his profession, provided that you test him by a good final, clinical, and practical examination. I think that that would be a sufficient test.

2403. With regard to the fees for the common examinations, would you state to us what in your opinion should be the amount of those fees and what should be the principle of their distribution?—We have in England arranged and agreed upon a plan which has this result, that for the total examination 30 guineas is to be paid, and this I may say is a saving on what would have to be paid by anyone who went up separately to the College of Surgeons and the College of Physicians; but it is a little more than would have to be paid by a candidate who went to the College of Surgeons and the Apothecaries' Hall. In the one case it would be 36*l.* 15*s.*, that is, for the College of Physicians and the College of Surgeons; and it would be 27*l.* 6*s.* for the College of Surgeons and the Apothecaries' Society. If anyone takes all three of those diplomas, as some do (it is a curious thing that some go to all three corporations), it costs them 43*l.* 1*s.* The 30 guineas would, according to the English plan, enable a person to affiliate himself with all three corporations if he wished. Supposing he affiliated himself with two, the Colleges of Physicians and Surgeons, he would still save on his examination about 6 guineas, because their double qualification costs 36*l.* 15*s.*, and the common examination only 30 guineas. I think really no one can quarrel with that arrangement as regards money.

2404. But still, if a student wished to affiliate himself to one body only he would have to pay 30 guineas?—Certainly he would. I do not see how one could make distinctions.

2405. In other words, you are really proposing, are you not, that a student should possess diplomas of all those three bodies?—No, I would compel affiliation to two at least, and I would compel them to affiliate with a medical and a surgical corporation; that is the course that I advocate. I know that some are in favour of compelling affiliation to one. The reasons for affiliation are, first that it is a protection to the public, because it gives a man a corporate status, and he must maintain a corporate character; and, next, it is beneficial to the student, because it attaches a title to his name, whereas the common examining board would give no title which would be worth having. That would give a license to practise, which would not have with the public anything like the influence which the old titles have. These are points not to be overlooked in this country, and I think that affiliation would be beneficial to the student, and would also keep up the interest of the corporations in the procedure. For if you do not secure affiliation after a candidate has gone through this examination, the examiners might lose their interest in this important work, and the corporations themselves might flag in their interest concerning the examination itself. Affiliation would be good for the corporations, good for the students and good for the public; so that I should compel it in every instance. According to some, affiliation should be voluntary, but I would restrict such freedom to a choice of two out of the three English corporations. Why I would insist on two is, that if the influence is good with reference to a surgical qualification, it must be good with reference to a medical one. There being two great sub-divisions of the medical profession, I would compel affiliation to a medical and to a surgical corporation, but I would leave the choice to the student. We know what would happen with the mass of students, as few would join the Apothecaries' Society.

2406. Practically, however, you are really compelling affiliation to three, because there is no reason, is there, that anyone should object to having diplomas. Any individual on passing the final practical examination of the common examiners would be entitled, if he saw fit, to obtain the diplomas of all those three corporations?—Yes, under the proposed English scheme; but, in that, his action is permissive and optional with regard to all three, which I think objectionable. I would prefer that his action should be compulsory as to two out of three, that is, in the corresponding division of the kingdom.

2407. But whether he wished to hold one diploma, or whether he wished to hold three, of course would be optional?—Yes, certainly, under the proposed English scheme.

2408. Therefore, would not the practical result be, in 99 cases out of 100, that if a man could have three diplomas by claiming them he would claim them?—Yes, but I think a great number would cease to take the Apothecaries' license. They might take it, but it would be a matter of indifference whether they did or not. But what I want to secure is compulsory affiliation to two bodies, a surgical body and a medical body. I prefer the Royal College of Physicians to the Apothecaries' Society, but my object would be attained by making the compulsion apply to two bodies, medical and surgical. I think that the advantages of compulsion are very great.

2409. Then what principle would you apply to the fees as between those corporations?—Something like what is proposed in England, where the fees are to be converted into a round sum, divided into two halves. It is supposed that one half will pay the cost of the examinations. I may say at once that I think that is a slight mistake. I believe that the examinations will cost a little more. At all events one half at present is supposed to pay for them, and the other half is to be divided, in England, on a principle which is only applicable to England, and which, of course, might be varied in Scotland and Ireland to suit wants with which I am not acquainted; but in England this residual half is divided into three portions, a larger portion going to the College of Surgeons, and two equal smaller portions to the College of Physicians and to the Apothecaries' Society; one-sixth to the Apothecaries' Society and one-sixth to the College of Physicians. This part of the question has not been decided in a moment, but after very many consultations, and the corporations are satisfied; they have agreed to it, and they have put their hands to it, and it may be said that it would form part and parcel of the English common scheme. The reason for the unequal sub-division, as you no doubt know, is that the College of Surgeons has to maintain its museum; and that is really a very expensive institution to maintain. You have the details of the expenditure before you.

2410. Do you think that this principle of sub-division between the three corporations ought to remain fixed

Prof. J. Marshall, F.R.S., F.R.C.S.

8 July 1881.

and immoveable for all time?—No, I think it should be, if possible, fixed in the proposed Act of Parliament, because I take it that it would be unsatisfactory to the bodies if they felt that it could be upset. The bodies would not know what they were about. If you make a pecuniary arrangement fluctuating, and subject to change, nobody knows what is to come next year, or what agitation may rise up, and there would be the most uncomfortable of all differences, differences about money; but I would make it fixed, after every corporate body had been consulted, as they have been consulted in England. Let them arrange it, and when decided upon let it be fixed by Act of Parliament, but with power from time to time of application to the Privy Council for reconsideration, as in the interests of the student, for example, if he is overcharged or supposed to be overcharged, or, in the interests of the public, it is supposed that those charges keep persons out of the profession, or in the interests of the corporations, if these find that they suffer a loss. But you must not impoverish the examinations.

2411. Do you think it necessary under every circumstance to maintain all the corporations in existence. For instance, if a corporation should come and complain that the division of the fees which falls to its share is not sufficient to keep it in existence, should you, irrespective of the work done by that corporation, think it necessary to maintain that corporation in existence by adding to the sum which it receives?—No, but that is not the question which is before us. It may come in the future, and then I should certainly say no, irrespective of work done.

2412. But supposing that you had inserted in the Act of Parliament a provision allotting to each corporation a certain proportion of the fees, which was only to be varied on application to the Privy Council, do you not think that it would be very difficult to make such a change as would amount to an entire abolition of the fees received by particular corporations?—Yes, I think that would be difficult, but I am not assuming that their extinction is contemplated, rather their perpetual use. I should like to explain how they would be used, because a great deal depends upon that point. First of all, you must make the common examination worth having. It must be very complete and very elaborate, and it must be the best examination that you can get. For the first part, you require a museum of materia medica, chemicals and apparatus, and a place for chemical examinations, for testing, and for practical chemical work, and all this would be found for the students at Apothecaries' Hall, for which the Society would receive a proportion of the residual fees, about 2*l* 10*s*. per head, for what I might commercially call their plant, their offices, their clerks, and their examination *materiel*, and for the maintenance of that plant, and its replacement after wear and tear. There is a great deal of destruction in such examinations. We cannot examine students without destroying *materiel*, and the Apothecaries' Society should be paid their proportion, not because they are an old body,—for I do not take that view,—but because they would be used for the public advantage, thereby aiding in a complete and satisfactory practical examination; and I would pay them for that, for I think it is better that they should be retained in that way, so long as they do that work. Then, again, with reference to the College of Surgeons, we have, as you are aware, an expensive museum, a very large portion of which is used for the examinations. This must be maintained, renovated, and extended. Dissected parts have to be prepared freshly for each examination. Much office work and collateral aid are also needed, beyond the examiners labours.

2413. The Apothecaries' Society does not, I think, stand quite upon the same footing as a teaching body, as the College of Physicians and the College of Surgeons do?—They neither of them teach.

2414. But do the latter not teach by lectures?—Yes, but only incidentally, and that not to students, only to practitioners. They are not teaching bodies. We hold the separation of teaching and examining functions to be an advantage.

2415. That concludes what I have to ask about the common boards and the common examiners. Passing to the Medical Council, let us first take the duties of the Council. According to your view the common board would be charged with the duty which has been proposed as one of the most important duties to be entrusted to the Medical Council, namely, that of settling the curriculum and the examination rules; the functions of the Medical Council would, in your view, I suppose, be limited to a supervising power and a power of representation to the Privy Council?—That is their power now, but the proposal is to add to that power.

2416. I am now asking your own view, and your own view is that they should be left exactly as they are?—I think so.

2417. You would entrust to this common body the duty of settling the examination rules?—Excuse me, not settling them, but framing and proposing them for the consideration of the Medical Council, but the Council should have power to approve or disapprove, to sanction or to withhold their sanction, which comes to very much the same thing; but I think that one point to be aimed at is to give the common board real work to do, and to assign them an influential position. I think that that would be a great advantage, and I believe that the Council could much more freely criticise the curricula and the rules proposed by others than they could, as it were, criticise their own. I want the Council to exercise a superior authority over everything, and, I think, that the more you keep them from occupying themselves with preliminary work the better. I think, that the power of sanctioning and approving is quite adequate to carry out the object. I may say, in connexion with this subject, that, it is a very commonly received belief that if it had not been for the difficulty of arranging some common plan the influence of the Medical Council in improving the examinations would have been very much greater than it has been, and that if, now, they had only three common boards to deal with they could easily by their sanction and approval regulate the curricula of study in the schools, and decide on the examination rules very much more easily than they have done. If the examination machinery should be now combined and simplified, the supervising power of the Council would be most easily, cheaply, efficiently, and promptly exercised.

2418. In your view a good many of what have been called the short-comings of the Medical Council are to be attributed to the fact that there are 19 licensing bodies?—Certainly, these external conditions they have not been able to control.

2419. Do you think it is desirable that there should be any change in the present constitution of the Medical Council?—That is a very difficult question to answer, but I suppose I must give an opinion on that point, as I have considered it also. As I have never sat on the Council, the Commission will receive my opinion only for what it is worth, but I have considered the point as carefully as I could, and, I think, that first of all the institutions must be represented as they are, and that if you try to eliminate any one the questions arise, where are you to stop, whom you are to preserve, and how you can really do justice. I think, if you repress the Apothecaries' representative, for example, in England, you must repress the one from Ireland, and you might also disfranchise the Faculty of Surgeons and Physicians of Glasgow. I would ask, what would you gain by that? you would gain a great deal of dissatisfaction, and a great deal of discontent, and when you consider what might be the improvement, if any, that might be effected by it, I do not think it is worth while to disturb that part of the Council at all. But I come to another point with regard to the Council, which, I say, ought to be looked into, and that is the inadequate representation of the Scottish universities on the Council. I would give them another member. I think that they are entitled to that, and that they ought distinctly to have it. I have no doubt that we should get a very good representative from Scotland; and I am of opinion that the Council would benefit by such an addition. Next comes the question of whether the mode of election of the representative members of the Council could be modified with any advantage so as to have larger electoral constituencies. I have considered that question, and there is such a difference in the bodies, that you cannot get a common plan of election,—that is impossible. I do not think that it makes very much difference whether you elect a representative by 20, or by 200, or whether by 5,000. The representatives of Cambridge and Oxford, are nominally elected by about 5,000 members, but these members have never been balloted, and they never have had a distinct voice in the matter at all. In fact, it is not too much to say that they do not care about it. But still you get good representatives from Oxford and Cambridge; they are chosen

by a certain select number of residents, and university residents, anxious for the credit of their institution, send up the best man that they can find. And if you get the best man representing each institution, I do not think that we need trouble ourselves as to the diverse modes of their election. One singular anomaly is that from the Dublin University, I believe, the representative is elected by nine persons. The fact is that sometimes people call this a sham, and laugh at it. I do not think it need be ridiculed. I think that the principle of having a representative from each institution is a good one. You go to that institution, and say, take the best mode you can to send us a good representative. What interest can it be to them to send a bad one? They have no interest in sending a bad one; they send the best they can find. Whatever mode of election should prevail in the separate universities and corporations for the single representatives of each, you could not get better men than you have now. Therefore, I do not see any harm in leaving the mode of election to the different institutions. That is their affair. Let them send the best men they can, and they do send the best men they can. I would not interfere with the internal arrangements of any Body in this respect. It has been proposed that if each body had two representatives one might be chosen by the entire number of members belonging to that body; but that would merely reduplicate the corporate representation. Proceeding to another point, I would suggest that, if possible, one of the Crown nominees on the Council should represent the Military and Naval Medical Departments of the country; not that he should represent grievances or anything of that kind, but the medical services of the army and navy are quite peculiar; and it is obvious that from time to time useful recommendations might be made by an army or navy medical authority in reference to the curriculum or the examination rules. He might find out, and represent defects to the Council. We know that Dr. Parkes did this, and we know that his services were invaluable; and, I believe, it would be wise if the Crown would consent always to see that one of its nominees was a member of the army or navy Medical Department. That is an internal reform which I would suggest. I think myself that you could have one such representative. Two are not necessary; and it might, perhaps, narrow the choice of the Crown too much, but there might be one representative for the medical services of both Departments. I do not think that the other public services need be specially represented, because the education of a medical man for Poor-law work is not so special and peculiar as it is for naval or military medical practice. There are some arguments in favour of it, and there could be no objection to admit now and then a selected member who would represent other public services; although, I think, that is of less importance. But there would be no harm in it; it would not add to the number of the Council; it would only diminish the freedom of nomination on the part of the Crown. I believe, however, it would be an improvement to have a military medical representative, and possibly a public service medical representative, but that is a point to care less about. Another suggestion has been made, that the medical schools should be represented on the Council. That would lead to endless complications, agitation, and difficulty, and I do not think it is necessary. The schools would be represented on the common board, because the students are represented by their teachers, and the teachers usually obtain seats in the corporate bodies, and the corporate bodies would be represented on that board; again, some university members may elect their representatives; so that any benefit which you would derive, with respect to educational questions, from the representatives of schools, I think, you would obtain without their direct representation on the Council. Then comes the difficult question of the further representation of the profession generally. On this point I must confess that after a great deal of consideration, I am in favour of having the general medical profession represented in some way or other on the Council. All general practitioners are highly interested in questions of registration. Next to the public, certainly, they must be interested, and perhaps even more than the public, because if persons are on the register without licenses, or otherwise improperly, or if they are using titles to which they have no right, it is really the general practitioner who suffers as well as the public, and I think that the general practitioners' representative would give information as to the modes in which registration is evaded, or as to the modes in which irregular practice is pursued, which no other members of the Medical Council would give as well. A representative of the profession would be bound to go into those matters. I would not encourage or permit him to go into outside or irrelevant subjects, but I would limit him to registration and education. The Council has to secure good education, and perfect and pure registration, and the fact of a person being on the register as a general practitioner is, to my mind, the ground on which he would be entitled to be represented on the general Medical Council. Each registered practitioner should have one vote for a representative.

Prof. J. Marshall, F.R.S., F.R.C.S.

8 July 1881.

2420. Do you not think it very desirable that the subjects to be discussed by the Medical Council should be limited in some very positive way, either by Act of Parliament or else by positive directions on the part of the Privy Council?—Yes; they should be absolutely limited to education and to registration; that is quite enough for the Council to undertake. I was going to add that the general practitioner is intensely interested in the subject of the education of the rising generation. It is from amongst them that he takes his pupils, it is from them that he obtains his assistants to take care of his patients, in case of his own illness or absence. They act as his deputies, they become his partners, and they succeed him in his practice. Now the general practitioner, therefore, is as interested as any person can possibly be in the education of his profession; and, therefore, on this ground, also, it seems to me, that he has a claim to be represented on the Medical Council. If you ask me what I think of the argument of taxation giving him a right, I think that is unfounded; I think that is quite indefensible. If you ask me whether I would yield to the threat of opposition to reform, that is to say, that a threat should be held out that no medical reform or reorganisation should take place unless this were granted, I should not yield to that; nor would I think any importance should be attached to the argument, which I have sometimes heard, that such representatives would do no harm in the Council; that of course is a very childish argument. But I think it is perfectly reasonable that they should have a voice in the Council. They would strengthen it, and bring a knowledge of details which those who are in the consulting branch of the profession do not possess, and they would furnish experience on many points. Whatever views they had would find a real and full expression in the Council, and would be duly enforced, whereas at present it is thought that they are not. The Council would still possess a preponderating corporate and university power, and the President would exclude irrelevant subjects. This step would also introduce an element of variety in the Council, which at present includes quite properly representatives of institutions, and Crown nominees. If it had representatives from the general body of the profession, it must be admitted that there would be more variety in it. I suppose some people are afraid that that element would be too strong; but at all events it would provide an element of variety, and I think that is useful in a public body.

2421. In short, for whatever reason, you think it is desirable to admit representatives of the general profession to the Council?—Yes.

2422. I should like now to place before you two alternative schemes which have been suggested at different times, and to ask you to give your opinion with regard to them. I would propose to you the following scheme. That the previous examination, and all the examinations in professional subjects, practical as well as scientific, should be conducted by the medical authorities, and their diplomas gained thereby, that those diplomas should be the sole means of obtaining registration, but the access to the register should not be attainable until the student should have passed an additional practical examination before a common board. Should you consider that a scheme which would be likely to work well?—I think there are two great objections to it, as it appears to me. The first is that it leaves all the existing medical authorities with all their machinery and their examinations which still have to be supervised. To be logical you could not leave them alone. You could not say, "I will only supervise the final one." You must supervise the earlier ones. In some respects, supervision is more important in the later one, but every examination which aids in giving entrance into the profession should be supervised; and therefore you would have then to supervise the examinations of the 19 examining bodies, and you would have to supervise the proposed additional final one as well. Then, assuming a common board in each kingdom, one in England, one in Scotland, and

Prof. J. Marshall, F.R.S., F.R.C.S.

8 July 1881.

one in Ireland, you would have three bodies to be supervised in addition to those that you have already, whereas the whole principle of medical reform is to consolidate and combine those bodies. It seems to me that that objection alone is fatal. Another objection is the expense of such additional examination; if it were conducted through an independent managing authority, and, as I understand you, by an independent examining board, such services must be paid for well. The examiners must be different from those who had examined for the licenses or diplomas; for you could not call upon these to do all their work over again. You would have to institute everything *de novo*, and besides a new examining board, there would be required new examition rooms and offices, and museums, and *materiel*, and you would add ten guineas at least to the fees already paid by the student for the previous examinations. It appears to me that the inconsistency of creating three new bodies to be supervised is a fatal objection; but if such a plan were to be carried out, unless the Government found the money, and thought it worth while to give that additional protection to the public, it seems to me that the expense to the candidates would be another fatal objection to it.

2423. Do you think that the profession would be likely to view it with disfavour?—I really do not know; but I think the medical bodies after having offered to do this work adequately for the public by sacrificing their individual interests, would not like it; no corporation and no university would like it. It is superseding them, it is as much as to say to them, "Gentlemen, "you are not worthy of your profession, you are not "able to do what you profess to do." I do not know what the profession would say about it, but I cannot conceive that they would like it. I think it certainly would be cumbersome, and troublesome, and expensive to the student.

2424. But do you think it absolutely necessary to supervise all the earlier examinations; do you not think that the final examination which it is proposed, in this scheme, should be conducted by a common board, could be made such as to test the course of education which the students have gone through?—Quite impossible; the subjects are so different. You must require supervision over the earlier examinations, because they relate to the scientific bases of all medical and surgical knowledge, chemistry, anatomy, physiology, and so on; and unless you train students well in all these fundamental subjects they might make practitioners, but they never would make educated practitioners; and that is what we should aim at. We must supervise the earlier examinations; it would be a scandal to neglect to do it.

2425. Now let me put before you another proposal:—That the preliminary scientific examiuations should be conducted by the medical authorities themselves, and the final practical examination should be conducted by the common board. This would be virtually limiting the action of the common board to the final examination. What would be your opinion upon that?—Decidedly adverse, for the same reason, that it would be leaving so many examinations to be supervised. It would also reduce or destroy the proper functions of the existing medical authorities.

2426. According to that plan all the scientific examinations, that is to say, all the examinations save only the last, would be conducted by the medical authorities themselves, but the final examination by the common board?—That would still leave the first and second examinations in the hands of the separate authorities, all requiring separate supervision. Therefore, there is the same objection again that you would keep up the number of the corporate bodies and universities, which there is already a difficulty in supervising and controlling.

2427. (*Sir William Jenner.*) What do you mean by practical examination when you speak of "clinical and practical"? I do not quite understand what is the difference between clinical and practical?—I think the word "practical" was used generally by the noble Chairman [*See* Question 2402], and I accepted the definition; but of course I know that these are parts of the one final examination. The clinical part is actually limited to an examination of the patient, to the diagnosis of the disease, and to the treatment which should be recommended,—the patient of course being present. The practical part covers a very much larger set of subjects. For example, a student is shown a living healthy person, and he is obliged to point out on that living person the positions of the main organs, nerves, or arteries, the positions of prominent bones, or what would happen if certain bones were dislocated,—in other words, he is examined practically in medical and surgical anatomy. Then besides that, he is examined practically in the use of instruments of investigation, as well as in the use of surgical appliances, fracture apparatus, and so on, so that the word "practical" includes more than what is clinical.

2428. Would you leave the written examination of a disease, such as apoplexy, to be conducted by the University of Durham and the University of St. Andrew's?—No, I would not.

2429. I thought you said you would leave it to the university to begin the practical examination?—The earlier examinations are those which I would leave to the universities, but not the final examination whether written or practical or clinical.

2430. The final examinations would be in the practical subjects of medicine and surgery, would they not?—Yes.

2431. You would not leave it to St. Andrew's and Durham to conduct the written examination in medicine and surgery?—No, not for the purpose of registration as a qualified practitioner.

2432. If, therefore, you would exclude medicine and surgery from those universities, would you place the Edinburgh University in the same position as Durham and St. Andrew's in that particular?—It appears to me that you must regard them all alike if you have a system, as there would be a hardship if a distinction were made. All their graduates would come to the common board. Nothing would be excluded from a university.

2433. The object being to secure the public of this country with respect to its health and the worth of the medical practitioners, you advise us to recommend that everything but the clinical and practical examination should be left to the universities, of course including Durham and St. Andrew's; that they are all to be placed in a higher position than the corporations. For instance, take a place like St. Andrew's, where there is no school of surgery, and no means hardly of teaching medicine, and people are now sending circulars round to ask us to help that university to found and keep up a chair of medicine; should we leave that in the same position as the great University of Edinburgh?—First of all let me clearly explain that my opinion is that whilst the final examination should be conducted by the common board, I do not limit the final examination to the practical and clinical, but it should include a written paper.

2434. You say that in your system you would put all the universities alike. It seems to me that that requires a great deal of consideration, if this Commission is to recommend the public to trust the University of Durham and the University of St. Andrew's in the same way as they would trust the Universities of Edinburgh and Glasgow, or in the same way as they trust the Universities of Oxford and Cambridge?—In the first place, I believe that St. Andrew's really does not send, directly, any graduates into the profession.

2435. Still, we know that they wish to establish a chair of medicine, as I have had two or three circulars asking me to subscribe for the endowment of a permanent Chandos chair, as it is called, of medicine, and they have granted I think a very considerable number of degrees?—With regard to the University of St. Andrew's, it gives its doctor's degree to practitioners of a certain age, already registered, 10 in a year; and, hereafter, such registered persons will, we hope, have already passed a common examination board. I believe the Chandos Chair is half-a-century old, and is devoted to the Institutes of Medicine and Anatomy.

2436. You would recommend that St. Andrew's should be placed on the same level, or else they should come under a legal obligation that they should only give 10 degrees a year, if we place them in the same position as the other universities?—Any anomaly in regard to St. Andrew's, supervision and subsequent examination would correct. As regards Durham, the training and examinations are rapidly improving; and, if either a St. Andrew's or a Durham student were examined in the presence of visitors, and these were satisfied with the result of that examination, we should be bound to let him in to the common board examination on the same terms as other university graduates.

2437. What takes place this year is no guarantee as to what will take place next?—No, you never can tell. I should not disfranchise any institution, but I would supervise and watch them. That would be my system.

2438. You mentioned that the elect of 50 was as good as the elect of 5,000, but the dissatisfaction would be very great, would it not, in those 4,950 that had no franchise politically? For instance, how would it be if the Birmingham Town Council were to elect, as I dare say they would elect, a representative that all knew, but the body of the Birmingham people would be dissatisfied, would they not?—That is an affair of the corporations and universities.

2439. But the profession, as a whole, has nothing to do with the corporations, or very little. I left the College of Physicians as a member, and I went down stairs. I asked what business I had to come there again, and I was told none at all, nor had I till I was elected a Fellow. A member of the College of Surgeons may go into the library and read, and into the museum, but he has nothing to do with the management of the College of Surgeons; he has no voice in that at all, and, therefore, I maintain that the College of Surgeons does not represent the profession. I would ask you, if you think that it does represent the profession, because, as I understand you, we should consider the corporations in all that we do, but surely we must consider the profession too?—Yes, we should certainly.

2440. The corporations and the profession could not be regarded as identical?—Certainly not, and therefore I would leave to the corporations the power of electing the man that they think best represents them. The profession should be directly represented. There is a point which comes in here. I do not think that you can equalize the position of the electors in the different bodies; nor do I think that you could devise a plan with regard to the several bodies which would be so simple as the one which I have suggested.

2441. It has been asked whether the profession at large would be satisfied by the enlargement of the body that elects the representatives of the corporations, that is to say, it has been asked, if instead of the representative of the College of Surgeons being elected by the council, the representative was elected by the whole body of Fellows; would that meet the wishes of the profession?—Decidedly not. On that point I did not quite complete my evidence, or what I meant to say about direct representation. I believe that any attempt to represent the profession through the corporations would fail, for this reason, that the representatives would still be sectarian, or class representatives; that is to say, if you sent up one member from the College of Surgeons to the Medical Council, as you do now, and he were elected by the Fellows of the College, 1,200 in number, he would still be a class man and not a professional representative. If you took the entire Members of the College of Surgeons, 10,000 in number, and gave them a vote, their representative would also still be a class man. If you gave the College of Surgeons two representatives, that is to say, one sent by the Council, as at present, and another one sent by the Fellows or the Members of the College of Surgeons, still there would be two class men; it would be the same with regard to the representatives of the other bodies, they would always be class men, sent by those other bodies; and many men would have two or three franchises, or the question would arise, which body should they elect to be represented by.

2442. If you took all on the register, that would get over the difficulty?—Yes, that gets over the difficulty. I was going to remark as to what my own idea of fair representation would be if it ever comes into play. I think it would be a fair and reasonable plan to limit the number to five general representatives. Three should sit for England, one for Scotland, and one for Ireland. England should be divided into three electoral districts which might easily be done, in such a manner as to include university or college centres, and so that each division should be a fair and reasonable one. In case of a vacancy or a resignation you would only have to appeal to a particular part of England, to one third of the constituency, to elect a new representative. Hence the election would be simplified. There would be about 5,000 practitioners in each of the three electoral districts in England. In Scotland there would be about 2,300, and in Ireland about 2,800, so that there would be no difficulty about it. If you gave only one representative to Ireland, it would enable you to give an additional one to the Scotch universities; and if the President were elected out of the Council it would save one member.

2443. It has been urged that there is only one mode of appealing to the profession, namely, through the journals. Should you see any objection to the journals being used in the manner that the ordinary journals are being used for candidates?—Not the least. I think it is quite out of the question to suppose that any real harm could come of it. You must have the merits of persons canvassed in the journals, no doubt.

2444. (*Professor Huxley.*) I understand you to suggest that all students should have to pass this common examination?—Yes.

2445. But that the passing of that common examination would not confer a licence to practice?—I think they should be compelled to affiliate as well.

2446. That is to say, without affiliating themselves to one of the corporations, or to one of the universities, they should not be allowed to practice?—They should not.

2447. Do you contemplate that previous to the compulsory affiliation they should be compelled to pass an examination?—No.

2448. Then it would be a sort of *ad eundem* affair?—The corporations taking a part in the proper examinations, they would be in reality represented by their own examiners, and therefore they would not require another examination. It would be their own examination, held by some of their own body examining.

2449. They would take a part in it?—Yes.

2450. So that after passing this common examination, a man might go to any given corporation and say, "You must make me a member of your body"?—Yes, in the corresponding division of the kingdom.

2451. Do you mean that after passing this common examination, a man who happened to have been educated at Oxford should go to the Oxford University and say, "You shall make me a Doctor of Medicine of Oxford"?—No, under the plan of a common board, if that be carried out, he would already be a member or undergraduate of the Oxford University.

2452. I am now taking what I imagine to be your scheme, that hereafter there should be a common examining board, and that every student of medicine should go before that board and pass an examination, if he can, and I understand you to say that that should be the examination which would really confer his licence to practice?—Yes.

2453. But you think it desirable that every man who has passsd that examination should be affiliated to some corporate body whether a university or a corporation?—Yes.

2454. And you do not propose that he shall pass any further examination, but on the strength of that examination he should go to a corporate body or a university, and say, now I demand to get your title or your degree, or whatever it may be?—As regards the corporate institutions concerned, he should have the right to go and claim to be affiliated; but as regards a university undergraduate or graduate he only comes into the final examination, and only on the condition that he has already studied adequately and has passed the earlier examinations in his university. We have nothing to do with him as becoming a graduate, he must pass his own examination to become a graduate at his own university.

2455. But you are dealing unequally with the universities and corporations at the present moment; had they not better have an equal right to the licence to practice?—Yes, ultimately.

2456. But you virtually say now, that the corporations shall give you the qualification to practice on the strength of their examination, whereas the universities shall not?—I say that the corporations shall be required to give their diploma on the strength of their own examination in which they take a part.

2457. But the university also is represented in this examination according to your scheme?—It is indirectly represented; but it is a condition of the plan, as you will find, that he must be a medical undergraduate or graduate of the University of Oxford, before he comes into our final examination, and therefore he is already attached to the University of Oxford before he comes to us. His attachment to the corporation is the consequence of his passing the common board; but his attachment as a graduate or undergraduate is the consequence of his previous relations to his university. The one is a very different thing from the other.

2458. Let us see how the thing would work. In Scotland, you would have your common examining

Prof. J. Marshall, F.R.S., F.R.C.S.

8 July 1881.

board, and the student would come up, and he might say, I wish to pass your examination; say that he passes the examination, which really gives him a licence to practice; having done that, he is to be able to go to the College of Surgeons of Edinburgh, or to the College of Physicians, or to the Glasgow Faculty, and he may say, now on the strength of that examination you shall give me your membership, or fellowship, or whatever it is; that is so, is it not, on your plan?—Yes, certainly.

2459. But if he goes to the university of Edinburgh, and says, you shall give me your degree, you say, no, you must pass another examination?—In England the word "member" implies that a person is at least an intending graduate. I do not know how that would be in Scotland.

2460. I understand that that is not quite so. At present the case stands thus; the University of Edinburgh has a privilege which is of very great importance, that is to say, on the strength of a certain examination which involves a degree, of conferring a licence to practise, and the College of Surgeons of Edinburgh has the same privilege at this present time. As it seems to me, the scheme which you propose would work in this fashion, that a man who has passed the common board examination would be able at once to go to the College of Surgeons, and say, you shall give me your qualification, without any further examination, whereas he could not do the same in any university, the practical result of which would be, of course, that the universities would be beggared?—I do not think so. The candidate begins at a university which has its hold upon him. [*See* also the answer to Question 2518.]

2461. That is the way, it strikes me, that it would work, and that is a very serious consideration, I think; but surely it would bear hardly also upon the English universities, would it not? Oxford and Cambridge, at the present moment, possess the power of granting a licence to practice, and, according to the scheme, as I understand it, which you have been good enough to propound to us, exactly the same difficulty would obtain there; that is to say, that a man, after passing this common examination, would be able to go to the College of Surgeons of London, or to the College of Physicians, and get his licence to practice, and his corporate status, whatever it might be, whereas he could not go to a university and get anything of the sort without a further examination?—The universities in England have assented to that.

2462. At present I am simply trying to realise the effect of your proposition without reference to what may have been assented to both in Scotland and in England?—In England it is already agreed that any candidate for a medical or surgical degree, or license granted by any English university co-operating in the formation of the conjoint board, is required to go through a course appointed by his university, and to pass it before he undergoes the final examination of the conjoint board.

2463. I did not take that as forming any part of your scheme. I am taking your scheme as given in your own words?—My plan is in accordance with that.

2464. I understand that the opinion given in the papers relating to the conjoint examination in England must be supposed to embody your opinions?—They vary very little.

2465. I think I gathered from your evidence that you have a strong impression that it is desirable, as far as possible, to utilise existing institutions, and not to abolish them?—Yes, that is my view.

2466. And I observe that you propose to form a common board for the three kingdoms, in which all corporations and universities should be represented, and that they are to have in the first place the function of settling the curriculum and the examination rules?—To frame the curriculum and rules, subject to the approval of the Medical Council.

2467. You further suggest that they should appoint another examining board, which should conduct those common examinations?—They are to appoint the examiners in a certain sense, that is to say, to nominate them.

2468. Has it ever struck you that your great object, with which I entirely sympathise, that of utilising existing institutions, might possibly be attained in a different way, namely, by stopping at that point, and creating a common board, for the purpose of settling the curriculum and making the examination rules, and then allowing the individual existing institutions to go on exactly as they do at present; what is the objection to that?—Because you would then have to supervise 19 separate and remote institutions; and you would perpetuate existing complications.

2469. What is the harm of 19, if they do not undersell one another, or under-examine one another?—You cannot supervise them effectually. The detailed examinations you can only understand and follow out by being present, and that is a costly process.

2470. You and I are very nearly contemporaries, and I have a very lively recollection of what the examinations were at the College of Surgeons 35 years ago. There is no doubt that an enormous improvement has taken place since then in the examinations of the College of Surgeons?—Certainly.

2471. I suppose it would be hard to name any revolution greater than that which has taken place in the system of examination at the College of Surgeons. Do you think that that has been the result of the system of inspection which has been pursued?—Certainly.

2472. Whose inspection?—The General Medical Council have sent visitors, and their recommendations have been printed and published, and circulated amongst the profession, and been before all our minds; and we have, of course, availed ourselves of every gleam of information that they would give us.

2473. Do you not think that it has been the effect of a wide modification, in competent public opinion, of the nature of medical education, and the adoption by influential and intelligent persons in the College of Surgeons of measures adapted to meet those views?—I think the corporations and the General Medical Council have been in part the machinery by which that public opinion has been formed.

2474. The corporations and the Medical Council have been themselves productive of that improvement in general medical intelligence and medical knowledge?—It is so far the product of the Act of Parliament which brought the Council together, and thus enabled it to discuss and propound questions and argue them, and to visit and report.

2475. The Act of Parliament gave the Medical Council work to do, but it certainly did not give them intelligence?—No, they found that themselves. I think that public opinion is formed by any kind of process which enables public bodies to act on public opinion; public opinion does not wholly reform public bodies. In this case, the activity and the actual improvement of the bodies, has really followed, though not entirely, from the recommendations and discussions that have been made or brought forward by the Medical Council.

2476. Do not you think that it is by some such system as I am just suggesting, that of the delegates from the different bodies meeting together and agreeing upon what was the proper thing to be done, and what was the right standard to keep up, that they would themselves act as most efficient inspectors when they returned to their own particular examining bodies?—No, I do not think they would be adequate for that special purpose. It would be an example of self-inspection.

2477. Why should not they conjoin with that a system of inspection like that which you say has been so highly efficient in the case of the College of Surgeons?—Because I think that the two functions had better be kept separate. Your question would point to the blending of the functions of the board of management with those of the Council; you would suggest that the functions of the board of management might be performed by the Council, or that the Council might perform their functions, or that the board of management might visit and should be the sole visitors.

2478. Why cannot the corporations be left to manage themselves and all their own affairs?—Because the Council would have so many different bodies to keep in hand. You cannot combine them unless you have a common board representing all of them; and then the entire process would be simplified.

2479. Nobody can know better than an experienced teacher and examiner like yourself that the teaching in the long run depends upon the examination?—Of course.

2480. If there is a parity of examination there will sooner or later be a parity of teaching everywhere?—Yes.

2481. So that, after all, if you keep up a fair standard of examination, you are quite certain that the teaching will come up to it sooner or later?—Yes. But that is collateral; and it is the work of this Commission, or I

hope so, to find out a method of utilising the separate examining bodies which at present exist. The hands of the Medical Council are literally tied by the multiplicity of bodies which they have to watch; the object of combination is to simplify their work, and in order to have the work simplified you must have a common board of management and a common examining board for each kingdom.

2482. That is a matter of opinion, and I confess that it does not strike me as anything disadvantageous if there were 20 examining bodies, so long as you kept them all up to a fair minimum standard?—But the question is how you are to do that.

2483. Do not you think that you might do that by regulating the examinations?—Regulation must include the power of visitation, and visitation is expensive. The Council really have been unable to have as many visitations as they contemplated, or would have desired, from want of funds to carry them out.

2484. But the real utility of such a body of delegates as that which you have suggested, and I think they would be an exceedingly useful body, would be that such a body would be competent to regulate the examinations in those several licensing bodies; do you see any impossibility about that?—It is not impossible. It is in the plan that they should visit generally though not specially each his own body. It is contemplated that they should thus interpose when they see fit; but, at the same time, I think it is desirable to leave in the hands of the Medical Council a visiting function over all, and the superior regulating power.

2485. It appears to me that there are two objections to the scheme which you have suggested, as there are to all conjoint schemes, so far as I see, and one of them is that they tend to perpetuate the existence of bodies which had very much better die out?—I thought you said just now that you quite approved and sympathised with the idea of keeping them alive?

2486. Leaving them alone to die naturally, if they must die. The advantage of the plan which I was putting before you just now would be this, that these bodies which were not respected by the public, and which were not cared for, would die a natural death?—But I altogether differ from you in supposing that there are any bodies that have not some amount of respect. All those bodies enjoy a certain amount of respect.

2487. In the case of some of them it is very attenuated, is it not?—That is a matter of opinion; but I must say that I think it is rather too harsh to say that any of them are only worthy of being left alone to die out.

2488. At any rate, on such a plan as I am suggesting, they would be left to sink or swim according to their merits; they would not be bolstered up artificially by any fixed parliamentary division of fees, for example?—I am afraid I scarcely understand the plan which you would suggest.

2489. My plan, and it is not suggested for the first time, is to go on exactly as they are, and simply provide machinery for regulating and equalising the examinations?—That has been tried and failed. The Medical Council have tried it.

2490. Has it failed?—It has failed; there are imperfections and inequalities now existing.

2491. But still the immense improvement in the examinations for licences to practise, which has taken place in every part of the country in the last 40 or 50 years, does not strike me as evidence of failure altogether?—Not complete but relative failure. Of course the object of medical reform is to simplify the system and to reorganise the examining bodies. It is admitted that you want a common board to supervise them; and therefore the question is whether it would be easier for a common board in England, for example, to supervise three separate bodies or one body. It would seem to me to be easier for them to keep in hand a single and combined board of examiners than three separate boards of examiners, one at the Apothecaries Hall, one at the College of Surgeons, and one at the College of Physicians, meeting many times a year for the pass examinations and many more times a year for the earlier examinations, and each meeting at different times. How could any common board of management control them as well as if you had one examining board in the place of those three, meeting at specified times. There would be very much less than one third of the trouble and one third of the difficulty of supervising, managing and controlling the combined examinations. That is the basis of my idea of medical reform and reorganisation.

2492. It appears to me that your argumentation is very forcible, but it tends, perhaps, in a direction in which you would not care to follow it out; namely, that of having a State examination without reference to the universities or corporations. That is an exceedingly simple and clear definite plan, which has an immense deal to recommend it, and is supported by arguments, which you have just adduced?—I quite agree with you in theory; but, in practice, what are we to do in this country? What is the use of proposing a thing which never can be carried out? Who is to find the funds for the State examination, where is it to be conducted, and who is to control it, and who is to control the other examinations if they were to go on?

2493. Taking the facts as they are, the question comes, first, whether it is desirable to get a parliamentary power to perpetuate the existence of bodies, the existence of some of which is certainly thought by many persons not to be very desirable; and, secondly, whether it is desirable to do anything which shall inflict a deadly blow upon the most important of all corporations, namely, the universities; that is the other side of the question?—I do not know what may be regarded as undesirable. As to the English universities they are satisfied with their proposed position, and their prosperity, in my opinion, would not be interfered with at all, and I do not believe that that would be interfered with in Scotland.

2494. Do you think that in Scotland, in Edinburgh or Glasgow, the position of the universities would remain the same as it is now, after the establishment of your board?—I am not quite clear whether you mean that it would make a difference pecuniarily or as regards their status.

2495. Certainly, pecuniarily. Do you imagine that men would take the trouble to pass a second examination, which is necessary in your scheme, when they might get a license to practise with only one examination?—Allow me to say that there are two views of this; first there is the pecuniary view, and then there is what may be called the professional view. Take the pecuniary view; at present the double medical and surgical qualification at a Scotch university costs 21*l.*, and a combined corporate medical and surgical examination costs the same; so that there is no running against one another in Scotland, so far as money is concerned. There are many motives which direct men to a university altogether different from the cost of the license. Some prefer to take a university course, because they get a longer, a more thorough, and more sound education, and those who can do so go there and get it; but a number can only afford to go to the corporations, because local residence is not necessary.

2496. Pardon me, if I interrupt you. Why do not more people go to the corporations in Edinburgh or Glasgow?—The Edinburgh Colleges of Surgeons and Physicians, and the Faculty at Glasgow, do pass in more candidates than the Scotch universities.

2497. But do they educate them?—They are educated in the schools. The corporations do not educate them; they are often educated side by side with the university graduates.

2498. Is it not the case that they are educated to a certain extent in England and Ireland?—Certainly a good number of them are.

2499. Is it not the fact that the maintenance of those bodies means the maintenance of bodies which give an easier examination for students who are not highly educated in England and Ireland?—Their separate maintenance does so; but what we want is to furnish, by combination and supervision, the means of adequate examinations, so as to protect the public. We must leave all minor considerations, but that is our primary object. I should like to point out what the conditions under a common board in Scotland might be. Under such a plan, if the common examination fee were raised to 25 guineas in Scotland, instead of 30 guineas, as here, that would be an additional 5 guineas to the present double corporate qualification in Scotland, which is now 20 guineas. There would be an additional 5 guineas to the university fees, which are now 20 guineas, for the final common examination, so that there would still be no difference between them. The pecuniary relations would remain exactly as they are now; whilst the qualifying examination would be greatly improved, and

Prof. J. Marshall, F.R.S., F.R.C.S.

8 July 1881.

the relative status of the colleges and universities would remain the same as they are now.

2500. (*Professor Turner.*) I understand your evidence to be an advocacy of the English conjoint scheme?—Yes, and an attempt to find out whether it could not be made applicable in its principle, though not in its details, to Scotland and Ireland.

2501. But is not the English conjoint scheme really a scheme framed in the interests of the English corporations?—No, not entirely; it is partly so, no doubt. It is founded on existing conditions.

2502. Is it not largely framed in the interests of the English corporations?—Yes, certainly; but each sacrifices something for a common good.

2503. In applying the principle of the conjoint scheme to Scotland, is it not very important indeed to keep in mind that the number of licentiates admitted to the register in Scotland on university degrees is very much greater than in England?—Certainly.

2504. You refer in your evidence to certain statistics in Scotland; may I ask what the date of those statistics was?—1875.

2505. Why did you take a date so far back as 1875?—Because the statistics were easier to my hand. The general results are quite fair.

2506. In the minutes of the General Medical Council I find that in the year 1880 the Universities of Scotland graduated 269 Bachelors of Medicine, and the corporations of Scotland admitted 408 Licentiates, *i.e.*, there were about 40 per cent. of university graduates; whereas in England the English universities only admitted 91 and the English corporations 704, which is about 11 per cent. of graduates?—The percentages would differ from year to year, but the general result will remain the same; that is our difficulty in adapting the same plan to Scotland.

2507. You used, I think, this expression in your evidence, that the corporations ought to ensure a constant supply of entrants to the profession, and the universities ought not to ensure a constant supply?—I did not use the expression "ought." [*See* Question 2381.] I did not say that the universities ought not to do so and so. I said it was a fact that the corporations do supply, and that it was the original and proper function of the corporations to supply, a constant number of persons for the pressing wants of the community, and that is what they have done in the United Kingdom generally, though of course to a less extent in Scotland. I quite admit that, and it is not necessary to argue it.

2508. You quite admit that the universities in Scotland play a much more important part as regards entrance to the profession than they do in England?—Yes, it is obvious that they do; but we do not say that the universities ought not to do this; that is quite a mistake. I say that the corporations, really, practically, do the larger part of this work, which the universities partially perform, and that in Scotland the universities do more in proportion than they do in England in that direction.

2509. I would like to ask you to consider this. Is not this system of admission to the medical profession so largely through the corporations in England an entire anomaly, as compared with other countries? Have you, for instance, in Germany, or in France, or anywhere in any other continental countries, such a system of medical and surgical guilds admitting to the profession, as you have in England?—No. I believe there are not any.

2510. Is it not the rule throughout the whole of Europe, excepting the United Kingdom that the candidates for the medical profession are admitted to the profession through the universities?—Yes. I accept that fact as the basis of all practical action.

2511. I would put this further to you. Is it not desirable to encourage a university education on the part of our students of medicine?—Yes.

2512. Should you consider, then, that any legislation was to be recommended which would discourage entrants to the profession from going through a university course?—I should think it would be undesirable to actually discourage them.

2513. I suppose that you are aware that there is and has been in Scotland for a very long time a strong feeling that such a scheme as the English conjoint scheme would very materially affect the entrance of men into the medical profession through the universities?—I know that there is that feeling.

2514. And that is a feeling which has been arrived at by a careful consideration of the whole question?—I do not agree with it; I think the fear is chimerical.

2515. Are you aware that very zealous attempts were made in Scotland, some eight or nine years ago, to frame a conjoint scheme?—Yes.

2516. I believe there were many meetings held. I do not say so many as 70, as you have named in connection with the English conjoint scheme, but there were many meetings held, and at last a resolution was come to that it was not practicable, and serious injury would accrue to the Scottish universities?—All the universities opposed it; not the Scottish corporations at first. [The 70 meetings were not for settling the scheme alone, but the curriculum and rules also.]

2517. The Scottish corporations did also oppose it, but the universities more especially. You said that it would be a good thing to bring the university graduates under the examination of the conjoint board, but you gave no reason why (2394). I should like to hear what you have to say in support of that view?—I said it was a part of the common plan in England that they should come in, and that it was desirable that every one should pass through a common final examination. If you have a plan in the country, framed for the protection of the people, you must subject everybody to that plan. I do not see why one set of students should be so examined for the sake of protecting the public, and another set of students should not be. Besides, the examination would not be difficult for a university graduate; and it would certainly not detract from his reputation to pass it as an additional test. [For further arguments on this point, relating to the age at which a person should receive a license to practise, *see* the appended statement.]

2518. Then, for the sake of this common symmetry, you are prepared to sacrifice institutions and to do harm to institutions which, by common consent, have been productive of the greatest good to our common profession?—I do not know that it would injure them. It is my opinion that it would not injure them. In the first place we are very apt, in conjecturing what may happen in the future, to rest upon facts and conclusions which are within our own knowledge at present, and we imagine that the students will do this, that, and the other thing, from our knowledge of what is now actually under discussion. But the future students will know nothing of these details, and they will ask themselves, "Can I afford to go to the university and get a university education, or can I afford only to go through "the corporate examinations," just as they do now. Or they will be guided by preference irrespective of cost. My opinion is that the balance between the two sets of institutions will remain practically the same, owing to the needs or desires of different classes of persons. So long as the Scotch universities maintain their high scale of education they will attract and continue to attract more and more students, and not deter them from coming. I do not believe a common board examination would deter them. You have now the competition of three bodies; you have the competition of the College of Physicians, the competition of the College of Surgeons of Edinburgh, and the competition of the Faculty of Glasgow, and we want, on our view, and hope to see them united. If united, the examination would be more expensive than it is now, and would be a stiffer examination than it is now. In that respect, certainly, you would have less to fear from such competition than you have now. The competition that you speak of as sacrificing or destroying your institutions would happen if we devised an examination which would be inferior to the existing examinations. Our object is to frame an examination which shall be equal or superior, and I do not see that you need fear at all that you will be injured by it.

2519. Am I to understand that under this conjoint scheme, supposing it were to come into operation, you would consider that the examinations for admission to the profession would become more difficult than they are at present?—On the whole they would probably be found somewhat more difficult, but not much more so, excepting in the future.

2520. Would you consider it advisable to make the examination for entrance to the profession, so far as regards the subjects of anatomy, physiology, and surgery, more difficult than it is as now conducted by the College of Surgeons of England?—No, but we want to have a more uniform system; we want to raise the standard throughout, and we should like to see it raised, in those subjects, to our own standard.

2521. I understand that your reason for supporting a combination of the bodies is in order that a candidate may pass, by a single examination, the subjects of medicine, surgery, and midwifery?—Yes.

2522. Would not that be sufficiently carried out by a combination in England of the corporations, without the universities being required to become members of that combination?—Possibly. But the great object for associating the universities is that they may exercise control and influence in the choice of examiners, and in the framing of the curricula and examination rules; because it is believed here very generally that the influence of the universities would give strength to the corporations, and would improve the action of the corporations.

2523. Professor Huxley has referred in his questions to the condition of the examination of the College of Surgeons at the time when he was a youth. I have a similar experience of the examination of the College of Surgeons, and recognise most thoroughly that the examination now is something far superior to what it was when I presented myself for examination before them. Has not the College of Surgeons carried this out without any interposition from the universities?—Certainly.

2524. And has it not so far as regards the subjects of anatomy, physiology, and surgery, and we will also say surgical pathology, constructed a system of examination which as an entrance examination to the profession is probably as difficult as any examination which you could suggest for practical purposes?—Yes, we hope it is a very good one.

2525. It is admittedly a good examination, and the College of Surgeons, having done this without the intervention of the universities, is there any object at all in bringing the universities in?—One great object, is to give a character to the common board, to enhance its position in the eyes of the public, and to show that it is not in opposition to university education, but in harmony and side by side with it,—the corporations and the universities of England acting in harmony and in unison for the benefit of the public. I think that is a great object gained. As to the improvement in the examinations at our College, that is due to many causes; but the principle remains, that it is desirable that the universities should take a part in the common mode of admitting gentlemen to practise our profession and to maintain its high character. I hold that an essential feature of our plan is that the universities should come in and help us by their counsel, advice, and prestige, so as to make our scheme as grand a scheme as possible. We sacrifice some of our independence, but we do it because we think it is right.

2526. (*Mr. Simon.*) Professor Turner suggested just now that the tendency of your opinions was strongly preferential towards the medical corporations. There is a particular point in that direction on which I should like to ask you a question or two. Supposing that the conjoint board system of examinations is established, and, of course, that the corporations take part in it, and assuming that the fees are appointed and divided on a scale that shall guarantee the corporations sufficient funds for the maintenance of their establishments and museums, you propose that every one passing the conjoint board should be compelled to join two corporations?—Yes, I think that that should be so.

2527. But seven bodies will have examined him; he will be equally the successful candidate of the seven bodies. Why should he be affiliated to any two of them in particular?—Those two corporations, I should suppose, as corporations only, would submit to the necessity or to the dictum of providing affiliation. University members who would come up, I see, are commonly described as members, but it is understood that in practice every member of a university who would come up to us for examination would contemplate taking his M.B. degree at his university, so that he would therefore be of necessity affiliated as a university graduate. We should not interfere with his affiliation as far as the university goes; he would take his degree at the university; but we do desire that a man who is not a university graduate should be affiliated to some corporation, whilst we should not interfere with a graduate at all.

2528. For the future, a licentiate under the conjoint board system would be the licentiate of all the authorities of the division of the United Kingdom in which he had passed?—Not of the universities, as I understand.

2529. He would be the successful candidate of all in regard to the examination?—He would pass the examination.

2530. In which you, all seven, would have taken a part?—Yes.

2531. You would, all seven, be equally responsible to the public for his character?—Yes.

2532. But you propose that he should be affiliated to two. Will you be kind enough to explain what you have in view in that?—I have in view this, that although in reality all the bodies have taken a part in his examination through their examiners, still he is not attached to any corporation. Although they are responsible for his knowledge, and skill, and experience, they have no control over his moral character, or status, or disposition to practise unfairly, or regularly or irregularly.

2533. It is exactly on that subject I am very anxious to draw out your opinion and knowledge, particularly with regard to the College of Surgeons. You apparently expect that a moral influence will be exercised by the body to which he is attached?—I understand this, that, being a member of the College of Surgeons myself, I feel that the reputation of the College is concerned in everything that I do. The College does not dictate to me or treat me as a child, and say to me, you shall do this, that, and the other. It does not take the actual control of my moral behaviour, but by the mere fact of being attached to that college, I have an additional motive for keeping in the right path of professional work and of general conduct. That is a thing which I do not think that the relationship of all the seven parties to the common examining board, as constituted, would really exercise control over.

2534. In your experience, at the College of Surgeons, do you remember any instance of proceedings being taken in respect of the moral conduct of a member of the College?—We act upon a bye-law which enables us to erase from our list of members persons who have been convicted of felony, or are guilty of infamous conduct, or unprofessional conduct, such as advertising a quack application, or other remedy.

2535. Have you seen section 29 of the Medical Act of 1858?—Yes, under that, such a person is to be struck off the register.

2536. Having regard to that power held by the Medical Council, are you aware of any greater power held by the College of Surgeons in the supervision of the morals of its members?—Not an actual power, but a silent, and so far unrecognisable as an obvious power, but an influence which certainly must actuate men as they go through the world. Then, as to the difference between direct felony and infamous conduct, the infamous conduct might be something very scandalous, although something less than felony. You cannot suppose that members of the College of Surgeons do not feel that there is a reputation and a character attaching to them as members of the College. I am surprised that anyone attempts really to question the existence of such a sentiment. I am surprised that anyone ventures to question the existence of such a feeling in the mind of every member of a corporate body. It might be compared with the regimental sentiment as contrasted with the general military sentiment.

2537. I think, perhaps, you do not quite see my point. I am not doubting the influence that is excited by being a member of an honourable profession, a profession that has to keep up its character with the public; the point to which I draw your attention is that of particular sections separately exercising authority over the members; and I draw your attention to the power that the whole profession through the General Medical Council exercises, in its power to strike a member off the roll; and I am wanting you to distinguish as to the advantage to be exercised by a separate power of the same kind being given to individual corporations?—I should take advantage of the existence of that power. I would not destroy it. I think the more you multiply that power the better. If a man belongs even to three distinguished public bodies, certainly it may be recognised and admitted that they each influence his status and character, and I would multiply them. I do not see why you should diminish such influences; the more there are the better. I admit the large power of our General Medical Council, but I should like the others also, and I wish to see them as numerous as possible. If it be a punishment to be struck off the

Prof. J. Marshall, F.R.S., F.R.C.S.

8 July 1881.

general roll, it is equally so, or more so, to be struck off a College roll.

2538. Under your proposed law of compulsory affiliation, the law requiring that a man who had passed his examination should be affiliated to one or two corporations, would you have a reciprocal compulsion to the effect that the bodies should be obliged to admit him to affiliation?—Certainly.

2539. In the case of females, who are at present coming into the medical profession, would you have that compulsion upon the corporations?—There would be no harm in making it compulsory for women to join a corporation, because they can do it. There are institutions which they can join, such as the Apothecaries' Society, the University of London, and, I believe, the College of Physicians in Ireland. There are, therefore, three bodies that women can join, and there would be no harm in making it compulsory on them to join one of those three bodies; but you might leave it permissive. You would then require to legislate separately for women. That is one way of getting over the difficulty. You used the word "him," implying that it would be compulsory on the bodies to affiliate and to receive a man; and I would make the condition of compulsion mutual. But I think with regard to women, one might have a separate clause altogether, and say, with regard to female candidates, that the admission or affiliation of women to a corporation is to be permissive and not compulsory. It could only be compulsory for the corporations which I have mentioned, because the others would refuse altogether to admit them.

2540. But are you not there conceding the whole principle, that affiliation by compulsion is to be required in the case of men for moral reasons; do those moral reasons cease to apply when women come in question?—No, not in the abstract; but we are still able, I suppose, to come to practical conclusions. I think they are extremely valuable with reference to men. I think with regard to women they are of less consequence. First of all, we may say, they may be less needful, as female candidates are infinitely fewer in number; secondly, their corporate association would not be so complete; and thus in their case affiliation might be left permissive. I would sacrifice a distinct principle in a case like this when the question of obtaining a practical result has to be considered.

2541. You expressed an opinion, I think, that the presence of general practitioners on the General Medical Council would give knowledge not possessed by consultants; are you aware that at present there are general practitioners on the Medical Council?—Yes, I believe there are. I do not know to what extent they practise generally, because they live away from London. I do not think there is an English general practitioner except Mr. Teale. Still, Mr. Teale, from being a surgeon in his locality, is really, after all, not a representative man of what I should call the general body of practitioners.

2542. But are not, at least, the three Scotch members general practitioners?—I think two only.

2543. In his general practice, and in respect of his knowledge of his profession, it would be the same, would it not, with a general practitioner in Scotland as in England?—No, the conditions and the points of experience are not equal in Scotland and in England. Take the case of apprenticeship for example.

2544. But the knowledge required to make an efficient general practitioner in Scotland is the same knowledge as would be required in England, is it not?—Yes, the medical and surgical skill and knowledge would be similar; but I thought you were alluding to the knowledge of things which it would be useful to know in the Medical Council. I do not allude to professional knowledge.

2545. If the General Council, having to form an opinion as to the best education for general practitioners, require general practitioners to inform them on that subject, a Scotch general practitioner would not answer the purpose?—No, that is just the point. I say no; for inasmuch as they have not the system of apprenticeship, they could not give information concerning that one point,—as to the advantages of being apprenticed, the desirability of resorting to it in some shape or other, and, if so, when the period of apprenticeship should take place, whether at the beginning, whether in the middle, or whether at the end of medical education. Or, again, whether there should be a probation of some kind after passing the examinations. These are points of detail which the practitioners of England would like to be consulted upon, evidently, for they make a great point of some sort of service of that kind. Another subject which they are interested in is the age at which a youth shall enter the profession, and the age at which he should come out as an efficient practitioner. Many of them are not satisfied with students beginning their medical education so early. Others, on the other hand, think that they might begin earlier. Then, again, many of them think that a person should not receive his licence to practice until he was 22 years of age. These are points on which, I think, that a general practitioner's opinion should be taken, because he has to do with pupils and with assistants, and so on. He is very much interested in these small but practical details, and I take it that these are points on which he might fairly be consulted. Take, again, another question, which we know has been discussed in the Medical Council, as well as in the corporations, namely, the number of lectures that a student should attend before he is qualified, as, for instance, the length of the course of lectures in midwifery, whether it should be three months or six months. I think men in general practice, who know the difficulties of that branch, and who meet with them every day, and who require assistants to be well qualified, and in whom they may have confidence, to manage their patients, deserve to be consulted upon matters of that sort. These are only a few points. I might think of others, perhaps, if I had time. For example, there is the question of the expense of medical education.

2546. The point on which I was wishing to be sure of your opinion was as to the necessity of direct representation to insure the Medical Council having that kind of knowledge before it, when it already has three or four general practitioners amongst its members?—The advantage of having such knowledge is not the only consideration which has turned my mind. I originally thought that it would be better not to have direct representatives; but there are several considerations in favour of it, one is that you may strengthen the general practitioner element. If there are three on it, there is no objection to having two or three more. It is already admitted by the fact of general practitioners being on the Council that you should have that element, and why should not you strengthen that element? Or, we may put it in this way, if they are there, and they do good, as I suppose they do, it would do further good to have three more. Then, again, you would get the element of variety of opinion and of view, and that, I think, would be of very great importance in the Council. Besides, the general practitioners now on the Council represent institutions, and not the profession generally.

2547. There is another point of view in which I would like to get your opinion upon that subject. Of course there would be no difference of opinion as to the importance of the members of the Medical Council representing the medical profession, in the sense of their quality, in the sense of character and knowledge. At present a large number of the members represent the medical profession by a certain process of election. Should you say that those members, representing the profession by a certain process of election, are fairly representative of the profession in the other sense, the sense of quality?—Yes, they are of the highest quality I should say.

2548. Then, if so (I am speaking only of the members who are elected), is the difference between direct election and indirect election, the difference of the mere mode of election, one of much importance?—I should say not with reference to a corporation or an institution. I think it matters not, then, what is the mode of election. I have admitted that, in reference to a representative of an institution, I do not think it matters how he is elected, provided that he is sent under the authority of the institution. He has a special function to perform on the Council, namely, to represent one of the educating bodies in the kingdom.

2549. But is not the theory of a corporation that the corporation represents the mass of the profession, as, for instance, that your own college represents 10,000 members of the medical profession?—Yes.

2550. Then what is its representative character worth, if its sending a member to the Council is to be supplemented by these 10,000 members sending a member of the profession in another way?—I do not think that those 10,000 members should, of themselves, send another member in another way. That is exactly what I should hesitate to think desirable, because he would still be a representative of the college.

2551. Would you then confine the direct representative members of the Council to be representative of persons who are not represented in their corporations or universities?—That could not be, because, now, being on the register, they are already members of one or other of those bodies; and on the principle of affiliation they would still be so in the future. You would give no vote to anyone who was not connected with one of those bodies; but it would be a scattered franchise over the whole profession. Every person on the register should really have a vote, and I would give him a vote.

2552. You would allow him then to be represented twice over, once through his corporation and once in a general vote?—Yes; he would be represented in two different capacities. He does not require to be represented twice in his corporate capacity; but he would be represented again in his general capacity as a member of the general body of the profession.

2553. And you think, as I understand you, that there would be enough advantage in that to counterbalance the very obvious disadvantage, in respect of bulk, of having two sets of elected members?—I do not see what objection there is to the bulk.

2554. I refer to the inconvenience, with regard to the bulk of the Council, of largely increasing the present number by having two sorts of elected members, who should be representatives in two different capacities?—I think that the advantages gained by the addition of such representatives would be greater than the disadvantage of the mere increase of size. If I weighed the two things together in my own mind, I should come decidedly to that conclusion. You will recollect that the increase is only five on the present number, according to what I have suggested. Twenty-four is the present number, and if you gave one new member to a Scotch university you would only have five general representatives; and then the president might be elected from amongst the members.

2555. You would propose to increase the number, then, to 29?—Yes, to 29.

2556. You have not, hitherto, taken your seat in the Medical Council, I think you say?—I have not.

2557. Your knowledge of it, therefore, is by hearsay?—By reading the minutes of the Council. I do not suppose there is anybody out of the Council who has read more completely through the minutes of the Council than I have done. I have also attended its meetings occasionally, as a visitor.

2558. Have you heard it suggested that the Council is already inconveniently large for most of their business?—I have heard it suggested. It has merely been suggested, and it is a suggestion which I do not agree with. If you divide the Council into committees, you have not too large a number to deal with the work when wide and responsible questions arise which require to be well sifted. If those committees worked efficiently, the business at the general meetings of the Council would be facilitated. Moreover, I feel quite sure of this, that when the re-organisation of the educational system takes place, in whatever direction, the simplification of the work of the Council will be accompanied by fewer divergencies of opinion than have lately prevailed at its sittings. Difficulties will be smoothed down, divergencies will cease, and there will be a very much more simple and rapid mode of conducting business. The great questions which have been agitated would be settled by the new re-organisation.

2559. I observe, from your last answer, although you have not yet experience in the Council, you suggest a mode of transacting its business by reference to committees; do you propose that they should delegate their duties of deliberation?—Certainly not; but a committee prepares and smooths the way often for the higher deliberative body, by which means the discussion of a subject becomes very much shortened. You must deliberate ultimately as a Council. I can, however, conceive of modes of conducting business which might even improve the General Medical Council; and I certainly believe that any reduction of its numbers might render its decisions of less permanent value.

2560. (*Mr. Cogan.*) In your proposal for the re-organisation of the medical licensing system, you stated your preference for three common boards for the three portions of the United Kingdom, in preference to one; first, on account of the practical difficulties that would exist as regards one, and, also, I think, you stated, did you not, that you have a preference for three, on account of national peculiarities with regard to medical practice in different parts of the United Kingdom?—Yes.

2561. Do you consider that it is judicious to maintain those differences if they really exist?—I think so. You cannot avoid them. The habits of the people are so different in each country, that they are accustomed to particular methods in questions of detail. The theory must be the same, but in questions of practice I think there is an advantage in this, that every nation should preserve its own medical habits. I would put it in this way. I should be sorry to have a child of mine treated by a Frenchman, in preference to an Englishman, although his scientific education might be the same, and his knowledge and skill might be on a par; still I should prefer an Englishman; and so I would prefer an Englishman to a German, and, similarly, a German or a Frenchman would prefer one of his own nation. We are not very different, but still there do remain many little differences.

2562. Are you aware, of your own knowledge, that there do exist certain practical differences and peculiarities of practice in the three different parts of the United Kingdom?—Take, for example, a department which I am very familiar with, namely, the treatment of fractures. It is perfectly notorious that the fracture apparatus of the three kingdoms has remarkable differences in many respects, in many cases, as in the mode of dealing with fractures of the forearm and thigh, for example.

2563. Do you say that it is different in England, Scotland, and Ireland?—Yes; you will find that one practitioner will have one plan, and another another; and there are slight differences in the apparatus employed.

2564. I am not speaking of individual differences of practice, but of national peculiarities. Do you think that those really exist?—Yes, still more so between the practitioners of different countries. I might call them preferential peculiarities, for the use of particular things. One reason, therefore, why you should have three common boards is this, that the students are taught in their schools certain peculiarities with reference to the treatment and management of cases and to the apparatus used, and they should be examined by persons who have taught on the same method, or who have belonged to the same schools. For instance, if you set an Englishman to examine an Irish student on the treatment of a fracture, you would discover, as I have found at the College of Surgeons, over and over again, that they have been used to employ different methods, and, of course, one makes allowances for those, but it embarrasses the students very much. The difficulty is felt especially in regard to written papers, where the student cannot explain himself. I do not say that there are any very grave differences; but, there are differences.

2565. You spoke, did you not, of the differences of treatment, the differences of instruments, and the differences in the application of drugs?—Yes, certainly.

2566. It has occurred to me that one of the great advantages of reducing the number of the examining bodies, and having a common examining body for the three portions of the United Kingdom, was, as far as possible, to have uniformity of education and uniformity of examination, so that a practitioner in any one part of the country would be fully capable of practising in any other part of the kingdom, or holding an appointment without any danger to those whom he would treat. If those national peculiarities do exist, and, as you say, it is judicious to maintain them, it appears to me that that would really be at variance with the object which we have in view?—I think that the idea of obtaining uniformity is a chimera. I have never mentioned the attainment of uniformity in the whole course of my examination. An adequate and efficient amount of knowledge and skill is what I would demand; but that must be subject to the existence of national peculiarities. It is out of those varieties that improvements often spring. If you try to establish uniformity by a system, you cannot do it; and if you did you would cramp and injure the progress of medical practice; therefore, I am not aiming at the uniformity which you indicate. I think such a uniformity is undesirable.

2567. Do you not think that, so far as it is practicable, a certain amount of uniformity is very desirable? Think of the very example which you gave that you would not like to have a child of yours treated by a French practitioner, because there is such a difference in the education of medical men in different countries. But do you think it is desirable that amongst the subjects of the Crown there should be such a variety of medical

Prof. J. Marshall, F.R.S., F.R.C.S.

8 July 1881.

practice and examination recognised that you would not like to have your child treated by even an Irish, or a Scotch doctor, or a Scotch or Irish child treated by an English doctor?—I say that the differences are slight, but they are sufficient to destroy uniformity. I think it should be an object to recognise them in the actual examinations, and thus to secure a fair examination to a student who is educated on certain lines by having him examined on corresponding lines, and if he showed an adequate knowledge on those lines, you ought to allow him to pass. I would not attempt to examine students in England, Scotland, and Ireland alike. You have, and I think it is very good to have, those slight varieties, but they are not of an essential kind; and if a practitioner wishes to change his locality, he can soon adapt himself to its peculiarities.

2568. I do not presume to offer my opinion as worth anything as differing from you, but believing, as I have been inclined to do, that it would be advantageous to have as much uniformity as possible, I have suggested whether it might not be possible to have an enlarged machinery for the three portions of the kingdom, so that an English examiner should sometimes form part of the examining board in Ireland, and *vice versâ*, and the same with regard to Scotland and Scotch examiners. I presume you would not approve of that?—I should disapprove entirely of that; but I would venture to submit that the adoption of mutual visitation would be admirable, but it should not interfere with the examiners. The examiners must be homogenous with the teaching bodies, in short; but visitations would be admirable, as they would not interfere with the students. I would not interfere with the students, or dishearten or discourage them, but the visitations would attain all that is needed, and you would get an interchange of thought and opinion with regard to practical points and to special recommendations through such visitations, which would be of great value; but I would leave the examiners to judge as they thought right.

2569. Do you not think the very best form of examining board would be a board which would consist partly of the teachers of those who would be examined, and partly of those who had no connexion whatever with either the pupils who were to be examined, or with their teachers?—I think that the teachers should not be allowed to examine at all; that is my opinion. I know that it is adverse to what takes place in the north; and there the practice is met by having assessors; but I think that teachers should not examine their own pupils. Some people think that they should. I think they should not; but the examiners should be persons who understand the educational conditions in the part of the country in which they examine.

2570. I presume that you consider that there should, as far as possible, be equality as regards the subjects to be taught to the students, and the time that it would take to teach them, and the fees paid for teaching in the three parts of the kingdom?—Yes, as far as it is possible.

2571. So as not to offer any undue inducement to go to any of them?—Quite so.

2572. I gathered from your answers to Sir William Jenner that you would only require for university students a final examination in clinical and practical subjects, but, as I understand you now, you would extend it to systematic medicine and surgery?—Yes.

2573. With regard to Scotland, I understand you consider it to be most important that both the universities and the corporations should unite?—I think so.

2574. With regard to your suggestion of altering the constitution of the Council, and giving a representative to the University of Edinburgh alone, and not combined as at present; of course you are aware that originally when the Council was formed one of the reasons why Edinburgh did not get an entire representative, as one would naturally think she ought to have, was to keep up the balance of nationalities, so as not to give to Scotland an undue proportion over Ireland, and that Scotland and Ireland were to have five each, and England to have seven?—Yes, I suppose that was one reason.

2575. Therefore difficulties might arise if an alteration were to be made now in the mode that you suggest?—Difficultes may arise; but to me it seemed that there was no other body in Ireland that one could give a new representative to—that is the reason for it. If there was another independent body in Ireland I would give it a representative.

2576. (*Bishop of Peterborough.*) I think you insist on the importance of having three separate common boards, one for England, one for Ireland, and one for Scotland?—Yes, I do.

2577. And you ground that partly on the national peculiarities of each of those three countries requiring to a certain extent a different training, and therefore a different mode of examination?—Not requiring a different training, but actually having found the service and advantage of this difference.

2578. Is it not the case that when men have obtained their medical qualification in Scotland or Ireland a very large number of them come across to England?—Yes.

2579. Then those peculiarities, whatever they are, do not at all affect their efficiency in England?—No, not seriously. They soon accommodate themselves to their new position.

2580. Is there any very great advantage in retaining them in Scotland and Ireland, seeing that a man after he has passed, no matter what door he comes through, is free to practice either in England, Ireland, or Scotland. Are those peculiarities, national or otherwise, of much importance?—They are important in this respect, that is to say, the student is trained in certain schools to treat surgical accidents and diseases in certain methods, and I think that he should be examined by an examining board, who would travel along the same lines, otherwise the student may be disconcerted as to the ultimate result of his appearance before the examining board. My position is, that I wish to secure a harmony between the examining apparatus and the educating apparatus; I want to see that the beginning and the end of the student's course are not dislocated. Even in the earlier subjects a student would feel embarrassed, especially in physiology; and in anatomy the names given to the same arteries, for example, are different.

2581. Would not that object be equally attained by the appointment of national examiners as by appointing a national board? Supposing you had a conjoint board to appoint the examiners in Scotland and Ireland, and that they selected Scotchmen to examine Scotchmen, and Irishmen to examine Irishmen; would not your object be equally attained without creating those three national boards?—Yes, so far as the examining boards are concerned. But other reasons exist for creating three national boards of management. The national character of the several corporations exists, and the national character of the boards of management should be preserved.

2582. I thought I understood you to say that one of the advantages of having a separate board for each nationality would be that the board would be as it were *en rapport* with the medical students who come to be examined?—Quite so, that is to say, the examining board, which should be so much *en rapport* as the present examiners are.

2583. I want to ascertain from you what is the special advantage of those three national boards over one conjoint board?—That is quite another question.

2584. I understand you to prefer the appointment of three separate boards instead of one conjoint board for the whole kingdom, and to base that partly on the fact that there were national peculiarities existing which it would be well to recognise and deal with. My point to you is, could not these national peculiarities, whatever they are, be equally well met and dealt with by national examiners appointed by a central conjoint board as they would be by examiners appointed by separate national boards?—I am glad you have given me an opportunity of explaining. I do not base my recommendation of having a single board of management for each division of the kingdom upon national peculiarities merely. I only bring those in to show the advantage of still keeping up the separate examining boards; but the reason why I wish to have a separate and single board of management in each kingdom is thereby to represent the several existing corporations, and, at the same time, to simplify the bodies that have to be supervised and controlled. Instead of having three in Ireland, three in Scotland, and three in England, the great reason for having one in each is that it is so much more easy to supervise, control, and manage it. Then, incidentally, I say that one reason for keeping the national distinctions is that national

distinctions and institutions exist, and I would not interfere with them.

2585. Would not your argument with regard to the greater facility of control over three bodies instead of 19 apply *à fortiori* to the greater facility of controlling one conjoint board, and would not the Medical Council, upon your principle, find it easier to deal with one conjoint board than with three separate boards?—But the question is how would one conjoint board meet the wants of the community. Would it travel from place to place, or would it be stationed in London? The geographical difficulty is the first difficulty; but another difficulty presents itself to my mind, and the answer to your question would be, that whilst it would be easier for the Medical Council to control one examining board rather than three, three seem to be practically needful for the wants of the community; and if you create one common board of management, the question arises do you propose to supersede all existing institutions? There is no doubt that it would be easier to control one board of management than three; but if the national institutions were still represented on it, it would be expensive in its working, and heterogeneous in its composition and ideas.

2586. And, again, if it is desirable to have three national boards, would not that also go to show that it is desirable to have three national medical councils for the same reasons?—There really are three branch councils existing at present.

2587. But those are branches of one central medical council, are they not?—But they act in their own capacities in their own countries.

2588. Do not they ever unite for deliberative and executive purposes?—Yes, certainly.

2589. Would you propose that those three boards should, from time to time, unite in one body in the same way as the branches of the Medical Council now unite in one body?—That might be an advantage, but it is not contemplated. It would be very expensive, but it might be an advantage.

2590. I observe that you propose further that this board should nominate a number of examiners, out of which number each medical corporation or licensing body should have the power of selecting its own examiners?—Yes, that is the proposal.

2591. Do you not think that when you have first of all got three separate boards on which the licensing bodies are respectively represented, and when you have got a body of examiners nominated by the common board, and that when you have those corporations each picking out its own examiners, we have very nearly got back to the existing system of each body itself examining. Is not the only change which you introduce this; that those bodies, instead of examining for themselves, are allowed to pick their examiners out of a number whom, in their collective capacity as members of a common board, they would have already nominated? Do you not think we have got very nearly back, with a very trifling difference, to the existing system?—I think, with great deference, that the essence of the new system is this, that you would only have one body to examine and watch over instead of three. Besides, in this new board of examiners, there would be the guarantee of the previous sifting of the candidates for the examinership. For though they would be ultimately connected with the corporations, the corporations would have to elect out of the list which the board of management would previously define.

2592. But the selected body of examiners would have been selected by the representatives of those corporations, would they not?—Not as at present, in all cases. I could give you an illustration. For example, take the College of Surgeons. We now elect 10 examiners in surgery. Under the proposed plan we give up two of them to another body. So, again, we should surrender two of our anatomical and physiological examiners, corresponding examiners being appointed by another body; indeed, the election would be so distributed amongst the three bodies, that there really would be considerable difference in the number and character of the examiners who would be elected by the different corporations. There is a certain process of amalgamation which would ensure additional means of sifting or selection. Then, finally, suppose we did get back very much to what you call the old examiners, that is not the evil of the present day. It is not that the examiners under the present system are bad, but it is that the system under which they work is difficult to be controlled.

2593. I was not speaking of that; I was speaking of getting back the old system?—No, it would be really very different.

Prof. J. Marshall, F.R.S., F.R.C.S.

8 July 1881.

2594. Would not the difference be only this, that the present bodies, instead of choosing their own examiners from wherever they please, must choose them out of a number selected by their own representatives on this board, and by nobody else?—By their own representatives joined with the representatives of the universities. The difference would be very great in this way, that whereas under the present system the corporations alone have a voice in appointing those examiners, then the universities would be conjoined with them, and the university element would so far assist in and contribute to the choice of good examiners.

2595. I may gather from your evidence that really the only alteration that you would introduce into the present system would be this; that we should have the present system, only with this difference, a selected body of examiners, from whom the corporations should have to pick out their examiners?—When you speak of it as the only difference, it is a very great difference; in reality it is an extremely important difference. Your noble chairman almost began by asking me whether it was not the great object of medical reform to secure efficient examining boards.

2596. I think that another objection which you made was that you objected to examiners not being chosen by the corporations, but by this board, simply on the ground that it would not be fair to the corporations, if the result of their examination was to affiliate the persons that passed through to those corporations respectively. I think I understood you to make that objection?—The objection that I take to it is this, that if the corporations are to be required to affiliate members to themselves, it is not fair that they should be overridden by the majority of the universities in electing each its own examiners. They would feel the responsibility of affiliating persons; and therefore they would like to have a certainty that they would not be overridden by the delegates of the universities who would outnumber them, at least on the English and Scotch boards.

2597. Are you not in that case assuming that the result of this examination must be to affiliate the persons who have passed it to anyone of those corporations? Supposing, for a moment, that this examination, which you call the final one, for placing men on the register, is not made to affiliate a man to any college, but simply pronounces an opinion that he is entitled to register, and that he may then affiliate himself with any one of those colleges that he pleased, your objection would then vanish, would it not? There would be no compulsion upon any corporation or any body to have any person affiliated to it.—This is a new plan altogether. Your plan would be to have a State examination of a final character, would it not?

2598. You may call it a State examination, but I am supposing for the moment an examination conducted by the conjoint board; that the conjoint board should examine at a final examination those who have received their medical education from some medical educating body, and then that they should announce those persons after examination to be fit to practise, and in that case there would be no compulsion upon any Body to affiliate any student?—But, with the exception of the universities, medical educating bodies do not examine also; and, further, it would be important to know where would those gentlemen have passed their earlier examinations.

2599. In any college to which they might previously have resorted for education?—But they would have to resort to the examining bodies; and may I ask whether you would control and supervise those examinations? I cannot give you an opinion unless I first ascertain what you propose about these earlier examinations. I will put it in this way: if those earlier examinations are to be conducted by the present medical authorities, you would perpetuate a system of the multiplication of those bodies, you would perpetuate a system of very defective control and very expensive visitation, and all the difficulty of reaching those bodies which is now felt. The evils of the present system would be perpetuated. Whoever had those earlier examinations, you could not refuse to supervise them, you could not be so illogical as to say that the earlier parts of medical instruction should especially be left to the medical authorities. You must, therefore, have an expensive and elaborate system of supervising those bodies, as on the system

Prof. J. Marshall, F.R.S., F.R.C.S.

8 July 1881.

which is now in existence, and which it is the object of the reorganization somewhat to modify and simplify. You would also have to supervise the proposed final examination; so that, in fact, you would be adding, as I conceive, to the examinations which would require to be supervised, and I am sure you would not get a better final examination than if you arranged for the bodies to combine in the way that I proposed.

2600. Do not you think that the final examination itself would be a very wholesome and a very practical visitation of all those other examinations; do not you think that when a body has sent up a man to this final examination and he is plucked, the body which has sent him up would be very efficiently impressed thereby, and that if it sent up many and there was a great deal of plucking going on from that particular body, it would very soon find the necessity of raising its examination?—The examinations according to the plan which I supposed was in your mind, would not be on the same subjects at all. The earlier examinations were to be conducted, as I understood, by the medical authorities, and the final examination by the proposed new board, and they would be on different subjects, the one could not literally and actually test the other so completely as it ought to do.

2601. Would not it be a very practical testing of a man's previous studies when you came to test the result of them all by the final examination; do not you think that that is the only practical test to which a man's previous training should be put; do not you think that a competent board of examiners putting a candidate for the register through those practical tests would really be testing all his previous knowledge very fairly?—No, it could not do so; it also would be increasing the very great objection which we have to the present multiple examinations; and, if the earlier examinations were not supervised, you would have nothing to maintain the educational status and standard of our profession.

2602. Would you leave his whole examination to the existing bodies, as it is now?—No.

2603. How would you maintain the standard at the proper height in those different bodies?—By making them combine for the whole series of examinations, not for the earlier ones only and then letting a common board come in for the later one, but by letting the common board take charge of every department of the examinations.

2604. Would you do it in this way, that the conjoint board, by its examiners, should conduct the examinations for the existing corporations at every stage in the student's career?—Certainly.

2605. That those bodies who now give licences should cease to examine at any point in the student's career, but that the conjoint or common board, at every stage in his career, should come in and examine?—That is simply my idea of medical reform, so far as the non-university students are concerned.

2606. For what purposes would those licensing bodies then exist, because now the licence of each body is supposed to represent its own examination and its own training if it is an educating body, but now you are proposing to supersede all of them, and have it all done by the conjoint board? Would it not be simpler to do away with those licensing bodies altogether, and leave the licensing to the conjoint board? What would you want with those licensing bodies on your plan?—The answer to that question must be rather a long one, and, in fact, has been anticipated in my previous evidence. First of all, one answer is this, that the common board in question would still be a corporate board, and therefore you would be, as it were, maintaining the influence of the corporations on that board. Then, again, the use of requiring men to be affiliated to the corporations is this, that they would be members of those corporations, and, as I have endeavoured to explain to the Commission, I think that is an extremely valuable point in the plan; but if, for the purpose of carrying out a particular theory, it is wished to displace all those corporations, it appears to me that the measure would be so completely subversive of every established medical institution in the kingdom, that you might as well put dynamite under the College of Surgeons and the University of Edinburgh, and explode them.

2607. Would not their functions continue just as much as they do now? If you leave a man free to affiliate himself to those bodies, after he had obtained a bare professional status upon the register, do not you think that he would still desire to be a licentiate of these corporations as a distinction; do you not think, therefore, that those corporations would still continue to have their privilege of issuing licenses, in addition to the mere professional status, entitling him to practise upon the bodies of the subjects?—That point has been sufficiently discussed already, and what I said about it is that in the proposed plan, as the corporations would take part in it, and undergo expense, and share the fees, it is certainly fair to the students that they should be permitted to affiliate without further expense; whereas, according to my apprehension of your proposal, the examination for the purpose of registration would be an additional expense, and as I endeavoured to point out, a considerable one. Or, on the other hand, the corporate examinations would constitute additional expense. As to the proposed affiliation on my plan, without further expense, it might be left optional or permissive; but the question really arises whether it should be compulsory. I think the advantages are on the side of compelling the student to join the corporations, but if it should chance that legislation should leave it permissive, I do not think the corporations would be avoided. I think every man who really had passed through the common examination, which after all would be a corporate examination, because the corporations are concerned in it and chiefly concerned in it, would be glad to affiliate; but I should not like to leave it optional myself. I would much rather secure that he should be affiliated.

2608. Requiring him to affiliate to some Body, and leaving it to himself to choose which that body should be?—My own idea is that he should be compelled to affiliate to a medical and a surgical body, but I would leave him the choice of those bodies.

2609. Do you see any very great objection to his doing that after he has passed the examination by the common or conjoint board?—That is exactly the part of the proposal that I approve of, provided that all the examinations are conducted by that board, and the board itself is representative of the corporations in question; and provided no extra expense is incurred.

2610. Then, if I understand you rightly, the new feature in your plan, which has not been before us yet, is that this board shall, by means of examiners appointed by itself, conduct all the examinations of a medical student during the whole of his career of study?—I would make the common examining board, nominated by the common corporate and university board of management, but elected by the corporations, responsible under the supervision of the General Medical Council, for all the examinations; but I would reserve a power to the universities of conducting the necessary earlier scientific examinations, for their own undergraduates or members.

The witness withdrew.

Adjourned to to-morrow at half-past three o'clock.

APPENDIX TO MR. MARSHALL'S EVIDENCE.

I.

The general conclusions to which I have been led, in reference to the contemplated re-organisation of the medical institutions of the United Kingdom, for the purposes of education, examination, and the granting of admission to the Medical Register, may be thus summarized:—

1. That there should be one examining board in each division of the Kingdom.

2 That these three Examining Boards should be appointed by the concurrent action of all the Licensing Authorities, whether Corporations or Universities, in the corresponding division of the Kingdom; and should, accordingly, constitute an English, a Scotch, and an Irish Common Examining Board.

3. That, in the formation of these Examining Boards, the associated Licensing Authorities should be aided by a Syndicate or Board of Management consisting of representatives from each medical authority in the corresponding division of the Kingdom.

4. That these Syndicates or Boards of Management should also prepare a plan, and, from time to time, suggest modifications in it, defining the conditions of study and the tests of examination, which should be identical, or as nearly so as possible, in the three divisions of the Kingdom.

5. That the curricula of study and the examination rules, as well as any modifications in them, should be

approved by the General Medical Council; and that the examinations themselves should be visited and reported on by visitors appointed by that Council.

6. That the fees for passing these examinations should, after consultation with the authorities concerned, be fixed by law, and should then only be modified with the consent of the Privy Council; such fees to be made as nearly equal as possible in the three divisions of the Kingdom.

7. That a certificate of one of these three Common Boards, given after passing the final examination, should be an indispensable qualification for admission to the Medical Register; and that no candidate should be allowed to enter for such final examination, until the age of 22 years.

8. That candidates who are not medical or surgical graduates of a university, a class which will always constitute to a very large extent, the preponderant, important, and necessary branch of the profession, namely, the General Practitioners, and also, to a certain extent, the Medical Officers in the Poor Law, Military and Naval services, should pass through all the stages of these Common Board Examinations, and should pay the full combined fees. That such candidates should then become affiliated to, at least, one Medical and one Surgical Corporation, in the corresponding division of the Kingdom, without further examination or payment.

9. That candidates who have obtained a medical or surgical degree at a university after due examinations open to visitation by the General Medical Council, should be subject only to a partial examination by one of the Common Examining Boards, that is to say, to the final examination; and that they should pay a correspondingly smaller fee, also to be fixed by law, but subject to modification with the consent of the Privy Council.

10 That such a plan, though apparently complex, would not only be equitable to all the existing, and to all future medical authorities, but would utilize their special services, combine their now objectionable separate action, maintain their interest continuously in the welfare of the profession, establish a permanent line of demarcation between the general practitioner and the dispensing pharmaceutist, and preserve old titles and valuable associations. It would at the same time, fulfil the chief objects and needs of immediate legislation, namely, the appointment of a limited number of Boards of Examiners consisting of the most experienced and most efficient men, and the attainment of a completely satisfactory protection to the public These benefits, moreover, would be ensured by a plan easily supervised, and capable of indefinite internal improvement.

II.

To this rapid summary I desire to add some observations which are chiefly supplementary to my evidence. They may follow the same order as the conclusions just expressed.

1. The desirability of appointing three Examining Boards, namely, one each for England, Scotland, and Ireland, has been sufficiently strongly advocated. The present number, 19, must be reduced; it would be objectionable to try and work with one; two would be absurd; three is the preferable number.

2. If this, the second proposal, be not adopted, then either the General Medical Council, or the State itself, by some agency, direct or indirect, might be called on to appoint the three Examining Boards. But the Medical Council could not be regarded as a fit depositary of such a responsible and lasting power. It may be questioned whether it would ever enjoy the confidence of the profession in the exercise of such an elective privilege. It is too removed, as a body, from the teaching and examining members of our college; besides, the whole Council could not act for such a purpose without meeting at a ruinous cost; nor could the English, Scotch, and Irish Branch Councils be separately entrusted with the office, as they would be too small in number to possess an adequate knowledge of the candidates for examinerships in so many subjects. Moreover, to entrust the Council with the election of the examiners, as well as the visitation of the examinations, might interfere with their perfect freedom of action in the performance of the latter duty.

But, in the second place, the State, neither through the agency of the Privy Council, the Council of Education, or any other department, nor through any concert of these, could exercise the important function of choosing the members of three Examining Boards engaged to examine in such different and special subjects, having important relations to the health and lives of the people. That is to say, being laymen, no public or State functionaries could do this. The appointment of Inspectors of schools, or of Examiners in a few technical subjects of comparatively limited range, is within the competency of laymen, with moderate aid from testimonials or other evidences of fitness. But in the choice of Examiners in such grave and complicated matters as appertain to scientific and practical medicine and surgery, the Government must be assisted or led by either few or many advisers. A few, however eminent, and whether now at the service of the Crown or not, would hardly venture to assume such responsibility; and if a certain larger number were deputed to act, how would these be selected? Could they possess the confidence of the profession in the same degree as those who have risen by the suffrages of their fellows in the different Corporations and Universities, to offices which have enabled them to gain experience and powers of discrimination in the election of Examiners, appointed to work for, and bring credit on, their own Corporation or University? It is not assumed that under a State system there would immediately be favouritism, or cliquism, or, what might be worse than either, carelessness or indifference; but, as time passes, such a system once established would probably develope such defects, and these would be difficult to remedy. Nor could or would State advisers act without payment; and their salaries for constantly recurring work, and for the official proceedings in connexion with that work, would be considerable, and would fall either on the State or on the Examinees.

The State might, indeed, call to its assistance a Board of Election, composed of a definite and sufficient number of representatives sent by the respective medical authorities in each division of the kingdom, to act as its advisers in the choice of examiners, and this would remove some obvious objections; still they would have to be recompensed. Moreover, such a step would be moving in the direction of the plan advocated in my evidence; and it is hard to resist the conclusion that it would be less of an experiment, and a more sober measure, to adopt the remainder of that plan, in its general features, by associating the medical authorities actually in the work, and affiliating the candidates to the Corporations concerned.

Supposing, however, a State Board or Boards of Examiners to be chosen and renewed in perpetuity as vacancies arose, in the least possible objectionable manner, but to the direct exclusion of the existing Medical Authorities in the work and in its results, which would consist in giving nothing more than a State license and admission to the Medical Register, it must be distinctly understood that such State Boards could not be called into active employment, without a great preliminary outlay, and a continued expenditure, not merely by way of fees, but for offices, examination rooms, collections of various materials, museums, and apparatus as well as for sundry official and administrative expenses of no slight importance. This has already been urged, but it requires to be insisted on. A Government grant, with a further annual subsidy would be needed to meet the wants of each of the three Boards; for the fees could not be raised so high as to provide such necessaries. Besides this, museums of pathological and anatomical specimens cannot be extemporised; they must be gradually formed. It is scarcely possible to estimate in an offhand manner, the cost and difficulty of furnishing *de novo*, the accommodation, material, and guardianship, and the official mechanism, for a good and sufficient system of medical and surgical examinations. The examiners justly would make very considerable demands; and if not satisfied would be disheartened, or baffled in their work. It would be well to get precise evidence as to the total probable expense of instituting an entirely new system of examinations, even if these were limited to the so-called final subjects.

It may be said, that the State might obtain the needful accommodation and materials, with official and administrative aid, from the existing institutions; but those institutions might decline such a proposal; or if they accepted it, the advantages afforded them must be paid for. Instead of this, or even instead of proposing it, would not the preferable plan be to associate and combine them in the work itself, save an enormous and uncalled for outlay on the part of the State, and let the examinations under that combination carry with them affiliations to the corporations, without extra-examinations and extra-expense to the candidates?

Prof. J. Marshall, F.R.S., F.R.C.S.

8 July 1881.

Again, however appointed, if State Boards, unassociated with the existing medical authorities in action, were created and maintained, it is difficult to perceive how they would be superior to boards which would be formed under a combination of those authorities. They would, on the contrary, most probably be unequal to them, if not inferior. The public competition incidental to State appointments, the less distinctive character of the offices, and possibly the smaller payments, would tend to deter the most experienced and accomplished examiners from seeking or taking places on a State Board. It is further to be feared, that, although not at first, yet after a time, boards thus appointed would do their duty as mere public functionaries without special interest in their vocation. Professor Snellen of the University of Utrecht, and his colleague the Professor of Jurisprudence, with whom I recently discussed this question, quite concurred in this apprehension; and Professor Snellen remarked that the same view had occurred to himself, and that he was confident that, as regards his own country, State Medical Examiners worked less *con amore*, and therefore less satisfactorily, than examiners appointed by special institutions. It has been decided, indeed, in Holland, as previously in Germany, to abandon the single State medical examinations, and revert to separate examinations at Amsterdam and the three Dutch Universities. This fact may be set off against the recent steps in the opposite direction of increased centralization in France and Switzerland, with what results the future only will show. The example of Holland, the small size of which would seem to render a common State examination free from certain difficulties, causes me to look to that future, in our own country, with fear. A fixed system of State medical examinations would tend to a stand still and unprogressive condition. Examiners and examining boards, appointed by and acting on behalf of particular authorities, would, on the contrary, keep pace with the increased requirements of the time. They would be drawn from more experienced sources, even if their salaries were inadequate; they would be held together by stronger bonds; they would transmit, from seniors to juniors, traditional usages; and they would work zealously, each as representing some particular institution.

The superiority of a combined examination, as a protection for the public, has been mentioned in my evidence, but the facts on which I rely for my judgment may here be quoted. In page 373 of the Report of the Select Committee of the House of Commons, it is stated that the College of Surgeons of Edinburgh find their candidates weakest in *surgery* and strongest in medicine, whereas, p. 371, the College of Physicians of Edinburgh report the weakest results in *medicine* and the best in surgery. As the result of one year's experience, the College of Surgeons of Ireland, p. 380, rejected 21 candidates in *surgery*, and only 16 in medicine in the written examinations; and 14 in *surgery* as against only 4 in medicine in the oral and practical examination. Still more to the point, as showing the activity and watchfulness of each of two combined authorities, as compared with their action separately, are the noticeable facts, p. 434, that, whilst during 20 years, the average rejections at the College of Surgeons of Edinburgh, in its *single* examinations for its single qualification, were at the First Examination 21 per cent., and at the Pass Examination 13 per cent., they were, at the *combined* examinations for the double qualification of that college and the College of Physicians of Edinburgh, at the First Examination 33 per cent., and at the Pass Examination, 27 per cent.

3. The appointment of a permanent Board of Management or Syndicate to aid in the election of examiners, is a part of the plan proposed above, which commends itself very strongly as a standing safeguard in these elections. It would ensure deliberation of choice, and the sanction of the Universities as well as of the Corporations, in that choice; and it, at the same time, would preserve the special relation of the examiners to their respective authorities. It is in keeping with that system of check and counter-check, which works well in many of our institutions; and, if elaborate and perhaps accompanied with some difficulty in detail, it will be admitted that, in the appointment of a body of men, who are to act as judges, and exercise the absolute power of giving their *imprimatur* as a qualification for the legalised practice of medicine and surgery, even extra-precautions are not superfluous. The expenses of this Syndicate would be apportioned amongst the authorities concerned in its formation.

4. The value of the services of the same Board of Management or Syndicate, in reviewing from time to time, the curricula of study and the examination rules will not be contested. It would come to be composed of representatives standing in closer proximity to the active educational work of the day than the members of the General Medical Council, considered as a more diversely constituted body, including Crown Nominees, Corporate, University, and probably Professional representatives. Such a Syndicate would certainly be well fitted for the proposal and discussion of changes in the methods of study and examination which may be needed in the future.

5. This proposition, so far, merely affirms the existing powers of the General Medical Council, which, under simplified arrangements, would be sufficient.

6. On the question of fees in England and Wales, supposing the mode of combination to be that suggested in the so-called "Conjoint Scheme," it may be concluded that the arrangements already proposed would be adopted; but if any other mode of combination were to be suggested amongst the English authorities, that arrangement would have to be re-considered, before it was established by law. It is necessary also to contemplate the possibility of future changes in the fees, though that contingency would be rare. The authority of the Privy Council would be then absolute and appropriate. As at present arranged, the English common board fee would be thirty guineas, that is eleven guineas less than for the separate qualifications of the three combined English Corporations; four guineas more than for the Surgical Diploma and the Apothecaries License; but five guineas less than for the Surgical Diploma and the license of the College of Physicians.

In Scotland, it seems that difficulties may exist on this point. If the common board fee were fixed in that division of the Kingdom at 25 or 26 guineas, (and it need not be absolutely equal to the English fee), it is probable that that sum would yield as good an income to the three Scotch Corporations as they now receive collectively, even if a certain small number of candidates were driven from their common examination.

In 1875, for example, the following candidates were passed by the Scotch Corporations:

	Guineas.	£	s.
By the College of Physicians of Edinburgh, separately -	98 at 15 each	1,543	10
By the College of Surgeons of Edinburgh, separately -	45 ,,	708	15
By the Faculty of Surgeons and Physicians Glasgow separately - - -	21 ,,	330	15
By the College of Physicians, and College of Surgeons Edinburgh, jointly -	71 at 20 each	1,491	0
By the College of Physicians, Faculty of Glasgow jointly	20 ,,	420	0
Totals - -	255	4,494	0

But 165 candidates at 26 guineas would yield 4,505*l.* 10*s.*, or 172 candidates at 25 guineas would yield 4,515*l.*

Hence, in the one case 90 candidates might disappear, and in the other 83 might disappear without the income of these colleges being diminished, whilst their work and outlay in examinations would be lessened.

Furthermore, it may be assumed that in 1875, the actual sums received by the three Scotch Corporations would be as follows:—

	£	s.
The College of Physicians of Edinburgh -	2,499	0
The College of Surgeons of Edinburgh -	1,454	5
The Faculty of Physicians, and Surgery, Glasgow - - - - -	540	15
	4,494	0

Now, a subdivision of 4,500*l.*, by the following assignment of 9ths would give:

	£	s.
To the College of Physicians Edinburgh $\frac{5}{9}$ -	2,500	0
,, ,, Surgeons Edinburgh $\frac{3}{9}$ -	1,500	0
To the Faculty of Physicians, and Surgeons Glasgow $\frac{1}{9}$ - - - -	500	0
	4,500	0

I do not pretend that these calculations are free from error, as probably certain deductions have to be made

for partial examinations, re-examinations, or other conditions; but they may serve to suggest that a *modus vivendi* may be discovered for the Scotch Corporate Bodies. The present double qualification fee in Scotland is 20 guineas; and it might be raised to 25 or 26 guineas.

In Ireland, also, it is certain that a combined examination could be held at much less cost than the present three separate examinations; but as the fee of the College of Surgeons of Ireland is so high, it is open to doubt whether 26 guineas would be sufficient to give the required total amount to be subdivided, on the supposition that the candidates, now scattered, all went up to the Common Board. But, possibly 28 guineas might yield an adequate sum.

It is, however, presumptuous in me to do more than offer suggestions on this subject of fees, whether in England, Scotland, or Ireland.

7. The only point in this the seventh proposition not alluded to in my evidence is the requirement of the attainment of 22 years of age, instead of 21, as a condition of admission to the final or qualifying examination, the certificate of having passed which would confer the right to be placed on the Medical Register. The, numerous questions connected with the early education, the scientific and practical training, and the examination of candidates for the medical profession, were unnoticed by me as belonging not to the legislature, but speaking broadly to the Medical Authorities, their Syndicates or boards of management, and the General Medical Council. But as regards the age as to which a person should be regarded as sufficiently equipped to be entrusted with the independent care of the health and lives of the people, it is better that the legislature should interpose, and fix a rule by its indisputable authority. To raise the age of admission to examination for the license from 21 to 22 years would be a great improvement. It would afford another year for the study of subjects now become so specialized and overwhelming, and especially give time for the acquirement of practical knowledge, experience and self-reliance. It would doubtless press on the future entrants to the profession, and postpone the period at which they could be independent; but it is a reform which cannot be long postponed, and it would even then fall short of the regulations of European States, some of which require even seven years of study, and, practically, an age of 25 years, as conditions of obtaining a license to practise.

8, 9. The aim and effect of these two proposals, taken together, are and would be threefold; namely, to secure (*a*) that all persons placed on the Medical Register as legally qualified to practise should have passed before one of the three common boards; (*b*) that all those who cannot obtain a University education,—a class amounting in England to 95 per cent., in Scotland to 55 per cent., in Ireland to 70 per cent., and in the United Kingdom to about 75 per cent. of those who qualify for practice,—should be attached to at least one Medical and one Surgical Corporate Authority, and receive two corporate titles accordingly; and (*c*) that University graduates, enjoying the special privileges attached to their special training and titles, should be called on to pass only the final examinations of the common boards.

A. Every practitioner, whatever his honorary distinctions, would have the same legal status; and thus, all that could be attained in that direction by an independent State Examination would be secured. This result would be accomplished by the common board plan more in accordance with our national habits, more, I believe, in harmony with the general sentiment of the profession, and, as already urged, looking to the future working of a State examination, better permanently than by this latter method. It would, equally with a State examination, enable the Government to negotiate concerning reciprocity of professional privileges and rights, with our colonies and with Foreign Powers.

B. The value which I attach to the retention of old titles and associations is sufficiently shown in my evidence. This object would be attained completely according to the plan explained. The class of general practitioners, having passed a thorough examination at the hands of a board in the formation of which the corporations had taken so large a share, would acquire titles to which they would have a right, and that without further trouble or expense. On the plan suggested by some of allowing candidates to seek admission by special examination and at additional cost, to a corporate body, so as to require a title, either *before*, or as it seems to be preferred, *after* they have passed a common State examination, it is strange that it is not recognized that herein is an admission of the value of those titles, and of the relative insufficiency of a State license, regarded as a professional distinction. From long usage, the public, and also the very numerous and influential class of general practitioners, require such distinctions. To make their possession dependent on further examinations and expense, as already stated, would be unfair and unnecessary. For special and higher titles granted by any corporation, for Fellowships for example, the case is different; for in that event further examinations are justifiable. If it be suggested that, for their ordinary titles of licentiate or member, the corporations might forego some part of their examinations, and lower their admission fees, to save both trouble and expense to candidates; the answer is that the College of Surgeons of England, certainly, and probably the College of Physicians of London, would be slow to adopt this course; for the former institution inherits a belief that it is its duty, and one not to be vicariously performed, to take cognizance of and develop the earlier and fundamental studies, as well as to take charge of the later and more practical subjects relating to surgery: and the College would hesitate thus to abdicate its position, and lower its prestige and influence. Besides, do not those, who, looking only towards a State examination as the one *panacea*, and making the action of the corporations supplementary, propose this apparently harmless but fatal course to those institutions, perceive that it would, so far, convert those bodies into mere agents for the sale of licenses and diplomas, titles and nothing more? At least, that might be the future tendency.

C. The objections to the proposal that University, medical or surgical, graduates should be obliged to pass the final examinations of the corresponding common board, are, first, that it would give extra trouble and cause additional expense to University candidates; secondly, that it would submit men whose training had been comparatively more complete to an additional test, and so far would be unfair and illogical; and, lastly, that it would tend to discourage students from entering on the higher course of University education, and would, by thus "handicapping" them, affect the pecuniary interests of the Universities.

To the present English Universities which have the power of granting medical or surgical degrees, these objections do not appear sufficiently strong to outweigh the advantages of having essentially but one road to the Medical Register. In Scotland they excite opposition; and in Ireland some, but not quite so markedly.

On the question of fees in Scotland, it would appear that the *double* qualification of the University of Edinburgh, the University of Glasgow, and the University of Aberdeen, each requires an examination fee of twenty guineas; and, be it observed, that although it is now possible to register with the one qualification of Bachelor of Medicine, students already in numbers take the C. M. or Mastership of Surgery as well; the former costing them 15 guineas, and the latter an additional five guineas, *without further examination*. If the proposed superadded final Board Examination fees were five or six guineas, the total would then only be 25 or 26 guineas, which is suggested above as a possible common board fee for Scotland. There need, therefore, be no money competition between the Universities and the Corporations.

As to the hardship of subjecting the Scotch University graduates to this additional examination, that might be considered of moment, and the illogical character of it would be more evident were it not for this condition attached to it, namely, that it is a test to be applied at the age of 22, or *one year after* it is possible for students to have obtained their B.M. degree, and their C.M. degree as well. It would be for them, as for the Board candidates the ultimate test of their matured knowledge, practical skill, and full equipment for their duties. In this respect, both sets of candidates would stand on the same footing, and at the same cost as to age and money payment. But the one would have only the corporate titles, the other the valued and no doubt valuable titles of M.B. and C.M., with the M.D. on attaining a certain age in the near future. I cannot see any disadvantage to the Scotch Universities, or any discouragement to them in this. On the contrary, it would bring into more prominent relief their obvious and peculiar advantages; and the Corporations would have to incur the chances of an increasingly larger number of students flocking, if their means allowed, to the Universities; for, as I have urged in my evidence, the tendency of a student towards this or that line of study and examination is governed mostly by other considerations than the mere cost and trouble of an examination;

Prof. J. Marshall, F.R.S., F.R.C.S.

8 July 1881.

and, in this instance, the former consideration could not weigh with him, for the cost would be the same with either course of conduct. Nor could a University, which claims a superiority in its mode of teaching and examining for a degree given at the age of 21, shrink, in the persons of its graduates, from a further test at the age of 22, the passing of which would be an additional credit to them, besides being one required by the law. It should also be mentioned that the higher titles of some of the corporate bodies, viz., their fellowships, which take a professional rank equal to any University degree, and with deference be it said, superior to some, would henceforth, on the plan of combination into a common board, no longer of themselves qualify for registration; for their holders must, at some time or other, pass a common board examination in all its parts. Lastly, it must be noted that the C.M. of the Scotch Universities is obtainable by payment on the part of the M.B., without further examination. It is true that such an M.B. has undergone a surgical training and examination; but the establishment of the C.M. degree implies that the M.B. is regarded as a single or *incomplete* title or qualification. If so, on sound principles, some special examination should precede the grant of this additional or complementary one. The compulsory common board examination at the age of 22, would, in some measure, readjust this defect.

The question of international or other competition as to fees is never a pleasant one; but could the English, the Irish, and Scotch fees for the common board examination be fixed respectively at 30, 28, and 26 guineas, or thereabouts, it may be predicted that these small differences would not affect the movement of students.

As to competition between the Scotch Universities and the English Corporations, the advantage would, in a pecuniary sense, be in favour of the students of the former institutions. As regards the Scotch Universities and Corporations, no differences as to fees would be established between them. In any event, the competition between England and Scotland would be less than it is now, when a registrable qualification can be obtained in the former country for six guineas; and yet it is not usually understood that this fact prevents students from resorting to Scotland. It may not be out of place, either, to remind our northern friends that the result of the Medical Act of 1858, in making all licenses, diplomas, and degrees legally registrable for the whole kingdom, a measure of undoubted justice, has contributed to the great advantage of their examining institutions, apparently at the expense of those in the south; for it is claimed by the University of Edinburgh that a very large proportion of its graduates practise in England. It is also certain that in combining to form a common board of examiners, the College of Surgeons of England will sacrifice something of its present independence, its uncontrolled action, its influence, and probably, of its means of maintenance, as the conservators and improvers of the Hunterian Museum. The medical authorities in Scotland might, therefore, be prepared to run some risk of sacrifices—which, however, I believe would never occur under a well-arranged common board plan. I can readily suppose that they would be less desirous of witnessing the alternative of an independent State examination, as the sole means of admission to the Medical Register.

10. It may be objected, finally, in reply to the opinions expressed in this, the tenth, paragraph, that the plan proposed would be too complex and too conservative.

It would be, of course, very simple to enact as the only improvement required in our present system, that a double qualification should be required, one medical and the other surgical, in order that a person should be placed on the Medical Register; and then leave all the institutions to themselves. But this would cure only one evil, namely, registration with an incomplete qualification; it would maintain all the existing difficulties of supervision, and the inequalities of our numerous licenses and diplomas.

A complete State examination would, of course, likewise be more simple than a common board plan; but it is to be feared that, in course of time, it would become a cause of inefficiency and stagnation, if not of corruption, and a source of great dissatisfaction; it would be an experiment—a leap in the dark—and possibly a fetter, for once enacted, it would be difficult to undo. It is not now even discussed by the profession, so far as I can learn. It would undermine the existing corporations, by assigning them a secondary position, and tempting them to become mere manufactories of titles; whereas these bodies fail, not so much in themselves as by their inharmonious action, and they are certainly not so corrupt as to need or deserve to be extinguished.

A final State examination, leaving the corporations to their fate, would also, as regards the system of medical education and training in this country, perpetuate a system of acknowledged confusion and difficulty of supervision; for all the earlier subjects would certainly require supervision, as well as such final examination.

A system of combination must necessarily be more complex than any other; but it would work well if made complete and imperative. It would be not only expansive, but so far final; because no more medical or surgical corporations are ever likely to be created, and any new university having power to grant medical or surgical degrees, would immediately take its place in the plan.

A bolder system of combination might be adopted by the exclusion of one corporation in England and in Ireland, and by the compulsory amalgamation (which was contemplated as a permissive step in the medical Act of 1858, clause 50), of the Faculty of Physicians and Surgeons of Glasgow with the Royal College of Surgeons of Edinburgh, under the title of the Royal College of Surgeons of Scotland. In this way, there would be left in such a combined plan, only two corporations, one medical the other surgical, in each division of the Kingdom; and these, doubtless, are essential and sufficient institutions for granting preferential titles, and perpetually safeguarding the education and the welfare of the profession. This measure would also have the collateral advantage of dispensing with three representatives on the Medical Council.

I cannot estimate the difficutics in the way of such a reform; but I imagine they would be serious, if not insurmountable. The direct extinction of the bodies alluded to would possibly require the accompaniment of compensation; whilst leaving them to themselves, so as to avoid a claim to compensation by sinking them under the competition of a State examination which should alone admit to the register, involves the establishment of that expensive and untried centralized, despotic, and immoveable form of organisation, the objections to which I have already indicated.

On the plan herein advocated, the superfluous titles would probably also in time disappear; but the services and interest of the corporations in medical affairs would still be retained. The retention of the Apothecaries in their long since acquired association with legal medical practice and the right of prescribing, given to them by the Act of 1815, and secured to them by the Act of 1858, might serve to maintain a positive distinction between prescribing practitioners who also supplied medicines, and those who can only dispense them as chemists. Another point seems also worthy of consideration; if the Apothecaries were left out of the combination, and were not permitted to place their licentiates upon the register, might they not, under their Act, still examine and create a body of practitioners who could practise without being on the register—of course under legal disabilities, but still without directly infringing any law, provided that they styled themselves Licentiates of the Apothecaries Society, which they certainly would be.

A most unusual privilege has unfortunately been exercised by two Universities, viz., Dublin and Durham, the former being, perhaps, less to be condemned in its inception, of granting for a lower fee than the B.M. fee and on a less extensive training and examination, so called *licenses* in medicine and surgery, which are regarded as complete qualifications. Now the true function of a University is to give degrees, not mere licenses. In giving the latter they invade the province of a corporation, and lower their own position. These licenses would, however, cease to qualify for registration, whether under a common board plan, or a State licensing examination system.

There is another subject which I cannot avoid noticing, viz., that the College of Physicians of London has of late assumed, that its comparatively newly instituted license is a complete or double qualification. No one has thought fit to raise a serious question upon this point, but the Act of Henry VIII. on which the College of Physicians relies, expresses in distinct terms that the right to practise surgery as well as physic, is one which may be enjoyed by the "*Commonalty*" of the Physicians, the commonalty obviously consisting of the Fellows, and by implication of the modern members who are the incipient Fellows. But the modern licentiate was, of course, then unknown, his existence was not even contemplated, and he is not now a member of the Corporate Body or Commonalty. It is perhaps of less

moment that the Commonalty, or at all events the Fellows, are by their own byelaws expressly forbidden to act as surgeons; and also that the legislature has recognised and filled the vacancy left by desuetude by founding a special College of Surgeons. This claim of the College of Physicians, though acknowledged by the Poor Law authorities, is not only of questionable validity, but if it were shown to be valid, and if some measure of combined or State examination did not extinguish it, it would be most impolitic to persevere in it. For what is to prevent other Corporations from extending the principle of "physic including surgery," adding to their examinations, and announcing their qualifications, however designated, to be complete. The evils which would arise from that sort of open rivalry are sufficiently obvious.

III.

Concerning the constitution of the General Medical Council, I have only to add that in the event of the Victoria University at Manchester acquiring the right to grant medical degrees, a right which can hardly be withheld from it, its representation on the Council might be combined with that of Durham.

Prof. J. Marshall, F.R. F.R.C.S.

8 July 1881.

Several questions, indeed new ones will always arise, might here be discussed; but on the principle that they are not matters for legislation by Parliament, I avoided them in giving evidence. For example, the advantage or propriety of the General Medical Council visiting schools; how the period of education, if it be extended by another year, should be employed; how to deal with the question of requiring from students some longer probation in practice under supervision, in the fourth or last year; how to try and impart to students more clinical knowledge with a capability of prescribing correctly, and the acquisition of habits of self reliance and independence of judgment; and many other details of more or less importance, which would rather fall under the cognizance of the Medical Authorities, their Syndicates or Boards of Management, and the General Medical Council.

JOHN MARSHALL.

20th September, 1881.
Chamouix.

TENTH DAY.

Saturday, 9th July 1881.

PRESENT:

THE EARL OF CAMPERDOWN IN THE CHAIR.

THE BISHOP OF PETERBOROUGH.
THE RIGHT HON. W. H. F. COGAN.
JOHN SIMON ESQ., C.B., F.R.S.
PROFESSOR HUXLEY, F.R.S.
PROFESSOR TURNER, M.B., F.R.S.
JAMES BRYCE, ESQ., M.P.

JOHN WHITE, ESQ., *Secretary.*

Mr. DANIEL RUTHERFORD HALDANE, M.D., examined.

Mr. D. R. Haldane. M.D.

9 July 1881.

The Witness handed in the following statement:—

STATEMENT regarding the past and present position of the Royal College of Physicians of Edinburgh as a Licensing Body, furnished in reply to the Commission's Circular of 23 May 1881.*

I.—HISTORY OF THE COLLEGE AS A LICENSING BODY.

The Royal College of Physicians of Edinburgh was founded by Royal Charter in the year 1681, the object of its erection being the better regulation of the medical profession, into which many abuses had crept. The Charter constituted 21 named individuals, all of whom were masters of arts and doctors of medicine, and those who should afterwards be elected by them, into a body, community, and college. The jurisdiction of the College was confined to Edinburgh, its suburbs and liberties, and its powers were very limited. The College had the power to grant licenses to practise medicine within the proscribed limits. Unlicensed practitioners were rendered liable to a penalty for every month during which they engaged in practice. The College was specially prohibited from erecting a school for teaching medicine or any department of it, and from granting degrees. The privileges of the four Scottish Universities were specially protected; their graduates were to be entitled to practise in Edinburgh without being liable to any fine, and the College was bound to confer its license upon them on their simply producing their diplomas to the President.

The license of the College appears to have been conferred upon none but university graduates, and upon them, as provided by the Charter, without examination and without ballot. In the year 1763 the license of the College was made a necessary preliminary to the fellowship. It was found, however, that, in consequence of this, each fellow had to pay a double tax to Government, namely, 15*l.* of stamp duty on his license and 25*l.* on his fellowship. Accordingly, the regulation was abolished in 1829, and fellows were elected directly from university graduates without being required to pass through the inferior grade. From 1829, no licentiates were admitted, and, at the time of the passing of the Medical Act, 1858, the order of licentiates had practically ceased to exist.

Attempts had been made in the College on more than one occasion to admit by examination licentiates who were not university graduates; but these attempts had failed, partly from the doubtful legality of the proposed proceedings, partly from the disinclination of a majority of the fellows to license any but university graduates. Certain changes, however, took place in the composition of the College; a large number of the teachers in the Extra-Academical Medical School of Edinburgh became fellows, and gradually two parties came to be opposed to one another, the professorial and what may be called the College party, the former desiring to admit none but university graduates, the latter wishing to throw open the doors of the College to all duly educated candidates.

Shortly after the passing of the Medical Act of 1858, an elaborate report was laid before the College by its Medical Reform Committee, in which it was argued that the admission of licentiates, other than university graduates, was, in the altered condition of the medical profession, essential to the prosperity of the College, and which recommended the immediate adoption of steps for carrying out this object. The Medical Act of 1858 had effected a great change in the position of the licentiates of the College, having rendered their license a legal qualification to practise medicine in any part of the United Kingdom.

On the 13th January 1859, the Registrar of the General Medical Council called upon the College to give in "a statement of the courses of study and examination to be gone through in order to obtain the qualifications mentioned in schedule (A) to the Medical Act." The council of the College accordingly prepared a scheme which was laid before the College on the 8th March, and on subsequent occasions. This scheme provided, among other things, that the license of the College should be thrown open to all candidates who had gone through the prescribed curriculum, and who had passed the proposed examination.

The proposal to examine and confer a license on candidates who were not university graduates met with very strenuous opposition from the university professors and from those fellows of the College who sided with them, but it was ultimately agreed to by a very narrow majority.

The permanent regulations with regard to the amount of study required, and the kind of examination to be gone through, were approved of by the General Medical Council, and have never been found fault with; but the

* See footnote to Appendix No. 2.

Mr. D. R. Haldane, M.D.

9 July 1881.

carrying out of the following regulation gave rise to a great outcry against the College:—

"§ 8. For one year after the passing of these regulations licentiates of any of the existing licensing boards may be admitted licentiates of the College without examination, provided that they do not derive any profit from the sale of drugs or medicine, and that they produce certificates of character satisfactory to the council."

The reasons which led the council to recommend, and the College to adopt, this resolution were briefly the following:—At the time of the passing of the Medical Act of 1858, the only medical qualifications granted in Scotland were the degrees of the universities, for, as already stated, the license of the College of Physicians was no longer conferred. A large proportion of the general practitioners of Scotland practised with the diploma of the Edinburgh College of Surgeons, or of the Faculty of Physicians and Surgeons of Glasgow, each of which is a surgical qualification. But as the Medical Act required that medical and surgical qualifications should be registered separately, it followed that the single surgical qualification was no longer sufficient for general practice, at least in the case of persons practising medicine as well as surgery, or holding Poor Law or other appointments which implied the performance of medical as well as surgical duties. This consideration at once brought before the College of Physicians its duty towards the general practitioner. The ideas and practice of the College of Physicians of Edinburgh had always been different from those of the London College. The London College had always aimed at consisting exclusively of pure physicians, and had consequently declined to exercise the powers conferred on it by charter, so as to include in its members the general practitioners of England. This refusal on the part of the College of Physicians was in 1815 the origin of the licensing powers conferred by Act of Parliament on the Society of Apothecaries, and in 1858, at the time of the passing of the Medical Act, the great majority of the general practitioners of England were associated with that institution.

The Edinburgh had never been, and never could have been, a College of pure physicians. Till quite lately there was not a pure physician out of Edinburgh; and, even in Edinburgh, those who ultimately practised as consulting physicians began their career as general practitioners, and only restricted themselves to medicine when they had acquired the confidence of their professional brethren and of the public. When therefore the Medical Act of 1858 made the license of the College of Physicians of Edinburgh a legal qualification to practise medicine, the College was quite prepared to grant it to general practitioners, and indeed felt itself bound to do so, in order to relieve them from the awkward position in which, as already stated, so many found themselves placed. The holders of surgical qualifications might indeed have applied to the universities for a medical qualification, but the universities required from candidates for their degrees residence, or compliance with other conditions which men engaged in practice were unable to fulfil. Accordingly the College of Physicians of Edinburgh determined to confer its license without examination for a limited period on persons who already possessed a qualification, who had been for some time in practice, and who could bring forward unimpeachable evidence of their personal respectability and professional position; the applications were then to be decided upon by a ballot of the fellows.

The council of the College originally expected that the applications for its license would be almost entirely confined to Scotland, instead of which the great majority came from English practitioners. The success of the scheme was the cause of the conduct of the College being subjected to much misrepresentation. It was said that the College simply sold its license, and that licentiates were admitted on the mere payment of a sum of money. These statements were altogether incorrect.

Every applicant for the license of the College was required to fill up a schedule and return anwers to questions regarding his general and medical education and whole professional career, and at the same time to send certificates as to his social and professional position from well known medical men. These documents were carefully considered by the council of the College, and, if in any case they were regarded as unsatisfactory, communication took place between the secretary of the College and the applicant, the result generally being that applications of a doubtful character were spontaneously withdrawn and were not brought before the College. In this way a large number of applications were virtually disposed of by the council. In the case of those candidates with whom the council was satisfied, their names with a statement of their qualifications, and with the names of those who had certified in their favour, were circulated among the fellows of the College previous to the day of election. At the election meeting, the council, through the secretary, stated its approval or disapproval of the various applications; finally a ballot took place at which a majority of two-thirds of the fellows voting was required for the admission of the candidates.

The College in its original regulations for the admission of licentiates had made no special provision for those applicants, who, though on the Medical Register, had not passed an examination in medicine, the reason being that the regulations were primarily intended to meet the case of Scottish surgeons, all of whom had been examined in medicine before receiving their diplomas. Many members of the College of Surgeons of England, however, who had passed no examination in medicine, applied for the license under the *eighth regulation*, but, except at the first election meeting held on 26th April 1859, no candidate who had not previously passed an examination in medicine was admitted a licentiate of the College without such an examination, unless he had attained the age of thirty years and had been in practice for at least six years.

In consequence of what took place at a meeting of the General Medical Council on 8th August 1859, the following resolution was on the 19th of the same month unanimously agreed to by the College:—

"That, in accordance with the opinion expressed by the General Council of Medical Education and Registration on the 8th August, the Royal College of Physicians of Edinburgh do institute an examination in practical medicine to be undergone by candidates, other than university graduates claiming exemption under the charter of the College, and that the College agree to alter Law 8 of the Regulations for admission to the license in accordance with the preceding resolution."

Since the passing of this resolution no one has received the license of the College without examination, with the exception of university graduates, whom, by its charter of erection, the College was bound to admit. The new charter granted to the College in 1861 abrogated the right which graduates had hitherto enjoyed.

Another circumstance which gave rise to much misrepresentation was this: many of the new licentiates of the College, possessing no university degree, at once proceeded to style themselves "doctors of medicine." This, however, was from no fault on the part of the College, as those who made inquiry on the subject were invariably informed that the College had no power to grant the degree of M.D., and that consequently its licentiates had no right to call themselves doctors. (*Note.*—The letter books of the College contain ample proof of the correctness of this statement.)

The mistake appears to have arisen from the old practice of the London College of Physicians of styling its licentiates "doctors" whether university graduates or not, so that the Registrar of the General Medical Council appointed under the Medical Act, who had long been Registrar to the London College of Physicians, at first gave the title of "doctor" to the licentiates of the Edinburgh College in the receipts granted to them for their registration fees; and, farther, the King's and Queen's College of Physicians in Ireland claimed for its licentiates a legal right to the appellation of "doctor."

The license of the College of Physicians gave the holder of it the right to practise medicine only, while the licenses of the College of Surgeons of Edinburgh and of the Faculty of Physicians and Surgeons were surgical qualifications. In the year 1859, in virtue of Clause XIX. of the Medical Act, an arrangement was entered into by the College of Physicians with each of the above-mentioned bodies, under which by a single examination, conducted by a joint board of examiners, a full double or medical and surgical qualification was conferred, which gave the holder the right to practise all branches of the profession throughout the United Kingdom. The terms of this arrangement were laid before the General Medical Council and were approved by that body on the 8th of August 1859. The scheme was shortly afterwards brought into operation, and since that time has been largely taken advantage of.

In the year 1862 a new order of members of the College was established, intermediate between the licentiates and the fellows. This was done, partly because in Schedule (A) to the Medical Act, 1858, the

membership of the College was recognised as a registrable qualification; partly from the desire to bring the constitution of the Edinburgh College more into harmony with that of London; partly because the innovation seemed desirable in itself. From 1829 downwards, doctors of medicine had, as such, been eligible for election directly to the fellowship, but by the new regulations it was provided that no one could become a fellow until he had been at least a year a member of the College. No one was eligible for the membership, unless he were "a "licentiate of a College of Physicians, or graduate of a "British or Irish University, with whose knowledge of "medical and general science the College may be satisfied," and had attained the age of 24 years. There never had been an examination for the fellowship, the College considering that proofs of good professional and social standing were better evidence of fitness than the results of examination, and accordingly when the order of members was instituted, candidates were not required to pass an examination, but all, unless personally known to resident fellows of the College, were called upon to adduce the most undoubted evidence of their suitability; the names were then submitted to ballot, a majority of three-fourths of the fellows voting being required for the admission of the candidate. Gradually, however, a feeling arose in the College that a higher standard should be required from members (who form a constituent part of the College), than from those who merely hold the license to practise, and that therefore it was desirable that an examination should be established. Such an examination would have been instituted some years ago, had it not been evident that medical affairs were in a transition state, and that fresh legislative changes were imminent. Under these circumstances the College considered it desirable to defer altering its regulations till a definite settlement had been arrived at. Year after year, however, passed on without this result being obtained, and the College at last, impatient of further delay, resumed consideration of the subject, and in February last resolved unanimously that for the future no one, unless very exceptionally, should be admitted a member without passing an examination of a high class.

The following is a copy of the new laws:—

Laws relative to admission to the Membership of the College.

The Laws relative to admission to the membership, having been considered at three meetings of the College, have been altered, and now stand as below.

CHAPTER III.

Of Members.

1. Any licentiate of a College of Physicians, or graduate in medicine of a British or Irish University, may be admitted a member of the College, provided that he has attained the age of twenty-four years, produced satisfactory testimonials as to his professional and social status, and satisfied the College as to his proficiency in medical science.

2. The Council shall, at the annual meeting of the College for the election of office-bearers, appoint a Board of Examiners to conduct the examination of candidates.

3. Every candidate for the membership (except such as shall be admissible under the provisions of section 7) shall be examined—

(1.) On the Principles and Practice of Medicine, including Therapeutics.

(2.) Also on one of the following subjects to be selected by the candidate:—(*a*) Pathology, including Morbid Anatomy; (*b*) Medical Jurisprudence and Public Health; (*c*) Midwifery and the Diseases of Women; (*d*.) Psychological Medicine.

4. The Council shall annually, at the quarterly meeting of the College in August, submit to the College the plan of examination for the membership, and the dates at which it is proposed that the examinations shall be held.

5. Application for the membership shall be made through the Secretary, who shall transmit to the candidate a copy of the regulations and plan of examination, together with a petition in terms of the form in the Appendix, No. I.

6. The candidate shall return the petition duly filled up to the Secretary, and shall at the same time transmit testimonials of recent date from well-known members of the profession, certifying as to his professional and social standing. These documents shall be submitted to the Council, who shall employ such other methods of scrutiny as they may deem necessary. If satisfied as to the eligibility of the candidate, the Council shall authorise his examination by the Board of Examiners, who shall report the result to the Council. If the report of the examiners be satisfactory, the Council shall report the same to the College at the next quarterly meeting, when it shall be competent for a motion to be made for the election of such candidate to the membership of the College.

7. If any candidate who has attained the age of forty years, and has been a registered practitioner for not less than ten years, shall produce testimonials showing that he has been distinguished for his scientific attainments, or eminence as a medical practitioner, the Council may, if they see fit, exempt him from the whole or any part of the prescribed examination.

8. Every motion for the election of a member shall be made at a quarterly meeting of the College by one of the fellows present, and seconded by another, and the motion shall be determined by ballot at the next quarterly meeting; a majority of three-fourths of the fellows present being necessary to carry it in the affirmative.

9. The names and addresses of candidates, along with the names of their proposers and seconders, shall be announced by billet to the fellows on the roll of attendance, within one week from the date of the meeting at which the motion for election has been made. The names and addresses here referred to shall be repeated in the billet summoning the meeting at which the motion for election is to be determined.

10. The members shall be placed on the roll of members according to the date of their diplomas of memberships; and when two or more members are admitted on the same day, they shall be enrolled according to professional seniority.

11. The diploma presented by the College to its members shall be in terms of the form given in the Appendix, No. II.

February 1881.

APPENDIX.

No. I.

Form of Petition for admission as Members.

Unto the Much Honoured the Presidents and Fellows of the Royal College of Physicians of Edinburgh.

The petition

HUMBLY SHEWETH,

THAT, for several years, I applied myself to the study of medicine, and obtained , conform to my diploma, dated ; that I herewith transmit testimonials, and am willing to present myself for examination before the examiners of the College, and that, in the event of my being elected, I bind myself to observe the whole laws and regulations of the College.

May it therefore please the Royal College, on the Council of the College and the Board of Examiners being satisfied, to admit me a member of the College, with power to enjoy all the rights, liberties, and privileges which any other member does or may enjoy.

No. II.

Form of Diploma to be granted to Members of the College.

"Collegium Regium Medicorum Edinburgense, rogante Præside Sociisque annuentibus, decrevit virum ornatissimum A. B. in ordinem Membrorum co-optare, et Membrum adsciscere. Ipsem ideo in ordinem Membrorum co-optat, Membrum adscisit, omniumque honorum atque privilegiorum, quibus Membra ejusdem Collegii fruuntur, participem facit.

"In cujus rei fidem, hoc Diploma, sigillo suo, Præsidis Secretariique chirographis munitum, expediri jussit.

"Actum Edinburgi, in Conventu Sociorum, die," etc.

II.—PRESENT POSITION OF THE COLLEGE AS A LICENSING BODY.

The College of Physicians of Edinburgh is now one of the most important licensing bodies in the kingdom. With the single exception of the College of Surgeons of England, it annually gives a greater number of licenses to practise than any other body, and, without exception,

Mr. D. R. Haldane, M.D.

9 July 1881.

it grants the largest number of medical qualifications. The average number of licentiates admitted annually during the last three years has been 317.

The College grants its license to practise singly, or in conjunction with the College of Surgeons of Edinburgh, or the Faculty of Physicians and Surgeons of Glasgow. The arrangements under which this is done may be briefly described.

First.—The single qualification.

The average annual number of single or purely medical qualifications granted by the College during the last three years has been 132. There is this peculiarity in regard to the single license of the College, that it is rarely sought by students, but largely by men who are registered or are qualified to register. Of Edinburgh students who do not graduate at the University, the great majority apply for the double qualification granted by the College in conjunction with the College of Surgeons, under which, by a single examination, and at a reduced cost, a license both in medicine and surgery can be obtained. The College does not encourage applications from students for its single license, and as a matter of fact very few apply for it.

The great majority of applicants for the single qualification come from a distance and already possess a qualification, or have passed before another board in all the necessary subjects with the exception of medicine. Thus, no candidate can obtain the diploma of the Royal College of Surgeons of England unless he have passed in medicine before that body, obtained a medical qualification from a recognised licensing body, or made a declaration prior to his admission to the final examination that it is his intention to obtain a medical qualification; in the last case he is admitted to the examination of the College of Surgeons, but if successful his diploma is not issued to him until he has produced a medical qualification. A certain number of candidates under this last category come before the College of Physicians of Edinburgh, a certificate having previously been forwarded by the Registrar of the College of Surgeons stating that the applicant has passed in all the required subjects with the exception of medicine. In the case of these candidates, or of those who already hold a qualification, the examination is modified, being restricted to medicine (including clinical medicine and pathology), materia medica, midwifery, and medical jurisprudence. The license of the College is never given to a candidate unless he produces evidence of having already passed an examination in surgery before a recognised licensing body, or before the surgical examiners of the College, who consist of the surgeons to the Royal Infirmary of Edniburgh.

During the past year (1881), 191 candidates appeared for examination for the single license of the College, of whom 138 were successful. The subjoined figures indicate the status of the 191 candidates:—

1. Members of the Royal College of Surgeons of England	100
2. Candidates who have passed all the examinations for (1) except that in medicine	24
3. Licentiates of the Royal College of Surgeons in Ireland	25
4. Licentiates of the Royal College of Surgeons of Edinburgh	6
5. Licentiates of the Faculty of Physicians and Surgeons of Glasgow	15
6. Licentiates of the Apothecaries' Society of London	8
7. Holders of Canadian degrees	4
8. Students	9
	191

It may be stated that every candidate, before being admitted to examination, is required to sign a declaration to the effect that he has not within the preceding three months been rejected by a licensing body in any of the subjects for which he has to appear before the College of Physicians.

Different reasons are given by the candidates for their preference for the Edinburgh College; some say that the periods of examination suit them better than those of the other Colleges; others that they prefer to hold the license of the Edinburgh College; but, in addition to the reasons assigned, it is probable that a certain number of candidates are under the impression that the examination in Edinburgh is easier than it is before either of the other Colleges of Physicians, because statements to that effect were at one time freely made. That the idea is erroneous is, however, proved by the fact that the average per-centage of rejections during the last three years has been higher in Edinburgh than in either London or Dublin. The per-centage of rejections in Edinburgh has been 25·7, in Dublin 22·2, in London 20·8.

Second.—Double Qualification granted in conjunction with the College of Surgeons of Edinburgh.

Under this scheme, as already explained, a candidate can, by passing a single examination before a conjoint board, and at a reduced cost, obtain a complete medical and surgical qualification. The examinations are conducted in the two Colleges and in the Royal Infirmary. The examiners of the College of Physicians are exclusively responsible for the medical, those of the College of Surgeons for the surgical, part of the examination. The common subjects are examined upon by the examiners of both Colleges.

This scheme is largely taken advantage of, the average annual number of successful candidates during the last three years having been 159. The per-centage of rejections during the same period has been 34.

Third.—Double Qualification granted in conjunction with the Glasgow Faculty.

The examination for this qualification is conducted in the same manner as the above, the only difference being that the examinations are held in Glasgow. The average annual number of successful candidates during the last three years has been 26; the rejections have been in the proportion of 36 per cent.

Edinburgh, 7th June 1881. D. R. HALDANE.

APPENDIX.

ABSTRACT of Charter of Erection of the College signed at Whitehall on the 29th of November 1681.

Preamble and reasons for foundation of the College. Prevalence of quackery and abuses thence arising; some have assumed the title of doctor who could neither read nor write, to the manifest injury of the public. The erection of a College of Physicians the best means of reforming such abuses.

Persons named in charter, 21 in number, and others afterwards chosen by them, to be united into one body, community, or college, in all time coming, and to have all the ordinary powers of corporate bodies.

Jurisdiction of College to extend over Edinburgh, its suburbs and liberties.

Surgeon apothecaries to have the power of treating all kinds of injuries and the accidents thence arising; but not to have the treatment of diseases originally internal, which must be conducted only by the physicians of the College.

Persons without warrant and diploma from the College not to practise medicine within the city and its suburbs under penalty of 60*l.* Scots money for every month during which they do so.

College to have power to inspect drugs and medicines sold within the city and suburbs.

College to have no power to erect schools for teaching the medical art, or any part of it, or to confer degrees in the same, which the Universities of St. Andrew's, Glasgow, Aberdeen, and Edinburgh are privileged to do.

Graduates of Scottish universities may practise in Edinburgh without incurring any fine, but must be subject to the byelaws of the College in the same way as those incorporated in it.

"The said College of Physicians to be erected in the manner aforesaid, is hereby obliged to license any person or persons, graduates of the said universities, without any previous or foregoing examination, but only on producing to the President of the said College of Physicians their diploma or title of admission to degree."

"It is likewise specially provided that public professors of medicine of the respective universities of this kingdom, on application to the President of the College, shall be admitted honorary fellows of the said Society."

Dr. Haldane sent the following observations on Sir Dominic Corrigan's evidence before the Select Committee of the House of Commons, given on the 15th of July 1879:

Question 2790. — Sir Dominic's answer gives an erroneous impression of what took place. The College of Physicians of Edinburgh, influenced by the considerations detailed in my "statement," determined to confer

its license on practitioners of good professional and social standing without examination during the period of one year. The so-called "*advertisement*" was the eighth of the regulations issued by the College in April 1859, regarding the conditions under which its license was to be conferred, and was never issued separately from the other regulations; it was as follows:

§ "8. For one year after the passing of these regulations, licentiates of any of the existing licensing boards may be admitted licentiates of the College without examination, provided they do not derive any profit from the sale of drugs or medicine, and that they produce certificates of character and professional qualification satisfactory to the Council."

By a resolution of the College come to in the early part of May of the same year, it was decided, that no one holding a surgical qualification alone should be admitted under Regulation 8, unless he had attained the age of 30 years, and had been engaged in practice for at least six years after having obtained his qualification. Several candidates accordingly passed an examination in medicine before being admitted.

Question 2791.—The total number of candidates who obtained the license of the College under the above regulation was 215.

Question 2792.—Every applicant for the license of the College was required to send in a statement as to his general and professional education, and as to how he had been employed since he obtained his license to practise; he was further required to send in three or four testimonials from well known medical men, stating expressly that he was a proper person to be admitted licentiate of a College of physicians. The documents were carefully examined by the Council, and, if considered satisfactory, the applicant was recommended to the College for election; if not considered satisfactory, the secretary communicated with the applicant, and, if he failed to satisfy the Council, he was recommended to withdraw his application; if he did not do so, the Council did not recommend him for election, and in no case when the candidate was not recommended by the Council was he elected by the College.

No one was accepted as an applicant for the license who did not already possess a qualification which entitled him to have his name inserted in the Medical Register, and no one was admitted in virtue of a foreign qualification obtained subsequent to the passing of the Medical Act, 1858.

The qualifications of those who obtained the license of the College without examination were as follows:

M.R.C.S. England and L.S.A. -	82
M.R.C.S. England - - -	72
L.S.A. - - - -	43
L.R.C.S. Edinburgh - - -	10
L.F.P. & S. Glasgow - - -	6
L.R.C.S. Ireland - - -	1
L.A.H. Dublin - - -	1
	215

Question 2793.—No such promise as that referred to by Sir Dominic Corrigan was ever made. What happened was this: On the 8th of August 1859 Sir D. Corrigan moved—

"That the General Medical Council is of opinion that any degree or license obtained since the passing of the Medical Act, without regular examination by the university or college granting such degree or license, ought not to be placed upon the register, excepting *ad eundem* degrees or licenses in medicine or surgery, if any university in the United Kingdom admitted to the fellowships or licentiateships of the several Colleges of Physicians and Surgeons."

Dr. Alexander Wood, the representative of the College of Physicians of Edinburgh in the Medical Council, moved—

"That the General Medical Council are of opinion that, for the future, no license or degree should be given by any of the bodies in schedule (A.) of the Medical Act, without examination."

Votes taken, and amendment carried. (*See* Minutes of General Medical Council, Vol. I., p. 53.)

At an extraordinary meeting of the College of Physicians of Edinburgh, held on the 19th August 1859, the following motion was unanimously agreed to—

"That in accordance with the opinion expressed by the General Council of Medical Education and Registration on the 8th August, the Royal College of Physicians of Edinburgh do institute an examination in practice of medicine to be undergone by candidates, other than university graduates claiming exemption under the charter of the College, and that the College agree to alter law eight of the regulations in accordance with the preceding resolution."

Since the 19th August 1859, no licentiates have been admitted without examination except university graduates, and their exclusive privilege came to an end, when the College obtained its new charter in the year 1861.

2611. (*Chairman*). You are a Doctor of Medicine of the University of Edinburgh?—I am.

2612. And you are at the present time President of the Royal College of Physicians of Edinburgh?—I am.

2613. You are of course a Fellow of that body also?—Yes.

2614. And you have been for many years, I believe, a member of the Medical Council?—I have been a member of the Medical Council for eight years.

2615. And you have extensive experience of examining in Scotland?—I have.

2616. You have been an examiner both at the Royal College of Physicians and also in the Faculty of Physicians and Surgeons of Glasgow?—I have.

2617. You are also a Professor in St. Andrew's University, I believe?—I have been an examiner in the St. Andrew's University on two or three occasions; they have not a staff of examining professors of their own, and they get examiners from other quarters.

2618. I should like first to ask you one or two questions with regard to the present state of the examinations of the corporations. Will you kindly tell me, please, what examinations a medical student now has to pass in the College of Physicians of Edinburgh before he can obtain a diploma?—He must first pass the preliminary examination in order to be put upon the register as a medical student; he has then to pass, generally at the end of the second year, the first professional examination at which he is examined in chemistry, anatomy, and physiology. Then at the end of 45 months of study from the time of registration he comes up for his final examination, which consists of an examination in medicine, midwifery and surgery, materia medica, medical jurisprudence, clinical surgery and clinical medicine.

2619. Is the diploma to which you have now alluded the single diploma of the College of Physicians, or is that the joint diploma of the College of Physicians and the College of Surgeons?—It is the same for both. The same examinations are passed by candidates either for the medical qualification or for the surgical qualification before either corporation singly or before the conjoint board.

2620. Are the instances many in which the candidate comes up for examination with a view of obtaining the single diploma only?—A great many come to the College of Physicians who have a qualification from some other body. Many of them are members of the College of Surgeons of England; many are Licentiates of the College of Surgeons of Ireland, and they come to us for their medical qualification.

2621. The medical students, therefore, during their period of study pass two examinations before the corporations?—Yes, they pass two examinations.

2622. Do the corporations act in the same manner as the universities in this respect?—No, the universities have three examinations. Their first consists of an examination in botany, natural history, and chemistry, the two subjects of botany and natural history not being required by the corporations. The second examination of the universities consists of anatomy, physiology, materia medica, and pathology. I may mention that pathology is not made a special subject of examination before the corporations. We do not require attendance on a special course of pathology, as we consider it is included in the practice of medicine. Then the final examination of the universities consists of an examination in the practice of medicine, surgery, midwifery, medical jurisprudence, clinical medicine and clinical surgery.

2623. Do you think that a medical student has sufficient time during his period of study to become profi-

Mr. D. R. Haldane, M.D.

9 July 1881.

cient in all these subjects?—Not to become proficient certainly. I may mention, however, in the case of universities, the students are strongly recommended, and many of them take, an additional three months by beginning their medical curriculum in May, and attend botany and natural history during that time, so that they have six months in which you may say they have to prepare themselves in those subjects.

2624. Do you think that the subjects of the studies which are pursued are too many in number, speaking from your general experience as an examiner?—I think they are too many.

2625. Can you tell us how you would propose to cut them down?—In the case of the corporations we do not require natural history or botany, and we do not require a separate course of pathology; but I am not prepared to say that we would cut them down below that; and then I may be allowed to say that I think the standing of a university degree ought to be higher than a mere license to practice, and that it is in the scientific branches more particularly that the university curriculum is higher than that of the corporations.

2626. Do you think it is desirable that there should be a difference between the universities and the corporations in regard to the number of examinations?—That is the only reason. Their additional examination is instituted principally because they have the two subjects of natural history and botany, which we have not. If we had three examinations our first examination would merely embrace chemistry.

2627. But your period of study is approximately the same, I believe?—The minimum is the same in both cases.

2628. Then it comes to this: that you devote a longer period of time to the study of the same subjects?—In that point of view that we do not require them to be examined in or to study natural history and botany. I may say practically they have the same length of time for their professional study in the two cases.

2629. I suppose I may infer from what you have been saying that you are in favour of every candidate having given signs of a sufficient knowledge of the three subjects of medicine, surgery, and midwifery before he is admitted to the register?—Certainly.

2630. And do you not think there ought to be some means of obtaining an equality of standard in the examinations, wheresoever those examinations may be conducted?—I think there should be a security that none should be allowed to pass who do not come up to a certain minimum standard. I do not think equality is altogether possible, but there should be a minimum below which no one should be allowed to get his qualification.

2631. You say that you consider the examinations of the University of Edinburgh are at present higher in a sense than the examinations of the College of Physicians?—Undoubtedly; they embrace subjects which the corporations do not require and do not examine upon.

2632. Where should you place the minimum for the standard which you speak of; should you place it far below the present standard of the examination of the university?—The difference between a curriculum and an examination is very considerable. It must be left to the licensing bodies to determine what is to be the curriculum, and then the examinations should be subject to visitation by the Medical Council.

2633. Then is it to the Medical Council that you would look to obtain an approach to equality?—I think the system of visitation of the General Medical Council has done a great deal in raising the minimum qualification. I think it has decidedly improved since the visitation of examinations was instituted.

2634. Would not visitation be very much facilitated if you were able to reduce the number of examinations which it was necessary to visit below the present number of 19?—No doubt it would; the fewer the examinations the more easy it would be to visit them.

2635. And the nearer you would be able to approach to a standard of something like equality?—There is no doubt in that way you would get a sort of uniform standard; you would get a degree of uniformity, no doubt, in that way.

2636. You are, of course, quite familiar with the principle of a conjoint scheme which has been very much discussed with reference to medical education during the past few years?—I have not a very special knowledge of it. I know generally the objects aimed at.

2637. You know with regard to England it has been found practicable, and that with regard to Ireland the difficulty felt has been comparatively small?—I am aware of that.

2638. But that the chief difficulty has been experienced with regard to Scotland?—Yes.

2639. Do you consider that there is any means by which Scotland might be able to fall in with something of the nature of a conjoint scheme?—In this respect Scotland is very differently situated from England. In England there is little or no medical teaching at the universities; and in England also, with the exception of the University of London, a very small number graduate there; but in Scotland it is very different. The universities are the most important teaching bodies in Scotland. I do not exactly know the figures, but I should think more men graduate at the Scotch universities than get qualifications from all the corporations, so that in that respect they are very differently situated from what they are in England.

2640. But still, making the necessary allowance for the admitted difference of position between the universities of England and Scotland, do you think that a common scheme might not be devised to which Scotland would be able to adapt itself?—I think it would be very difficult to introduce a single conjoint scheme into Scotland, and what I should consider a better mode of doing it would be to have two schemes, one embracing the universities and one embracing the corporations; and to produce a still nearer approach to equality I would have, as in point of fact there are at present, certain additional examiners added on to the university professors, and I would add certain professors to the examiners of the corporations, so that the professorial element would be introduced into the corporation examinations and the corporation element into the university examinations.

2641. You would propose two schemes, one for the universities and the other for the corporations?—Yes.

2642. By whom should you propose that the examiners in each case should be chosen?—There is a considerable difficulty about that. At present the additional examiners of the university are appointed by the University Court; and the impression prevails (I do not say whether justly or not) that examiners are often selected because they are personally agreeable to the professors with whom they are to examine; and I think that is certainly a weak part of the system as conducted at present. I think either the corporations or the Medical Council, or some other body, should have something to say in the selection of those additional examiners; I would not leave it entirely to the universities.

2643. Then is your meaning this, that the universities and the corporations would join together in a sort of common board, if I may so call it, which would select the examiners who are to act in these two different sets of examinations; one for the universities and the other for the corporations?—As matters at present stand there are in the University of Edinburgh as many additional examiners as there are professors. There are twelve professors and there are twelve additional examiners; so that that would be introducing no new ones into the university; but as a sort of reciprocity I should be quite willing to see a certain number of professors added to the examiners of the corporations; and that in itself would have a tendency to produce a certain degree of uniformity in the examinations.

2644. I understood you to say just now that there was some objection to the principle of the universities appointing the examiners who were to act at their examinations, because it was supposed that examiners were sometimes chosen on the ground of their being agreeable to the particular professors with whom they were to examine; how would you meet that objection by this proposal?—That is a difficulty, but I think it is only one of detail. One of the ordinances of the University Commissioners was that there was to be a certain number of non-professorial examiners to be appointed by the university. The College of Physicians and the College of Surgeons objected to the election of those additional examiners being left in the hands of the universities, and petitioned that the corporations should be allowed to select them. If I remember rightly, two examiners were to come from the College of Physicians and two from the College of Surgeons; and it was proposed by the ordinance that those men should be selected by the University Court. The corporations however (the Colleges of Physicians and Surgeons) petitioned that they should have the nomination of those examiners.

The College of Surgeons of Edinburgh and the College of Physicians of Edinburgh appeared before the Privy Council and opposed the ordinances; and that was one of the grounds upon which they opposed them; but the Privy Council over-ruled their objections. I mean ever since the thing was instituted it has been felt as a sort of grievance.

2645. Will you explain to me, for I do not quite understand, how it was that the corporations came to be interested in the same examinations as the universities? According to my understanding of it, the universities at the present time hold their own examinations, and the corporations hold their examinations?—Quite so, but there is this great difference, the universities, and what is called the extra academical medical schools, are rivals as teaching bodies, because the universities of Scotland are quite as important as teaching bodies as examining bodies; and a certain portion of the classes is allowed to be attended outside the university in the extra academical school; and those lecturers felt, and the corporations felt, that if the students were to be examined exclusively by their own teachers and by men selected by them, that they would not be put upon an equal footing. They wished the corporations to nominate absolutely independent persons, persons who should be independent of any university influence whatever.

2646. Then in so far as the universities are teaching bodies, they really at the present time appear to have a more direct connexion with medical education than the corporations do, because the corporations are examining bodies, as are also the universities?—Yes.

2647. But the universities are teaching bodies which the corporations are not?—Quite so.

2648. Do you think it is desirable to establish a system of two conjoint boards?—That is what has occurred to myself as the best arrangement for Scotland.

2649. I presume you would say it is desirable that those examinations should be duly inspected by some central authority?—Certainly.

2650. The system of two conjoint boards would, of course, double the duty of inspecting, whereas it would not be so if there was one conjoint board as proposed in England and Ireland?—At the present time the examinations are completely inspected, that is to say, the examiners are present at the whole of the examinations; and if you divide the candidates into two parts you do not increase the amount of work in the same proportion. A smaller number would appear before each of those separate boards than before one conjoint board.

2651. Would this scheme which you propose of a conjoint board for the corporations differ very much from the arrangement which at the present time practically exists; because I understand that the corporations have by voluntary action combined?—They have. From the very first year of the passing of the Medical Act (1859) the College of Physicians of Edinburgh combined with the College of Surgeons on the one hand and the Glasgow Faculty on the other. Since that time a very large and increasing number of candidates have gone up. The College of Surgeons of Edinburgh at the time of the passing of the Medical Act gave, I suppose, about 100 qualifications annually, and now it gives, I think, only 26. In Glasgow a larger number have taken their single qualification; but still a good many (I think 26) take the double qualification, and nothing would be easier than to combine those three in one board, that is, to combine the College of Physicians with the College of Surgeons and with the Glasgow Faculty.

2652. Then does it not come to this that the change you propose is a change rather in name than in fact?—No, you would have the university examinations by themselves. I do not approve of the system of students being examined exclusively or even principally by their own teachers. If the four universities combine together, a conjoint board would be formed that would have candidates with a much larger selection of examiners than you would have if you took the examiners each from his own university; and I think that would introduce a very important element.

2653. Now let me put before you another plan of effecting the same object; and let me ask your opinion about it. Let us consider that a common board is formed of delegates from the universities and from the corporations; that those delegates nominate a list of examiners, and that the universities and corporations respectively appoint from that list the examiners who shall act at their various examinations; do you think that such a proposal as that would command favour in Scotland?—I should doubt it. I think it would not. I think there is a strong feeling that the universities should be left very much as they are at present, that they should not be interfered with or interfered with as little as possible. It is felt that they have done excellent work in Scotland. I think by the scheme I propose they would still maintain their position, while a greater degree of uniformity would be obtained.

2654. Admitting that fact and assuming that therefore it is desirable that some further advantage ought to be given to the universities, and supposing that with that view the universities were permitted to add at the final examination some of their own professors to the examiners of the common board (my proposal you will observe nearly approaches to what is known as the Buccleuch compromise) do you think that proposal would be acceptable to the universities?—It might be to the universities, but it would not be to the corporations I am afraid.

2655. Why?—Because it would give the professorial element a still greater preponderance. It would give the corporations less to say in university examinations, and it would give the professors more to say in the corporation examinations.

2656. But we have admitted, have we not, that the universities have a more intimate connexion in Scotland with medical education than the corporations have?—In one sense, but not in another; because all the extra academical teachers are Fellows of either the College of Physicians or the College of Surgeons, so that indirectly the corporations are connected with teaching. They have no school of their own, but all the teachers in Scotland are Fellows of one or other of the colleges, and another point is this, they must all be examined. No man is allowed to lecture (at least his lectures would not be recognised by any of the licensing bodies) with the exception of the professors, unless he passes an examination before his own college. Every professor before his lectures are recognised, applies to his college to be examined; he is examined by the board, and his museum is inspected. They inquire what means he has of illustrating his course, and unless he satisfies them he is not allowed to qualify, so that in that way the corporations have a considerable connexion with medical education.

2657. Let me then put the plan before you in a slightly different form. Let us suppose that the earlier professional examinations (by which I mean all the examinations save the final one) should be left to the universities and to the corporations, but that the final examination, whether of university candidates or candidates who were not connected with the universities, should be conducted by a common board appointed by the universities and the corporations jointly; do you think that scheme would meet with favour?—I certainly should prefer that to the other, because less interference would be made with the examinations; the earlier examinations would be left to the bodies as they are at present.

2658. Then would your preference rest on the ground that, in my last proposal, the universities and the corporations are placed more nearly on an equal footing than they were in my former proposal?—It would; that is the point.

2659. You think it is not very desirable to give the universities any advantage over the corporations?—I think not; I do not see why they should have any.

2660. Let me now come to another point, that is, the point of the preliminary examination. It has been stated that at some of the corporations, I do not say the corporation which you represent, but, at some of the corporations, the preliminary examination (by which I mean the examination in Arts) is not conducted according to a satisfactory standard. Do you think it is desirable that that preliminary examination should in all cases be conducted by each of the corporations and the universities as at present?—Here too there is a difference between England and Scotland. In the case of England, where the universities are practically not medical bodies, where they have little or nothing to do with teaching and give very few degrees, I think it may perfectly well be left with them; but in Scotland the universities compete with the corporations as to education; it is a matter of competition of course.

2661. As to medical education?—As to medical education, and unless it is a perfectly general examination in

Mr. D. R. Haldane, M.D.

9 July 1881.

which a man should not be asked, "Are you going to "study medicine here or there," I would not ask him what he was going to study; it should be a simple examination. If a man went up for this examination, then I would be quite willing to leave the whole thing in the hands of the universities, but as at present constituted the preliminary examination of the universities is essentially an examination for intending medical students. I am aware that a few others go up to it. I think men who go in for the degree of Bachelor of Science go up to it, but they are a very small proportion; the number of medical candidates is counted by hundreds.

2662. Is your objection to the present Scotch universities examination based upon the ground that it comprises subjects that are more particularly medical subjects, and is not limited to subjects of general education?—No, not at all, but there is a special examination for intending medical students; if it was merely an open entrance examination; if all candidates who wished to enter a university had to pass an examination, then I should be quite willing that this examination should be held as the preliminary examination, and that all candidates (whether they intended to be university students or not) should pass before it; but my objection to it at present is that the examination of the universities is specially intended and almost entirely taken advantage of by intending medical students only.

2663. What subjects do you think the preliminary examination ought to be limited to?—My own idea is that the minimum of the preliminary examination is at present too high as to the number of subjects. I think that the absolute standard is too low, but that the subjects are a great deal too numerous; that there are too many subjects. I know of my own intimate knowledge of students (university and others) that their preliminary examination is not what it ought to be.

2664. In such matters as a knowledge of Latin and subjects of that kind, have you known a good many students who passed the preliminary examination come very short in their medical studies?—Undoubtedly; a great many. The majority of students seem to have forgotten their Latin by the end of the fourth year; if the man had once known Latin thoroughly he could not have forgotten it by that time. I think the preliminary examination should be in four subjects, and it should be decidedly more thorough than it is.

2665. And supposing that your wish were carried out in that respect, should you be quite content that the corporations should no longer hold a preliminary examination, but that for the sake of obtaining this sufficiently high standard, which we have been speaking of, it should be conducted either by the universities or some external body?—I am perfectly willing to do that, provided it be made a perfectly general examination.

2666. In general subjects?—In general subjects. I may mention that the College of Physicians in Edinburgh some years ago expressed not only their willingness but their wish to give up having anything to do with the preliminary examination. It was only for the reason I have given, that the preliminary was a sort of entrance to the medical studies, that of late years they have retained it; otherwise they would have given it up long ago, because neither in a financial nor any other way does it do the college any good.

2667. Now let me ask you one or two questions with regard to the Medical Council. You have spoken of the inspection of the examinations by a central body. I presume that you mean thereby either the present Medical Council or some central body approaching thereto in the nature of its constitution?—Yes.

2668. Do you think it is desirable to make any changes in the constitution of the present Medical Council?—There are certain changes that I certainly should be inclined to make. In the first place I would not have the Apothecaries' Societies represented on the Medical Council at all. They are essentially trading bodies, and should not I think send members to the Medical Council. Then I would not have a representative of the University of Durham on the Medical Council, because it is not a teaching body, and the number of medical degrees they give is extremely small. I think one year there was one and another year there was none. Then I should certainly add one representative to the Scotch universities. I think it is quite ridiculous that a body like the University of Edinburgh should only have half a representative.

2669. You are no doubt very familiar with the question of direct representation of the general profession on the Medical Council, which has been very much agitated; what is your opinion upon that point?—I have seen and heard a great deal of it, but it is not a subject in which I personally take much (I may say any) interest. There is no agitation of the kind in Scotland. I do not think it is ever spoken of; and in England I am inclined to think a great deal of the agitation is artificial.

2670. But still you would admit that the agitation has been considerable?—No doubt it has.

2671. As a matter of expediency should you be in favour of making any concession to that agitation?—There is no doubt that as a matter of fact in England the general practitioners and the British Medical Association have been the means of stopping medical Bills before now; and in order to propitiate them it might become a question whether it might not be expedient to give them some direct representatives.

2672. (*Mr. Simon.*) If the propitiation which you just now suggested involved an addition of, say, six members to the present Medical Council, which already contains 24, should you consider it a body inconveniently large for the transaction of business?—I may say that I would reduce the numbers by three. I have already suggested doing away with the representation of the two Apothecaries' Companies and giving one to the University of Edinburgh. Then I would make the President to be selected from the Medical Council, and that would give you three vacancies.

2673. You propose to disfranchise three bodies?—Yes.

2674. Has it been your experience that bodies willingly accept disfranchisement for themselves?—I should not expect that they would.

2675. In some of the suggestions that have been made for the reduction of the Medical Council it has been proposed to disfranchise the Faculty of Physicians and Surgeons of Glasgow?—I am aware of that proposal.

2676. What would be your opinion of that?—I should not desire to see the Glasgow Faculty disfranchised. I think it has improved very considerably of late years.

2677. Has your attention ever been drawn to section 50 of the Medical Act of 1858, giving facilities for the conjunction of the Glasgow Faculty and the Edinburgh Surgical College to make a Royal College of Surgeons for Scotland?—I know it has been suggested, but I do not think it would meet with acceptance from either the College of Surgeons or the Glasgow Faculty.

2678. But for the interests of surgery in Scotland, and looking not to the question of what might be the view of the chief persons at this particular moment in the institutions, but looking at the matter as concerning the public, and as a matter to be judged on its merits in the long run, should you think that a good arrangement?—I think it would be. There is only one representative of the College of Physicians; there is only one College of Physicians in Scotland, and I can see no objection whatever (on the contrary) to there being only one Royal College of Surgeons in Scotland also.

2679. It would become a body akin to the Royal College of Surgeons of England and the Royal College of Surgeons of Ireland, would it not?—Exactly.

2680. And would therefore perhaps have a position of more importance than the present two bodies have?—I think so, because originally they were only local bodies; the College of Surgeons licensed for the east of Scotland, and the Glasgow Faculty for the west.

2681. As regards your own body, in your examination for license you have, I think, 22 examiners?—Twelve for the final and six for the first examination; we have 18 in all.

2682. What classification of examiners have you as regards subject matter?—For the first examination, that is the primary examination, we have two examiners in anatomy, two in chemistry, and two in physiology; and each of them examines on no subject but his own. For the second, the final examination, we have 12. They are divided into two sets; one set of six examine in medicine and materia medica, and the second set examine in midwifery and medical jurisprudence; so that for the primary examination each examiner has only one subject to examine upon; for the second he has two.

2683. Is pathology examined in as a division of medicine?—Yes.

2684. (*Professor Turner.*) I think you have had large experience for many years as an examiner in the Royal College of Physicians, Edinburgh?—I have.

2685. A statement has been made to the Commission that a considerable number of students who have obtained their education in England come to the Edinburgh College of Physicians for the purpose of obtaining a license in medicine; is that so?—That is the case.

2686. The statement has also been made that the students who come from England to the College of Physicians of Edinburgh are ill-prepared students, or students who have failed in London; have you any knowledge on that matter?—That many of them are ill-prepared I can answer for from the number of rejections that take place.

2687. Have you got any facts to lay before us as to the rejections which take place?—I have. I analysed the candidates who came up for the single qualification during the course of last year, 1880.

2688. (*Chairman*). Is that for the first examination?—No, the final examination. I find that 191 candidates came forward, and they were classified as follows: 100 members of the Royal College of Surgeons of England appeared for examination, and every one of those had passed an examination in medicine before he came to us; but of this number 22 were rejected—22 per cent. of those men were rejected.

2689. (*Mr. Simon.*) In medicine, do you mean?—This was our final examination. I can give afterwards the subjects on which every man was rejected, but in the first place I am speaking of merely the general result of the final examination—22 per cent. of the members of the Royal College of Surgeons of England were rejected. Then we also take up men who have passed everything before the College of Surgeons of England with the exception of medicine; the Registrar, Mr. Trimmer, sends a certificate stating they have passed upon everything but medicine. Of those candidates we had 24; seven of those 24 were rejected, or 29 per cent. That is a somewhat higher per centage of rejections than in the case of the members. Then 25 Licentiates of the Royal College of Surgeons in Ireland came up; of these nine were rejected, or 36 per cent.; six Licentiates of the Royal College of Surgeons of Edinburgh, and all of these passed; 15 of the Licentiates of the Faculty of Physicians and Surgeons of Glasgow came up, and seven were rejected, or 46·6 per cent.; eight Licentiates of the Apothecaries' Society of London came up, and they all passed; four men who were holders of Canadian degrees came up, and of those only one passed; nine students came up, and of those five were rejected.

2690. (*Professor Turner.*) When you say that the members of the Royal College of Surgeons of England who appeared before you had passed an examination in medicine, am I to understand that they had a license in medicine?—No.

2691. But that they had passed an examination in medicine before the Royal College of Surgeons in England?—Exactly; the Royal College of Surgeons in England will not give its diploma to anyone who has not passed an examination in medicine. But as I have said before they will put a man down as having passed in all his subjects and give him his diploma when he has passed in medicine somewhere else; and these are the men who come to us with the certificates of Mr. Trimmer. There were 24 of them, and they had not been examined in medicine at all.

2692. I think you referred to a hundred?—191 altogether; that is the total number. There were 100 members of the College of Surgeons of England who came up.

2693. The point I want to get at is this: can you give us any information as to where these gentlemen had passed their examination in medicine. I mean these gentlemen that you found unqualified in medicine?—Before the College of Surgeons of England. They have, I think, two special examiners in medicine. I think two is the number, I am not quite sure.

2694. Have you formed any conclusion in your own mind as to the quality of the examination of your own body, looking at it in comparison with the examinations in medicine which these various candidates that you have referred to had passed at other examining boards? Have you formed any comparative idea of the value of your own examination?—Certainly. The conclusion to be drawn is that our examination in medicine must be very considerably higher than the examination by the College of Surgeons of England. Of course a man is not so thoroughly examined, I presume, before the College of Surgeons of England in medicine where it is only one subject out of many as with us, where it is our principal subject; 22 per cent. of those men were rejected.

2695. Then of these gentlemen, members of the College of Surgeons of England, who appeared before you for examination for a license in medicine, can you state to us the subjects in which they were deficient when they appeared for your examination?—I can. I have taken a note of every one of the 53 rejections; I have no names of course, but I have the qualifications in one column.

2696. Your table is evidently a table of considerable length, an elaborate analysis of the results of examination of your college. I will not ask you to give in your evidence the whole of the table, but perhaps you could select from it two or three prominent examples, so as to give the Commission an idea of the nature of the table?—53 candidates were rejected at our final examination, which includes an examination in medicine, materia medica, midwifery, and medical jurisprudence; 19 of the 53 were rejected in every one of the subjects; 13 were rejected in three of the subjects.

2697. Would you name the three subjects?—It is in the table, everything is there. Sixteen were rejected on two subjects, and five were rejected upon only one subject; 46 out of the 53 were rejected in medicine.

2698. Displaying ignorance in medicine?—Yes, to such an extent that we could not give them our diploma; 36 failed in materia medica; 39 failed in midwifery, and 31 failed in medical jurisprudence.

The table was handed in, and is printed at the end of Dr. Haldane's evidence.

2699. Then are we to understand that the 19 candidates who failed in all the subjects were of course rejected?—Yes, every one of the 53 was rejected. If a man fails in one subject he is rejected.

2700. You have referred to the constitution of the examining board of the University of Edinburgh as consisting of two elements, the professorial element as belonging to the faculty of medicine, and a non-professorial element?—Yes.

2701. You have referred also to the action taken by the Edinburgh corporations some years ago relative to the selection of the non-professorial examiners?—Yes.

2702. Since the original ordinances by the Scottish Universities Commission in 1860, appointing non-professorial examiners, has not the number of non-professorial examiners in the university been largely increased?—Yes, largely increased.

2703. So that at this present time the non-professorial element equals the professorial element?—It does.

2704. So that in each subject of examination there are two examiners, a professor in the faculty of medicine and an examiner appointed *ab extra*?—Yes.

2705. I have just been looking over the non-professorial examiners in the different subjects; you are yourself a non-professorial examiner?—I am.

2706. You examine, I think, in clinical medicine?—Yes, in clinical medicine.

2707. And you are a Fellow of the College of Physicians?—Yes.

2708. I observe that the examiner in midwifery is also a Fellow of the College of Physicians?—He is.

2709. The examiner in surgery is a Fellow of the College of Surgeons?—Yes.

2710. The examiner in anatomy is a Fellow of the College of Surgeons?—Yes.

2711. And some of the examiners are Fellows of the College of Physicians of London?—They are.

2712. So that the university authority, that is the University Court, in selecting the non-professorial examiners really does carry out the desire of the Colleges of Surgeons and Physicians in selecting Fellows of those Colleges as members of their examining board?—Certainly to that extent.

2713. Then you have referred to the difficulty experienced by the College of Physicians of Edinburgh in accepting the preliminary examination in general educa-

Mr. D. R Haldane, M.D.

July 1881.

tion of the universities, or rather in ceasing to hold its own examination?—Yes.

2714. Because the preliminary examination of the universities is to a large extent an examination intended to meet the requirements of the medical student?—Yes.

2715. But I think you have expressed the view that this examination is an examination in the subjects of general education, and not an examination having any special reference to the medical profession?—Undoubtedly.

2716. I think it ought to appear in evidence that this is the only entrance examination required by the university for any of its faculties?—No. What I should be quite willing to see would be this——

2717. Take the thing as it is?—I was going to say there is an examination which already exists, an examination by which candidates for the degree of Master of Arts may graduate in three sessions. The regular period of study for a student who wishes to go in for the degree of Master of Arts is four sessions; but if a man passes the entrance examination it is reduced to three. That is one of the general examinations of the university. Now if all seeking admission in the register had to pass this examination, I would be perfectly satisfied with it, because it would be one of the general examinations of the university, whereas at present it is a special one.

2718. But there is no general entrance examination in these Scottish universities, is there?—No.

2719. And at the time when this examination was instituted my impression is that the examination which you have referred to for a degree in arts was not in existence; is that so?—No, at that time it was not.

2720. But with reference to the persons who conduct this preliminary examination, are they not the examiners for the degree in arts?—I believe they are; in fact since the preliminary examination of the Colleges of Physicians and Surgeons was instituted our examiner in physics and mathematics has always been a professor in the university. Not one of our fellows has a word to say with regard to that. The examiner for many years was Professor Kelland, and since his death it has been Professor Tait. The whole of the papers in arithmetic, algebra, geometry, and so on have been sent to them, and we have had nothing to do with it. Professor Tait, following the practice of Professor Kelland, sends back his report perfectly unbiassed.

2721. Is it not also the case in the university that the examiners who conduct the entrance examination for students of medicine and for students of science are the examiners in the faculty of arts, and not the professors in the faculty of medicine?—I believe that to be the case.

2722. It has been suggested to the Commission that some revival of the apprenticeship system might perhaps be a useful addition to the means of obtaining knowledge on the part of medical students; can you give us any information as to whether the apprenticeship system is in existence in Scotland at this present time?—I should think it is entirely done away with.

2723. Did it ever exist in Scotland?—Yes.

2724. When was it that it began to be given up?—A number of the older medical men in Edinburgh were apprenticed. I should think for the last 45 years, or perhaps 50 years, it has been getting gradually smaller and smaller, until now I really do not know of any remaining.

2725. Did it ever exist in Scotland as a general institution throughout the country?—I think not.

2726. Can you tell us if the general practitioners in Scotland are in the habit of dispensing their own medicines?—In many localities they do so, and must do so.

2727. But in the towns, for instance?—No. The practice of dispensing their own medicines is being got rid of every day, I may say, as chemists are established.

2728. Does the practice in Scotland exhibit any difference in this respect from what it does in England?—I do not know. I suppose a change has taken place in England too, but it used to be notorious that patients used to be very much more drugged in England than in Scotland, from the fact that the medical practitioner was remunerated by his drugs, and not by medical attendance. Now I believe almost all practitioners charge for attendance as well as for drugs, but I believe the old system of the Apothecaries' Society had a practical tendency to increase the giving of drugs to patients.

2729. And who did the English practitioner employ to dispense his medicines?—Himself and his apprentices.

2730. Would you consider that this cry which has arisen in England for a continuance, or to some extent a renewal, of the apprenticeship system would meet with acceptation in Scotland?—Certainly not.

2731. And if the attempt were made by legislation, or by the action of the Medical Council, to require a renewal of the apprenticeship system, would it be likely that the Scottish practitioners and the Scottish medical authorities would agree to such a proceeding?—I think not; indeed I am sure they would not.

2732. (*Prof. Huxley.*) I understood you to suggest the establishment of two conjoint boards in Scotland, one in which the corporations should take part, and the other in which the universities should take part?—Yes.

2733. In that case the corporations, or several of them at any rate, would be more intimately connected with extra academical teaching, would they not?—They would, because it would be principally from them that the candidates would come, principally from those who had been instructed by the extra academical body.

2734. Would not the practical result of that be to establish in Scotland what one might call a purely medical university, both as a teaching and examining body, side by side with the existing universities? What I mean is this: that the corporations being united into an examining body of their own would answer very nearly to the body of professors and the senate of the university?—Exactly.

2735. And the extra academical teachers would be related to them, not quite so closely, but still in a similar or analogous fashion, as the professors of the universities are to their senate?—Yes, very much in the same way; but I should say that in Edinburgh a great many students attend both the professors and the extra academical course. I should think there are very few, even if they do not mean to take the university degree, who do not attend one or two of the classes of the university; and *vice versâ* there are very few of the university students who do not take one or more of the extra academical courses.

2736. Do you think that is a convenient or a desirable state of things. Scotland is not a very large country; it has four universities already; and in this case it would have, in two at any rate of its great cities, something analogous to another university specially constructed, so to speak, for medical students; do you think that a desirable thing?—I think that instruction and examination is required for two sets of students. I put the degrees higher of course than the mere qualification for practice. I think the universities should retain their own regulations as at present, but I would not make the requirements so high for a simple license to practice.

2737. Do you think the ordinary degree granted by the University of Edinburgh requires qualifications which are more than might fairly be expected of any body who was going to practice medicine?—The subjects of botany and natural history, I do not look upon as essential. For a man who is to have a superior education they are essential, but for the mere practitioner I think he can do without them.

2738. I have not the slightest intention of disputing that opinion, but it is not certain, at any rate, that subjects like natural history and botany will continue for ever to be part even of the university qualification; and supposing that you and I are right in conceiving that such subjects as natural history and zoology are not properly parts of the medical curriculum, is there anything else which you think is superfluous in the university course?—Not superfluous, but the university course is more expensive than the course of the colleges. The fees of the professors, as a rule, are a guinea more upon every subject. Now that spread over 12 subjects comes to 12 guineas. Then pathology is an extra class. I put down an estimate of the relative expense, but as many of the students in Scotland are poor this question of expense is a matter of some importance to them.

2739. But then supposing that to be the case, is it desirable that there should be two bodies competing with one another, giving practically the same education, and yet that the education of the one should be cheaper than that of the other?—I think there are two sets of stu-

dents to be considered—the one who take a mere qualification to practise, and the other who wish something in the way of honour; that is, something higher.

2740. I thought we had agreed that, imagining the superfluous subjects to be cut out, for the essential duties of the medical man the degree implied his doing no more than he ought to do?—Yes; still in the first place with regard to botany, whether we call it university or extra academical, I think it is one of the best things for a school. As the university does not take, and never will take, probably, the whole of the certificates from the extra academical (they only take a certain proportion, I think a fourth), I think, unless you had another body which gave the mere qualification, that is the mere license to practise, it would knock the extra academical teaching on the head in Scotland.

2740*a*. Granting the utility of competition in teaching, competition in cost is not a very wholesome or desirable thing is it?—I think it ought to be cheaper to go to the corporations for a mere license to practise than it is to go to the universities. I think the cost should be less.

2740*b*. Why should it be if the education is the same, supposing it to be the same?—I say there is this difference; a guinea extra is charged on each course.

2741. Is that a desirable state of things?—I think it is. If you have university professors you must have a high class of men, and you must pay them well. If you reduce their fees, the reduction will probably have a tendency to lower the standard of the men.

2742. I do not wish to throw the least slur upon the extra academical education, of which I know nothing, but does not that rather seem to show that the extra academical teachers cannot possibly give their time and attention to the teaching in the way the university professors do; and does it not rather create the probability that the teaching would not be so thorough?—I think the facts are exactly the other way. The great majority of the Edinburgh professors are taken from the extra academical school with very few exceptions; it is the school for professors. The men begin young and enthusiastic, and these are the men who work harder in teaching than any other men. Many of them are not paid sufficient to cover their expenses, but with a view to ulterior results they devote themselves energetically to the work. In the majority of cases I should say the amount they receive does not pay their expenses, at all events for some years.

2743. With respect to the 45 months that have to be given to the curriculum for examination by the Edinburgh College of Physicians, is the whole of that time necessarily spent in a medical school?—There are three months vacation in every year, but I rather think by the regulations they only require three winter and three summer sessions to be attended, though, as a matter of fact, they all, with scarcely an exception, take the full four winter courses. The period of 45 months would include 36 months of actual attendance at the medical school.

2744. Supposing your plan to be carried out, and that you have the two conjoint boards, will you not want some sort of machinery to see that the examinations of the two conjoint boards are practically equivalent, that one is not in fact underselling the other?—I would have that done by visitation.

2745. By visitation by whom?—The Medical Council or some other central body. I think the Medical Council should be the body; and then you would have a certain number of professors on the board of the corporation, and a certain number of the fellows of the colleges on the board of the universities; and that in itself would be an important check that the standard would not go too low.

2746. You mean that you would have in each of the conjoint boards a certain number of members taken from the other bodies?—Yes.

2747. So as to keep a check upon them?—Yes.

2748. (*Mr. Simon.*) If you think that the system of two conjoint boards would work well in Scotland, why should not a single conjoint board work well?—Because I think the universities are on a different footing to the corporations. I would let the university have its own board and the corporation its own board.

2749. (*Chairman.*) You propose an interchange of examiners?—A certain number of them, in a certain proportion.

2750. (*Mr. Simon.*) But if, by a little management between the respective bodies and their respective interests, it could be arranged that two boards would work in that way, could not an arrangement be made that one would work?—I know that some years ago in reference to some Act, I forget what the Act was, but I think the date was 1872, we had a conference of representatives of the different universities in Scotland and the representatives of the corporations. We met several times and found it absolutely impracticable to arrange matters in the then state of feeling upon the subject, although we did our best. The branch Council took the matter up and we endeavoured to form a conjoint scheme, but absolutely failed, and that was our difficulty, the universities.

2751. I think I am right, am I not, in the impression that on several occasions you have been very near the settlement of a conjoint scheme for Scotland?—I think that was about the nearest we came to. We advanced further than on other occasions, but broke down just as completely as before.

2752. The question has been raised whether the difficulty as regards the universities might be met in some such way as this,—first, that a particular allowance should be made for their first or scientific examinations, namely, that these subject to conditions, should be accepted by the conjoint board of Scotland; then secondly, that candidates passing the conjoint board should be divided on passing into an upper and a lower class, and that the first class passers, so far as they were university students, should have their pass of the conjoint board recognised by the university of which they were students as valid towards the M.B. degree?—If I understand rightly you would accept the university first examination as at present?

2753. Yes?—But for the final examination all the candidates would go up altogether?

2754. Yes?—You divide them into two classes; and, as I understand, those who passed in the first class should, if they fulfilled the conditions of the university, be eligible for the university degree without further examination.

2755. For the degree of Bachelor of Medicine, subject of course to special university conditions, whatever they might be?—If the universities agreed to that I should be perfectly satisfied with it.

2756. Would not some arrangement of that sort seem simpler at all events at first sight, looking at the difficulties, than the plan of having two conjoint boards with exchange of examiners?—I am not sure of that. I should myself prefer the two boards, but at the same time I think a good deal is to be said for the other plan.

2757. (*Professor Turner.*) As regards two conjoint examining boards in Scotland, namely a university conjoint board and a corporation conjoint board, each having a certain interchange of examiners, Mr. Simon asked you the question why should you prefer that in preference to having only a single conjoint board; is not the plan of having two boards instead of one board, preferable for this reason, that if you had a single board university candidates would have to pass the final examination of that board, as well as the final examination conducted in the university itself?—I understood not. If they passed in the first ——

2758. I am putting that scheme on one side, and not considering that scheme, but considering another; the university candidates would thus have two final examinations to pass?—Quite so.

2759. One before the university and one before the conjoint board?—Yes.

2760. Under the supposition that there were two conjoint boards in Scotland, each giving admission to the Medical Register, the student passing the university conjoint board (that board having a certain admixture of examiners from without) would obtain the title of Bachelor of Medicine of the university, and the right to go on the Register on passing a single examination only?—Quite so.

2761. (*Bishop of Peterborough.*) You have given us some extremely interesting information as regards the claims, the relative positions, and the susceptibilities of the corporations and the universities. I should like to ask you a few questions on behalf of the outside and less learned public, if you will allow me. You would, I am sure, admit that the public at large have a very important interest in this matter?—Undoubtedly.

Mr. D. R. Haldane M.D.

9 July 1881.

2762. And an interest perhaps not always exactly identical with the corporate interests?—Possibly.

2763. I mean possibly, of course. The State has a claim to satisfy itself as to the qualifications of the persons whom it entitles to practice on the bodies of the subjects, has it not?—Certainly.

2764. And that, for this reason, in addition to others—that the persons so qualified on the Register have power not only over the lives but over the liberties of the subjects on certain occasions?—Yes, quite so.

2765. A duly qualified practitioner upon the Register, or two of them together, I think, would have considerable power in sending myself, for instance, or other persons to a lunatic asylum?—No doubt.

2766. Therefore on those grounds and on this additional ground that the State has conferred certain legal privileges upon the existing corporations, the State, you hold, has a very distinct claim to a certain amount of regulation, at least, and testing of medical education?—Certainly.

2767. And I suppose that the two points to which the testing of the State should specially be directed should be these: first of all that a medical man, being a member of a liberal profession, should have an equal degree of liberal culture with members of other liberal professions?—Yes.

2768. And secondly, that wherever he gets or however he gets his education, when he finds himself at the bedside of a subject, he should be able to ascertain first of all what is the matter with him, and, secondly, should know how to set about curing him?—As far as the resources of medical science go, certainly.

2769. Those are really the two points to which the special attention of the State in the interest of the subject should be directed?—Certainly.

2770. Practically to us outside people it matters very little what letters a man puts after his name, or where or how he has got his education, provided when he feels our pulses and administers medicine to us he does it in such a way as may be fairly likely to cure us?—Yes.

2771. Then the two points to which the special attention of the State, acting on behalf of the public, should be directed, setting aside for the moment the interests and claims of medical bodies, should be at the beginning and the end of the students studies. Are not those the two points at which the State should specially interfere with medical education?—Yes, if it is to interfere at all.

2772. I am assuming for the moment that it does interfere; it should interfere at the preliminary examination and it should interfere at the final examination?—Yes.

2773. Supposing the State were for the first time now to set about this testing of a man's fitness to doctor the subjects, it would probably not select the instrumentality of 19 different and probably rival bodies to conduct that test of education?—Probably not.

2774. If we had a *tabula rasa*, we should not begin by setting up the 19 medical bodies?—Certainly not.

2775. And I think I may assume further from your evidence, that the degrees or diplomas given by these various medical bodies, and therefore presumably the education on which they have given those diplomas or those degrees, varies very considerably in value?—It varies undoubtedly.

2776. For instance, the very important evidence you gave us as to the rejection of candidates in medicine who came before the College of Physicians in Edinburgh clearly shows that the teaching powers of certain bodies, whatever they may be, are very different?—Or the standard of examination lower.

2777. And the standard of examination lower, one or the other, or probably both?—Yes.

2778. Then we have come to this, have we not, that the existing bodies who may be taken as acting in a certain sense on behalf of the State, in ascertaining a man's fitness to go upon the Register, are of very different values for such a purpose?—There is a certain difference between them no doubt.

2779. You would hardly say that the courses of examination and the diplomas therefore of the different existing bodies in Scotland are of equal value?—If anyone draws conclusions from the tables, they are at liberty to do so.

2780. Then that which ought to be the great object of the State, namely, securing at least a minimum amount of practical knowledge on the part of the practitioner, is at present, in your opinion, not sufficiently secured?—I am not prepared to say that any body passes men below the minimum, because some of those bodies (I may say the great majority of them) do not give a medical qualification. The candidates have been examined by surgical bodies where it cannot be expected that they would be so thoroughly tested as where medicine is made the special subject; and naturally we have at the College of Physicians a higher standard in medicine than the College of Surgeons; whereas I have no doubt the College of Surgeons has a higher standard in surgery than we have. If our men, the Licentiates of the College of Physicians, came, perhaps to the College of Surgeons of London or Edinburgh very likely a proportion of them would be rejected in surgery.

2781. Then it would come to this, that one body being particularly skilled in examining in one subject, and some other body being particularly skilled in examining in another subject, it would be necessary at present in the interests of the subject and the State that every man should get a double qualification?—Undoubtedly.

2782. Is it not in itself very undesirable that a man should have to go to two different bodies for his qualification?—I should like to see a conjunction.

2783. The fact that these licensing bodies exist and have done more or less good service in various ways, is of course a reason why we should not unnecessarily disturb their interest or displace them from their work?—Certainly.

2784. And on the other hand it is right that the State should, to a certain extent, secure the rights and liberties of the subjects?—Yes.

2785. Therefore, if I gather your meaning rightly, the object of this Commission and the object of legislation, should be to gain the maximum of security for the knowledge of the practitioner, with the minimum of disturbance of existing institutions?—Certainly.

2786. That should really be the aim of all reasonable and wise legislation you think?—Quite so.

2787. Then may I ask you further whether you do not think that either a Staats examen, or an examination conducted for the State by a conjoint board as a final examination, would, upon the whole, disturb existing interests least—leaving to the student to seek his education in whatever body he preferred, and to pass such examinations as might be held necessary before he obtained the final permission from the State to go upon the Register; leaving the bodies entirely to their own action as heretofore in that matter—would it not disturb existing interests least of all if the State were to say to the intending practitioner: "Produce to us evidence that you have "studied in such and such a place, passed such and such "examinations, and obtained, it may be, such and such "qualifications; now you come to us and we say whether "we consider you a fit person to practice upon the bodies "of the subjects:" Supposing that were done, would it not disturb existing interests less than any other plan?—I think not. I understand you to speak of men for the Staats examen who have already got qualifications?

2788. Not necessarily. I am allowing the possibility of their getting qualifications, but I am making this proposal, that they pass the necessary examinations in what is called the scientific part of their studies, and that then a board appointed by the State, a conjoint board, should give them the final examination, what is called the practical examination?—May I ask one other question? Suppose a man with no qualification passed this Staats examen, would he from the very fact of passing this examination have a right to get the qualification from another body?

2789. That is not in the proposal which I am putting before you; that final examination by the State would not necessarily confer upon him the right to obtain a titular qualification from any existing body. That he might obtain afterwards for himself. At present every man who passes into the medical profession passes at least a final examination by somebody or other?—Yes.

2790. Would it in your opinion be wise or unwise to make that final examination, not a separate examination by different bodies, but a conjoint examination by a board authorised by the State, whether conjoint or not?—No, I should not like to see that. The passing of the Staats examen would admit him upon the Register, as I understand?

2791. Yes?—And you would need to give him some name; what would you call him?

2792. Would the name matter very much?—I think it would. It must not be anything to interfere with existing denominations. Would you call him a surgeon and physician, or what would you call him?

2793. It does not very much matter. Suppose you call him a registered practitioner ("R.P." will do for that, or any other two letters); supposing we call him "R.P.," it does not in the least matter about the title. The title would very soon find itself. My point is this that he should pass on to the Register, having passed the final examination by this board or the Staats examen, and that then he should be free to obtain any number of letters or titles he pleased from any number of those learned bodies?—My idea is that this would entirely revolutionise the profession. At present no man can be upon the Register without joining one of the medical bodies, and I think it is very desirable that every medical man should belong to one or other of the licensing bodies. Now here a certain number of what you may call loose sheep would be straggling about with "R.P." to their names, and not connected with any licensing body.

2794. Why should the sheep who are placed upon the Register be looser sheep than those who had gone through the fold of any existing body, because these sheep would all be under the shepherding, would they not, of the Medical Council, and would all be liable to have their names removed from the Register for any unprofessional or improper conduct?—Each would be directly under his own corporation.

2795. What gain is obtained in the way of additional control by a man being under his corporation more than by his being under the Medical Council?—I may mention this; during the last 20 years that the Medical Council has existed, I cannot tell the number, but probably 35 or 40 names have been removed from the Register. Of those a certain proportion have been removed directly by the Council itself. They have taken evidence upon the subject and found the man guilty of infamous conduct in a professional respect, and removed his name from the Register; but a very considerable number have been first expelled from the corporations with which they were connected, and then, as the result of this, they have been removed from the Medical Register.

2796. What advantage to the profession or to the public is there in that double expulsion? Surely if a man misconducts himself, and the fact is brought before the Medical Council and they expel him, he is completely expelled, and therefore we may presume he is as completely controlled as if he were a member of a corporation?—It is a mere matter of fact that a number of these prosecutions were undertaken by the Medical Council, but a considerable number were taken up by the bodies or corporations themselves.

2797. Of course that is the case, and must be the case, under the present system; but your objection to the proposal I put before you was that it would revolutionise the profession, because it would leave a large number of men without proper and official control. The point I am putting to you now is, whether the control might not be made as efficient as it now is under the action of the Medical Council?—I think it is not merely a question of control. It is a question of professional position and professional feeling. It always has been the case in this country that men have been connected with one or other of the corporations, and I think it would revolutionise the profession to alter that state of things.

2798. If that feeling exists so strongly, it implies a great desire on the part of the profession to belong to one or other of those bodies?—No doubt it does.

2799. Would not that desire exist when a man had got on the Register under the system I put before you; would not men still like the distinction of belonging to some corporation, and would not the corporation whose degrees bore the highest value and were the highest evidence of highest culture still retain its place, if I may use the expression, in the degree market, and would not men who had got barely the right to practice naturally go and affiliate themselves with one or other of those bodies, and get its degree?—No doubt the majority of them would, but a certain proportion would not, because if they wished to join a corporation the corporation very probably would examine them again; at all events it would certainly charge them a fee, and here you are throwing a temptation in the way of a very considerable number of men to remain unattached to any corporation, and I have no doubt that a certain proportion of men would avail themselves of it.

2800. Would not the practical result of that be this, that you would have a number of practitioners of what we may call an inferior or low average grade, who would be simply permitted by the State to practice, they having come up to its minimum test; and that you would also have a number of persons of greater distinction, very much as you have now?—Yes, but I do not think it desirable to have this inferior class at all.

2801. Have we not got that inferior class at this moment?—Of course in every profession there are a certain number of men who are unworthy of the profession.

2802. Would not the advantage of the system I am suggesting to you be this: that the inferior men would be distinguished by the very fact that they had got no additional title to that of the permission of the State to practise, and which, not giving any special distinction would at once enable the public at large to distinguish between an inferior and a superior man, which they cannot now do?—I question very much whether the public would take a very strong view upon that point. This man would call himself a registered practitioner, and tell his patients and every one else, "No one "is more than I am; I am on the Register. I am licensed "to practice. Others may call themselves members of "the College of Physicians and Surgeons, and so on; "but I have got the essential qualification."

2803. Suppose this scheme were not adopted, you still think it desirable there should be some minimum standard of knowledge?—Yes, certainly.

2804. Then your proposal for bringing about that minimum standard would be the visitation of examinations?—The visitation of examinations is very important.

2805. Do you think the visitation of examinations can really secure a minimum standard? It may be that it would secure a minimum standard of questions asked, but can it really regulate the minds of the examiners so that they will admit students upon an equal footing?—I may say it has a good influence. From what I have seen myself I am confident of it. In our own college and the College of Surgeons the mere fact of visitation has done good.

2806. Do you think, as a rule, that examiners like to have other examiners sitting and watching their examinations?—I know of no objection.

2807. Is there no feeling about it?—It puts them more on their mettle. A good examiner certainly would like it or prefer it.

2808. Which do you think would practically raise the tone of examinations most, a Staats examen or conjoint board final examination, at which the candidates of all those bodies would run the risk of being plucked, or a system of visitation? Would not the final examination be the best and most practical way of raising in the end the standard of examination?—In the first place I doubt that extremely. I doubt whether it would have that effect.

2809. I want to know your opinion upon the point; you think it would not?—I think not.

2810. Then may I ask you why not?—Because in the first place you would have the same examiners. The number of examiners in Scotland certainly is limited; you may shuffle them differently or distribute them differently, but you have essentially the same examiners.

2811. As regards the preliminary examination, I gathered that your opinion was that there should be one exclusively in arts; that it should have no admixture of medical examination in it?—No, I think not.

2812. And I think you also said that you would be quite content with a preliminary examination conducted by the universities, if it was what we will call an entrance examination?—Exactly so.

2813. May I point out to you the difference between an entrance examination in a university in arts and a preliminary examination for the medical profession; is it not this: that the university, intending to teach a man arts, lets him in naturally at a low entrance examination, because he intends to complete his studies in arts afterwards; but if you admit a man by that entrance examination into the medical profession you do not admit him to be taught more arts afterwards; that is his only test with you?—Yes, quite so.

2814. Therefore would you not rather think that the preliminary examination, as it is to be the last test of the man's art culture and not the first, should be higher

Mr. D. R. Haldane, M.D.

9 July 1881.

than the university examination?—That depends upon what the standard of the university entrance examination is. I certainly would have a minimum of subjects and a minimum of qualification. I think there are too many subjects at the present time, and I would limit them, but I would require a fair and good knowledge—a proportion of, say, at least 50 per cent.

2815. When English students come to one of your licensing bodies in Scotland what proof of liberal culture do you accept; have you your own preliminary examination?—No, but every year a register is published by the Medical Council of medical students, and the medical student has to bring up with his other certificates a certificate of having been registered, which shows that he has passed a preliminary examination before such and such a body.

2816. Would you see any objection to including in such a registration the fact that a man had passed the Oxford or Cambridge local examinations?—The Medical Council have published a list of bodies whose preliminary examination they recognise.

2817. Could you inform me whether the scientific studies of a medical student while he is going through his course of study run on to the very end of it?—Yes.

2818. Or whether his scientific studies are generally terminated at a certain time and he is left the remainder of the time to exclusively clinical study?—That is so; he is attending systematic lectures down to the end of his curriculum.

2819. I mean his scientific and clinical education run on to the end together?—Such subjects as zoology and botany stop after the first examination.

2820. What I mean is this, up to the very last moment while he is pursuing what we may call his clinical studies is he also pursuing more or less the scientific subjects in which he is to pass an examination?—Undoubtedly.

2821. Have you ever considered whether it would be an advantage that his scientific examination should completely terminate at a certain period, and that the last six months or year of his education should be given wholly and exclusively to clinical study?—I think if that were practicable, it would be one of the greatest improvements that could be made. If a man has passed his examinations and been for six months or a year either attending hospital or acting as assistant to a medical practitioner, I think that would be invaluable to him.

2822. Having regard to the pecuniary difficulties of students do you think that could be brought about by adding the time for clinical study to the present time?—I am afraid not.

2823. You do not think on the other hand it could be got by shortening the term of scientific study so as to leave him six months at the end for nothing but clinical study?—No, unless you modify the curriculum very much; the time is quite short enough to go through it.

2824. I think we gather from you that the curriculum is overloaded?—I think the university examination is overloaded as it includes natural history, zoology, and botany, and the medical students do not require them. I am not prepared to say that a course of pathology is necessary. It is required in the University of Edinburgh, it is in the University of Glasgow, and it is not in the University of Aberdeen.

2825. Do you think that the average medical student at present has sufficient opportunities of clinical education, really to fit him for the practical work of his profession at the moment he enters upon it?—If he takes advantage of all the opportunities he has I think he ought to be in such a position.

2826. But you think it would be of great advantage if he could separate for a time the scientific education from his clinical education, so that he might give himself wholly to that?—Undoubtedly.

2827. Do you think it possible in any way to bring that about?—I do not see my way to it, because it would impose a tax upon a great many young men who could not bear it.

2828. You do not think with reference to that that some modification of the apprenticeship system might be revived, in this way, that a man before he is placed upon the Register should be required to serve six months with some recognised practitioner?—I have no doubt it would be a very good thing, but it would be a serious interference with the existing state of things. You may trust to the examinations I think if the character of the examinations is raised. I think every man who leaves ought to be able to start in practice for himself; he ought to have a good scientific basis, and he ought to have a fairly good amount of practical knowledge, and ought to be able, I think, to go into practice; though if he had an opportunity of being for six or twelve months either in hospital or with another man, I think that would be a great advantage to himself, but I am not prepared to make that compulsory.

2829. You do not think it would be possible to make that compulsory?—I think not.

2830. Solely on the ground of the pecuniary difficulty?—Yes, or principally on that ground.

2831. (*Mr. Simon.*) You mentioned that of 124 members of the Royal College of Surgeons of London who had applied for examination to the College of Physicians of Edinburgh 29 were plucked?—Yes, 29 per cent.

2832. In looking at the detail of figures I observe that 11 were plucked in all four subjects; 7 in three subjects; 9 in two subjects, and 2 in one subject, which one subject was the practice of medicine?—No, these are not my figures.

2833. Does your statement necessarily mean that the examination held in London was a bad one?—No, I was careful not to say so. We have a higher standard for Medicine for our licentiates than they have for their diploma as member, just as I said they have no doubt a higher standard for surgery than we in the College of Physicians have.

2834. Of the 29 members of the Royal College of Surgeons who were plucked by the Edinburgh College of Physicians how many were plucked in medicine?—The figures are all in the table handed in. I have not made the calculation; I have not added them up, but I think I may say that those figures are strictly correct. I copied them from the returns, and any person could do it for himself.

2835. (*Mr. Bryce.*) What do you understand by the term "visitation of an examination"?—I mean the sending of visitors. The Medical Council have been in the habit of sending generally three inspectors to superintend an examination, to read the written papers and to see how the oral and practical examinations are conducted.

2836. Do you mean to read the answers to the written papers?—To read them over and report upon the general conclusions that the examiners come to.

2837. Do I understand you to mean that those visitors read all the answers that are given by the candidates?—They just go over enough of the papers to give them a fair idea of the examination. They will examine some of the best and some of the worst, and some of the intermediate; they do not go through the whole of them.

2838. And they are present during the whole of the *viva voce* examination as I understand?—Yes.

2839. But they have no right to make any representation as regards any individual candidate?—No, they merely make their own observations and report to the Council.

2840. Do you consider the standard of attainments at your college is about right?—I should like to see it higher and more accurate.

2841. Do you think the standard of attainments in chemistry, botany, and so on, is sufficient?—We do not examine at the College of Physicians in botany.

2842. In chemistry do you examine?—It is a low standard; it is not a high standard.

2843. Speaking generally with regard to the examinations of the various bodies, do you think there is any truth in the allegation that too much general scientific knowledge is now being required?—No, I think not. Of course there is more in the universities than in the corporations, but I think it is desirable that they should have a higher standard.

2844. You attach a great deal of importance to the knowledge of chemistry, for instance?—Yes.

2845. And do you look upon botany as an essential?—I think a well educated physician ought to know something of botany.

2846. And of zoology?—And zoology also.

2847. With regard to what was said about cases in which corporations have prosecuted and removed per-

sons from the Register, do I understand you to mean that those are cases in which you think the Medical Council would not have acted and where the corporations did act?—Well, at all events they had not acted. It might have been represented to them, and very likely they would have taken the cases up.

2848. Do the corporations possess any means of knowledge which the Council would not possess?—No; but I may say that they are on the spot, or at all events nearer.

2849. They are local?—They may be local. For instance, we expelled two of our licentiates for publishing indecent advertisements, and that sort of thing; then the Council erased their names from the Register.

2850. Were they resident in Scotland?—No; but they had taken our qualification.

2851. How did you come to know it any more than the Medical Council?—I do not remember the details of the cases now, but very likely some one wrote to us calling attention to the fact that one of our licentiates was publishing an advertisement of this nature.

2852. Supposing he had borne a title of qualification under the Medical Council they might have represented the matter to the Medical Council?—They might have done it.

2853. I want to know in what way you think the corporations more likely to interfere or to know of such things than the Medical Council?—I think they are more closely connected, and then a licentiate of the College of Physicians has some regard for the honour of his college, and if he sees another licentiate doing anything improper he will report him.

2854. Do you conceive any advantage beyond the fact that the tone of the profession is kept up by belonging to one of the corporations over and above the supervision that those bodies exercise?—I think so; the licentiates rise to higher degrees, and come to be members and fellows.

2855. If a Staats examen were established, and that examination gave a right to practise, should you conceive that it would continue to be worth people's while to join the corporations for the sake of entitling themselves to be called members of the corporation?—I think a great many would not think it worth while. They would not think it worth while to pay the necessary fee, and perhaps undergo the necessary examination.

2856. Would you not conceive that the membership would give them a status in their locality, and among the profession that would make it still worth their while to join a corporation?—Yes; but I am perfectly confident there are some on whom this influence would not act.

2857. (*Prof. Huxley.*) I gather from what you have said in the course of your evidence that you agree with this passage in the report of the Royal Commissioners appointed to inquire into the universities of Scotland in 1878. "It is desirable that the standard of the pre-"liminary examination" (this is for a graduation in medicine) "should be the same as that of the first "examination recommended by us in dealing with the "subject of graduation in arts, and that the correspond-"ing examinations made by other bodies and recognised "as equivalent in whole or in part for those of the "Scotch universities should be recognised by one com-"mon and uniform ordinance applicable to the whole "four universities made after careful consideration?" —Yes.

2858. May I ask if you are familiar with this report?—I know it generally; I read it over.

2859. Do you agree generally with the recommendations made in that report concerning graduation in medicine?—I think, on the whole, I did when I read it; but it is some time ago that I read it.

The witness withdrew.

APPENDIX referred to Dr. HALDANE'S evidence.

Subjects in which Candidates were rejected at the Final Examination of the Royal College of Physicians of Edinburgh during 1880.

Candidates.	Medicine.	Mat. Med.	Midwifery.	Med. Jur.
1. L.R.C.S.I.	0	0	×	×
2. Student	0	0	0	0
3. M.R.C.S.	0	0	0	×
4. (M.R.C.S.)	0	0	0	0
5. L.R.C.S.I.	0	0	0	0
6. M.R.C.S.	0	×	0	0
7. (M.R.C.S.)	0	0	0	0
8. L.R.C.S.I.	0	0	0	0
9. L.F.P. & S.G.	0	0	0	0
10. M.R.C.S.	0	×	0	0
11. (M.R.C.S.)	0	×	×	×
12. M.R.C.S.	×	×	0	0
13. Canadian M.D.	0	0	×	×
14. L.R.C.S.I.	0	×	0	×
15. L.F.P. & S.G.	0	0	0	0
16. L.R.C.S.I.	0	0	0	×
17. L.R.C.S.I.	0	0	0	×
18. (M.R.C.S.)	0	×	0	0
19. (M.R.C.S.)	×	×	0	0
20. Student	0	0	×	0
21. L.F.P. & S.G.	0	0	0	0
22. (M.R.C.S.)	0	0	0	0
23. M.R.C.S.	0	0	0	0
24. L.R.C.S.I.	0	0	×	×
25. M.R.C.S.	0	0	0	0
26. M.R.C.S.	0	0	0	×
27. M.R.C.S.	0	0	0	×
28. M.R.C.S.	0	0	0	0
29. (M.R.C.S.)	×	×	0	0
30. Canadian M.D.	×	×	0	0
Rejected	26	21	25	20

Candidates.	Medicine.	Mat. Med.	Midwifery.	Med. Jur.
31. M.R.C.S.	0	0	0	0
32. M.R.C.S.	0	×	0	0
33. L.R.C.S.I.	0	0	0	0
34. L.R.C.S.I.	0	×	0	0
35. Student	0	×	×	×
36. M.R.C.S.	0	0	×	×
37. M.R.C.S.	0	0	0	0
38. L.F.P. & S.G.	0	0	0	0
39. M.R.C.S.	0	0	×	×
40. M.R.C.S.	0	0	0	0
41. M.R.C.S.	0	0	0	0
42. Student	0	0	×	×
43. Student	0	0	0	×
44. Canadian M.D.	0	×	×	×
45. M.R.C.S.	0	×	0	×
46. M.R.C.S.	×	×	0	0
47. L.F.P. & S.G.	0	×	×	×
48. L.F.P. & S.G.	0	×	0	0
49. M.R.C.S.	×	0	×	×
50. M.R.C.S.	0	0	0	0
51. L.F.P. & S.G.	0	0	×	×
52. M.R.C.S.	×	0	0	×
53. M.R.C.S.	0	0	×	×
Rejected	20	15	14	11
From other columns	26	21	25	20
Total	46	36	39	31

Rejected in all subjects	19
„ three „	13
„ two „	16
„ one subject	5
	53

Mr. T. S. Byass, M.D.

9 July 1881.

Mr. THOMAS SPRY BYASS, M.D., called in and examined.

2860. (*Chairman.*) You are the Master of the Society of Apothecaries and M.D. of the University of St. Andrew's of Edinburgh?—I am.

2861. Have you ever been an examiner?—Never.

2862. You have been so good as to hand in to us a précis of the evidence you propose to give. May I ask you if you would like to put that paper in formally and to have it printed as part of your evidence?—I should.

The document referred to is as follows:—

EXTRACT from evidence proposed to be given before the Select Committee of the House of Commons, on the Medical Bills of 1879, on behalf of the Society of Apothecaries of London.

"The evidence given by some of the witnesses before the committee in reference to the Society of Apothecaries of London requires correction on some most important points. Such evidence is summed up in the answers of one of those witnesses to two particular questions. In answer to the first of these questions it is stated that 'The Apothecaries' Company of London is 'fast ceasing to be a licensing body,' and in answer to the latter question (though the answer is a qualified one) it is stated 'That to obtain admission to the 'Apothecaries' Society a person must have what is 'called a share in the drug business of the company; 'that is, a trading company; and that it is believed 'that the government of the company is carried on 'in connexion with its trading business, and that 'practically a person must have a share in the company 'in order to become one of its governing body.' The first of these answers is disproved by the Return handed in by the Registrar of the Council. (*See* Paper 13, App. II., page 422, of the Parliamentary Blue Book.) As a matter of fact the average of licenses granted by the society between 1870 and 1879 was about 213 annually, showing the society to be numerically the second licensing body in the three kingdoms.

"The answer under discussion indeed when closely examined is not that the society have ceased or are ceasing to license, but that since 1859 the Royal College of Physicians have come into competition with them, and now give by their license a medical qualification, which was previously the exclusive privilege of the society. The official figures, however, above quoted show that notwithstanding this competition the numbers applying for the license of the society during the years mentioned in the Registrar's Return are largely in excess of those applying for the license of the Royal College of Physicians, notwithstanding that for the years 1877–78 the ratio of rejections by the two bodies is about the same.

"In reference to this branch of the evidence above alluded to, the society freely invite the fullest inquiry. The society state with confidence that whatever was the state of things previous to 1858, it has entirely ceased to exist at the present time. In 1858 the society laboured under the following disadvantages: First, they had no statutory or other power enabling them to form part of a conjoint board for examination; and, secondly, they were fettered by particular restrictions affecting their status as a licensing body. But by their Amendment Act, 1874, the society have obtained, first, express power to form part of a conjoint board; secondly, (whether such conjoint board is formed or not) the extinction as regards candidates of the condition of apprenticeship and as regards examiners of the limited qualifications previously required for that office; and lastly, power to erase from their list any member of their body under the circumstances prescribed by the 29th section of the Medical Act of 1858. The society, it may be added, have not waited for the formation of a conjoint board to carry out their new powers as regards examiners, but have already elected to that office gentlemen of distinguished attainments, who were ineligible prior to their Amendment Act of 1874.

"No body have a better claim to representation on the Medical Council, or to remain a licensing body (unless it be the Royal College of Surgeons) than the Society of Apothecaries of London. The licentiates of the society number between 8,000 and 9,000, of whom all but about 340 hold a double qualification. A comparison of these numbers with the figures given in Paper 8, Appendix XI., p. 412, will show, that whereas out of the total number of practitioners on the Medical Register the ratio of persons possessing a single qualification only is 19·33, the ratio of licentiates of the society possessing a single qualification is only 4 per cent. With regard to the fact that the licentiates of the society have no part in electing the licensing body the same argument applies equally to the licentiates of the Royal College of Physicians and the members of the Royal College of Surgeons.

"With regard to the answer to the second question, and which seems to imply that membership of and in society or corporation is obtained by means of becoming a shareholder in a joint stock company, this is entirely erroneous.

"Admission into the society or corporation is and can only be obtained by becoming a freeman of that body, and such freedom can practically be obtained in only two ways, namely, by either being bound apprentice to a member of the society or corporation or by being the son of a freeman of the society or corporation. Shortly stated, the ordinary conditions of becoming a member of the society or corporation are known as freedom by servitude (that is apprenticeship), and freedom by patrimony (that is, by descent from a member).

"In due course, the freemen are elected by the Court of Assistants (the governing body of the society or corporation) on to the livery, and from the livery the Court of Assistants choose the members of their own Court, who are 24 in number.

"The society or corporation have power to make any of their licentiates or of their examiners members of the corporate body, if they think fit to do so, on certain terms.

"The society or corporation, under their Act of 1815, undoubtedly have the power, after paying the salaries of the Court of Examiners, and of the secretary of that court, and incidental expenses, to apply the surplus income derived from licenses for the general purposes of the corporation, but they have never done so. They have always kept their corporate funds essentially distinct from that of the Court of Examiners, and have, besides, allowed the use of part of their premises for the purpose of the examinations free of any charge.

"There is no similarity whatever between the condition of membership of the Apothecaries Hall of Ireland and that of membership of the Society of Apothecaries of London.

"Previous to the present year the society allowed certain of their members to trade in drugs and chemicals for the personal benefit of such members, but in the name of the society.

"Owing to excessive competition and other causes the business was discontinued at the end of last year.

"The society, however, with the approval of some leading members of the medical profession, are at the present time themselves manufacturing and selling drugs and chemicals, not with a primary view to profit, but with the object of maintaing a standard of purity in such articles, especially for supply to the public departments and to medical men. And as long as such manufacture and sale is not carried on at an actual loss, they will be prepared to continue it."

2863. I see that the first portion of the précis of the evidence which you propose to give relates to certain statements which were made before Mr. Forster's committee in 1880?—Just so.

2864. I propose to come at once to the subject on which we are engaged—the consideration of the present licensing system, and more particularly as it affects your own society. I believe the Apothecaries' Society is willing and ready to join a conjoint board, supposing it is thought desirable to establish such a board?—They have always been ready to do so.

2865. With regard to the manner in which you conduct your examinations at the present time, your society I believe conducts the preliminary examination itself in cases in which the examination has not been previously passed by a candidate at some of the bodies whose examinations you recognise as equivalent to your own preliminary examination?—It does.

2866. How do you appoint the examiners to conduct that examination?—They are appointed by the Court of Assistants.

2867. May I ask you of what number the Court of Assistants consist?—Twenty-four; the master, two wardens, and the remaining number is made up of the members of the court, making 24 altogether.

2868. How are vacancies in that body filled up?—The vacancies in that body are filled up by the Court of

Assistants themselves; they elect from the livery of the company.

2869. How is admission to the livery obtained?—There is a livery and a yeomanry, and the admission to the livery and the yeomanry is either by patrimony or by servitude. They have likewise the power to elect men on the yeomanry or the livery from the licentiates and from others.

2870. The licentiates of your society have no part in electing the Court of Assistants?—None at all.

2871. Therefore they have no part in electing the licensing body?—None at all.

2872. In selecting examiners to conduct your examinations, on what principle does the Court of Assistants proceed?—We of late have advertised and then men send in their names and qualifications; they are then elected by ballot by the members of the Court of Assistants.

2873. In answer to your advertisements do you receive a great number of applications?—We have had several applications; I do not know how many there may be this year, because the question has not come on yet.

2874. Have the applications generally exceeded by many times the number of examiners required?—I should say not, but we have only lately advertised because we have only lately had the power to do so by our Amendment Act of the year 1874. The members of the Court of Examiners were previously elected from the Society of Apothecaries.

2875. Are the written testimonials of the applicants the only means of judging of their merits which are possessed by the Court of Assistants?—No man would be proposed unless he was a well-known man.

2876. When you say "well-known," in what sense do you use that term?—We should judge from our knowledge of them in the medical world and their acquirements.

2877. In conducting your preliminary examination, do you not look as much to other subjects as those which strictly relate to the medical profession? I mean do you not look as much, if not more, to subjects of general education?—I thought you were speaking of the Court of Examiners in medicine; the examiners in Arts, as we call them, are elected by the Court of Assistants, and we advertise for them.

2878. In the same way as the others?—In the same way.

2879. The licentiates of the society number between 8,000 and 9,000, I believe, do they not?—They number between 8,000 and 9,000.

2880. And are the numbers who appear at your preliminary examinations now on the increase?—They have been to a large extent.

2881. To what do you ascribe that increase?—We are the only medical body that do examine in arts now; I think the College of Surgeons have delegated to the College of Preceptors the examination in arts.

2882. Supposing all the other bodies to be willing to abandon the preliminary examination, and to trust it to some outside body, would your society be willing to join?—I am quite sure they would give up the examination at once.

2883. Turning to your medical examinations—that is the professional examinations—are the number of students who appear at those examinations on the increase?—No, they are not on the increase, but in consequence of the College of Physicians examining in medicine—that is for the licentiateship—they may have diminished a little, but not in a great proportion.

2884. (*Professor Turner.*) You have told us that the examiners on your examining board are appointed by the Court of Assistants?—Just so.

2885. How many examiners have you in the Society of Apothecaries?—Twelve.

2886. On how many subjects do they examine?—They have to pass an examination in arts recognised by the Medical Council.

2887. I am speaking of the professional examination what are the subjects of the professional examination?—The first examination which may be passed after the second winter session embraces the following subjects: Physicians' prescriptions and pharmacy, anatomy and physiology, general and practical chemistry, botany, and materia medica, and histology. The second examination at the termination of the medical studies includes the principles and practice of medicine, pathology, and therapeutics, midwifery, including the diseases of women and children, forensic medicine and toxicology, and microscopical pathology.

2888. For the purpose of examining in those different subjects you have 12 examiners, as I understand?—We have.

2889. May I ask you if the Court of Assistants in selecting the examiners select them on account of their competency in a particular subject on which they have to examine?—No, they are chosen for their general competency.

2890. Then am I to understand that any examiner may be called upon to examine in any one of those different subjects that you have read out to us?—I believe so.

2891. And that the same man may be called upon to examine in anatomy and physiology, in botany, chemistry and materia medica, in midwifery, in medicine, and in forensic medicine, in toxicology, microscopical pathology, and therapeutics?—I do not think I am competent to answer that question, because I am not a member of the Court of Examiners, and never have been.

2892. Still your general impression is that the examiners are appointed not for excellence in a particular subject but on account of a certain general reputation that they may have, as being accomplished members of the profession?—I should say so.

2893. You will doubtless admit that anatomy and physiology are subjects of a specially technical character?—Certainly.

2894. Could you tell us whether any of the examiners in anatomy and physiology are gentlemen who have ever acted as teachers in those subjects in any of the schools or medicine?—The Court of Examiners consist of the following gentlemen:—The chairman is Dr. Semple, who is a Fellow of the Royal College of Physicians; then Mr. Taylor is a general practitioner; Dr. Randall is a Doctor of Medicine of the London University, and a lecturer on medical jurisprudence at St. Mary's Hospital; then Dr. Lavies is a Doctor of Medicine of the Edinburgh University; Mr. Stocker is a Doctor of Medicine of the London University, and a member of the Royal College of Physicians; Mr. Henry Bullock is a Fellow of the Royal College of Surgeons of England by examination; Dr. Thorowgood is a member of the London University, and a Fellow of the College of Physicians; Dr. Fowler is a Doctor of Medicine of the University of Edinburgh; Dr. Burgess is a Doctor of Medicine of the London University; Dr. Hensley is a Doctor of Medicine of the London University. Dr. Savage is a Doctor of Medicine of the London University and physician to Bethlehem Hospital: and Dr. Crocker is a Doctor of Medicine of the London University and a physician to the Skin Department of the University College Hospital.

2895. Can you tell us whether any of those gentlemen whose names you have just read out are gentlemen who are specially qualified to examine in anatomy and physiology, from the experience which they may have had as teachers of those subjects?—I can only say that they are elected in consequence of their general acquirements; I know nothing of their antecedents, further than that.

2896. Does it seem to you that an examining board elected in that fashion is one that is best qualified to test the knowledge of students in such special technical subjects as anatomy and physiology which I have just referred to?—I can only repeat the answer I gave before, that from their great acquirements they are really men who are well qualified to do anything of that kind.

2897. Would you consider that the Fellows of the Royal College of Surgeons generally were competent persons to examine in anatomy and physiology?—You would take it as a general rule that if a man has passed an examination for the Fellowship of the Royal College of Surgeons he must be a man well acquainted with anatomy.

2898. May I ask if, in your anatomical examination, you examine on the dead body?—I think I must refer you to the Court of Examiners for that information.

2899. You are not a member of the Court of Examiners?—I am not; I am Master of the Society.

2900. As Master of the Society of Apothecaries I suppose that you and the Court of Assistants who appoint

Mr. T. S. Bygas, M.D.

9 July 1881.

the examiners have to take some action in the way of regulating the examination and laying down certain rules as to how the examination is to be conducted?—The Court of Examiners regulate their own examinations.

2901. Do not the governing body of the Society of Apothecaries take some part in stating how the examinations are to be conducted?—We depute it to the Court of Examiners to make the regulations, and if those regulations did not meet with our approval, we should object to them and have them altered.

2902. Can you tell us if the governing body (yourself and the Court of Assistants) have voted money at any time for the purpose of providing the Court of Examiners with the necessary material for conducting a practical examination in anatomy and physiology?—We touch none of the money that is paid for the examinations.

2903. To whom do the fees that candidates pay for examination go?—They go to a fund that is entirely separate from the corporation.

2904. Who receives the benefit of that fund?—That fund is applied towards the expenses, and the examiners receive a certain amount; after that it is funded.

2905. Then it would appear that the governing body of the Society of Apothecaries appoints the examiners, but having appointed the examiners, it leaves the examiners quite free to conduct the examinations in such a way as they think fit?—Subject to our approval; if we thought that the examinations were not sufficient we could interfere and alter them as we do.

2906. Have you interfered?—Not during my mastership.

2907. How long have you been Master?—One year.

2908. Do the Court of Examiners give in any annual report to the Court of Assistants as to the number of candidates that have been admitted to examination, and as to the mode in which the examination has been conducted?—They report to us the numbers that have been examined and the numbers that have been rejected.

2909. Do they give you any report on the mode in which the examination has been conducted?—The examination is conducted according to the printed regulations.

2910. (*Mr. Bryce.*) Your society counts as one of the London companies, does it not It is reckoned as one of the livery companies of the city I mean?—It is a city company.

2911. Have you sent in returns to the City Livery Companies Commission?—We have.

2912. And those returns will state I suppose what your corporate revenues are?—No doubt.

2913. And they will contain accounts showing what you have received from your other corporate property, and also what you receive from examination fees?—I believe so.

2914. Will the fees paid by candidates appear in the accounts which the society has furnished to the City of London Livery Companies Commission?—No.

2915. Can you tell me what is done with the surplus of the fund received from the candidates, after the examiners and the expenses of examination are paid?—It is funded.

2916. What becomes of the income when it is funded, because if it is funded you invest it, I suppose?—Yes.

2917. Then you receive dividends upon it?—The dividends go to the examining fund, the fund of the examiners.

2918. I take it that you do not expend the whole of the income which you derive in that way upon paying in each year the examiners, and in paying the expenses of the examinations, do you?—We do not expend the whole, because we have a certain fund there.

2919. I am afraid you do not understand my question. You say that you fund the fees that you receive from candidates?—Yes.

2920. You apply the income of that investment to paying the expenses of examinations, including the salaries of the examiners?—Yes.

2921. Is there any surplus of income derived from fees over and above what you apply to paying the expenses of the examinations and the examiners?—None, as a rule.

2922. Will there be any objection to your giving us a statement of the money received in that way from the fees paid by candidates, and of the way in which it is applied, and as to the salaries paid?—Not the slightest.

2923. And of the surplus in each year?—There will be no objection to state that.

2924. Are the examiners paid fixed salaries, or do they divide the fees?—1,000*l.* a year are distributed amongst the 12 examiners; they divide it among themselves.

2925. And if there should be more than 1,000*l.*, what is done with it?—The 1,000*l.* is a fixed sum paid amongst the 12 examiners. If there were any surplus it would be invested and added to the accumulated fund.

2926. Then what would become of the surplus income of the accumulated fund; would it go on accumulating?—Quite so, but as a rule the income received from the license fees does not meet the cost of the examiners.

2927. But the examiners always receive 1,000*l.* a year?—Yes; that is a fixed sum.

2928. If there is a deficiency it is made up out of the accumulated fund?—Yes. We have to sell part of our capital, for instance, each year.

2929. What is the fee paid by each candidate for examination?—Six guineas.

2930. Are the examiners usually members of the society?—The greater portion of them are members of the society.

2931. Are they often members of the Court of Assistants, do you know?—No, none of the Court of Examiners are members of the Court of Assistants. Many of the Court of Assistants have been examiners, but after they have become members of the Court of Assistants they cease to be examiners.

2932. No person could at the same time be a member of the Court of Assistants and of the Court of Examiners?—Certainly not.

2933. But having been a member of the Court of Examiners he may afterwards be an assistant, or *vice versâ*?—Exactly so.

2934. And the Court of Assistants is the appointing body?—The Court of Assistants is the appointing body.

2935. Is it the rule that an examiner is a member of the livery or not?—We may choose them either from the livery or the yeomanry.

2936. Are the examiners usually members of the livery?—Generally speaking, I should say as a rule, they are.

2937. And does the Court of Assistants exercise any supervision over an examination as it goes on?—I think I should state that the examination is conducted entirely according to the rules of the Medical Council.

2938. That is not my question. Does the Court of Assistants or any member of it exercise any supervision over the examination while it is being conducted by the examiners?—No.

2939. Do you see the examination papers?—The examination papers are put before us.

2940. At the conclusion of the examinations, do you mean?—Not every time.

2941. Is any person deputed to go in and see how the examination is going on, and to listen to the questions addressed to the candidates?—No.

2942. All you do, in fact, is to receive ultimately a report of the number of candidates who have been examined, those who have passed and those who have been plucked?—Exactly so.

2943. (*Prof. Turner.*) You have just told us that the examination fee for each candidate is six guineas?—It is so.

2944. You have also told us that the annual sum received does not do more than meet the cost of examination and the payment of examiners?—The secretary of the Court of Examiners also has to receive a salary; 200*l.* a year are paid to him.

2945. Do I understand, then, that candidates who are rejected pay the fee or only those who pass?—For an entire examination six guineas are paid, half of which is retained in case of rejection, and accounted for subsequently.

2946. (*Chairman.*) You say "an entire examination"; what do you mean by that?—The two examinations.

2947. Is it six guineas for a single examination?—For the first examination it is three guineas, which sum is

retained in case of rejection and accounted for subsequently; for the second examination the fee is three guineas, and for the entire examination, of course, it amounts to six guineas, half of which is retained in case of rejection and accounted for subsequently. We never charge more than six guineas.

2948. (*Prof. Turner.*) I observe in the statement which you have handed in to the Commission that the average number of licenses granted by the Society between 1870 and 1879 is 213 annually?—Yes, that is so.

2949. I observe in the Return which you have given to the General Medical Council for the year 1880 (that is a year subsequent to that contained in your printed statement) that your society passed 235 candidates?—The paper I have before me only extends to 1879.

2950. I am quoting from the official Return made by your own Society to the General Medical Council in 1880, in which it is stated that 235 candidates passed the final examination of your Society. I apprehend that that means 235 six guineas?—It does.

2951. I would like to direct your attention to the Return given by your Society to the General Medical Council for the year 1880, and the Return given by the Royal College of Surgeons of England to the Medical Council for the same period. I find that your society passed 235 candidates and rejected 53?—Yes.

2952. That being in the proportion of about 19 per cent. of rejections?—Yes.

2953. Then I find that the College of Surgeons of England passed during the same period 390 and rejected 228, that being in the proportion of 37 per cent. Your Society rejected about 19 per cent., and the College of Surgeons of England rejected 37 per cent.?—Yes.

2954. I would like to know if you can tell us if the same young men who go to the College of Surgeons for a surgical diploma come to you for a medical diploma, so that they may obtain the double qualification as it is called?—That is a question I cannot answer you. I do not think it is possible to answer that, because there is an examination in medicine at the College of Physicians. We only examine in medicine at the Hall. There is no question about the fact that we have many men who do come from the College of Surgeons, or who pass our examination before they go to the College of Surgeons.

2955. I suppose you will know whether it is the custom for young men entering the medical profession to take both the medical and surgical diploma?—As a general rule it is.

2956. You do not grant the surgical diploma?—We do not.

2957. The Royal College of Surgeons does grant the surgical diploma?—Yes, it does.

2958. Therefore those who obtain the diploma of the Royal College of Surgeons must go either to the Society of Apothecaries or to the College of Physicians for a medical diploma?—Certainly.

2959. We may fairly assume that a certain proportion of those who get their surgical diploma from the College of Surgeons come to you for the medical qualification?—They do, and they did previously to the examination in the College of Physicians in medicine; there is no doubt that the great bulk of them do come to us.

2960. And now, notwithstanding the College of Physicians has instituted an examination for its license, a considerable portion still come?—A considerable portion still come.

2961. Can you give us any explanation why it is that of the young men going to the College of Surgeons for their surgical diploma 37 per cent. are remitted at the final examination, and that of the same young men, or to a large extent the same young men, coming to the Society of Apothecaries, only 19 per cent. are remitted at the final examination? Can you explain that to us?—If you refer to the statistics of the College of Physicians you will find that we reject about the same proportion as they do. You see we only examine in medicine, we do not examine at all in surgery, and therefore I do not know that the one would bear at all upon the other.

2962. I observe from the Return given to the General Medical Council by the College of Physicians of London, to which body you have just referred, they reject 26 per cent.?—Is that last year, may I ask?

2963. Yes, my figures are taken from the year 1880?—I am not prepared to speak as to that; I can only go back to 1879.

2964. What figures do you find for 1879?—If you will allow me I will read this statement: "The official "figures, however, above quoted show that, notwith-"standing this competition, the numbers applying for "the license of the society during the years mentioned "in the Registrar's return are largely in excess of those "applying for the license of the Royal College of Phy-"sicians, notwithstanding that for the years 1877–1878 "the ratio of rejections by the two bodies is about the "same."

2965. Judging from the return given to the General Medical Council in the year 1880, that ratio does not appear to be the same, inasmuch as the proportion of remissions by the Society of Apothecaries is 22½ per cent., and that by the College of Physicians is 35·4 per cent.?—You will please to understand that the College of Physicians examines in surgery as well as in medicine, and therefore their rejections may be greater than ours. We only examine in medicine.

2966. Does the College of Physicians examine in surgery those candidates who are already in possession of a surgical qualification?—That I am not prepared to answer. I do not know that, but I know they do examine in surgery, which we do not.

2967. The question is do they examine in surgery those candidates who have already a surgical qualification?—I cannot answer that question.

2968. (*Mr. Simon.*) Your memorandum refers to the fact that since 1859 the Royal College of Physicians have come into competition with your body?—That is so.

2969. The first action of your body as a medical licensing body was in 1815?—It was.

2970. And was in consequence of the College of Physicians having declined to act in that matter?—Just so.

2971. But now the College of Physicians has for the last 22 years elected to act?—Yes.

2972. Do you think it now necessary that the Apothecaries' Society should continue to examine?—I do.

2973. For the public interests do you think it necessary?—Yes, for the public interests. I think that the Society of Apothecaries have done a great deal for the general practitioner. They have been first and foremost in almost everything. As I said a short time since, they examine in botany, and were the first to do so, they examine in midwifery, and they examine in medical jurisprudence. I look upon the license of the Apothecaries' Society as a very fair test of a man's qualifications as a general practitioner, excluding surgery, of course; they would willingly examine in surgery if they were permitted, but according to their Act of Parliament they cannot do it. This morning some one told me that the best examination, that he had had, had been from the Society of Apothecaries. They have raised the status of the general practitioner to a very high position indeed.

2974. (*Chairman.*) You say that the Apothecaries' Society does not examine in surgery?—It does not.

2975. But a person who has obtained the license of the Apothecaries' Society, and thereby has obtained admission to the Register, is able to practise surgery?—He is.

2976. Without necessarily going through any examination in surgery?—Yes, without going into any examination.

2977. So that a person might practise surgery without ever having been examined?—I may slightly have misunderstood your Lordship. The passing of the examination of the Society of Apothecaries does not entitle a man to practise surgery.

2978. But it entitles him to claim to be placed on the Medical Register, does it not?—As an apothecary; he could not recover his fees as a surgeon.

2979. Could he be treated as an irregular and unlicensed practitioner if he practised surgery?—I do not think there is any law which prevents any man practising as a surgeon, but he could not recover his fees for such practice under the Medical Act of 1858.

Adjourned to Monday next at half-past three.

ELEVENTH DAY.

Monday, 11th July.

PRESENT:

THE EARL OF CAMPERDOWN IN THE CHAIR.

THE BISHOP OF PETERBOROUGH.
THE RIGHT HON. W. H. F. COGAN.
THE MASTER OF THE ROLLS.
SIR WILLIAM JENNER, BART., K.C.B.
JOHN SIMON, ESQ., C.B., F.R.S.
PROFESSOR HUXLEY, F.R.S.
PROFESSOR TURNER, M.B., F.R.S.
JAMES BRYCE, ESQ., M.P.
JOHN WHITE, ESQ., *Secretary.*

Mr. EDWARD WATERS, M.D., F.R.C.P., Edin., examined.

Mr. E. Waters, M.D., F.R.C.P.

11 July 1881.

2980. (*Chairman*). You are a prominent member of the British Medical Association, and you have been chairman of that body, I believe?—I was president of the Association in the year 1866, and beg to hand in this memorandum as part of my evidence.

MEDICAL ACT AMENDMENT.—BRITISH MEDICAL ASSOCIATION.—Statement of Edward Waters, M.D. F.R.C.P.Edin., Consulting Physician to the Chester Infirmary, Ex-President of the British Medical Association, Chairman of the Medical Reform Committee of the Association.

THE ASSOCIATION, ITS CONSTITUTION, ITS WORK AND ITS OBJECTS.

The Association comprises about 10,000 members, and was founded in 1832 under the name of the Provincial Medical and Surgical Association, which was subsequently changed into that of "The British Medical Association." It holds meetings annually in different towns of the United Kingdom.

In the year 1858 its annual meeting was held for the first time in Edinburgh, under the presidency of the late Dr. Alison. In London in 1862 under Sir George Burrows, as president.

In the year 1867 it was for the first time held in Dublin under the presidency of the late Dr. Stokes.

All the members of the Association are admitted by ballot, on the nomination of three members, by the votes of not less than three-fourths of the members present.

The Association includes about thirty distinct branches, which comprise the districts embraced by the name of the branch, as, for instance, the "Lancashire and Cheshire Branch," the "Glasgow and West of Scotland Branch," the "Dublin Branch," &c.

The council of the Association consists of—

The President,
The President-elect,
The Vice-presidents,
The President of the Council,
The Treasurer,
The Readers of Addresses and Presidents of Sections at the annual general meeting of the Association for the current and last preceding year, and other members of the Association elected annually by the branches, one for every twenty members of a branch, together with one other member as the Honorary Secretary of each branch.

Vol. iii. p. 73.

The general affairs and business of the Association are managed by the Committee of Council, which consists of—

The President,
The President-elect,
The President of the Council,
The Vice-presidents of the Association,
The Treasurer,
The Honorary Secretary of each branch, as *ex-officio* members; and of twenty members of the Council, who are elected by the Council annually.

The Association publishes a weekly journal under the title of "The British Medical Journal," conducted by a paid *Editor*.

The committee of council annually elects a sub-committee of 12 members, who, together with the president of council and the treasurer, constitute for the ensuing 12 months the journal and finance committee.

The British Medical Journal represents the views held by the Association as a body, and is the means by which the views of the executive are communicated to all the members, and to the profession generally. The Journal cannot possibly advocate opinions in opposition to those held by the body of the Association, without eliciting general disapproval.

The Association appoints various committees charged with the furtherance of the objects to which they relate, the members serving on which are in frequent relation with the executive of the association. The work of such committees is always brought under the notice of the general Body of the Association at its annual meetings.

The Association has always played an important part in all sanitary and professional legislation, and with good effect.

In the year 1839 an exhaustive vaccination report occupied more than two hours in reading by Dr. Baron of Cheltenham, and a petition to the legistature was agreed to. The petition recorded that the inquiries made had demonstrated by historical evidence, as well as by direct experiment, the correctness of Jenner's opinion that the vaccine virus is of a true variolous character; they did not, at that time, ask for positive enactment to forbid small-pox inoculation entirely, though the grounds were sufficient for so doing; that small-pox inoculation was practised by ignorant and illiterate persons to the great detriment of the community, and that it was the duty of the State to remedy this great evil, by appointing regularly educated vaccinators.

In the present day this may sound strange, but it is only quite recently that this time-honoured suggestion has been acted upon, and that only after the country had been repeatedly alarmed by renewed epidemics of small-pox.

In regard to sanitary legislation, the Association has contributed greatly to the passing of the Public Health Act of 1872, with regard to which the services of Dr. A. P. Stewart and Mr. W. H. Michael, Q.C., both members of the Medical Reform Committee, have been especially prominent. This Bill was the result of the Royal Commission, which owed its existence to the Association.

So with the Habitual Drunkards' Bill. The Association, to the utmost of its power, aided Dr. Cameron in carrying on the work commenced by Dr. Dalrymple, and passing the most effectual measure the feeling of the legislature would permit.

The British Medical Association has played an equally important part in regard to medical reform.

The Association was founded in the year 1832.

In the earliest days of its existence it evinced an interest in medical reform, and, at the second meeting of the Association, held at Bristol in 1833, an address on medical reform was read by Dr. Barlow, printed separately, and freely circulated amongst the profession as well as amongst the members of the Association. General interest in the question of medical reform was excited and the attention of the legislature attracted.

First Committee of House of Commons.

In 1834, a Committee of the House of Commons was appointed to inquire into—"the laws, regu-"lations, and usages regarding the education and "practice of the various parts of the medical pro-"fession in the United Kingdom." The printed evidence relating to the state of the profession in England occupied 800 folio pages. The evidence as to Scotland and Ireland has never been printed.

The committee never made a report, notwithstanding the title prefixed to the papers of—"Report of the Select Committee on Medical "Education, etc.," and thus the progress of medical reform doubtless suffered.

Transactions, vol. vi. p. 26.

In 1837, the Association appointed a committee to watch over the interests of the profession.

This was really the first medical reform committee, and reports to the Association on medical reform have been continued with intervals from that time to the present.

Transactions, vol. viii., p. 43.

In the report of the committee read at Liverpool by Dr. Barlow in 1839, regret was expressed that, though five years had elapsed since the Special Committee in the House of Commons had completed its inquiries, the whole minutes of evidence were not published, nor the report of the committee presented.

p. 44.

The course of studies devised and adopted by the Senate of the University of London for obtaining its medical degree, general as well as professional, was regarded by the committee as suitable for all who engage in the practice of the art, and such as would confer incalculable benefits on the whole profession.

This was embodied in a petition to the legislature, together with a representation:—

"That the main requisite and only stable foundation for any sound system of medical polity, is to establish an adequate and uniform education for the whole profession, so that all who enter it shall pass through the same course of preliminary and medical instruction, be tested by the same examinations, and, when approved, be entitled to the same privileges. The natural unity of the profession imperatively demands this consolidation, there being no more preposterous or mischievous anomaly than that presented by the existing state of the medical institutions of this kingdom, where practitioners of physic issue from no less than sixteen separate sources, differing from each other in the course of education enjoined, the qualifications required, the examinations by which the qualifications are tested, and the privileges conferred."

It was suggested that an examining and licensing body should be established, both in Edinburgh and Dublin, on the same liberal principles as that in London.

This report was presented, and the petition to the legislature drafted long before there was any General Medical Council, long before there was any medical officer of the Privy Council.

It justifies the statement that the demand for medical reform did not originate with the universities or corporations. In the interest of the public, as well as of the profession, it originated from without them, that is, from the profession, and from the British Medical Association.

Dr. Barlow was then President of the Association, and was associated with Dr., afterwards Sir John, Forbes, Mr. Rumsey, and Mr. Soden, in the first Medical Reform Committee.

This early manifesto on the part of the Association, the action it has ever since continued to take in medical reform, and the help it has afforded the State in matters connected with public medicine in all its branches, entitle it to be heard on *public grounds* in further questions.

In 1840, a Bill was introduced by Mr. Warburton, Mr. Wakley, and Mr. Hawes—Mr. Wakley being the founder and proprietor of the *Lancet*. This Bill embraced provisions for the election of representatives of the profession in the proposed General Medical Council.

In 1841, a Bill, with a similar provision, was introduced.

In 1844, Sir James Graham brought forward a measure in which the representation of the profession in the council was also attempted.

In a subsequent Bill of Sir James Graham, of July 28th, 1845, all the members of the council were to be nominated by Her Majesty. All these efforts at legislation were made in the interest of the public to destroy the unworthy competition for candidates which existed amongst the numerous licensing bodies. One and all failed through inability to reconcile the conflicting interests of the universities and corporations.

Year after year the Association continued to struggle for medical reform. At the instance of the association, minister after minister and private members interested themselves in the question and endeavoured to reduce the discordant elements presented by the various universities and corporations to some semblance of order, but abandoned the work in despair.

Universities and licensing corporations gave no real help. Professions were on all hands made of a greater or less desire for reform, but each required such a measure as would redound to its own special advantage into which the pecuniary element too often entered.

The Association, however, never flagged; various Bills were from time to time brought forward, but all without success.

1853, p. 263.

In 1853, the Medical Reform Committee of the Association, accompanied by Dr. Forbes, Dr. Conolly, Dr. Chadwick, and several presidents of the branches of the Association with others, supported by a large number of members of Parliament, including the late Lord Macaulay, the Right Honourable M. T. Baines, the Right Honourable T. M. Gibson, Lord Elmley, Lord Hotham, Mr. O. Ricards, Mr. Cobden, Mr. Bright, Mr. Headlam, and many others had an interview with Lord Palmerston, and presented a Bill framed by Mr. G. W. Hastings, now M.P. for Worcestershire.

Sir Charles Hastings, chairman of the Medical Reform Committee, in addressing his lordship, stated that the Association had from the first, "laid down broad principles of medical reform, "and had never swerved from them. They were "uniformity of qualification, equal right to "practise throughout the United Kingdom, and "the adoption of the representative principle in "the formation of the councils or other governing "bodies," and that the Bill was drawn in accordance with them.

Dr. Renton, President of the College of Physicians of Edinburgh, and Dr. Combe, President of the College of Surgeons of Edinburgh, expressed their perfect approval of the Bill, and Sir Charles Hastings in his address said that the London College of Physicians had given in their approval, and declared that it was in harmony with their proposed new charter.

Lord Palmerston in reply hinted at the possibility of undertaking it as a Goverment measure, and said he should take an early opportunity of communicating with Mr. Hastings on the subject.

All the corporations did not accept it, and a conference of the Medical Reform Committee was

Mr. E. Waters, M.D., F.R.C.P.

11 July 1881.

held with representatives of universities and corporations in London, on April 25, 1854. At this conference Dr. Ogle, and Dr. Bond, from Oxford and Cambridge, stated that to the best of their judgment, individually, and after conversation with some of the influential parties, they saw no reason to object to the Bill, and they believed that it would meet with the approval of the universities.

On May 17, 1855, the Medical Reform Committee had an interview with Sir George Grey, when Dr. J. Risdon Bennett attended and submitted a draft Bill to establish :—

1°. One uniform system of medical examination.
2°. Perfect reciprocity, founded on that uniformity (*now reciprocity unfortunately exists without uniformity*).
3°. Registration.
4°. A supervising council elected partly by :—
  1° the colleges.
  2° the universities.
  3° the whole body of the profession.

Sir George Grey would not pledge himself to support the Bill, but he would not oppose its introduction by Mr. Headlam.

The Bill was the same as in 1854, but the preliminary examination embraced the exact sciences in addition to classics and general literature.

Under these circumstances, Mr. Headlam, on June 26th, 1855, acting on behalf of the Association, introduced a Bill framed to establish a register of legally qualified medical practitioners ; to improve the system of professional education ; to introduce something like uniformity of examination through the United Kingdom ; to guarantee reciprocity of practice on the foundation of uniformity of minimum qualification ; to frame a national pharmacopœia, and to create a recognised governing body truly and adequately representing the various interests of the profession. Registration to be obtained by going through the examinations prescribed in the Bill. The examinations were to be conducted in each part of the United Kingdom by the respective existing colleges upon an uniform plan, and were to be *preceded by an examination in the subjects of general education*. A general scheme for examination, to be enforced on every examining body, was to be framed by the medical council created by the Bill.

In this Bill of the Association of 1855, all the grand principles of reform embodied in the Medical Act of 1858, and in the Government Bill of the session 1879, are found, and, in addition, that of the direct representation of the profession in the medical council. From these principles the Association from its earliest period has never swerved.

They comprise :—

Preliminary examination in general education, to do away with the defective attainments found amongst members of a so-called learned profession.

Uniformity of qualification as necessary to entrance into the profession.

Reciprocity of practice.

Registration.

The general superintendence of professional education by a medical council.

Direct representation of all interests in the medical council, including that of the profession.

1855, p 683. p. 685.

In 1855, at a meeting of the Metropolitan Counties Branch of the Association, July 17, J. Risdon Bennett, M.D., President, the report of the Medical Reform Committee of the branch, approving the Bill as embracing the following provisions, which have always been insisted on by this branch :

1°. Providing for the representation of the entire profession in the medical council.
2°. Provision for proof of a preliminary education in classics, mathematics, and general literature, &c.

The resolution, on being put by the chair, was carried unanimously.

The above resolution was passed to support Mr. Headlam, in charge of the Bill of the Association.

It is remarkable that, for nearly half a century, this programme should never have varied, and that all advances made in the way of medical reform have been on the lines thus laid down.

In the Association Bill of 1855, the proposed medical council comprised eleven members as representatives of the universities and corporations, and *eight* representatives of the profession, forming a council of nineteen members ; the linking principal being adopted in respect of the universities ; and Durham, with the two Apothecaries' Societies, being omitted.

In 1856, Mr. Headlam, again acting on behalf of the Association, introduced another Bill, in which the council was increased to twenty-four members, including eight representative members and sixteen representing all the existing universities and corporations with the exclusion of Durham, and the two Apothecaries Societies ; in the first instance, however, until the *Medical Register* was completed, the professional representatives were to be nominated by the Privy Council. On April 2nd, on Mr. Headlam moving that the House might go into committee on this Bill, the Home Secretary, Mr. Walpole, moved that it be postponed for a week, as there was no general concurrence in its favour among the corporations ; and on division the numbers were,—

1856, p. 206. Second Committee of House of Commons.

For the postponement -	- 116
Against it - -	- 81
Majority -	- 35

Had not the Government voted against Mr. Headlam, the majority would have been the other way. On April 9th, this Bill was referred to a select committee of the House, at the instance of the corporations ; the committee agreed upon their report and made two material alterations in the Bill.

1st. As regards the medical council, the select committee decided that it should be exclusively nominated by the Crown, and should consist of thirteen councillors—nine of them medical men.

2nd. In the Bill of Mr. Headlam, in order to conciliate existing interests, affiliation to a corporation was made compulsory before registration ; the Select Committee, however, unanimously decided that the diploma they would give of "Licentiate in Medicine and Surgery" should be all sufficient to enable its possessor to practice, there being no clause to force him to join either one college or the other. The College of Surgeons of England at once took umbrage at this provision as tending to strip them entirely of their power. Opposition was organised, and Mr. Headlam's Bill, thus modified by the committee, although taken charge of by the Government, lapsed. On July 7 Mr. Cowper moved that the order be discharged. 1856, p. 594.

The Select Committee reported unfavourably for the corporations, which not unnaturally dreaded amongst other things a council nominated exclusively by the Crown, such as the Select Committee had recommended. Towards the end of the year representatives of the corporations met in conference and agreed on the heads of a Bill, embodying many of the principles contained in the measure previously brought forward by this Association and Mr. Headlam. The Medical Reform Committee had been willing during the last session of Parliament to accept the recommendation of the Select Committee rather than have no legislation. In the same spirit of concession, knowing that all measures of reform had been frustrated by the opposition of the corporations, the Reform Committee joined the conference of the representatives of the corporations, and proposed to the Conference Committee to accept a medical council containing representatives of all the medical corporations and universities, provided a certain proportion of members should be added to it, to be chosen by Her Majesty's Government not holding any place or office in the corporations or universities. 1857, p. 674.

The differences respecting the constitution of the medical council had proved a serious obstacle to the passage of any Bill, the impossibility of realizing direct representation, so long as there was no registered constituency was acknowledged, and the reform committee, acting in a spirit of conciliation, deferred the claim for direct representation until the medical register should be completed.

The proposal of the Reform Committee was acceded to by the Conference Committee of the corporations, and was embodied in the Bill of Mr. Headlam, though the proportion of such members

to the whole of the council was not so large as the Reform Committee desired to see it.

These facts prove that it was not the wisdom of Parliament that devised the present Medical Council, with its undue preponderance of corporation representatives, who have blocked the further progress of Medical Reform since 1858, but the interested corporations themselves, whose opposition Parliament was unable to master. The Bill of Mr. Headlam, thus modified and introduced in February 1857, in consequence of the dissolution of Parliament proceeded no further.

Parliament was dissolved, the Liberal Government went out, and a Conservative Government came in. On the meeting of the new Parliament, May 13th, it was re-introduced; and on July 21st the second reading was carried by a majority of 147—the numbers being, for, 225; against, 78. This measure was the result of a compromise, arranged between the Reform Committee of the Association and the Committee of Reference, acting on the part of the Colleges of Physicians and Surgeons of the United Kingdom, after the Select Committee on the Bill of the Association had reported in 1856 *against* compelling the possessors of the qualification of the conjoint boards to connect themselves with a corporation, and *in favour* of a Medical Council composed exclusively of government nominees. For the first time the Reform Committee consented to forego the elected representatives for six Crown nominees, with the understanding that direct representatives were to be granted once the the Medical Register was completed, in the expectation, which proved correct, that by this renunciation a first instalment of medical reform might be secured.

On July 28, 1857, the Right Hon. W. F. Cowper, now Lord Mount-Temple, wrote to Sir Charles Hastings, Chairman of the Medical Reform Committee, requesting a conference with him, on account of the share the Reform Committee had taken in the preparation of Mr. Headlam's Bill of 1856. Mr. Cowper, as a member of Her Majesty's Government, prepared a Bill based on that of Mr. Headlam, and a change of government having occurred, introduced it as a private member, on March 23rd, 1858, Mr. Walpole being Home Secretary. On June 2nd Mr. Cowper's Bill was read a second time, and, with considerable modifications, was read a third time on July 9th. The Association accepted this Bill also, as an instalment of medical reform. The Bill contained no adequate provision for uniformity of professional education and qualification. Failing this, the Reform Committee pressed a clause, rendering it imperative on every person to produce proof that his qualifications comprised both medicine and surgery. This most valuable provision was rejected, and the evil of persons qualified in only one branch of the profession being entitled to get upon the Medical Register, and thereby being enabled to undertake the duties and responsibilities of general practice, has been continued. At the instance of the Reform Committee, a clause requiring evidence of sufficient general education from persons about to enter the medical profession was also added by Mr. Cowper, but much to the regret of the Committee was struck out.

Reform Committee failed to enjoin double qualification.

Failed to secure adequate general education.

1858, p. 656.

Mr. G. W. Hastings' history of the proceeding was that,

Finding that the Bill did not provide for—

1°. Any preliminary examination in general education, and

2°. Did not prevent a man with a single diploma (whether in surgery, or medicine, or as an apothecary), from general practice.

Mr. Hastings, on behalf of the Association, communicated with Mr. Cowper about these points, and they prepared two clauses to meet their views.

Although Mr. Walpole opposed these two clauses, Mr. Cowper had them printed in the Bill, and on the final day in Committee gave them his strenuous support; upon which Mr. Walpole said that if the clauses were pressed he would withdraw his support to the Bill.

They knew that would involve the loss of the measure, and therefore Mr. Cowper withdraw them; hence no preliminary examination worthy the name, hence the registration of single qualifications.

The Medical Act of 1858 was passed in consequence of the persistent and unwearied labours of the profession, outside the medical corporations, and every succeeding year seems to make it more evident that no amendment, worthy of the name, of the Medical Act of 1858, is possible unless pressed for and supported by the medical profession.

In 1858 the Association numbered 2,300 members at most; it now numbers about 10,000, and embraces the *élite* of the profession in the three divisions of the kingdom. In 1858, the association was declared by Mr. Walpole and by Mr. Cowper-Temple to be representative of the profession; with the present fourfold increase of its numbers, it cannot well be questioned that it really is so. The demand for the reform of the chaotic condition of the medical profession which existed before 1858 when, amongst other absurd and unjust anomalies, a graduate in medicine of the University of London could not practise in London, did not originate with the universities or with the corporations. On the contrary, the demand for medical reform in the interest of the public, as well as of the profession, came from without; that is, from the profession, and also from the British Medical Association, powerfully aided by the medical press, and even from medical students.

In the year 1831, Dr. A. P. Stewart, a member of the Medical Reform Committee, and consulting physician to the Middlesex Hospital, then a student at Glasgow, was secretary to a committee formed at an immense meeting of the medical students in Glasgow to petition the Senate of that University for a higher curriculum, in order to keep off the imperfectly educated men who were attracted there by the facilities afforded for gaining a degree through a too easy examination. Dr. Stewart was for this praiseworthy object denounced, *ex cathedrâ*, by Dr. Badham, the Professor of the Theory and Practice of Medicine, and himself a distinguished classical scholar.

The British Medical Association has always adopted conciliation and co-operation as the guides of its conduct; before the Medical Act of 1858, with the corporations and universities as well as with the respective Governments, whether Conservative or Liberal.

After the passing of the Medical Act of 1858, the Association watched with interest the working of the General Medical Council, with every desire to co-operate with them in the amendment of the Act. When this subject was before the Medical Council, at a meeting of the Committee of Council of the British Medical Association held at Birmingham, May 28, 1867, it was proposed by Dr. Edward Waters, President of the Association, and seconded by Dr. Wilbraham Falconer, then treasurer, president in 1879:—

"That this committee considers that it is of the greatest importance that the British Medical Association should support the Medical Council in its endeavour to amend the Medical Act, and to improve medical education; and this committee trusts that the various branches of the association will take the subject of the Medical Acts Amendment Bill, about to be proposed by the Medical Council, into their consideration, and give it their support by means of petitions to the legislature and representations to Her Majesty's Government."

Secondly, it was proposed by Mr. Husband, of York, and seconded by Dr. Simpson of Manchester:—

"That, in any alteration of the Medical Act, the constitution of the Medical Council ought to be reconsidered, so that the great body of the profession should be fairly represented."

These resolutions were communicated to the General Medical Council by Dr. Sibson, F.R.S., the President of the Council of the British Medical Association. More striking testimony of the desire of the Association to co-operate with the General Medical Council, as previously with the corporations, could not be adduced.

August, 1857.

At the annual meeting of the Association at Dublin, in August 1867, a resolution as to the necessity of direct representation of the profes-

Mr. E. Waters, M.D., F.R.C.P

11 July 1881.

July, 1868.

sion in the General Medical Council was carried by an overwhelming majority, and at every annual meeting of the Association from that date down to the annual meeting of last year at Cambridge, the adhesion of the Association to this principle has been reiterated. In July 1868, a deputation from the Committee of Council of the British Medical Association waited on the General Medical Council, and submitted to it the vote of the Association at Dublin in favour of direct representation; a fact of which some members of the council in 1878 expressed themselves ignorant. Amongst the representations made to the General Medical Council on that occasion was one by Mr. Nunnely, to the effect "that "it was always intended that a portion of the council should be elected by the profession, but difficulties had prevented this from being carried out. These difficulties were now removed."

Dr. Andrew Wood, representative of the R.C.S.E. since 1858, stated that, at the passing of the Act of 1858, the British Medical Association "urged that Crown nominees should form one-third of the council;" and he further stated that, in his opinion, the best form of council was one like the present, containing—

1. Representatives of the universities.
2. Members of the medical corporations.
3. Crown nominees; with the addition of—
4. Members elected directly by the registered practitioners.

This addition would, he stated, give the council—

1. Strength, which it wanted.
2. Make it more popular in the profession.
3. Awaken an interest in its deliberations (which it was acknowledged did not exist).
4. Give more certainty to its decisions.
5. Excite an *esprit-de-corps*.

Sir Dominic Corrigan, in advocating the proposed addition, mentioned that:—"On the question of education it could not come to a satisfactory conclusion, but wanted the information of "practical men. If it were united as a representative body with the profession, they would "command more respect from Government."

Dr. Paget, of Cambridge, in opposing the proposed addition, mentioned that he was returned to the council by a constitutency of 5,400.

Dr. Sharpey held that an inquiry into the constitution of the council was necessary:—"If an "amended Bill were introduced into Parliament, "the question of alteration of the council would "be inevitably introduced."

Dr. Parkes thought that a good case had been made out for considering whether the constitution of the council might not be improved by the introduction of a new class of members—"whether its counsels would not thereby be "strengthened. He believed this would be the "case; for the opinions of bodies elected by "representatives were always regarded with "more consideration."

Dr. Andrew Wood, in reply to a proposition made, "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," remarked, it would be worse to give the profession an idea that they were not attended to.

The General Medical Council deigned no other reply to the representations of the British Medical Association, though they had been preferred with the greatest consideration and forbearance.

At this meeting, Mr. Nunneley, one of the deputation, stated that it was always intended that a portion of the council should be elected by the profession. Mr. Southam, another member of the original Medical Reform Committee, also stated that it was understood, indeed promised, that once the *Medical Register* was completed, the profession should be granted direct representatives in the General Medical Council.

Aug. 12, 1876, p. 233, xxi.

Mr. Husband, vice-president of the Association, is aware of the correctness of this statement. The provision in the Bill of Mr. Headlam, 1856, of which Lord Palmerston expressed approval, whereby the professional representatives were, in the first instance, as in the Lord Chancellor's present University Bill for Ireland, to be nominated by the Privy Council, corroborates the correctness of the assertion that once the Medical Act of 1858 came into force, direct representation would be accorded.

At the ensuing annual meeting of the Association in 1868, the direct representation subcommittee of the council was enlarged by the addition of members outside the Council, and became a committee of the Association.

In October, 1868, this committee issued an address to the members of the British Medical Association, and to the profession in favour of direct representation.

In April 1869, the committee distributed, in conjunction with the address to the profession, an address to the members of the legislature, and the general public.

There is no reference to fees or anything of the kind in these addresses, of which I forward a copy. The improvement of the general and professional education of the profession is the object aimed at, and the deficiencies in both, which the General Medical Council had failed to remedy, are specially alluded to, viz.:

See Qu. 3001

1st. The defective preliminary education of the medical student.

2nd. The variable and defective standard of professional examination.

3rd. The number of examinations and examining boards.

In the meantime the General Medical Council continued its deliberations as to the amendment of the Medical Act, and, after devoting three years to the preparation of a Bill, after a most tedious and difficult labour, doubtless owing partly to the absence of any obstetrician in the Council, produced the draft only of a Bill, which proved utterly unsatisfactory, and was never deemed fit to be exposed to the glare of full daylight. This is shown to have been the case by a letter of Mr. Simon, then medical adviser of the Privy Council, dated May 19, 1869, to Dr., now Sir George, Burrows, then President of the General Medical Council. This letter, brought before the council July 1, 1869, stated that Government would not undertake the Bill proposed by the council, as not sufficiently comprehensive. The labours of the council for three years, in aid of medical reform, thus proved of no avail.

What other explanation can be given of all this labour thrown away than that it resulted from inability to reconcile conflicting interests, to which the general welfare was to be sacrificed.

On July 7, 1869, a deputation from 5,200 members of the profession, acting independently of the Association, presented a memorial to the General Medical Council, which stated, "It is "respectfully but very earnestly submitted that "the influence and power for good of the General "Medical Council would be greatly extended "with the profession and the public if provision "was made in a new Act of Parliament for the "representation in the council of the general body "of practitioners of medicine and surgery who "are now, for the most part, deprived of any pro-"fessional franchise."

On this occasion the General Medical Council not only did not act upon the memorial, but even treated the memorialists with scant courtesy, and thereby promoted a breach between the General Medical Council and the profession.

Vol. ii. p. 67, 1869.

July 12, 1869.—Deputation from the committee of council of the British Medical Association to Lord de Grey and Ripon, Lord President of the Privy Council, to advocate direct representation.

The Government and the General Medical Council were thus fully informed of the demand of the profession for direct representation in the General Medical Council, as an essential condition of any amendment of the Medical Act of 1858.

In 1870, the General Medical Council having failed in their attempts to frame a satisfactory Bill, the Government introduced a Bill into Parliament; this Bill contained no provision for the representation of the profession in the General Medical Council.

In May 1870, Dr. Chadwick, then President of the Association, called a meeting of the profession in London, which was very largely attended, and again direct representation was insisted on as a cardinal point in any measure of reform.

"The Direct Representation Committee," having this special duty entrusted to it, was not

in a position to accept any Bill which did not embody it. The Government Bill of 1870 was withdrawn.

At the ensuing annual meeting of the Association, held at Newcastle, the proceedings of the Direct Representation Committee were made the subject of a detailed report to the Association. This report was printed and distributed to the members attending at the meeting, and an adjournment made for its discussion. Five members of the General Medical Council, including the present president, took part in the debate, and condemned the course pursued by the Direct Representation Committee. On the division which ensued, two votes only in a large gathering were given in addition to the five votes of the members of the General Medical Council, against the committee.

On this, as on every occasion when the question of direct representation has been brought before the association, the result has always been the same; and it seems strange, in the face of such and other demonstrations, that anyone should assert the demand is not made by the general body of the profession.

After the vote at Newcastle, the five members of the General Medical Council retired from the executive council of the British Medical Association. The Association continues to grow and prosper, similar associations have been framed on its model in other countries, and it is the largest association of the kind that history records. It has united the *disjecta membra* of the profession into a united body; it promotes scientific culture, and seeks to elevate the profession by elevating the education of its members. It annually grants considerable sums of money in aid of original scientific investigations of the first importance to the public as well as to the profession, and the Journal of the Association is one of the most influential in medical literature.

At the annual meeting of the Association at Newcastle, "The Direct Representation Committee" was merged into one of larger scope, "The Medical Reform Committee." This committee has annually presented reports of its proceedings to the general body of the Association, which reports have invariably been adopted and approved with scarcely one dissentient voice. The committee has promoted Bills before Parliament, and that of the honourable member for Exeter. Bill No. 2, introduced in the session of 1879, is virtually the Bill of the Association.

In 1870, it was calculated that in one week, under the pressure of the necessity for immediate, if for any, action, about 10,000 members of the profession petitioned against the passing of any Bill which did not provide for direct representation in the General Medical Council, a number resembling that of the signatures to the Birmingham memorial.

As evidence of the strength of the demand for direct representation in the Association and the profession:—

At the annual meeting of the Association in Dublin in 1867, the resolution in favour of direct representation was carried with only two avowed dissentients.

At the following meeting in Oxford, in 1868, after much attention had been drawn to the subject by the deputation to the General Medical Council, the resolution was unanimously adopted.

In 1869, at Leeds, it was similarly passed.

In May 1870, at a largely attended special meeting of the profession in London, called by Dr. Chadwick, the president of the Association, a resolution to the same effect was carried with only one dissentient.

In 1870, at the annual meeting of the Association at Newcastle, after a full and adjourned discussion, as to whether the Direct Representation Committee had acted well in declining the Government Bill of 1870, because it did not include provision for direct representation—and this, although the Government proposed not to oppose the appointment of a select committee on the subject in the ensuing session, if applied for—two votes only supported the five gentlemen, members of the General Medical Council, who raised the discussion.

At every meeting of the Association since 1870 the reports of the Medical Reform Committee, embodying the proposal, have been invariably accepted, unless the addition of a rider to the report at Manchester in 1877, which did not impugn the principle, is to be considered an exception.

The weight of the medical press is decidedly in favour of it, as evidenced particularly by the *Lancet* and the *Medical Press and Circular*.

The *British Medical Journal*, as the exponent of the views of the Association, has necessarily supported it.

Much has been said as to the criticisms of the General Medical Council by the medical press, which, however, gives impartial reports of its proceedings.

In the General Medical Council, as at present constituted, the representatives, or, according to Mr. Simon, the "delegates" of the corporations exist in overwhelming proportion.

These corporations, created for the public good, have acquired special privileges and interests which do not conduce to the public welfare.

The conflicting interests of the universities and corporations with those of the public were the great impediments to legislation in 1858, and marred in most essential points the Medical Act of 1858.

The General Medical Council, thus composed of an overwhelming proportion of corporation delegates, has not reported to the Privy Council a single examining body for inadequacy of examination, and the defective state of medical education, preliminary and professional, in this country, may be accounted for by the mutual forbearance existing amongst the members of the council.

One grave objection to the present constitution of the council lies in the fact that if certain points come before it, whatever may be the cogency of the reasoning or the skill of the debater, certain members may be told off with certainty, some to vote one way, some another.

The infusion of direct representatives in the proportion of one-fourth, whatever the number of the Medical Council, would introduce an independent element having no corporate interests to bias their judgment, which would tend to balance the undue weight of the corporation representatives.

Certain members of the General Medical Council have approved of direct representation.

Dr. Sharpey, in the minutes of the executive committee of the General Medical Council, expresses himself in favour of, if practicable, elected representatives, if not of more Crown nominees. He states: "The most serious fault "in its composition is the large proportion of "members elected by the licensing bodies, and "the predominant influence of these bodies in "the affairs of the council." p. 63

Dr. Allen Thomas declares "the present con-"stitution is not the best adapted to favour the "performance of its proper functions." He especially refers to nearly three-fourths of its members being the nominees of individual corporations, interested in the maintenance of licensing corporations, as a fault in its constitution, and suggests a constitution in which direct representation forms an essential feature.

Dr. John Macrobin, another referee of the General Medical Council, would have four, out a council of eighteen, elected by universal suffrage. p. 57.

Mr. Cæsar Hawkins' reply goes to prove the advantage of a moderating element, as in the council "there has been far too much exposure "of mutual jealousy and class interest." p. 48.

Dr. Risdon Bennett suggests the disfranchisement of Durham, and the two Apothecaries' Societies. p. 45.

Sir Thomas Watson states:—"It might be well "if the Crown were to appoint one or two "members from outside of the licensing bodies." p. 42.

It was always intended that the Crown nominees should not be corporation office bearers.

The discordant and uncertain views entertained by the gentlemen referred to stand out in striking relief when compared with the simple and clear decision of the profession.

Further, as the weight of opinion is brought to bear by the General Medical Council against the demand, without bringing forward all the opinions expressed in the House of Commons during the

Mr. E. Waters, M.D., F.R.C.P.

11 July 1881.

debate on the Bill of the honourable member for Salisbury, it seems right to give that of the Right Honourable William Cowper-Temple in favour of the change prayed for in the council, inasmuch as he had successful charge of the Bill of 1858. He said that, "He, for one, thought that great "advantages might arise if a certain number of "medical gentlemen, representatives of the "general practitioners throughout the country, "were added to the council."

If opinions are to be cited, those of such members of the profession as have represented constituencies in Parliament—the late Mr. Wakley, the late Mr. Dalrymple, the late Mr. Clements of Shrewsbury, the veteran Dr. Brady, who endorsed the Bill of 1858, the late Dr. Brewer, Dr. Lush, who said that it was the only subject on which, after consulting the profession in his neighbourhood, he had found the profession united, may well be named.

In fact, it would be difficult, if not impossible, to adduce any member of the profession in Parliament not in favour of direct representation.

The Irish Medical Association, which has existed since 1839, plays in Ireland the part of the British Medical Association in England, and is independent of it. The council of that association is in entire accord with the British Medical Association, as shown by its "Observations on Impending Medical Legislation."

With such an amount of testimony in favour of it, which does not include all that might be offered, it can scarcely be denied that if an Amended Medical Act be passed, which does not provide for direct representation of the profession in the General Medical Council, the legislation will be in opposition to the deliberately expressed voice of the profession.

The Association, however, is strong in its conviction that under a representative government, this is impossible.

The late Dr. Parkes stated in the General Medical Council, in 1868, that if the profession persisted in its demand for another year the claim might then be conceded. Thirteen years have since passed, and the profession still remains steadfast in their demand.

Were that admirable man alive, the presumption is that the profession would find in him a powerful and earnest supporter.

Petitions numerous for it.

No petition from medical men against.

Petitions from several corportions in favour of it in 1870.

The claim is urged on the abstract principle, that the profession should in justice have some voice in its own educational requirements.

The profession is unanimous in its demand for a higher standard of preliminary education, free from the vicious system of leaving the conduct of such examinations in the hands of licensing bodies.

The General Medical Council has received 150,000*l.* from the profession; in return

It has given the profession a *Register*.

It has given the profession a *Pharmacopœia*, and has left the profession, as regards the general attainments demanded from it, behind every country in Europe.

For example, France and Germany.

Observations of Sir William Gull and Sir James Paget, as cited in Address of Direct Representation Committee.

On conference, before the commencement of the Parliamentary session of 1878, the Medical Reform Committee were counselled by their parliamentary advisers to apply for a Select Committee of the House of Commons on the entire subject of medical reform. No doubt was entertained that such a committee would be granted, that all the points and interests involved would be investigated before it, and that the conclusions arrived at would be made the groundwork of a Bill which would be *pro formâ* discussed in the ensuing session, and probably become law. This course was on the eve of being adopted in the early days of last session, when it transpired that the Government were about to introduce a Bill.

The Bill of the Government, when introduced in 1878, did not meet the views of the Association; it neither embodied direct representation, nor a compulsory conjoint scheme. The Medical Reform Committee, under these circumstances, canvassed the profession, and speedily obtained 5,227 replies; the result of which was

	Aye.	No.
Direct Representation - -	5,075	121
Compulsory Conjoint Scheme	4,910	264

On April 17, the Medical Reform Committee attended a meeting of the General Medical Council, in the hope of bringing about united action, but without success.

The Committee also waited on the Lord President, and laid before His Grace the views of the profession and the Association, but without avail. The Committee then decided to support Medical Bill, No. 2, introduced into the House of Commons on May 29, 1878, by the honourable member for Exeter. Subsequently the Government adopted in their Bill the conjoint scheme embodied in Bill, No. 2, but too late to give it a chance of becoming law, as the amendments to the Government Bill covered three pages, and there were besides six hostile resolutions.

It would ill become a great and powerful body, like the British Medical Association, to forego a consistent and steadfast adherence to the principles of reform originally promulgated by the Association in conjunction with the profession, but in all its desire for free and open discussion, factious opposition has never been countenanced by it; conciliation and co-operation with Government and with the corporations resulted in the enactment of the Act of 1858; conciliation and attempts at co-operation with the Government and with the General Medical Council, in the furtherance of medical reform, have equally characterised the Association since 1858. Every advance in medical reform has truly been the adoption of one more of the principles laid down in the original programme of the Association, and this fact is some indication of the advantage that would accrue to the General Medical Council from the infusion into it of a fair proportion of independent men, entirely free from corporate bias in the formation of their opinions and of their judgment.

The General Medical Council unfortunately has not responded favourably to the proffered co-operation and representations of the British Medical Association and the profession, and has thus created that "*great schism in the profession*" of which Mr. Simon has spoken in the General Medical Council, and which he desires to see healed.

The opprobrious epithets of "agitators," "wire pullers"—have been freely used to designate the advocates of direct representation. The names of the past and present members of the Medical Reform Committee, which has included many presidents of the Association, presidents of the council, the treasurer, one of the members of the General Medical Council, and several physicians and lecturers in medical schools, are surely sufficient answer.

The committee moves in this matter with the view of healing the schism between the General Medical Council and the profession, of increasing the influence and authority of the council, elevating the profession, and increasing its power for good in relation to the public.

Since the sittings of the Select Committee of the late House of Commons on the Medical Bills, the Medical Reform Committee still enjoys the confidence of the Association and its last report, which was laid before the association at the Annual Meeting in Cambridge in August 1880, was adopted unanimously and the committee re-appointed.

This report is annexed to this statement.

EDWARD WATERS, M.D.,
Chairman of the Medical Reform
Committee of the British
Medical Association.

Chester,
June 27, 1881.

BRITISH MEDICAL ASSOCIATION REPORT OF THE MEDICAL REFORM COMMITTEE.

Presented to the Annual Meeting at Cambridge, August 12th, 1880.

In the report of the Medical Reform Committee, laid before the Association at the brilliant and highly interesting meeting of the Association at Cork, in August of last year, it was suggested "that the long-sustained struggle of the Association on behalf of the profession, might reasonably be expected at no very distant period to be crowned with success." The action of the

Medical Reform Committee during the preceding year, as for many previous years, was approved *nem. con.* by the general body of the Association and the committee was re-appointed, with power to add to their numbers. The committee have availed themselves of this power, and have thereby obtained the valuable services of Mr. Ernest Hart as a member of the committee They have, however, to regret the retirement of Dr. Grimshaw, who, having been selected by the Government to fill the post of Registrar-General for Ireland, did not feel himself free to act any longer on the committee, although the labours of the committee, of which he had proved himself a zealous and active member, continued to receive his sympathy and approval. At the time of the meeting at Cork, various Bills, including one introduced by the late Government, had been before Parliament for more than one session. These Bills embodied the various shades of opinion of the parties by whom they were promoted, and had been referred to a select committee of the House of Commons. This select committee had not concluded the examination of all the necessary witnesses before the prorogation of Parliament in 1879, and could not, therefore, report on the question, but it became manifest, during the sitting of the committee, that the Association and the profession had recovered the influence and power which had been gained by steady persevering action on the part of the Association before the passing of the Act of 1858, when the Government of that day applied to the chairman of the Medical Reform Committee of the Association for counsel and guidance in the passing of the Bill of 1858. The Association failed to make that Bill as perfect as it desired, but in the face of powerful opposition from some of the chartered corporations, it was driven to accept even that modest modicum of reform, in the hope of one day realising a better state of things. The most strenuous efforts of the Association, even to make the double qualification an essential condition for admission to the Medical Register, were defeated, although indispensable for obtaining any Poor Law appointment.

The evidence taken before the select committee was ordered to be printed by the House of Commons, and contains much important matter. In addition to the president of the General Medical Council, who appeared in somewhat of a judicial capacity, seven other members of the General Medical Council were examined, of whom four were in favour of the conjoint scheme and three against; three decidedly in favour of direct representation, besides Prof. Turner, who sympathised with it and thought it desirable; and the same number against. The exact cost of the meetings of the General Medical Council was also given in evidence by Mr. Miller at 414*l.* 15*s.* for a session of one day; 190*l.* as the average cost per day, or 16*s.* per minute; and one session of 13 days, that ending May 14th, 1877, when the debate on conjoint boards took place, cost 2,204*l.* 4*s.* 11*d.* This expenditure, derived from the profession and not from the universities and corporations represented in the General Medical Council, stands out in striking contrast to the self-denying and unremunerated services of the members of the committee of council of this great Association.

Since the last annual meeting of the Association the action of the Medical Reform Committee has been much trammelled by the uncertainty clouding the political atmosphere. During the month of January last rumours of the impending dissolution of the late Parliament were rife. It was doubtful even whether Parliament would meet, and in case of meeting whether the session would be of sufficient duration to admit of progress being made. Parliament, however, did meet and all the Medical Bills of the preceding session again passed the second reading, and were again referred to a select committee of the House of Commons. Further evidence was taken, that of Dr. Gairdner from Glasgow, and Dr. Struthers from Aberdeen. The evidence of both was against the conjoint scheme, that of Dr. Gairdner might be considered rather in favour of direct representation. In this conjunction the Medical Reform Committee met in London, on February 23rd, to consider the propriety of suggesting further witnesses before the select committee, and it was resolved that Dr. Alfred Carpenter, the president of the council of the Association, and Dr. Wade of Birmingham, should be tendered to the select committee by Mr. A. Mills as witnesses on behalf of the Association; Dr. Barnes to represent the obstetrical branch of the profession, and Dr. Grimshaw as an independent witness.

About this time, however, the late Parliament was dissolved, and of the members whose names were on the back of the Medical Act Amendment Bill (No. 2) the Right Hon. Mr. Childers became a Cabinet minister, and our able, warm, and devoted advocate Mr. A. Mills was thrown out of Parliament.

When the new Parliament met, the Government were asked by Mr. Errington whether they would re-appoint the select committee. The Right Hon. the Vice-President of the Privy Council, when replying in the negative, stated that it was the intention of the Government to consider the subject during the recess in all its bearings.

The Reform Committee having been advised that it would serve no useful purpose to re-introduce a Bill on behalf of the Association amidst the great pressure of parliamentary business, decided to seek an interview with the Government.

The General Medical Council were about to hold their annual session, and the Medical Reform Committee therefore deemed it wise to delay approaching the Government until the result of the session, as regarded medical examinations and other points of medical reform, became known. The council met, and from the report of its proceedings it may fairly be concluded that, as far as the conjoint scheme is concerned, it is, in as much as depends on the council, as far off as ever, and the prospect of a uniform minimum qualification as an entrance to the profession not likely to be attained unless pressed for from without the council.

All hope from the action of the General Medical Council being thus dissipated, the Medical Reform Committee, on behalf of the Association, applied for and obtained an interview with the Right Hon. Earl Spencer, Lord President of the Privy Council, on Friday, the 31st ultimo.

The Lord President was accompanied by the Right Hon. Mr. Mundella, the Vice-President. The proceedings at this interview have been fully reported in the Journal, so that the action of the Association may be fully known in all its details to the whole profession.

During this interview it transpired through the President of the Privy Council, that the President of the General Medical Council and other members of the General Medical Council had communicated unofficially with him; the nature of the communications did not transpire, so that when the deputation were asked by the Vice-President, whether they were in agreement with these gentlemen, the deputation were unable to give any answer.

It is with deep regret that the committee observed on the part of the Government a decided reluctance to attempt legislation from a fear of the power of the corporations in Scotland and Ireland, but the committee hope, when the Government have ascertained the general feeling of the profession throughout Ireland and Scotland, as well as in England, in favour of medical reform, that their hesitation will vanish.

The Lord President distinctly admitted that the subject is an important one, and that the Government are bound to deal with it, if only they see their way through it; and his Lordship also stated that if they did enter on the subject, he undertook to enter into communication with us, and hear distinctly, plainly, and categorically all the view, that the Association may wish to lay before him.

The committee have to thank the members of Parliament who introduced and supported the deputation. The remarks of Mr. G. W. Hastings, son of our founder, Sir Charles Hastings, were peculiarly interesting and effective.

The committee are happy in being able to inform the Association that their proceedings have gained to the cause of the Association many able and influential members of the legislature. Under the circumstances, the committee have to recommend their re-appointment, with power to add to their numbers.

EDWARD WATERS,
Chairman.

Cambridge, 1880.

Mr. E. Waters, M.D. F.R.C.P.

11 July 1881.

2981. You are a doctor of medicine of the Edinburgh University?—Yes.

2982. I have perused with great interest the evidence which you gave to Mr. Forster's committee, and therefore shall not go over again the ground which was taken on that occasion, excepting in a most cursory manner; you must not however suppose that the commissioners have not studied your evidence very carefully and have not given very great weight to your opinion. My questions will be directed to one or two points, and one or two points only, of the licensing system with which your name is specially connected. You are, I believe, in favour of what is known as the conjoint scheme?—Yes. I am distinctly in favour of one examining board for each division of the kingdom, which shall examine thoroughly and confer a right to a licence in the three departments of medicine, surgery, and midwifery.

2983. You consider, do you not, that the present number of nineteen examining bodies is inconvenient?—I think it is most objectionable, and, I believe, very prejudicial; it may be involuntarily, but still, really so, it gives the impression at any rate that there is a competition downwards in and amongst the licensing bodies for inasmuch as their prosperity depends upon the number of persons examined and passed, so there is a distinct reason why they should seek to get persons examined and passed by them.

2984. And the British Medical Association, as I understand, is strongly in favour of some such scheme as that which we have mentioned?—Most decidedly.

2985. So far as your experience goes, should you say that the majority of the medical men with whom you are acquainted, would be in favour of diminishing the present number of examining bodies?—The profession is in favour of forming combinations of the present authorities, so as to constitute a conjoint board of examination. We would on no account get rid of the Royal Colleges in either division of the kingdom, but we do think that the Apothecaries' Hall of Ireland, the Apothecaries' Society of London, and the University of Durham, do not exercise that influence as examining bodies which entitle them to preserve their present position amongst those bodies.

2986. You would propose, then, to abolish all the three bodies which you have named as examining bodies?—Yes, as examining bodies. Not so much the University of Durham, because I consider that its position has materially altered of late by the establishment of the Victoria University in Manchester and the college at Liverpool, and a college elsewhere, and they may have medical faculties in connexion with those colleges; and so the University of Durham, granting also a greater number of degrees of late than it did some years ago, has rather a better position than it had some years ago; it is more important as an examining body than it was. Moreover, it is almost impossible to abolish a university, whereas bodies such as the Apothecaries' Societies, which have served their purpose, are no longer needed. I think also that as a distinct body it is a pity that the Faculty of Physicians and Surgeons of Glasgow should continue to hold its present tenure.

2987. Then so far as the two Apothecaries' Societies are concerned, you are disposed to abolish them as examining bodies?—Yes; I think they have served their purpose, and that there is no longer any occasion for their existence.

2988. But so far as the University of Durham is concerned, you would give another chance to the old tree, and would not cut it down without a further chance?—I think we could scarcely cut it down in the presence of the Victoria University. I think it might become a branch, probably, of a great northern university.

2989. You are aware that the chief objection to the establishment of three conjoint schemes for the three divisions of the kingdom have come from Scotland; have you ever studied the question specially with reference to the points which are of interest to Scotland, and more particularly to the Scottish universities?—Yes. I am aware that the Scottish universities differ, for instance, from Oxford and Cambridge, inasmuch as they are essentially licensing bodies. A person may have the degree of doctor from either Edinburgh or Glasgow or Aberdeen, and it may also be not only a doctorate of medicine, but a doctorate in surgery; and so the university is not simply a degree-granting university, but grants the licence to practice in connexion with that degree, which is duly registered. Those universities give a complete professional education.

2990. In what way do you think that you could with justice to them get over the objection which they raised to the establishment of a system of the kind which you advocate?—The idea which I submitted to the Select Committee of the House of Commons was that in the theoretical subjects of education the examination might be left to the Scottish universities, and that the practical part or the clinical part should be compulsorily submitted to the conjoint board. The practical portion would be distinctly before the conjoint board. There is the money question certainly to be considered. The Scottish universities have a certain fee paid for their degree. They dread, and I think perhaps with some reason, for it is certain that they do dread, that if their graduates had to go before the conjoint board, and to pay that conjoint board for the examination, as those would have to pay who were licensed entirely through that board, they would lose some of their graduates, that the double fee would deter men from graduating, for instance, even in the most prominent university, that of Edinburgh. Therefore, supposing they simply went for the practical part of the examination before the conjoint board, then they might pay a proportionably small fee, to do away with the great difference that would be created by all their graduates having perforce to pass both examinations, that of the university and that of the joint board and to pay the double fee.

2991. Might not the proposal which you have just made be open to this objection, that it increases the number of examining bodies, because it leaves the universities to conduct the examinations as they do at the present time, while it proposes to add the conjoint board, and any addition to the number of examining bodies would *pro tanto* increase the difficulty of inspection?—Yes, there would certainly be that difficulty; but the Scotch universities are very powerful, and in attempting any legislation we have to look at what is really practicable, and as a matter of expediency alone I have thrown out that suggestion. I am not at all for increasing the number of examining boards. I think that if we had a conjoint board for each division of the kingdom, we should then have in that conjoint board alone a security for the proper amount of attainment and of education on the part of the persons licensed. They must all go before the conjoint board, and there would be one conjoint board in each division of the kingdom.

2992. You consider it essential that each division of the kingdom should establish a conjoint board?—Yes, I am instructed to maintain that.

2993. And is that your own individual opinion also?—Yes, most decidedly.

2994. And you consider that the establishment of the conjoint board must be made compulsory?—I think it is quite futile to imagine that any conjoint board that is not compulsory will hold its ground.

2995. Let me ask you a question or two with reference to the Medical Council. You have already stated in your evidence before the Select Committee that you would not decrease the number of the Medical Council to any appreciable extent?—I think there is an advantage in maintaining its present numbers.

2996. Should you see any objection to make any trifling alteration either in the way of diminution or increase, should you object for instance to making the number as much as 30 or as little as 20?—I think the present number is certainly sufficiently large for all practical purposes, but I should like the proportion to be altered. Instead of giving the corporations and the universities as at present three-fourths of the Council, I would give the universities and corporations one-half, and the Government one-fourth, and the profession one-fourth; I think that if the Government and the profession had each one-fourth they would form a fair counterpoise to the representatives of the corporations. The profession clearly has but one object, and that is its own elevation and its own improvement in the social scale. That has been markedly the object of the British Medical Association from its very first commencement. We have aimed at improving not only the professional education, but as a step to the improvement of the professional education the preliminary education of the medical profession.

2997. With regard to the proportionate representation of the various bodies on the Medical Council, do you entertain the same objections to the Apothecaries' Societies as sending representatives to the Council that you do to their being examining bodies?—I do not think that the Apothecaries' Society has any reasonable ground for being represented in the General Medical Council.

2998. Are there any other alterations which you think desirable?—With regard to the Apothecaries' Hall of

Ireland, I think in the very first or second year of the minutes of the General Medical Council it transpired that it was a question whether the licence of the Apothecaries' Hall of Ireland should be a registerable qualification; but it was found that it was made so by the Act, and of course the Council had no power to interfere with it. Then I think that Durham certainly ought not to have a representative to itself, and I believe really that Durham only got its representative through the simple fact that neither Oxford nor Cambridge nor the London University would submit to having Durham associated with them or with either of them.

2999. Then you think that in all these three cases a representative should no longer be returned?—Precisely so. I would also say with reference to the Faculty of Physicians and Surgeons of Glasgow that in the Medical Act of 1858 it was suggested that the Edinburgh College of Surgeons and the Faculty of Physicians and Surgeons at Glasgow should be combined so as to form one examining body; they might equally be combined in their representation in the General Medical Council if the Faculty is to be represented at all in the same manner as the Scotch Universities are linked in representation.

3000. Of course in point of numbers the Faculty of Physicians and Surgeons of Glasgow and also the Colleges of Edinburgh are very strong?—Not the Faculty of Physicians and Surgeons of Glasgow, but the College of Surgeons of Edinburgh is very strong, and the College of Physicians of Edinburgh has become exceedingly strong since the Act of 1858. Before that it was a very select body, but in 1858 when a double qualification became essential for certain appointments, poor law appointments amongst others, the Edinburgh College of Physicians took to licensing more freely in medicine; a number of persons from England, who had a single qualification, went up to the Edinburgh College of Physicians in the so-called year of grace, and, being simply recommended by a respectable man as candidates, got for 10 guineas, its licence from the College of Physicians, and a great many of them under a misapprehension dubbed themselves doctors. I believe many of them thought that they were doctors of the University of Edinburgh, but certainly many of them did call themselves doctors simply on the 10 guinea licence in medicine which they had obtained from the College of Physicians in Edinburgh. The College thus affiliated an enormous number of persons, and the funds of the College became very flourishing indeed in consequence of the Act of 1858. From that day to this the Edinburgh College of Physicians has been the licenser of a very large number of medical men.

3001. From the evidence which you have already given I think I need hardly ask you whether you are in favour of the direct representation of the general profession on the Medical Council?—I most distinctly am. My first connexion with this movement was through my being put upon a sub-committee of the committee of Council of the British Medical Association to see how far direct representation could be provided for in any contemplated medical legislation. That was in the year 1867, and I may say that I am distinctly in favour of it.

3002. With regard to the present powers of the Medical Council, I understand from your previous evidence that you think that its powers ought to be increased, or rather that absolute authority ought to be given to the Council instead of the present recommendatory powers which alone it possesses at the present time?—Clearly that is my opinion.

3003. Would you point out to us a little more in detail what direct power you would give, and going how far?—I would give them the power of framing the examination rules for each division of the kingdom under the conjoint system of examination.

3004. Without giving any voice to the various teaching bodies, and without giving any power of appeal to the Privy Council, or power to the Privy Council of suspending the ordinances of the General Medical Council?—We should certainly allow an appeal to the Privy Council.

3005. Would you give an appeal to the teaching bodies?—That is to say, for instance, if the conjoint board in any division of the kingdom should object to the recommendation of the General Medical Council, then they should have the power in the last instance of appeal to the Privy Council if they could not agree.

3006. Then you would make the powers of the General Medical Council subject to the final authority and decision of the Privy Council?—In certain respects; to that extent I should.

3007. But in the first instance, and pending that appeal, should you give force to the decisions of the General Medical Council, as, for instance, over-riding the conjoint board of examiners?—The Medical Council would have to frame examination rules for each division of the kingdom, and those rules being accepted in one division of the kingdom must hold good in all. And one portion of the kingdom could not object to what was proposed for and accepted by another division of the kingdom, they would be obliged to submit; but there would be one reservation, that in the last instance there might be an appeal to the Privy Council.

3008. But might not circumstances arise, might there not be a particular case of difference of opinion between the conjoint board of examiners of one division of the kingdom and the Medical Council, and in that case do I understand you rightly that you would give the Medical Council absolute power to over-ride them without an appeal to the Privy Council. I am speaking now of the period subsequent to the formation of the examination rules; would you make the Medical Council absolutely supreme, or would you still make the Privy Council the ultimate Court of Appeal?—I should give the right of appeal to the Privy Council.

3009. As I understand, you would always in all cases give an appeal to the Privy Council, so that it is only in a limited sense that you would give the Medical Council those absolute powers?—I have been instructed that really an appeal to the Privy Council would result in all human probability in the recommendations of the General Medical Council being enforced.

3010. When you use the word "instructed" am I to understand that you have come to give evidence for the British Medical Association, or are you giving us your own opinion?—I am giving to the best of my ability the views advocated by the British Medical Association. First of all we desire the Council to be reconstituted; then we desire to give the General Medical Council greater powers than it at present possesses; that is to say, we desire that the Council should frame examination rules for the conjoint boards of each division of the kingdom and that those boards should carry out the instructions as laid down by the General Medical Council. But it appears to me that there may possibly be a question which might arise in which the Privy Council would have to be appealed to, and our legal advisers have informed us that any such appeal would most probably end in the confirmation of the regulations of the General Medical Council.

3011. You have spoken a good deal about the Medical Council; what are the special duties which are incumbent upon the Medical Council. What do you consider the most important duty of that Council?—I think that the whole examination and the education of the medical profession is entrusted to the General Medical Council.

3012. And the most important discussions which can take place in the Medical Council you would naturally consider to be those connected with the two great questions of education and examination?—I should say so.

3013. Putting out of view for the present the mere mechanical duties of registration, the preparation of the pharmacopœia and subordinate matters of that kind, are there any other duties which are not entrusted to them already by the Act of Parliament which you consider ought to come within the sphere of their discussion?—I think myself that the penal clauses, as at present framed, should be strengthened. I have information that the public are not really protected by the penal clauses as they are at present framed, and each succeeding government that has attempted to deal with this question of the amendment of the Medical Act has had to aim at altering and strengthening the penal clauses. The General Medical Council might fairly represent to the Government the inadequacy of the clauses to protect the public from pretenders.

3014. The strengthening of the penal clauses however would be a question for Parliament, and not a question for the Medical Council?—A question for Parliament, certainly.

3015. Do you consider that the Medical Council ought to administer the penal clauses?—I think that the Medical Council should facilitate the prosecution of persons who are practising under false pretences. For instance, I have here before me a case that has occurred quite recently to me. I do not know how far I render myself open to libel, or anything of that kind, but I

Mr. E. Waters, M.D., F.R.C.P.

11 July 1881.

have before me the case of a man who signs himself an analyticaland consulting chemist, 1st floor, South Range, in certain buildings in London. He gives advice and supplies medicine, and charges one guinea for the medicine and 2*l.* for advice, having asked two-and-a-half guineas, and this man has been consulted by a person whom I saw with another medical man. He has an incurable cancer affecting the mouth and the glands of the throat, and although being relieved, but without the possibility of a cure and without the possibility of an operation, he is encouraged to hope that this man will cure him. He travels from Cheshire to London, and he has to pay 2*l.* instead of 2½ guineas which the man asked in the first instance for his advice and one guinea for his medicine. Practically all this mischief happens through that consulting chemist stating that it is not a cancer at all, that it is a poisoning of his blood, and that his medicine is to cure him; instead of improving he gets worse, and there are numbers of such cases.

3016. Should you propose that the Medical Council should deal with that case?—No, not that the Medical Council should, but I think it is most important that there should be a clause in the Medical Act which should enable a man of that kind to be put down if he attempts to sail under false pretences, as such men are believed by the majority of those consulting them to be qualified medical practitioners.

3017. In the case which you have read to us the man only sails under false pretences in the way in which persons in any other walk of life sail under false pretences; he does not assume to himself any title of belonging to any university or college of physicians or surgeons, does he?—No, he does not. I mentioned that case merely because it has come under my observation quite recently, not with the object of interfering with quacks, but still I think it is a pity when a man charges for advice and attendance that there should not be some means of preventing it. Then I have letters from other members of the association about persons signing blank certificates of death, to be filled up by unqualified persons, but all that you have I believe very little to do with.

3018. I was at this moment calling your attention to what are the duties and the most important duties of the Medical Council, and you told me first that there was the charge of the examination and the education, and then I understood you to say that you thought it very desirable that quacks should be put down, and that the penal clauses of the Medical Act should be enforced?—That the penal clauses should be strengthened as well as enforced.

3019. You do not propose, do you, that that should be done by the Medical Council?—I do not.

3020. Supposing that Parliament did strengthen the penal clauses of the Medical Acts, do you think that the persons who ought to prosecute are the Medical Council, or should you prefer a public prosecutor?—I should infinitely prefer a public prosecutor. I would not throw upon the Medical Council, nor indeed on the profession, the onus of prosecution.

3021. The funds which the Medical Council, if the duty were thrown upon them, would be obliged to employ in this object would be funds derived from another source, and ostensibly for other purposes, would they not?—I would not throw upon the Council the duty of prosecution or any work of that kind, though it must not be forgotten that the funds of the General Medical Council have been exclusively drawn from the general body of the profession.

3022. What further duties would you entrust to the Medical Council?—There are no other duties that we hold by except the education of the profession.

3023. Should you be disposed to limit the discussions that take place at the Medical Council to those objects which you have enumerated as comprising their duties?—Of course there are questions arising, but they are questions of medical education, for instance, questions with regard to medical jurisprudence and forensic medicine, but they are all questions of medical education, and in my mind the General Medical Council is there as representing the body of the profession generally and guiding its education and examination. I look upon the examination and education of the profession as everything in fact.

3024. What do you mean exactly by "medical jurisprudence"?—For instance, forensic medicine, there are some of the examining bodies who do not attach importance to it as a branch of medical education specially.

3025. What is the meaning exactly of forensic medicine?—Take for instance the University of Edinburgh, there is a professor of forensic medicine there. The subject embraces toxicology and all points connected with death from other than natural causes. It has to deal with all those circumstances which come before the courts, and when men are not educated to meet the required conditions they would very commonly fail under judicial examination, and there might be a miscarriage of justice in consequence; but I do think that all those questions can be safely left to the General Medical Council, that they are merely matters for them to take into consideration and to recommend or not.

3026. Then you would leave the Medical Council to entertain any subject which might be brought out by discussion by any of its members?—Only in as much as it might relate to the general broad question of medical education and medical examination.

3027. Should you say that certain questions intimately connected with the profession come within the cognisance of the Medical Council, such things, for instance, as questions relating to medical fees and matters of that sort?—The British Medical Association has never had anything to do with and never has touched the subject of fees, at least not within my knowledge and experience.

3028. Would the British Medical Association be disposed to say that fees and professional subjects of that sort ought to be excluded from the cognisance of the Medical Council?—Yes. I do not think the General Medical Council has anything to do with such subjects.

3029. Of course the time of the General Medical Council, a body of whom some of the most eminent medical men of the day may always be expected to form a part, is very valuable, and it would be a very good thing if we knew exactly how far the sphere of their discussions was intended to extend, and it is very important for that reason that we should know what really are the views of the various medical associations on this subject, and it is for that reason that I am asking you these questions. Do you think that the British Medical Association now would be disposed to agree that the sphere of the Medical Council should be laid down by Act of Parliament?—The sphere of the Medical Council is to be limited to the education and examination of the profession and to the qualifications of those who enter it, but as regards fees or questions of etiquette, or anything of that kind, the gentlemen with whom I have been associated have never once mooted any such thing; it has never been entertained for a single instant.

3030. And you think that in general the British Medical Association would be content if Parliament were to enact and to define by statute what is to be the sphere of the discussions of the Medical Council?—I think there would be no difficulty at all about that. I think that the Council might retain its present name as a Council of Medical Education and Examination.

3031. And with its sphere limited to those questions of education and examination?—Yes.

3032. (*Mr. Cogan*). On the whole do you consider that there has been a general improvement in medical education since 1858?—I certainly think there has been an improvement, but it has not been to the extent which would have occurred had there been less rivalry amongst the competing bodies in the profession, the bodies who compete particularly for examinations.

3033. Do you think that there has been a material improvement in the preliminary examination in arts generally?—I think the preliminary examination is most defective still.

3034. Do you think that there has been no improvement in that particular branch since 1858?—When I look at what occurs in France and in Germany, I must say that I think that the preliminary education of the medical men in this country is painfully low. If we take what is required in France, every person must, before commencing his medical study, be a bachelor in letters and a bachelor in sciences, and the subjects embraced are very extensive, and such as would utterly preclude the entrance on their medical studies of a great proportion of those who in this country commence them.

3035. (*The Master of the Rolls*). Is that quite correct as regards France?—I have here their new arrangement for studies, and the rules of examination for the doctorate of medicine, and I think I am correct.

3036. But the medical practitioners in France are not doctors of medicine only?—I am aware that some are *officiers de santé*. Then as regards the *officiers de santé* it is a very remarkable fact that for one *officier de santé* there are about nine doctors of medicine, thereby showing how great the inclination is on the part of those who go into the profession to seek the higher rather than the lower position; further the *officier de santé* is precluded from administering chloroform or performing capital operations. In Germany again I may say that no person can commence his medical studies at the university unless he has got the going-out certificate from a gymnasium, and this going-out certificate involves a certificate of proficiency in general education from the highest class of the public school or gymnasium before he can enter the university for any purpose. The requisite knowledge of physical science is about the same as what is necessary at Woolwich, namely, the general theory of heat, electricity and chemistry. Literature includes general European history, ancient and modern; classics include all the polished authors, also higher mathematics, including the calculus, is necessary. In the lower subjects, the branches of the above subjects have to be passed in school classes without doing which a boy cannot be promoted into a higher class; that is exacted from every person who commences his university studies.

3037. (*Mr. Cogan.*) Is it your opinion, that, in general education and in professional attainments, the medical men of this country are inferior to those on the continent?—That is my impression. I have been four years in Paris myself. I studied in Paris, and also in Vienna, and I must say that I think that as regards general education the profession in this country cannot compare with the profession in Germany. In an hospital, at the bedside of a patient, it is very common, if you do not wish the patient to know what is being said, to hold a conversation in Latin, and that alone I think is a proof of how the general education is carried on there.

3038. Do you believe that the competition between so many licensing bodies has had an injurious effect with reference to admitting persons to the profession not so highly qualified as might be desired?—I think so; I think it is inevitable that it should be so. I remember when I was in Edinburgh that if a person was rejected by one body he would in those days get upon a coach and go off to another place and try to pass there.

3039. Is it your opinion that if there were conjoint boards in the three portions of the united kingdom it would be essential that those conjoint boards should consist of representatives of the medical corporations and of the universities?—I think that the formation of conjoint boards could not be well carried out in the absence of representatives from the corporations, and from the universities, both.

3040. You believe that a combination of both would introduce two elements of very great importance, the practical and scientific?—I do.

3041. Do you believe or have you any knowledge of the fact that there are any such national peculiarities with regard to the practice of medicine as regards either treatment, instruments, or the application of drugs in different parts of the united kingdom as would render any special mode of examination necessary?—No, I do not know of any.

3042. Do you believe that that is a practical question?—I do not.

3043. If it were alleged that those peculiarities do exist would you not deprecate their continuance?—Certainly as such.

3044. You believe, do you not, that it is desirable that the education and examination should be practically pretty uniform throughout the whole kingdom?—Yes, I attach great importance to that.

3045. And you think the aim should be to render those educated in any part of the united kingdom capable of being practitioners in any other part?—I consider that the reciprocity which was established by the Act of 1858 should be based distinctly upon the conformity of the education and of the examination test.

3046. In case the system of three conjoint boards were adopted, do you think, that, to prevent the possibility of the profession running in any peculiar groove in any one part, the interchange of examiners from one part of the united kingdom to another might be desirable so far as practically it could be carried out?—That I think would be a matter of detail. It might, for instance, rest with the Medical Council to decide as to how far it might be advisable to depute persons to be present to see how the examinations were conducted.

3047. Do you think it probable that that object could be achieved by visitations if they were efficiently carried out?—I think so. We must also remember that in the General Medical Council we should have a body of representatives coming from the three divisions of the kingdom.

3048. With regard to the Medical Council itself, do you think that it would be well that medical schools which are not connected with the medical corporations should have any representation upon the General Medical Council?—I do not see how it is to be carried out. I have never been able to see how medical schools could be represented. I believe that some of the direct representatives on the General Council would in all probability be leading members of some of the medical schools.

3049. Do you think that it would be desirable that some of the leading teachers should be on the Medical Council?—I think they would inevitably get there.

3050. Do you consider that specialities should be represented on that Council, such important ones as obstetrics, or opthalmia, or dentistry?—I think that in a council of 24 there should certainly be a representative of so important a branch of the profession as that of obstetrics.

3051. Are you of opinion that the medical corporations and the universities should be compelled, in case the conjoint scheme were adopted, and the first and last examination were passed so as to be registered, to admit women as licentiates of their bodies?—Yes; I have no objection myself personally to women being admitted, but I am not in any way deputed by the association to which I belong to encourage their admission into the ranks of the profession. I believe that the great majority of the profession are opposed to their admission, but I believe that the profession as a body recognise their introduction into our ranks as inevitable. The Irish College of Physicians and the London University admit them at present.

3052. (*Mr. Simon.*) There are some points connected with the history of the movement for what is called direct representation on which I should like to ask you for some facts. First of all, as to the early history of it. I think I gather from some of your papers that it had been the wish of members of the medical profession, who were also members of the Provincial Medical Association in earlier days, that there should be some such system of election?—Yes, so I understand.

3053. I think I understood you to say that that wish had continued down to 1858?—Yes, down to 1858, most decidedly.

3054. And it had been fruitless?—It had been fruitless.

3055. It was a desire not very extensively entertained down to that time?—The Provincial Medical and Surgical Association at that time was a comparatively small body, although Mr. Cowper, now Lord Mount-Temple, and Mr. Walpole had both declared in Parliament that they considered it representative of the profession. That association desired that representatives of the profession should have a seat in the Medical Council. At that time the Association started with a demand for certain principles, which I have put down in my statement.

3056. The point, on which I wanted rather to get your observations was this: that down to 1858 there was nothing that could be called a strong professional movement for direct representation?—What I have to deal with is simply the action of the Association, which was then regarded by the two leading statesmen in the House who took an interest in the subject as representative of the profession, and this Association went in for medical reform, and it started with the same principles to which it has held ever since, namely, that there should be a uniform system of medical education and examination, and reciprocity of practice, with uniformity, registration, and a supervising council elected partly by the colleges, partly by the universities, and partly by the whole body of the profession.

3057. That was proposed in Mr. Headlam's first Bill, was it not?—Yes, and before Mr. Headlam's time it was proposed in the Bill of Mr. Wakley and Mr. Warburton and Mr. Hawes in 1840.

3058. I find that in 1858, after it had been in this way advocated by the members of the medical profession, the

Mr. E. Waters, M.D., F.R.C.P.

11 July 1881.

advocacy had proved, after 25 years, quite fruitless?—The simple point was this, that there was no register of the profession. It was impossible, consequently, to get hold of a constituency, and on that account, after having persisted in the demand for years, the Association consented to defer the appointment of direct representatives until the Act was passed under which a register of the profession was contemplated.

3059. You say that they "consented to defer"; with whom was that consent exchanged?—There was a conference between the representatives of the corporations and the Medical Reform Committee of the Provincial Medical and Surgical Association, and then the arrangement for direct representation was for the time given up.

3060. When you speak of "arrangement" for it, do not you merely mean intention to propose it?—It had been proposed in Mr. Headlam's Bill that there should be a direct representation of all interests on the Medical Council, including that of the profession. That was in 1855, and then the Metropolitan Counties Branch, which was an important branch at that time, of which Sir James Risdon Bennett was president, in order to support Mr. Headlam's Bill passed a resolution making it a *sine qua non* of any medical legislation that there should be a representation of the entire profession on the Medical Council. That resolution was carried unanimously. Now, when you have a meeting of the members of the Metropolitan Counties Branch, and a subject of this kind is put before it, and it is carried unanimously, it can scarcely be disputed that it represents true views of that portion of the profession who are present, and that the feeling of any single branch may more or less be taken as a sample of what rules throughout the profession generally, because in other branches, as, for instance, to go from London to Exeter, the branch there passed a resolution that no measure would be satisfactory that did not give a direct representation of the profession in the General Medical Council, and so it has been from east to west and from north to south.

3061. Was the expression "direct representation" used by them?—Yes, here it is in the resolution, "A "direct representation of all the interests in the Medical "Council, including that of the profession." In 1856 Mr. Headlam, again acting on behalf of the Association, introduced another Bill. You must observe that in those first Bills Durham and the Apothecaries' Societies were not to be represented. In 1856 Mr. Headlam introduced another Bill that included eight representative members of the profession, in the Council, along with sixteen, representing all the existing universities and corporations, but excluding Durham and the two Apothecaries' Societies. He proceeded with that Bill, and on a division in the House he was defeated; it was not a rejection of the Bill, but it was postponed, there was a majority against it, which was attributed to the Government not supporting it. That Bill subsequently, a week after, was referred to a Select Committee and the Committee were in favour of a Government-appointed Council. Then the corporations I presume did not exactly like that, and there was a conference held amongst them. It was clear that legislation would come, and at that conference the Medical Reform Committee was represented, and they agreed to the formation of a council representative of the corporations and the universities, with the addition of six Government nominees. Those six Government nominees were put in at the instance of the Medical Reform Committee of our Association who had desired to make them eight.

3062. But as a matter of fact, whether the Association was more or was less for direct representation down to 1858, it had, for five and twenty years preceding that time, been powerless to carry anything of the sort or to make any observable show in Parliament?—It had received the assent of various bodies even amongst the representatives of the corporations.

3063. I do not at all doubt that it received a certain amount of what I may call platonic adhesion amongst the members of the British Medical Association, but in your recollection was it in those days anything like a real power?—I should say most distinctly that the power of the Association in promoting medical legislation was enormous and that the Act of 1858 owed its existence to the enormous number of petitions that were sent in from all parts of the country, and which are recorded in the journals in favour of those Bills of Mr. Headlam; the branches of the Association and the towns generally throughout the country petitioned for this Bill of Mr. Headlam, thereby clearly, I should say, approving of the principles embodied in it.

3064. You of course recollect that for 25 years or more before that time endeavours had been made from other quarters to induce the Government to take up medical reform, and that the Home Secretary, Sir James Graham, had, I think, on two occasions, brought Bills before the House of Commons?—Yes, I am quite aware of that.

3065. You attribute the fact that direct representation was not pressed in the House of Commons at that time to the fact that hitherto there was no register?—Yes, I do.

3066. But, as regards the years 1856–8, when I happened to be in the service of the Government and was obliged to observe what was going on; am I not right in my recollection that objections were then raised to the principle of so called direct representation? I have a sort of recollection in my head of having seen it written of as "representation run mad"?—It is very possible that individuals may give vent to their own opinion in very decided and very striking language, but that does not at all involve the insanity of those who sought direct representation. I was personally acquainted with several members of the Medical Reform Committee who attended this conference, they were Mr. Southam of Manchester, who was the first Dean of Faculty when Owens' College Medical Faculty was established, Mr. Nunnely, of Leeds, and Mr. Husband, who is still alive. They have publicly declared that it was always intended that as soon as the register was completed there should be direct representation of the profession in the General Medical Council, and believing them, and having heard them state it before Lord de Grey and Ripon, and having heard them state it at debates in the British Medical Association when the question of the constitution of the General Medical Council was brought forward, and not having heard it contradicted, I think it may be fairly admitted that although Mr. Southam is dead it is the fact.

3067. My impression would have been that it was laughed out of court. Of course there may be a difference of recollection between us of that sort?—I believe you have heard Mr. Southam state what I have mentioned before Lord de Grey.

3068. That it was intended to revive it?—No; that it was intended at the time of the passing of the Act of 1858 that when there was a register of the profession then there were to be direct representatives on the General Medical Council.

3069. Intended by whom?—There was a conference, and at this conference certain principles were agreed to. Mr. Headlam, who had charge of the Bill, was the advocate in Parliament of the Association, and it was his Bill, and it was at the instance of the Association that he brought it forward.

3070. The British Medical Association consented, as you express it, to defer this. At all events the Bill of 1858 passed without it?—Yes, it passed without it; but I would say also that it has been advocated by Dr. Andrew Wood and others in the General Medical Council. I do not find fault with the Government nominees, because I have the highest opinion of them, but still those Government nominees were not to be officially connected with any of the corporations, so that there might be an independent element introduced into the General Medical Council, you will understand.

3071. As regards any understanding of that sort, I need perhaps hardly remind you that the Home Secretary at that moment was Mr. Walpole, who was not a gentleman likely to depart from an understanding into which he had entered with anybody, and that he on the passing of the Bill recommended Her Majesty to nominate Mr. Lawrence, afterwards Sir William Lawrence, Sir James Clark, Mr. Teale, Sir Charles Hastings, Dr. Christison, and Dr. Stokes, of whom the greater part were connected with the corporations?—It is not my own experience, but I am giving a statement made by Dr. Andrew Wood, a member of the General Medical Council, when the question came to be argued.

3072. Then in the year 1858 the Bill passed without any direct representatives?—Certainly.

3073. And the subject was apparently forgotten for some years. I am not aware that any action was taken for many years by the British Medical Association?—No action whatever was taken. The British Medical Association entrusted their fate to the General Medical Council, which had been constituted in the Act of 1858, and they waited and waited without any agitation what-

ever, at least there was no external agitation to mar any of the proceedings of the General Medical Council.

3074. The British Medical Association then for some years took no action whatever?—None whatever.

3075. I was anxious to draw your attention to that point before the Commission, because of its relation to an important question which I am going to ask you, namely, whether the subsequent demand for direct representation corresponded to a demand for the promotion of class interests. I want your information to be clear upon that point. There is, no doubt, that whatever adhesion there may have been on the part of particular members of the British Medical Association to the principle of direct representation, down to 1858 there had been no strong professional movement in favour of it. There was an acquiescence, with what understanding I do not know, but there was an acquiescence in the passing of the Bill in which direct representation formed no part; there is no doubt about that?—I was going to say that when the Bill of 1858 passed there was a protest on the part of the Association and of members of the Association against its being passed. It was stated that it was an incomplete measure, an instalment of medical reform. I happened to be that year president of the Lancashire and Cheshire branch—a very large branch of the Association—and I remember very well the statement made, that it was merely an instalment of medical reform.

3076. Did that statement refer particularly to the absence of what was called direct representation?—Yes.

3077. The British Medical Association did not move in the matter, I think, until the year 1867?—Not until 1867.

3078. In the meantime an independent association had been formed, pressing direct representation; had there not?—I do not know anything about it.

3079. Are you not aware that there had been formed from the year 1867 an association called the Medico-Political Association?—It may be gross ignorance on my part, but I was not aware of its existence.

3080. Were you at the Oxford meeting of the British Medical Association in the year 1868?—I was.

3081. Was it not the case that the Oxford meeting of the British Medical Association underwent a sort of irruption from that other association, and had its action very considerably affected thereby in respect of direct representation?—My knowledge of the subject is that in 1867 in a meeting of the Committee of the Council of the Association, Mr. Husband, of York, who had been a member of the original Medical Reform Committee before the passing of the Act of 1858, the subject of medical legislation being on the *tapis*, moved that the Association should again endeavour to procure the addition of direct representatives to the General Medical Council or to be placed upon the General Medical Council.

3082. The British Medical Association has lately taken part, has it not, in promoting a Bill in Parliament, introduced by Mr. Hardcastle?—Yes.

3083. In doing that, has it not co-operated with two other English associations besides an Irish one, viz., with the Medical Alliance Association and with the Medical Defence Association?—My knowledge of this Bill is simply that Dr. Jacob, as representing the Irish Medical Association, wrote to me and asked me if I would confer with other persons who had promoted legislation with a view to coming, if possible, to some common ground of agreement as to the objects to be aimed at in any future Bill, so that instead of having more Bills than one, although it was thought that more Bills than one evidenced an interest on the part of the profession, there might be one Bill only, and I acceded to that request after consultation with the members of the committee, of which I was chairman; and I and Dr. Carpenter, of Croydon, were deputed to attend that conference.

3084. I observe that the Medical Alliance Association through its secretary expressed itself in these terms last year: "Whilst we claim for the Bill of the Alliance that "it is the only Bill which guards the interests of the "profession, we denounce the Bill of the Reform Com- "mittee of the British Medical Association, as being a "measure so treacherous in its nature that it proposes "to surrender some of the best privileges of the profes- "sion as a concession for securing simply, and in an "objectionable way, a representation of the profes- "sion upon the General Medical Council." That was their opinion of your action last year?—Yes. I took considerable pains to find out how it was that I, personally, was made the object of attack by the Secretary of the Medical Alliance Association, and I believe it was entirely due to my not attaching so much importance to the penal clauses as the Secretary of the Medical Alliance Association did, but when we met he found that I was not the very objectionable person he had believed me to be, and he co-operated with me and I was quite prepared to co-operate with him, and I think that all those abusive epithets he would now be the very first person to disclaim.

3085. But the Medical Defence Association is included in the combination that produced this year's Bill?—Yes, I think so; the mover, Dr. Jacob, thought right to invite, and I was prepared to meet, the parties to the conference, but I was not the originator of that meeting—I mean the first meeting of the conference when certain resolutions were passed which I have with me now.

3086. One of those associations I observed was formed in March 1875, for the purpose of suppressing the practice of medicine by unqualified persons and procuring an amendment of the Medical Act of 1858?—That is possible, but I had nothing to do either with the formation or with the work of that association.

3087. The other was with a somewhat similar purpose. I observe its first purpose was stated to be to suppress the practice of medicine and surgery by persons not duly qualified?—Yes, I believe that was one of their great objects, and because we did not attach exactly the same importance to their views that they did, I believe our Bill was styled an infamous Bill.

3088. In the Bill introduced by Mr. Hardcastle there is an altered penal clause, and you propose now in combination with this association to say that any person not registered under this Act, who for gain engages in the medical treatment of diseases, shall for every offence be liable on summary conviction to a fine not exceeding 20*l.*?—That may be in the Bill because I know that Dr. Carpenter was the person to whom the drawing up of that particular clause was entrusted, but I need not say to you that it is a very different thing drawing up a clause of that kind and getting it passed by the Legislature, and therefore you must not make me the subject of cross-examination with regard to it. I should like simply to state what the resolutions were which were arrived at at the conference, and I should like to put them in if I may be allowed. "At a con- "ference of those interested in proposed medical legis- "lation held at the Euston Hotel, on Thursday, Decem- "ber 9th 1880, Dr. Waters, of Chester, in the chair, "present, Dr. Glover, Dr. Andrew Clarke, Dr. C. "MacNamara, Dr. R. H. Carpenter, Mr. Nelson "Hardy, Dr. Rogers, Mr. Hamilton Craigie, Dr. Dan- "ford Thomas, Dr. J. P. Hentsch, Dr. Jacob, of Dublin, "and afterwards Mr. Ernest Hart. After preliminary "statements of the chairman and Dr. Jacob the fol- "lowing resolutions were adopted:—(1.) That this "conference is of opinion that the preliminary educa- "tion of the student is at present defective, and that "it should be determined and regulated by the General "Medical Council, as is proposed, with regard to pro- "fessional education, by the 15th section of the Govern- "ment Bill. It was moved by Dr. Jacob, seconded by "Dr. Glover, and passed unanimously. (2.) That this "conference is of opinion that, in the formation of a "scheme of conjoint examination, it is essential that "the system should be uniform throughout the kingdom "in respect of curriculum, examination, and examina- "tion fee. That was moved by Dr. A. Clarke, seconded "by Dr. Rogers, and passed *nem con.* (3.) That the con- "ference approves of the proposal that the examining "boards for the three divisions of the kingdom should "be constructed by the co-operation of the medical "authorities in those divisions respectively under the "control of the General Medical Council, and that the "lower diplomas of these authorities should be granted "only to persons who had passed the conjoint examina- "tion. That in default of the formation of an examin- "ing board of the medical authorities in either division "of the kingdom, the General Medical Council shall "form such board. That was proposed by Dr. "Carpenter, seconded by Dr. Thomas, and carried *nem* "*dis.* (4.) That, in the opinion of this conference the "time has come for discontinuing the representation of "the Apothecaries' Society of London, the Apothecaries' "Hall of Ireland, and the Faculty of Physicians "and Surgeons of Glasgow in the General Medical "Council. That resolution was proposed by Dr. Glover, "seconded by Mr. Hardy, and carried *nem dis.* (5.) That

Mr. E. Waters, M.D., F.R.C.P.

11 July 1881.

"it is the opinion of this conference that the Apothecaries' Society of London, the Apothecaries' Company of Ireland, and the Faculty of Physicians and Surgeons of Glasgow, should cease to exist as medical authorities. That it is no longer necessary that these bodies should constitute a part of the medical examining system of the kingdom, there being two royal colleges in each division of the kingdom. That resolution was moved by Mr. R. H. Carpenter, seconded by Mr. MacNamara, and was passed by a majority. (6.) That the second proposal of Professor Turner in reference to the examinations of the Scottish universities and the licensing of candidates to practice the profession be accepted by this conference as applicable to all universities. That resolution was moved by Dr. Glover, seconded by Mr. MacNamara, and passed; Dr. Jacob not voting. (7.) That no scheme of medical reform can be accepted by the profession which does not provide for its direct representation in the General Medical Council. That was proposed by Dr. Andrew Clark, seconded by Dr. Jacob, and passed *nem dis.* Then there is a resolution moved by Dr. Jacob, that (8) an amendment should be made in the law by which the right of election to the General Medical Council should be with the medical corporate voters of each medical authority; that is to say, the introduction of indirect representation, and that was negatived by a majority. (9.) That it is expedient that a penal clause similar in effect to the penal clause of the Apothecaries (England) Act be introduced into any Bill approved by this conference. That was moved by Dr. Carpenter and seconded by Mr. Glover and passed *nem con.*"

3089. Judging by Mr. Hardcastle's Bill, do you not also agree that every registered person shall be at liberty to use the prefix of "doctor"?—I believe that was put in by Mr. Carpenter also. There is something to be said for it. There are a great many Bachelors of Medicine. I know a Bachelor of Medicine who is a Fellow of the Royal College of Physicians, and if that clause were not put in he would be liable to prosecution for calling himself Doctor.

3090. Do you think that a licentiate of the Apothecaries' Society should be authorised by Act of Parliament to call himself "doctor"?—I think so very lightly of the term doctor myself that I should not object to any one calling himself doctor; but then that is merely my personal feeling. I think there are very many good apothecaries.

3091. Would you be good enough to tell me what particular good, in the sense of result to the public, would, in your opinion, be got by direct representation?—I believe we should exercise a decided neutralizing influence as regards corporations. I believe that if there had been any direct representatives in the General Medical Council, those glaring defects with regard to education which were revealed by Dr. Parkes, would never have been allowed to be passed over, but that the public would have been kept alive with regard to them and there would not be that necessity which now exists for improving the preliminary education of the medical students; but it would have been done by the General Medical Council. I should like to be allowed to put in the addresses which we issued to the profession, and to the members of the legislature (*delivering in the same*). I think also that it is not improbable that you would before this time have had conjoint boards established. I do not say that it is so; but I believe that all the efforts of the direct representatives would have been towards that point which we regard as essential.

The addresses referred to in 3091 *are as follows:—*

TO THE MEMBERS OF THE BRITISH MEDICAL ASSOCIATION AND PROFESSION.

Proposed amendment of the constitution of the General Medical Council.

The committee of the Council of the British Medical Association earnestly press upon the attention of the association and the profession the following address, which has been drawn up by the committee appointed at the last meeting at Oxford, to obtain direct representation of the profession in the General Medical Council, and they call upon the members of the association and the profession generally, to bring their united efforts to bear upon the attainment of this important object.

The claims of the profession to be directly represented in the General Medical Council have been already put forth.

They may be briefly stated as follows:—

Profession as a body at present wholly unrepresented.

At present, the profession as a body is wholly unrepresented in the General Medical Council. The Government has representatives in the Council, but the profession has no voice whatever in their election. The Universities, the medical corporations, and licensing bodies have their respective interests carefully watched over by able delegates.

Expenses of present Council come out of a fund raised from the profession, and not from the bodies represented.

The medical corporations, which are mainly supported by the profession, and the Government contribute nothing to the expenses of the Medical Council. These expenses are entirely defrayed by the registration fees exacted from the medical practitioners of the United Kingdom, who, notwithstanding, have no direct voice in the body which they thus support.

But the committee turn from the consideration of the just claims of the registered practitioners of medicine to be represented in the Medical Council, to the value of such representation to medical education, and to the welfare of the public and the profession.

Ten years have elapsed since the passing of the Medical Act, which was called into existence by the strenuous efforts of the association, and yet some of the most serious of the anomalies and evils that led to the passing of the Act remain unaltered and unredressed.

Preliminary education of medical students insufficient.

The universal enforcement of a preliminary examination in arts is due to the Medical Council; but this result has been slow in attainment, and the minimum demanded is below the legitimate requirements of a liberal profession.

Standard of professional examination variable as well as defective.

The standard of professional examination of the various licensing bodies varies widely in different localities, and is known to be in some instances extremely defective. This is proved by the frequent rejection of licensed practitioners by the Government Examining Boards for the Army and Navy, and by the many instances in which candidates rejected by one examining board are known to succeed in obtaining the license of some other board of less stringent requirements.

The great number and direct competition of the Examining Boards of Great Britain and Ireland, as well as the diverse and imperfectly reliable character of the examinations which they impose upon candidates for the license, is still a source of discredit to the profession and of injury to the public interests. So long as the Council is mainly composed of special representatives of every one of those examining boards, there is little probability of this great evil being remedied.

Practical, as well as theoretical examination demanded.

Some of the examinations in medicine and surgery are still conducted only by written and *viva voce* questions and answers; the practical and only secure test afforded by examinations in the wards of a hospital being almost or altogether neglected.

The Council have entirely failed to deal satisfactorily with that part of professional education, corresponding to the old training by apprenticeship. This subject, which is one of general professional importance, remains in a state of confusion and perplexity.

Unqualified persons practise under assumed titles.

The efforts of the Council, carried on for years to obtain an Amended Medical Act, for the purpose of making effective that clause of the Act which aims at protecting the public by preventing unqualified persons from assuming medical titles, have failed to command the due attention and effective assistance of the Government, and the interposition of the legislature. In this respect, Great Britain is behind, at least, one of the colonies.

How is it that the Council, after ten years of assiduous labour, have not succeeded in remedying these serious and self-evident evils?

The Council has endeavoured to improve medical education, to discourage irregular practice, and to strengthen and raise the position of the profession, and protect the interests of the public, but these efforts have been comparatively fruitless.

What, then, are the causes that have so largely neutralised the efforts of the Council? They are mainly these:

1. The defective composition of the Council as a representative body,
2. The want of external support, and
3. The want of power.

Present defective composition of the General Medical Council.

1. The composition of the Council in itself neutralises many of the best efforts of the body. Ten universities and nine licensing bodies are represented by seventeen members; while, in addition to these, the Government nominates six. Thus three-fourths of the members are sent from those very bodies that control medical education, and that are, or ought to be, in their turn controlled by the Medical Council. Disinterested as are the individual members of the Council, high as is their

general purpose, they yet do unconsciously neutralise each other's aims by their conflicting interests, and by the natural reserve and delicacy with which, as themselves representing corporations, they exercise control over each other. Admirable as are the Government nominees in their individual capacity, yet some of them are so connected with the bodies already fully represented that they may not unnaturally incline in a greater or less degree to their interests. Granting, however, that they have every desire to support the interests of the public, and the profession even when at issue with those of the corporations, they are too few in number to control the decisions of the Council, and have behind them too small a force supporting them in their action and impelling them to exertion.

2. The profession, as a body, take comparatively little interest in the proceedings of the Council as at present constituted; and the quickening powers of public opinion and support are, therefore, lost to them.

3. It is not needful to speak here of the importance—indeed, necessity—of the possession of increased power and more clearly defined authority by the Council; for it is self-evident that, without such power and definite authority, the Council cannot sufficiently control the licensing bodies, or prevent disqualified or unqualified persons from assuming professional titles and practising under delusive pretences, to the great injury of the public, and to the discredit of the profession to which they falsely pretend to belong.

The remedy for the state of things just described is to be found in a new and amended Act, which, besides increasing and defining the powers of the Council, shall include as its most important provision, the direct representation of the profession in the Council.

If representatives of the profession are added to the Council in the proportion of one-fourth of the total number of members, the present proportion of Government nominees being likewise preserved, many of the existing clogs to the efficient action of the Council, due in considerable part to the balancing of the various interests, will be removed. The legitimate influence of the great educating and licensing bodies will still be maintained, but force, unity of direction, and definite purpose, will replace the existing inadequacy of the action of the Council.

On these grounds, the Committee of Council urge upon the members of the association to impress upon the candidates for parliament, and the members of the legislature and the Government, that in order to secure the interests of the public and the welfare of the profession, any future Bill for the amendment of the Medical Act ought to include a clause for the direct representation of the profession in the Medical Council.

FRANCIS SIBSON, President of the Council of the British Medical Association.
EDWARD WATERS, Chairman and Convener of the Committee.
J. WATKIN WILLIAMS, Secretary.

THE DIRECT REPRESENTATION OF THE MEDICAL PROFESSION IN THE GENERAL COUNCIL OF MEDICAL EDUCATION.

TO MEMBERS of the LEGISLATURE and the GENERAL PUBLIC.

The accompanying address was intended mainly for distribution among the members of the medical profession, who are necessarily acquainted with the character of the Medical Council. The following explanation of the origin and constitution of that body, and of the result of its working, has been drawn up for the information of members of the legislature and the general public.

The General Council of Medical Education was established by the Medical Act, which was passed in the year 1858. That Act was to a great extent the result of the long continued and successful labours of the British Medical Association, aided by the medical press and the support of various members of the legislature.

The General Council of Medical Education consists of 24 members:—viz., a President, 17 chosen by the universities and medical corporations of the United Kingdom, and six nominated by the Crown.

Nearly three-fourths of the Council are chosen by the very colleges and bodies which it is the duty of the Council to superintend and to report upon to the Privy Council in case of defects in the course of study or examination; and it is certain that their presence in so large a proportion tends to perpetuate the evils of multiple examinations, numerous examining baords and undue competition for candidates. This argument applies with equal force whether those members be chosen, as at present, by the governng bodies of the corporations, or, as some desire, by the whole of their members.

At present the President and the six members nominated by the Crown, form the only counterpoise in the Council to the 17 members chosen by the corporations and bodies which are under the supervisions of the Council.

The whole of the ordinary funds of the Council are derived from fees paid by the registered medical practitioners of the United Kingdom.

The registered medical practitioners of the United Kingdom, although they thus supply the whole of the direct revenue of the Council, have no voice whatever in the appointment of the members of the Council.

The General Council have now been engaged for ten years in directing medical education, and they have undoubtedly effected some improvements. Notwithstanding these, however, many grave defects are still uncorrected.

Of these defects three are especially to be noticed:—

First. The defective previous education of the medical student:

Second. The character of the course of study and the examinations, which are not sufficiently practical; and

Third. The number of examinations and examining boards.

1. The Medical Council have very properly made it a rule that everyone shall pass a preliminary examination, or have taken a degree in arts, before he can become a recognised medical student.

Unfortunately this preliminary examination is in many instances a very imperfect test of the candidate's general knowledge. Thus the College of Surgeons is satisfied with an examination, intrusted by them to the College of Preceptors, which is much less strict than the matriculation examination of the university of London.

The result of this imperfect previous training is thus described by Mr. W. E. Forster in his recent speech on moving the second reading of the Bill on secondary education. "I will now trouble the House with one "or two answers which were given in the course of the "long inquiry of the commission. We examined among "others, Dr. Gull, who was asked, 'What in your "'opinion is the state of previous education which at "'present, generally speaking, the candidates for the "'medical profession obtain?' The answer was, 'I "'should say that it is still in a very defective con-"'dition. There is no thoroughness in the teaching. "'I should say that the men are defective in common "'writing and spelling. Of course there are numerous "'exceptions, but it is still a common thing. There "'seems to be no training of the faculties of men for "'acquiring knowledge at all.' And Mr. Paget, in "answer to a question which was put, said, 'I should "'say that the condition of knowledge in young men "'coming up for examination in regard to scientific "'subjects is highly unsatisfactory.'"

2. At present some of the examining boards take a candidate for a degree in medicine or a licence to practice to the bedside of the patient, and require him to examine and describe the case and give an account of the nature of the malady and its proper treatment. Other boards, however, do not practice this test, but content themselves with written and oral examinations. The Medical Council have not stepped in to regulate their method of examination, and to require that it shall be clinical or carried on at the bedside of the patient.

The result is that the medical student, whose course of study is necessarily ruled by the character of the examinations, instead, in many instances, of being carefully trained at the bedside of the patients in the hospital, merely "walks the wards," and listlessly saunters past the patients, without making himself really acquainted with their cases.

He, in fact, devotes himself to a verbal as opposed to a practical study of disease, and trusts too much to books, lectures, and the grinder.

If the examinations were, of necessity, conducted at the bedside, or clinical, the baneful system of cramming must die out, and the method and course of study must become essentially practical or clinical.

3. The number of examining boards in the United Kingdom, included in Schedule A., and capable of conferring medical degrees and licenses, amounts to nineteen. It follows that the student, in order to obtain the "double qualification" in medicine and in surgery, is at present frequently preparing for two and occasionally for three examinations at the same time.

Mr. E. Waters, M.D., F.R.C.P.

11 July 1881.

The studies for one examination clash, to some extent, with those for another, and under this influence, and that of the want of a practical character in many of the examinations, the student, towards the end of his career, when he ought to be making himself more and more familiar with disease, at the bedside, frequently deserts the wards to be "crammed by the grinder."

It is extensively felt by the profession that these great evils, which weigh immediately upon the public good, can only be remedied by a direct resort to the legislature.

The proposed remedies are threefold.

1. The first remedy is the strengthening of the hands of the General Council, so as to enable them to prescribe the standard of studies and examinations with greater independence, and to regulate the examining boards with greater authority.

2. The second remedy is, that the colleges or corporations shall be required to unite to form one examining board, which shall conduct the minimum examination for licenses to practise medicine and surgery, so that instead of several examinations there shall be but one.

3. The third remedy, which embraces the others, is the immediate object of this movement, the direct representation of the medical profession in the General Council of Medical Education.

The various colleges and bodies enumerated in Schedule A. have been entrusted by the legislature with the choice of the members of the Council, not to protect their own interests, but with a view to the public good.

It is believed that by the preponderance in the Council of the members so chosen, the public good is to some extent interfered with through the natural bias of those members to study, often unconsciously, the interests of the licensing bodies by whom they were chosen.

The six nominees of the Crown are not sufficient, either in number, or in the character of the influences that they derive from the Crown, which is in its nature negative, to control the 17 members chosen by the corporations and universities. What can they do among so many?

If to the Crown nominees were, however, added in the proportion of one in four of the total number, members directly chosen, by means of voting papers, by the registered medical practitioners of the United Kingdom, it is believed that a valuable counterpoise would be afforded to members chosen by the corporations.

The value of such representation of the profession in forming a component part of the Medical Council may be thus briefly stated:

Those representatives would have no interest to serve except that of improving the education and raising the character of their own profession, and so directly promoting the public good.

They would be supported and impelled forward by a large body of men who would not willingly see the continuance of those evils that they so justly desire to have remedied.

They would convey important and immediate information from the body of the profession to those members of the Council chosen by the corporations or nominated by the Crown.

As a final argument in favour of the direct representation of the medical profession in the General Council, which must tell home to the members of a representative legislature, the registered medical practitioners of the United Kingdom provide the whole of the ordinary funds of the Medical Council; they have surely, therefore, a constitutional right to a voice in the deliberations of the Council.

It is the reverse of desirable that the corporations should cease to send members to the Medical Council. The high reputation of such members and their intimate acquaintance with medical studies and examinations will always render their presence in the Medical Council not only valuable but necessary.

What is desired is, that those members shall be present, not in preponderating, but in justly proportionate numbers, so that they shall form one half of the Council, and that they shall be equally balanced by the combined numbers of the nominees of the Crown and the direct representatives of the medical profession.

FRANCIS SIBSON,
President of the Council of the British Medical Association.

EDWARD WATERS,
Chairman and Convener of Committee.

J. WATKIN WILLIAMS,
Secretary.

April 1869.

3092. Is it not the fact that our not having had conjoint boards 10 years ago depended entirely upon the action taken by the British Medical Association?—I cannot admit it at all, although it is true that I was chairman of the Direct Representation Committee, and that the Government made me an offer if I withdrew opposition to the Bill of 1870, that they would grant a Select Committee in the following session. I consulted with the other members of the committee who were within reach and it was determined that I could not accept the proposal, because that was the only point which we at that time had gone in for in addition to what the Government Bill proposed, and therefore I did not give my consent; but you must be perfectly well aware that the opposition of Dr. Andrew Wood, of the Edinburgh College of Surgeons, and Mr. Mac Namara, of the Irish College of Surgeons, who sent me observations on the Bill which was then down for the second reading, and requested my co-operation in opposing it, would have blocked the Bill independently of the Association. The Association could not promote the passing of a Bill which had distinctly refused what the Association had deliberately placed before the General Medical Council and before the Government; the General Medical Council never deigned to give the Association any answer.

3093. But I want to arrive at this, what is the particular good that you think would be attained in the public interest by the presence of members chosen by direct representation?—I think that the whole future of the profession will be in the hands of the General Medical Council, and that it is an inconceivable thing that the whole profession should be in the hands of a body which hitherto has shown by its action that it entirely disregards its representations.

3094. Has your attention been drawn to the two answers Nos. 3800 and 3801, made by Mr. Ernest Hart to the Select Committee as to the plan by which he thought that a considerable reduction in the size of the Council might be made, while at the same time all the principles for which the association was founded would be preserved?—I must state that those answers of Mr. Ernest Hart were given without any concurrence on the part of the Reform Committee of the Association, and that it is his own idea, and that therefore I am not in a position to answer for the Association with regard to them.

3095. Have you an opinion of your own on the subject which you would like to express?—Of course I think the simpler plan is to have direct representation of the general profession. I believe it is really the only way by which the profession feel as a body that it can act directly upon the councils of the General Medical Council. I have taken great pains during the number of years in which I have been connected with the Association, to ascertain the feeling of the Association with regard to this point, and really it would be tiresome to recapitulate the number of times that it has been not only before the Association itself but before the branches. For instance, taking the Lancashire and Cheshire Branch, which now numbers, nearly 1,000 members, or strictly speaking, about 800? I communicated to the members at the last Annual Meeting of the Branch that I had to give evidence before the Royal Commission, and that I should give evidence in support of the principles which have so long been advocated by the Association, and there was no dissentient voice raised as to the necessity for my doing so.

3096. (*Mr. Bryce.*) When you speak of direct representation, do you contemplate an election by the whole medical practitioners on the Register for the whole united kingdom, or do you contemplate three elections, one for Ireland, one for England, and one for Scotland?—One for each division of the kingdom.

3097. You do not contemplate a further division in the local areas of England?—No, that has been put forward by Dr. Andrew Wood, but we believe that the constituency of the whole profession would really be as easily managed in England as the constituencies of Scotland or of Ireland. That is the conclusion we have arrived at.

3098. As regards this question of the improvement which you would anticipate to the profession from direct representation, I understand the point of your view to be, that representatives of the profession would sit on the Medical Council directly elected, and would keep in check the corporations?—That would be one effect.

3099. And that they would prevent the corporations or the universities from allowing the standard of examination to sink too low?—Yes, that would be one object of any man who belongs to the profession.

3100. Will you give me another object?—Then we think that there is a great boon gained by giving the Council a greater power and influence with the profession than it at present possesses.

3101. In what way would that operate?—At present it is admitted that the profession, as a body, takes no interest whatever in the proceedings of the General Medical Council.

3102. Do you mean to say that the benefit would be the actual interest which the profession would take?—That would be one advantage.

3103. That is to say, not that medical affairs would necessarily be better conducted, but that the profession would care more about what the Medical Council does than it does now?—Yes, and in caring more, the medical affairs would be better conducted.

3104. Could you give me some third point in which you conceive the future profession would be benefited?—I think those are the important points. I also think that direct representation would bring knowledge into the General Medical Council which might be useful to the whole body politic.

3105. You mentioned that in this paper, and I want you to tell me in what way; could you give me an instance of the kind of information, which you think would be conveyed by those representatives, and which the other members, the Crown nominees, or the members of licensing bodies, do not possess?—The Crown nominees, as at present named, have exercised, as I believe, a good influence in the Council, and therefore I believe their influence would be much the same as that which would be exercised by the direct representatives, but as regards the representatives of the corporations I think we should have the advantage of keeping them in check in the first instance, as I have already said.

3106. You have said here that the direct representative would convey important and immediate information from the body of the profession to those members of the Council chosen by the corporations and nominated by the Crown; what kind of information would they have which is not already known to the Council?—They would give direct information on the wants the profession labours under in regard to preliminary and professional education, and the consequent injury to the profession and to the public. As regards medical relief under the Poor Law, for instance, the Poor Law medical men have very important duties given to them. There are large hospitals which are being established, and the Poor Law medical officers are all attached to them, and then they have influence as regards the administration of relief amongst the poor, the way in which the poor are treated, the treatment of the poor in the poor houses, and the general welfare of the poor in relation to their management when stricken with disease. I believe that the General Medical Council, owing to its not having any single man representing the views of the Poor Law medical officers, is not in the same position as the direct representatives would be with a distinct mission from them to convey the same information.

3107. Then you would conceive that questions like those relating to poor relief would come within the sphere and in view of the General Medical Council?—Not as regards the relief of the poor, but as regards the knowledge that the General Medical Council would derive from having persons who were immediately interested in connexion with medical relief in Poor Law matters.

3108. No doubt that would be very valuable knowledge, but what use would the General Medical Council make of it; what active power would the General Medical Council possess in those cases?—There is a very important point upon which the General Medical Council have come to a decision and gone back repeatedly. In the University of Edinburgh they require attendance at 100 lectures for six months on midwifery, in order to qualify a man for practising midwifery. M. Dubois in Paris used to tell me that 10 years were required to make a man practice midwifery properly. But in a country Poor Law medical officer you have a man who is entirely dependent upon his own resources, and who finds out from experience the importance of knowledge in certain branches of the profession, and if those branches are not properly attended to in the medical education of the student, then that Poor Law medical officer will be proportionately deficient in the attainments necessary to the successful carrying out of his duties; with which defects he only becomes acquainted through painful experience. The General Medical Council has said sometimes that a three month's course of midwifery was necessary; at others a certain number of lectures; and then a larger number of lectures; although Dr. Christison said years ago that six months was the time that should be given to instruction in midwifery. That was a resolution which was acceded to then by the General Medical Council, but never acted upon. Like other points, it has been debated again and again in the General Medical Council and with no conclusive effect.

3109. Do you mean that the value which the General Medical Council would derive from those statements of the direct representatives regarding Poor Law relief and Poor Law administration would be confined to the facts that they were to state in their report that a longer course of obstetrics was necessary, or do you mean that other questions relating to poor relief and Poor Law administration would come under the review of the General Medical Council within those rules?—No, I do not.

3110. Do you conceive that the General Medical Council would have anything to do except with the management of the pharmacopœia and the registry, and to supervise medical education?—That is my idea.

3111. Do not you conceive that it has any further functions?—Nothing further.

3112. Do you think that information of this kind would be information which would come within the scope of the General Medical Council?—I think it would be of the utmost importance for the General Medical Council. When I was before the Select Committee of the House of Commons Dr. Lyon Playfair specially questioned me on this very point of obstetrics and the defects in the curricula of certain examining bodies in connexion therewith.

3113. Then you see you spoke a short time ago of the benefit that direct representation would be as controlling the corporations and preventing them sinking the standards of their examinations too low; would that also apply to the conjoint board if practical examinations were instituted, as you suggest?—Certainly not, to the same extent, but an independent power outside that of the corporations would still be essential.

3114. Would it apply to any considerable extent with regard to the conjoint board, independently of the corporations then in existence?—You must have a General Medical Council, and you must have that Council constituted, and it must be constituted on some principle; and we hold that it should be constituted on the principle of the representation of all the interests involved. If we take the example of solicitors, they have the Incorporated Law Society, and any member of the profession can become a member of the Incorporated Law Society, and have a voice in the election of its Council.

3115. With regard to the Victoria University, if it was to be admitted as an examining body, would your Association contemplate its admission as a licensing body?—There would be no licensing body except the conjoint board.

3116. I mean as an examining body for the preliminary examination?—Yes.

3117. And as a degree-conferring body?—Yes, I would, when thoroughly constituted. I should imagine that they would have another university in Liverpool, but it is not for me to look to the future; and another in Nottingham. Of course you cannot have a university in every large town. They will necessarily have to be consolidated, and it may be that the Victoria University may embrace a number of colleges.

3118. Do you see any objection to the existence of a large number of those bodies conducting this general examination, supposing that the three conjoint boards conducted the clinical and practical examination; or do you in any way object to the number of those large bodies conducting the preliminary examination?—I should not like to have too many, certainly, or again we may have competition downwards. The Victoria University has no power of granting degrees in medicine at present. All that rests, not with us, but with the Legislature.

Mr. E. Waters, M.D., F.R.C.P.

11 July 1881.

3119. In what you said about the standard of professional attainments in France, were you speaking from looking at the lists of subjects of examination, or were you speaking from a personal knowledge of the qualifications and ability the French practitioners?—I was speaking from both. I have been present at the examinations, which are conducted in public, and it would be scarcely possible to conceive of a better system of examination anywhere. The candidate for a diploma goes with another man and sits opposite two professors, who examine him, and the examinations are open to the public. I do not think that there can be a fairer examination than their examinations, which are conducted by men of the very first distinction, who give themselves up to the duty. I think that the attainments of the men in the medical profession in France are certainly greater than they are in this country. I may instance, as an example of the influence of the profession in France, that after 1848, when the Chamber was returned, there was an enormous proportion of medical men in that Chamber. That very fact alone speaks for the attainments of the profession which sent them there.

3120. You assume, I see, that the direct representatives would be anxious to raise the standard of examination. Has it ever occurred to you that there would be a general interest in the profession in not seeing the standard of examination raised too high?—I cannot imagine such a thing.

3121. You do not think that there would be a sort of feeling of this kind, that you ought not to make it too hard for young men, who might be relatives of existing practitioners, to come in?—I do not think it would ever be made too hard. I think that the examinations are made to pass reasonably endowed young men who are moderately industrious. I do not believe at all in rejections of competent men.

3122. You mentioned to the Chairman that you were instructed to say so-and-so. Do I understand that in the evidence which you have been giving you have given us what you believe to be the view of the Association, or that you are giving your own personal views and knowledge of the subject?—I believe that I am speaking the views of the Association. Where it has been otherwise I have attempted to make it clear that I was speaking for myself alone.

3123. So that, where you have not distinguished your own opinion, we may take it that you have been expressing the opinion of the Association?—Yes, I have every reason to believe that I am expressing the views of the Association, because the points which I have placed before the Commission have been so frequently before the Association, that I cannot for an instant conceive that I am transgressing in anything that I am stating now.

3124. In what you say respecting the French practitioners, do I understand you to mean that their superiority can be discovered in all those three forms, in their greater attainments in arts, in their greater scientific attainments, and in their professional attainments as physicians and surgeons, speaking of the general average?—I have no hesitation in saying that a doctor of medicine in France has gone through a higher education than he does in this country; and, first of all, there are very few of them who can get through it under five or six years, and many of them take six, seven, and eight years. In this country, the course is nominally four years. The Council has endeavoured to enforce four years, but they have not succeeded in doing so, and therefore I think that that alone is a proof that the requirements are higher in France than they are in this country. I do not know whether the facts are before the Commission, but I have with me the regulations for the bachelor in sciences and the bachelor in letters, which will bear out what I have said.

3125. I merely want to know whether you consider that the French possess greater attainments in arts and also in technical education?—Yes, they necessarily must in arts, because they are bachelors in letters and bachelors in sciences, and they have all to go through a scientific course, and they must, however imperfectly, have studied certain things.

3126. (*Prof. Turner.*) With reference to this subject of direct representation which you have so fully argued before us to-day, I would like to know what class of persons in the profession you suppose would be selected by the profession as its representatives. Do you suppose that the profession would select general practitioners or consulting practitioners as its representatives?—I think they might be either. I do not think that they would be limited to any particular person. We will say, for instance, that a man takes a great interest in a question, and the interest that he takes in that question is approved of and the mode in which he manages it is approved of by the profession, that man would have a great chance of being elected. I believe that many men in the General Medical Council now would in every probability be elected. I feel certain that the late Dr. Sibson, of London, would have been elected. He was a Fellow of the Royal Society, and I believe that he would have been elected as a member of the General Medical Council.

3127. I observe in the evidence that you gave to the select committee of the House of Commons that you mentioned Dr. Andrew Clark as a member of the profession who would be elected by the profession as one of its representatives, why do you mention him particularly?—I named him because he had specially taken a great interest prior to that examination in medical education, and it had been made the subject of debate in the Metropolitan Counties Branch when he was President. He consequently came before the general body politic of the profession; and if he had a certain number of nominators, probably a very large number, he would be, in all human probability, certain of a seat in the General Medical Council.

3128. Dr. Andrew Clark is a consulting practitioner, he is not a general practitioner, I believe?—Certainly, but we do not exclude those.

3129. I merely want to get at the marrow, as it were, of this question, and I want to know in what respect Dr. Andrew Clark would more represent the feelings of the general practitioners in the Council, supposing he were elected, than any other of the consulting physicians who now sit there would do?—It is exactly like any large city in the country that has its representatives, and as a man represents his city, so Dr. Andrew Clark, if he were returned as a direct representative, would be the representative of the profession.

3130. Do you mean that Dr. Andrew Clark might have to sink his individual opinions upon any question and might have to speak the opinion of the electing body who returned him?—No, I do not mean that. He would be liable to go back to his constituents, certainly, but not under five years.

3131. Then for five years he would be an independent person?—Certainly. It would depend upon the profession to elect the right men.

3132. And he would in short be more amenable to the opinions and influences exercised by the general body of practitioners than a consulting practitioner nominated by the Crown would be—is that your position?—I have a very high opinion of the gentlemen nominated by the Crown. I think they are most valuable members of the General Medical Council; and I am not prepared to say that the direct representatives would be better members, but still they would be the representatives of the profession. And even with regard, we will say to general education, with reference to which the profession is so dissatisfied, we believe that the profession would force the direct representatives to act in the General Medical Council in accordance with their views as to the improvements of the education of the profession more decidedly than would the representatives of the corporations whom we cannot acknowledge to be representatives at all.

3133. I suppose you will admit that the Crown has selected general practitioners as its nominees in the Council?—I am not talking of general practitioners specially. I think it is very desirable that the general practitioners should have a voice and some influence though some representative in the General Medical Council, but I am not at all of opinion that that representative is to be a general practitioner. I do not think that a general practitioner would have the chance of election that men who were more prominently before the profession would have. The profession is essentially a good judge of its best men; and its aim would be to select the best men for the General Medical Council; and I believe that no others would have a chance. There has been a great deal said about agitation and all that kind of thing. I believe that agitation would mar the possibility of election on the part of any candidate. I believe that the representatives of the profession will not be men who put themselves forward, but they will be the select men of the profession.

3134. You have referred in your printed statement, and you have referred also repeatedly in your evidence to-day, to the imperfect education of the profession in

this country as compared with the education of the profession both in France and in Germany. May I ask you if you yourself have had any opportunities of seeing how the education is conducted at this present time in the great schools of medicine in this country, or is your conception of the education of the profession based upon what it was when you were a student, now a good many years ago?—I believe that I am thoroughly familiar with the mode of teaching in this country, and I am certainly familiar with the evasions on the part of the licensing bodies.

3135. You are a graduate of the University of Edinburgh, are you not?—I am, and I became a Fellow of the College of Physicians of Edinburgh afterwards.

3136. Have you revisited the University of Edinburgh so as to see the kind of education now imparted, and the nature of the examinations now conducted, we will say for the last 10 years?—Yes, I am familiar with several of the men in Edinburgh, many of them were my greatest friends. No man his done more for the University of Edinburgh than Hughes Bennett, and he did as much for clinical teaching in Edinburgh and in the kingdom generally as any man has ever done in the country. I was thoroughly familiar with all that he did; and so there are other men whom I know, and I know that they teach now.

3137. Is it your opinion that the education and the examinations conducted in an institution like the University of Edinburgh are far inferior to the education and the examinations conducted in corresponding institutions in France and in Germany?—I think not, but this I must say that after I was in Edinburgh I went abroad, and it is the case with all the men in the kingdom if they want to really rise in the profession they must go abroad. They learn things abroad that they do not learn in this country. You have had a gentleman here before this Commission who was in Paris the same time as I was, Dr. Haldane. He is the representative in the General Medical Council of the College of Physicians of Edinburgh. When he was in Paris he could see the teaching, and how admirably it was conducted; and there is no doubt that what he learned there made him a very popular and efficient teacher in Edinburgh, and one of the very best lecturers on medicine; and I believe he knows that he was very much improved by going abroad.

3138. Naturally every man is improved, is he not, by extending the area of his experience?—Precisely so, but if I were to speak of the education as conducted in Edinburgh, as it is now, it is not easy to imagine it to be much better, so far as it goes, for four years.

3139. You have referred at very considerable length also to the imperfect preliminary education of the medical students, and you have given us certain details as regards the examination to be passed by the student before he can enter a German University, namely, the *Gymnasial-Abiturienten-Examen*, and you have referred to the calculus as part of the examination (3036)?—What I mentioned was from a telegram that was sent to me giving the subjects of examination, including the calculus.

3140. Assuming for the moment that it is a correct statement of what is required, would you now seriously propose that we should exact from all intending students of medicine an examination of that high range?—I believe that you may exact any range, and that students will come up to it; that is my belief; the higher the range you exact the more I believe the students will work up to it.

3141. Have you had much experience of medical students?—I think I have. I believe it would be admitted that the medical students at the universities in Germany must have the outgoing examination from the gymnasium. I am quite satisfied of that, and this moreover though they are very poorly remunerated in Germany.

3142. Are the general schools in this country, from which the great mass of young men who enter the profession are drawn, and where they have received their general education, schools of such a quality as could give that kind of education which is specified in that telegram which you have read to us?—I am not prepared to say that they are, because it is not the system in this country to go so high.

3143. Then would it have been a wise and politic measure on the part of the General Medical Council to have pitched a standard of general education so high that it would have been impossible for the great mass of young men, that the needs of the public require for medical practitioners to have entered the profession?—It may be a little too high, but I do think that in the present day the facilities for education are very much greater than they were, and that it would be very possible for a medical student to have passed a really good examination as regards his general attainments.

3144. Are you familiar with the regulations and recommendations for general education which the General Medical Council have issued?—I think the standard is low.

3145. Just let me ask you this question, have you made yourself acquainted with the steps that the General Medical Council have taken in order to obtain from the universities and other educational bodies in the country information as to the extent of the preliminary general education which they may fairly exact from the youths who are educated in our schools?—I am aware that they have taken steps in that direction.

3146. The General Medical Council have taken a great deal of trouble, have they not, and devoted a great deal of time to this subject of preliminary general education?—They have since the year 1859.

3147. And the result which they have come to after taking an immensity of pains and trouble is embodied, in that document which you now have in your hand, in the following terms:—

"It is recommended to the licensing boards not to accept the certificate of proficiency in preliminary general education from any of the bodies, the names of which are contained in the list annually circulated, unless such certificate testify that the student to whom it has been granted has been examined in the following subjects:—

(1.) English language, including grammar and composition.*
(2.) Arithmetic, including vulgar and decimal fractions.
(3.) Algebra, including simple equations.
(4.) Geometry, including the first two books of Euclid, or the subjects thereof.
(5.) Latin, including translation and grammar.
(6.) Also one of these optional subjects:—
(α.) Greek; (β.) French; (γ.) German; (δ.) Elementary mechanics of solids and fluids, meaning thereby mechanics, hydrostatics, pneumatics, and hydraulics."—

But this document is not acted up to.

3148. Will you tell us in what particulars it is not acted up to?—I adduced an instance in my examination before the select committee. Mr. Forster asked me for some proof of the defective preliminary education, and I instanced the case of a graduate of the Queen's University, Ireland, who in his examination had to write a paper and he spoke of a woman falling from a height, which he spelt "hight," and that she received an injury in the region of the heart, and he spelt region "regon."

3149. The question that I want to ask you is, did this candidate pass?—Yes, he did; that is shown by that report.

3150. What evidence have you that he passed?—If you will go a little further on to the evidence of the next day, you will find there is a report that he passed. I was morally certain of it, although I did not absolutely vouch for it; but the following day I stated that it was shown by the report that he had passed. I remember Dr. Lyon Playfair, who was sitting at the right hand of Mr. Forster, corroborating the statement.

3151. Leaving the subject of preliminary education, we will pass to that of professional education; you stated, did you not, that the improvement in education has not been so great since 1858 as it ought to have been, and as it would have been if there had been a direct representation of the profession on the Council?—There has been an improvement in medical education, but I do not think

* With reference to "English language, including grammar and composition," there is the following marginal note:—
The General Medical Council will not consider any examination in English sufficient that does not fully test the ability of the candidate; (1) To write a few sentences in correct English on a given theme, attention being paid to spelling and punctuation as well as to composition; (2) To write a portion of an English author to dictation; (3) To explain the grammatical construction of one or two sentences; (4) To point out the grammatical errors in a sentence ungrammatically composed, and to explain their nature; and (5) to give the derivation and definition of a few English words in common use. Provided always, that an examination may be accepted as satisfactory that secures, on the part of the candidate passing it, a sufficient grammatical knowledge of English."

Mr. E. Waters, M.D., F.R.C.P.

11 July 1881.

that the improvement has been *pari passu* with that which has taken place in the education of the general public.

3152. Do you mean that the medical man is not so well educated at present as the persons who surround him in general society?—I think that the profession suffers very materially in social position from the defective attainments of its members.

3153. What kind of attainments do you mean; professional attainments or general attainments?—General attainments. As to the professional attainments, of course the public are no judges. But supposing a man who spelt his words in that way that I have been speaking of wrote a letter to you, what would be your opinion of him if you did not know him?

3154. We have left the question of general education, and I wish you to consider the question of professional education, and to state specifically in what way there would have been a great improvement in the professional education, supposing the Act of 1858 had embraced the direct representation of the profession on the Medical Council?—For instance, I would take the case of obstetrics, the amount of instruction given in the first instance that is required by certain of the licensing bodies is not sufficient for the attainment of the object in view. Men do not, in accordance with the regulations of the General Medical Council, devote that amount of study to obstetrics which it is incumbent upon them, in the interests of the public, that they should, because medical men must meet all the requirements of those cases, and frequently they are very inadequate to discharge them.

3155. Then are we to understand that it is in accordance with your experience that persons are admitted into the profession who have not a sufficient acquaintance with the art of obstetrics?—I think that there are certainly. Then I may mention what Professor Longmore of Netley has said upon the subject, and it is quite a recent affair. He complains of the inadequate attainments of the men who come there to the Army Medical School. He takes a dozen of those who are above the average, and says that many of them are not able to make a qualitative analysis of urine.

3156. Do you suppose that skill to make a qualitative analysis of urine is what should be possessed by every entrant into the medical profession?—I think that those are selected men. He takes a dozen select men, men above the average, as he terms them; and that is what Professor Longmore regards as a very glaring deficiency in their education.

3157. This may be the individual opinion of Professor Longmore, but do you think that if you were to submit it to the opinion of the profession and to persons engaged in education, you would find that it was the opinion of those persons that the candidates for admission to the profession should all be familiar with the method of examination of the constitution of urine quantitatively?—No, not quantitatively. I said qualitatively.

3158. You have advocated very strongly the formation of a conjoint board in each division of the kingdom, and you say, do you not, that theoretical subjects should be left to the universities as regards university candidates?—They might be left.

3159. And that practical subjects should be examined on by the board?—Yes.

3160. In which of those divisions would you place the subject of anatomy? Do you consider that a theoretical subject or a practical subject?—I consider it a practical subject.

3161. Do you think that the examination in anatomy should be conducted by the board?—It is very important that the examination in anatomy should be thorough. I spoke generally. I was speaking particularly with reference to the Scottish universities, and in those universities the standard of education is very good since the Scottish Universites Act, and I should be quite prepared to entrust the examination in anatomy to the University of Edinburgh instead of to the conjoint board.

3162. Would you tell us when you used the expression, that practical subjects should be examined on by the board, what you mean by practical subjects?—For instance, clinical medicine and clinical surgery, all the departments that are dealt with at the bedside of the patient.

3163. Would you propose that the Board should limit itself to a bedside examination for university students?—No, there is the examination in the subject theoretically as well as demonstratively and practically. The candidate must be examined in medicine, and he must be examined, I should say, by writing and orally; he must also be taken to the bedside of the patient. It is a thing that is done in France. Every student is taken to the bedside of a patient.

3164. But that is done in all the examination boards in the country here, is it not?—Now it is; but it was not done at the time we issued this address of ours on direct representation. I do not say that it is entirely due to it, but there is no doubt that pressure from without has exerted some influence in improving the action of the examining bodies.

3165. I should like to know what good you consider would be gained by causing university candidates to pass through this final examination of the conjoint board, when I think you admit they have already to go through a good practical clinical examination on the part of their own universities?—Because I think that the universities should do something towards the establishment of the conjoint scheme. I think that with a view to the good of the public it is important that the universities should do some little towards that good. If it be desirable to do away with a competition amongst inferior licensing bodies, and if you can only do away with that competition by the establishment of a conjoint board you are driven to the establishment of a conjoint board, and then having this established I think that the universities should not allow their own private feeling even of *esprit de corps* to interfere with the great good that would thus be conferred upon the general public.

3166. You will observe that the universities are in a different position from the corporations in this respect, that they already carry out complete examinations in all subjects of medical education, and they confer a complete qualification, both in medicine and surgery?—Yes, the Scottish universities do.

3167. In that respect they differ from the corporations?—They do.

3168. Would not the result of the combination of a medical corporation with a surgical corporation, for instance, and the conjunction all the examinations of those two bodies, and the conferring of a double qualification by the two carry out the purpose that you have so much in view?—It would be a step towards the purpose, but it would not complete it in the same absolute manner as we desire to see it completed. There is no doubt of that. I am speaking, of course, for the profession. I am not only speaking for myself independently, having been placed accidentally in the position I occupy, but I am speaking for the teachers in all the provincial schools, and they are very important schools many of them, as in Manchester, Liverpool, Leeds, and the rest of them. Those teachers really are all unanimous. Of course I use the term unanimous in a qualified sense, but they are all unanimous in favour of the necessity of a conjoint scheme. They are all intelligent men, well acquainted with the nature of the present teaching and its effects, and they are themselves teachers, and their object is to improve, and they think that it is necessary to improve the profession.

3169. (*Professor Huxley*). I did not quite gather from your answer whether it was your opinion, that, confining yourself to practical professional matters, you think the French and German practitioners of medicine more skilful than the English?—It is almost impossible to answer that question. I believe that there are men like Duchesne, of Boulogne, and a number of distinguished Frenchmen that we have who are virtually teachers of the profession and who are not professors, and who are not attached to medical schools. You do not meet with many of those men in this country—or at least you do not meet with an equal proportion of them. I believe that you meet with them more in France because they have to undergo a better preliminary examination than we do in this country.

3170. But there have been very distinguished surgeons in provincial towns in this country have there not?—I have taken a man, Duchesne, as an instance of them. He is a man of a century—I would mention Bretonneau, of Tours.

3171. Without mentioning names, it certainly is true that in large provincial towns in this country there have been medical practitioners of very great distinction?—I am not going to deny that.

3172. And surgeons of great eminence as practitioners?—Surgery is a thing that is acquired by practice. Their

preliminary education may be bad. They may cut for stone and they may be excellent surgeons. Preliminary education is not so important for a surgeon, but yet you observe that now the Royal College of Surgeons of England exacts a very good preliminary education for the fellowship.

3173. It is a matter of fact, is it not, that some of the greatest improvements in medicine and surgery in modern times have come from the English and Scottish schools and from the English and Scottish practitioners?—Most certainly.

3174. Antiseptic treatment, for example, is not foreign is it?—The French say it is; it is a moot point.

3175. I should like to ask you further whether in the opinion of the Association, which you represent, it is desirable that parliamentary powers should be given to the General Medical Council to stop unlicensed practice altogether?—No. I have never myself proposed to interfere with quacks or bonesetters, but I do object to their assuming the titles of qualified men.

3176. Then they are punishable already are they not?—I believe not. I believe that they fail to punish them.

3177. The intention of the Act was, was it not, to make it punishable?—Yes; but they find it necessary, and every Government that has dealt with the subject has endeavoured, to amend the penal clauses.

3178. What you do think desirable is that there should be a ready means of recovering penalties against all persons who assume to be that which they are not?—I do not care so much about penalties, but I should like to prevent their sailing under false pretences.

3179. Do you think it desirable that the General Medical Council should interfere in any way with such questions as the status of Poor Law Medical Officers and the like?—Not with their status.

3180. With their payment?—No, not at all.

3181. Do you think it desirable that the General Medical Council should occupy itself with the question of the status or the payment of officers employed in the army or navy?—I do not see how the General Medical Council is to do it. I do not contemplate, for instance, that such work should devolve upon it—anything of that kind must be for the medical officers of the army and navy, or else for general public opinion to be brought to bear upon and not for the General Medical Council.

3182. You do not think that questions which bear upon the pecuniary interests of the profession are those with which the General Medical Council could be called upon to meddle?—The subject never was mooted at general meetings of the British Medical Association with which I have been connected, or at the Reform Committee, either privately or publicly.

3183. (*Bishop of Peterborough.*) We have heard from you that the preliminary culture of the practitioners in France and Germany is considerably higher than in our own country?—I believe so.

3184. I think you said that many German medical students, having come from the universities, have obtained university degrees in Arts before they took their medical degree?—No, I referred to the outgoing examination from the gymnasia.

3185. In France I think you say that they are bachelors?—Yes of letters and of science both. At one time it was only *Bachelier ès Lettres*, but now they have increased it and made it *Bachelier ès Sciences* as well.

3186. Education, both in France and Germany, as a rule, is very much cheaper than in this country, is it not?—I think it has become very cheap in England now.

3187. But a French university education, for instance, is very much cheaper than an English university education at Oxford or Cambridge?—Yes, certainly cheaper than at Oxford or Cambridge, because I think that the heads of colleges like men at their colleges who spend money as a rule. But if you take Glasgow the same thing would not apply.

3188. I am not speaking of the reasons for the fact, but as a matter of fact, high-class education in England is dearer than high-class education in France or Germany?—It is very cheap in the Scottish universities.

3189. I am speaking now of the English universities?—Certainly it is cheaper in France.

3190. If we were to require in England that a man should obtain a university degree or should have been taught in one of our high-class public schools before he entered the medical profession, we should be requiring from him a much more costly education than the same amount of education would represent in France or Germany, should we not?—We do not contemplate going higher than the Cambridge Local Examinations, and those local examinations are brought to the door of all the young men throughout the country.

3191. How would you propose to raise the preliminary examination—would you give the General Medical Council the power of fixing it every year?—Certainly.

3192. You think that at present it is too low?—I think it is too low, but the recommendations of the General Medical Council have not yet been carried out.

3193. Does not the General Medical Council now accept the result of the local examinations?—Yes, it does; but then it unfortunately accepts the examinations of the corporations which are licensing bodies, and that is what we specially object to. We think it is a most vicious system.

3194. As to direct representation, you say that the direct representatives of the medical profession would be somewhat analogous on the Council to members of Parliament; that is to say, they would be representative persons?—I think they would be representative persons precisely the same as the present representatives of the corporations are the representatives of the corporations.

3195. One of the advantages of laws being made by representative bodies is that they are more readily obeyed?—Yes.

3196. There are many persons who think that if the Crown nominated all the members of the House of Commons we might have as good laws made as we have now, but those laws would not be so readily obeyed by the people at large; is that at all your opinion?—I believe the laws would perhaps be better, but they would not be readily obeyed.

3197. A certain amount of direct representation on the Medical Council would tend, would it not, to a ready obedience on the part of the profession to the enactments of the Medical Council?—I do not think that could be disputed.

3198. It has been put before us that there is a great advantage in medical practitioners being affiliated to some one of the corporations or licensing bodies, because these exercise a wholesome control over their career; is it your opinion that that control would be more stringent and more effective than the control which might be exercised by the General Medical Council?—Certainly not.

3199. Supposing that a conjoint board gave a State license to practice, and that the persons who received that license were under the control of the General Medical Council, that control would, in your opinion, be as efficient as the control now exercised by each of the licensing bodies immediately?—My feeling with regard to that point is that you cannot have a thoroughly good conjoint board without the materials from which to compose it, and on that account the corporations and the universities are almost indispensable to the formation of the conjoint boards and examining boards.

3200. It is alleged that a man who has obtained a license from a licensing body is under their control in his subsequent career; supposing a man obtained a license from the State, could not the same efficient control be exercised by the General Medical Council as is now exercised by some of those licensing bodies?—The General Medical Council is rather a more composite body, and if the corporations were to exercise those powers the General Medical Council would not bring so direct an influence to bear upon the individual. That is my opinon.

3201. (*Chairman.*) You stated in your evidence, in answer to one of the Commissioners, that at Edinburgh about 100 lectures were given in midwifery; am I correct in gathering that you intended that the General Medical Council should interfere with the curricula of studies of the various teaching bodies?—I think they should lay down the curricula of study and the examination rules.

3202. Would not it be interfering, to some degree, with the elasticity of education in the various teaching bodies if you were to reduce them all to one hard and fast rule?—It is only as regards the minimum examination that we seek to draw the line; but once in the profession with a minimum qualification, we desire, in

Mr. E. Waters, M.D., F.R.C.P.

11 July 1881.

the interests of the public, to make the education as efficient as we can. You may go further for higher distinction, and I think in that respect there would be sufficient latitude left to all the corporations and all the universities to encourage higher progress.

3203. But up to that point you would consider that the agency of the General Medical Council ought to be employed to have them all taught in one way?—Yes; there should be the same curricula and the same examination.

The witness withdrew.

Adjourned to Friday the 22nd instant, at half-past 3 o'clock.

TWELFTH DAY.

Friday, 22nd July 1881.

PRESENT:

THE EARL OF CAMPERDOWN IN THE CHAIR.

THE BISHOP OF PETERBOROUGH.
THE RIGHT. HON. W. H. F. COGAN.
THE MASTER OF THE ROLLS.
JOHN SIMON, ESQ., C.B., F.R.S.
PROFESSOR HUXLEY, F.R.S.
PROFESSOR TURNER, M.B., F.R.S.
JAMES BRYCE, ESQ., M.P.
JOHN WHITE, ESQ., *Secretary.*

Mr. S. Gamgee.

22 July 1881.

Mr. SAMPSON GAMGEE, F.R.S. Edin., M.R.C.S., examined.

3204. (*Chairman.*) You are Consulting Surgeon to the Queen's Hospital, Birmingham, and Vice-President of the Birmingham Medical Institute, and you have been President of the Birmingham and Midland Counties Branch of the British Medical Association and of the Midland Medical Society?—I have.

3205. You are also a member of the Royal College of Surgeons?—Yes, I am.

3206. You have been so good as to furnish the Commissioners with a paper containing your views on the subject of their inquiry?—I have, and that paper is as follows:—

PRELIMINARY MEMORANDUM of EVIDENCE by SAMPSON GAMGEE, F.R.S. Edin., M.R.C.S., Consulting Surgeon to the Queen's Hospital, Birmingham, Vice-President of the Birmingham Medical Institute, late President of the Birmingham and Midland Counties Branch of the British Medical Association and of the Midland Medical Society.

IT is deemed important that the Royal Commission should have full information on the memorial for the amendment of the Medcial Act of 1858, which originated in Birmingham in 1869, was signed by 9,724 registered practitioners, and presented to the General Medical Council and to the Secretary of State for the Home Department.

At a meeting of the medical profession of Birmingham and the surrounding district, convened for the purpose of devising the best method of repressing unqualified practitioners, I submitted that the Medical Act of 1858 being practically inoperative for that purpose, and in many other ways defective, no practical good was likely to result from an attempt to enforce it. The best plan was to formulate the essential principles on which an amendment of the Medical Act should be based, and to endeavour to obtain the assent of the general body of the profession. This view was endorsed by the meeting, which also adopted, with a few literal modifications, the draft of memorial which I had prepared to submit to the profession. (*Copy of the memorial is annexed.*) For the purpose of carrying out the work, a small executive was appointed, consisting of Dr. Bell Fletcher, Mr. Arthur Oakes, Mr. Lloyd Owen, and myself. The memorial at once received many signatures, and, with these appended to it, copies were forwarded to every practitioner in the three kingdoms whose names appeared in Churchill's "Medical Directory for England, "Scotland, and Ireland." The number in the directory at that date was 17,139, and of these 9,724 assented. The assents came in at the rate of between 200 and 600 per day.

The principles of the memorial have repeatedly received the assent of the leading organs of the medical press, and are substantially in unison with the proposals of the British Medical Association.

The memorial was presented, as authorised, by deputation to the General Medical Council, and to the Right Honourable Mr. Bruce (Lord Aberdare), then Principal Secretary of State. If no further action was taken by the memorialists, as a separate body, it was because their principles had secured the assent of the profession, and it was deemed the wisest course to allow time for public opinion to do justice to the public spirit of the memorialists, and to pronounce judgment on the policy of the General Medical Council.

Although, as has been shown, the memorialists constituted a clear majority of the whole medical profession in Great Britain, one of the members of the General Medical Council, after the memorial had been read, proposed, "That the Council should proceed to the next "business." The motion for entering the memorial on the minutes was only carried on a division, after a warning by Dr. Andrew Wood that "the Council would "be acting very unwisely if it did not receive memo-"rials from the profession with every mark of respect." That such a defence of the right of petition was necessary, from a member to his colleagues in council assembled, is a fact which has acquired the force of history, and needs no comment.

The principle of representation of the profession on the General Medical Council is deemed so vital, and has been so seriously imperilled by discussions as to the best method of carrying it out, that an explanatory statement may be useful. The memorialists prayed "for the representation on the Council of the general "body of practitioners of medicine and surgery." They said nothing of method. In addressing the Home Secretary on the presentation of the memorial, I said, "A large number of us over the country, however "much we may have worked at our profession, what-"ever position we may have attained, have no more "voice in its government than the coachmen who drive "us. How or in what proportion the franchise should "be given to us we do not say; we simply say this, "that the time has ceased when the great bulk of the "medical practioners of the country should be destitute "of any professional franchise."

Admitting that the Medical Council has included a considerable number of the acknowledged leaders of the profession, it is an incontrovertible fact that the Council has failed to obtain the confidence of the general body of medical practitioners. The majority of the Council have been representatives of the Medical Corporations, who never seem to have learned that their best chance of survivorship rested on their doing justice to the vast majority of the members of the profession, whom they have so long treated with undeserved and impolitic exclusiveness.

Doubtless some of the distinguished men who have sat on the Medical Council as the representatives of corporations would have been elected by the profession if it had been enfranchised; but their influence would have been greater in proportion as the source of their power would have been broader and more independent. The memorialists prayed that one high and uniform standard of examination and one legal qualification be substituted

for the 19 licenses or degrees, through any of which candidates may now obtain registration. This unequivocal affirmation of the memorial, in favour of the one faculty system, is an outspoken protest against the untenable assumption that any person can acquire an adequate knowledge of either medicine or surgery without studying both.

The present system of medical licensing, through examinations of very various extent and strictness, is a source of great embarrassment to students and a temptation to neglect of study.

Some of the medical corporations have benefited pecuniarily by granting, on easy terms, licenses to practise to men rejected by other examining bodies. I have known several students, who had lost all hope of qualifying in London, cross the border and return very speedily with medical and surgical qualifications from Scotch Colleges. I have several times interrogated my clinical class on this matter, and they have answered me, in confidence, that it is a well-known practice amongst unlucky English students to go to Edinburgh or Glasgow for their qualifications.

I cannot state this fact for the information of the Commission without expressing my sense of the deep obligations under which the Scotch Universities have placed the public and the profession by their high course of education and examination. But a large part of the public cannot differentiate between the M.D. of a university and the license of a Royal College. It is sincerely to be hoped that Scotland will add to the benefits it has conferred, by co-operating in remedying a state of things in no way creditable, and in many ways calculated to be injurious.

The Medical Act of 1858 sets forth in its opening paragraph "that it is expedient that persons requiring "medical aid should be enabled to distinguish qualified "from unqualified practitioners."

Experience has proved that the Act is practically inoperative for the purpose stated. In remodelling the penal clauses, it will not be sufficient to aim at persons assuming medical titles without qualification. An endeavour should be made to repress such practices as painting "Surgery" on one window blind, "Consulting room" on another, and the name of an unqualified person on the door. The effect of such an exhibition is to lead illiterate persons to believe, that the dweller is a legally qualified medical practitioner.

Directly bearing on this point, and calling for legislative action, is the statement in the third paragraph of the memorial, bearing the signatures of the 9724 practitioners.

"It is capable of proof that some legally qualified men "have lent their names to persons without qualification, "to enable them to practice medicine and surgery "without liability to prosecution. Such a proceeding "is regarded as a fraud on the public and the pro"fession, and it is suggested that in any future Bill "greater powers be given to the General Medical "Council to remove from the register and deprive of "their professional rights qualified men who shall aid "and abet illegal practitioners."

The Medical Council is responsible for the compilation of the register and receives fees for the purpose, having at the present time a balance in hand of 10,000*l*. The profession consider that the Council is the proper authority to maintain the purity of the register, and remove from it, by its own authority, by appeal to the courts of law, or by setting in motion a public prosecutor, the names of registered persons who shall have incurred the penalties of an amended Medical Act as sanctioned by Parliament.

Hitherto the Council has been little more than a deliberative and advising body. Clause 19 of the Medical Act gives power for the coalescence of examining bodies; and under clauses 20 and 21 it may make representations of imperfect examinations to the Privy Council, in whom is vested the power to suspend the registration rights of the inculpated body. In practice this facultative legislation has given rise to endless discussions, in which the energies of the corporate representatives have been devoted to the custody of their separate interests. If the profession, as a body, can once succeed in attaining a *locus standi* in the discussion, the independent representatives of the Crown and the profession on the Medical Council will be an irresistible influence for good. Far from each of the medical corporations having a prescriptive right to immunity from change, the onus lies on them to show why the tenure of their privileges shall be re-confirmed, if such tenure involves a tax on the profession and the public, without adequate advantage to either.

It cannot be conceded that the medical corporations shall be allowed to make a reservation of their privileges a condition precedent to concessions, which the exigencies of the age and the public interest render imperative. Neither is it politic nor just that future generations of medical students shall be mulcted in heavy fees to maintain in perpetuity all the medical corporations, some of which have done nothing whatever for science, and have grown out of conditions which have long ceased to exist. To protect those bodies indiscriminately, by fixing their revenues in perpetuity from candidates for the license to practice, would be, apart from oppressive injustice to the latter, rewarding systematic inactivity and antagonism to the public interest with an endowment, without concurrent responsibility or obligation.

When the Act of 1858 was framed, the principle was established of grouping the licensing bodies, for the purposes of representation on the General Medical Council. It is suggested that that principle may be made the basis for remodelling the Council according to the merits and influence of the constituent bodies. If one representative be sufficient for the universities of Edinburgh and Aberdeen conjoined, it is a fair subject for inquiry why the Apothecaries' Society of London, and the Apothecaries' Hall of Ireland should, if they are to be represented at all on a reformed Medical Council, each continue to have one representative.

To quote the concluding words of the 9,724 memorialists, "We have no desire to obtain any privileges "for the profession without giving the public commen"surate advantages, and it is submitted that an Act of "Parliament so framed as to raise the standard of pro"fessional efficiency, to protect life, and to prevent the "obtaining of money on false pretences, is an Act as "much needed in the general interests of the commu"nity as for the welfare and honour of the medical "profession."

Appendix.

Memorial.—The undersigned members of the medical profession respectfully submit to Her Majesty's Secretary of State for the Home Department the necessity of passing an Act of Parliament to amend the Medical Act of 1858, and the Acts subsequently passed, with a view to amend it.

The Act of 1858 affirms that "It is expedient that "persons requiring medical aid should be enabled to "distinguish qualified from unqualified practitioners." The experience of the past ten years has proved that the Act is practically inoperative as a guide to the public in distinguishing legally qualified members of the medical profession. A large number of men are practising medicine and surgery in different parts of the country, not only without any legal qualification, but without having undergone any regular course of medical education. In some places men are practising under fictitious names, assuming the title of doctor, and obtaining considerable sums of money from weak persons by intimidation and extortion. The Medical Act of 1858 is practically inoperative in restraining these offenders.

It is capable of proof that some legally qualified men have lent their names to persons without qualification, to enable them to practice medicine and surgery without incurring liability to prosecution. Such a proceeding is regarded as a fraud on the public and the profession, and it is suggested than in any future Bill greater powers be given to the General Medical Council to remove from the register, and to deprive of their professional rights qualified men who shall aid and abet illegal practitioners.

The present state of the law touching certificates of death greatly favours the successful practice of secret poisoning and infanticide. It is suggested that the certificate of a legally qualified member of the medical profession, in the absence of a coroner's order, shall be indispensible as a preliminary to every burial.

The Medical Act of 1858 purports to constitute the General Medical Council for the purpose of regulating medical education and registration throughout the United Kingdom; but, composed as the Council is, namely, of the members of the medical corporations, who grant licenses to practice, the control of the system of medical education has proved to be very imperfect.

The undersigned are of opinion that the system of medical education should be revised, so as to ensure the possession of a thoroughly scientific and practical acquaintance with medicine and surgery on the part of persons applying for the legal qualification.

Mr. S. Gamgee.

22 July 1881.

To this end it is held to be necessary to substitute for the present system of examination, and for the many forms of license to practice now granted, one high uniform standard of examination and one legal qualification.

The practical part of the course of professional study stands in special need of improvement, and the undersigned would gladly see the regulations made stringent, to ensure the attendance of students on a thorough course of practical study in hospitals; but in the event of any student engaging in private practice on his own responsibility before he is legally qualified, it is suggested that he forfeit the year or years as a student during which he has so practised.

It is respectively but very earnestly submitted that the influence and power for good of the General Medical Council would be greatly extended with the profession and the public if provision were made in a new Act of Parliament for the representation in the Council of the general body of practitioners of medicine and surgery, who are now for the most part deprived of any professional franchise.

In any future Act of Parliament it is suggested that provisions be made for instituting prosecutions under it by a public prosecutor or other public functionary on behalf of the General Medical Council, instead of leaving the voluntary information of law to individuals.

The undersigned desire to obtain no privileges for the profession without giving the public commensurate advantages, and they submit that an Act of Parliament so framed as to raise the standard of professional efficiency, to protect life, and prevent the obtaining of money on false pretences, is an Act as much needed in the general interest of the community as for the welfare and honour of the medical profession.

3207. The Commissioners have asked you to attend here to give them the advantage of your opinion upon the question of Medical Licensing and Medical Education. Taking first the question of the Medical Council, I believe that you are very strongly in favour of there being a direct representation of the general profession upon this Council?—I have always thought, since I have given attention to the matter, that in any Medical Council it would be very important that the profession should be represented. I thought, at the time that I drafted the memorial which I have handed in, that a considerable number of the profession would be satisfied if representation were given to Colleges and Corporations, through their Fellows or members electing their representatives. Eleven years have elapsed since that date, and the progress made has been such that I feel convinced the bulk of the profession would not be satisfied with such, if I may call it, indirect representation, but would only be satisfied with direct representation.

3208. When you spoke just now of representation through the members or Fellows of the various Colleges, I suppose you intended thereby that the franchise in those Corporations should be extended to all the members, and not merely be limited, as it is in the case of some Corporations at the present time, to the Fellows or to some smaller body within the Corporation?—It was my idea that the franchise should be general amongst the Fellows and the members.

3209. You are, therefore, of opinion that no proposition would be satisfactory to the general body of the profession which did not include the direct representation of the general profession?—That is my opinion.

3210. And with regard to the Medical Council itself, should you be in favour of increasing the number of the Medical Council as it at present stands?—I think it would be most desirable to diminish it if possible.

3211. How would you proceed to diminish it?—I do not see the necessity of continuing all the Corporations and Colleges now on the Medical Council, and I think that the principle of grouping could be carried further than it is now carried.

3212. You would propose in reality a representation, not of individual Corporations, but of the Corporations as a whole?—I should be inclined to suggest that.

3213. If you continue the representation of individual Corporations and of Universities upon the Medical Council, do you think that there is any means of refusing admission to the Medical Council to any new Universities or Corporations which hereafter may be created and which may attain eminence?—I do not see quite how you could refuse it, if they attain sufficient importance and eminence.

3214. Can you state to the Commission the amount of reduction in numbers which you would propose?—With regard to the Apothecaries' Society of London, the Apothecaries' Hall of Ireland, and the Faculty of Physicians and Surgeons in Glasgow, I do not see myself why they should be continued on the Medical Council.

3215. Would you propose any further reduction?—I think that in the future, just as we have said that if any new bodies attained sufficient eminence to be placed upon the Council their representation should be entertained, so it would be not undesirable to say, if any examining or educating body fell below a certain standard of efficiency, that that body should cease to be represented. I would not judge from the result of any one year, but take an average of three continuous years.

3216. The reduction in numbers which you are proposing at the present time at all events is not a very large reduction?—It is not.

3217. You would not contemplate then reducing the Medical Council far below its present number of members?—Not far below that.

3218. With reference to the functions of the Medical Council, which do you consider their most important function?—I think it is one of their great functions, as a Council of Registration, to be custodians of the register, and that they ought to be responsible for removing, or causing the removal from the register through the Public Prosecutor if that be thought best, of the names of men who have rendered themselves amenable to such a proceeding. I think also that the Medical Council ought to have executive power as a Council of Education and not merely the power of advising as at present.

3219. Should you give them a controlling power over education and examination?—I would.

3220. An absolute control?—No, I think that in any case an appeal should be allowed to the Privy Council, by parties who felt themselves aggrieved, but I think that subject to such appeal the Medical Council must be made the superior power.

3221. With regard to what you said just now about registration, do you think that the Medical Council is a proper body to conduct the prosecutions of persons who practice improperly?—Yes, or to institute them through a Public Prosecutor.

3222. Should you prefer a Public Prosecutor to the Medical Council as a prosecuting body?—I think it would be more decorous, and the least objectionable course, that it should be done through a Public Prosecutor.

3223. But you think it very desirable that the Medical Council should take cognizance of those cases?—I do.

3224. And with regard to the professional examinations of medical students, do you consider that those examinations ought to be conducted as at the present time by the individual bodies, or do you think that there ought to be some Central Examining Board to conduct the examinations?—I think that there should be a Central Examining Board.

3225. Should you propose one Board for the three kingdoms or one for each of the three kingdoms?—I think one for each of the three kingdoms would meet with least opposition, and would be most desirable.

3226. You would recognise, would you not, that there are considerable differences between the three kingdoms of England, Scotland, and Ireland with regard to the relative position of the Universities and Corporations?—Yes; but I think the standard of examination should be the same.

3227. How do you propose to provide for keeping the standard identically the same?—That is a question of detail which would have to be considered, but as far as practicable the standard should be the same, so as to prevent men choosing the least efficient and the least stringent of the three examinations, as they now can choose the least stringent of the 19.

3228. Can you tell us from your own experience instances of persons who have chosen examinations which are notoriously inferior?—I have known many men who have been unsuccessful in the English examinations, *e.g.*, the examination of the Royal College of Surgeons once, twice, and thrice, go across the border and come back with the double qualification from the Edinburgh or the Glasgow Colleges.

3229. When you say "Colleges" do you mean the Corporations or the Universities?—By the Colleges, I do not mean the Universities. So far as I know of the Scottish Universities their position is unimpeachable. But with regard to the Colleges of Physicians and Surgeons of Edinburgh and the Faculty of Physicians and Surgeons in Glasgow, I have known men get through there who had failed in our College of Surgeons repeatedly, and I have no hesitation in saying they were men who were entirely unfit to enter the medical profession. That has happened within the last three or four years. I have addressed my classes several times during the last seven or eight years, that is to say successive classes in different sessions, and I have assured them that whatever they said to me would be in confidence, so far as persons were concerned. I said, "How is it that A.B. went to Edinburgh or "Glasgow; can you tell me anything about what is the "feeling of the students on the choice of examina-"tions?" They have said, "We know very well that "the Scotch Colleges give the easiest examination, "if a man is plucked here, he can go there, and," to use a student's expression, "bring his ticket back."

3230. Do you say that with regard to the Colleges of Physicians and Surgeons at Edinburgh?—Yes, I do.

3231. That statement is made upon cases which have come within your own knowledge as a teacher?—Yes, I speak of men that are now upon the register. I have refreshed my memory by looking to see if they are still alive, and I know the men perfectly well.

3232. Do you think there are many instances of that kind?—I know several, and it is a notorious fact that there are a great many. It has a most demoralising effect. When a young student, beginning with good intentions, gets into some little difficulty with his studies, and cannot go up for the first Anatomical Examination at our College, he is consoled in this way: the College of Surgeons of England will only give him a single qualification, but he can go to Edinburgh and bring back a double one, on very much easier terms.

3233. Then it is through a Central Board of Examiners that you hope to attain to an identical standard or nearly an equal standard of examination?—To attain it as nearly as possible.

3234. By what body do you propose that those examiners should be selected?—I think that the principal examining boards ought clearly to have a voice in the constitution of that Central Examining Board, because I recognise that they have tried to do their work well, and they would otherwise be disfranchised. I will take as an illustration the three bodies, the Royal College of Physicians of London, the Royal College of Surgeons, and the University of Edinburgh. I think that such bodies as those ought clearly to have votes in the constitution of that Board. I only adduce them as illustrations.

3235. Should you not give a voice to all the bodies, that is to say, to all the Universities and to all the Corporations?—Not to all the Corporations.

3236. (*Bishop of Peterborough.*) I think you have stated that direct representation on the Medical Council is absolutely necessary if the profession at large is to be satisfied?—That is my belief.

3237. Is that the only reason why you think direct representation desirable, or do you think it also desirable as tending to improve the constitution of the Council itself; should we have a better Council, and not a more acceptable Council merely?—You would have a more responsible Council. I think that the direct representatives would stimulate the other representatives to a sense of greater responsibility.

3238. Do you think that they would have it in their power to convey to the Medical Council information which it could not obtain so easily from any other sources as to the general feeling of the profession from time to time?—I do decidedly.

3239. And in that way you think that they might improve the constitution of the Medical Council?—I think so.

3240. Have you considered how you would work out this system of direct representation?—That is a matter of detail which, when once representation is given, will have to be considered. I have not gone into the detail.

3241. The profession is of course very numerous, and the members of it very widely scattered over the country; have you considered at all how the candidates should bring their claims before the profession?—I have not gone into that matter, and I am not prepared to express an opinion as to the mode of carrying it out.

3242. Have you gone so far as to settle what should be the areas for election, whether there should be one representative for England, one for Ireland, and one for Scotland, or whether there should be smaller areas?—I think that the areas would have to be smaller areas.

3243. But you have not considered how you would construct your areas?—I have not.

3244. Have you at all considered what would probably be the number of direct representatives, and whether they should bear any ratio to the existing number of the Medical Council?—Not necessarily so.

3245. Have you at all considered how much it might eventually increase the number of the Medical Council?—I would suggest this. If there were as many representatives of the profession as there are Crown representatives, I think that that would be a fair number. I believe there are six Crown representatives, and I think that six direct representatives would be satisfactory, and would meet the difficulty.

3246. On the other hand you think, do you not, that the Medical Council at present is quite large enough if not too large?—As a Council composed of Corporation members, I do.

3247. But not practically too large—that is to say, not too large for doing its work well?—No, not practically too large for that.

3248. If there were six Crown nominees, would you not, if you had a great many direct representatives, make the Council too large, and if you had a very few the representation might not be thought sufficient?—I think that if the principle of representation were recognised, the profession would be found very reasonable as to the number. That is all a question of detail. I think that the profession have a very honest desire to do justice to the public and to represent the present advanced intelligence and responsibility of the profession.

3249. I think we understand that you are yourself a teacher?—I am.

3250. Do you think that there is much resort to cramming with reference to the examinations?—A good deal.

3251. Are there medical crammers?—Yes.

3252. Do you think that their influence on the profession as a whole is bad?—As a whole I do not think it is, because there are some very good men amongst them; but I recognise that in the present state of multiple courses and various examinations the crammer is indispensable. Many men could not get through without them. A young man does not know what he is to work at.

3253. How is it that he does not know what he is to work at?—At the University of Edinburgh he knows what he is to work at; but if he comes here he is uncertain as to what examination he is going to pass. There are many students who come from non-professional homes, and they are necessarily uncertain; their only chance lies in being placed in the hands of a good tutor.

3254. You think, do you not, that the more you multiply examinations the more you increase cramming?—I do.

3255. Is it possible, in your opinion, to devote a portion of the student's career entirely to practical clinical study, and to secure that he shall have completed all examinations before he entered on that portion?—I do not think it would be desirable that he should have completed all his courses before then. I think that once he has worked hard at anatomy and physiology he should begin to familiarize himself with the sight of disease in hospital.

3256. But supposing him to do that concurrently for some time with his scientific study, would you think it desirable that there should be a portion of time reserved in which he should pursue clinical study and nothing else?—Yes, a portion; and it is so now.

3257. I have understood that the scientific study and the clinical observation went on together to the very last term?—Medicine and surgery do, but I think that these are only as an assistance to the clinical work. If he has done his work well, and he has clearly finished his chemistry and his physiology and anatomy before he goes hard at the clinical work, he has done with them.

Mr. S. Gamgee.

22 July 1881.

3258. Are there any subjects in the present curricula which you think might be omitted with advantage?—I could not say that.

3259. Do you think that there is any great use to the medical student in the study of botany, for instance?—I do not think there is a great deal, but I fairly confess that I may be in the position of men who think that subjects are not important of which they are themselves ignorant, and I must plead ignorance myself of botany.

3260. It does not, I suppose, greatly help a man in administering senna or rhubarb to know whether they are exogenous or endogenous plants?—I think the study of botany to a youth is of value in enlarging his mind. It is of great educational value, and that being the case I would like a young man to study it at an early age.

3261. We are told that the term of study generally is four years, do you think it would be possible that that term could be enlarged with advantage to the students?—I think, if well worked, the four years are sufficient. I think it would be too great a tax to demand more.

3262. Do you mean a tax of time and perhaps of money?—Yes, I think so.

3263. You mean by that, I presume, four years at a medical school?—I do.

3264. Have you thought at all of the question of the revival of apprenticeship?—I think it is impracticable.

3265. On what ground do you think it impracticable?—The vices of the old system would very soon recur, and the apprentice would be a drudgery assistant in many cases, and really not a pupil.

3266. (*Master of the Rolls.*) I want to know whether you have considered what the effect of adding a State examination to the other examinations would be. In the first place, are you of opinion that if the State grant a license for practice, it is entitled to be satisfied that the practitioner is fit to practice?—I am.

3267. Assuming that to be so, of course the interests of the public require that the practitioner should be fit to practice medicine and surgery?—Certainly.

3268. Although it is a very good thing in a professional point of view, and indirectly perhaps in a public point of view, that the practitioner should be a scientific man, that is not what the public absolutely require, is it?—The public require a man with a good all round practical knowledge of his profession.

3269. I suppose you would agree that it is more important to the public that a man should be able to distinguish measles from scarlatina, than that he should have a very excellent knowledge of the amount of phosphorus in the brain?—I do.

3270. That being so, I suppose it is not unreasonable on the part of the public to say, that the State examination should at all events require from a candidate a knowledge of medicine and surgery such as will fit him for the practice of his profession?—It should also require that, in addition to a good scientific education.

3271. But assuming that you could secure a fair scientific education, and fair evidence of it at the hands of the other bodies, would not it be sufficient for the State afterwards simply to test his practical knowledge? I do not mean merely his clinical knowledge but his practical knowledge altogether of his profession.—But then, if I may venture to say so, comes the question as to who is to test the scientific knowledge in the first place.

3272. The suggestion that I am putting for your consideration is this, that the Corporations and the Universities should still be allowed to test his knowledge of the first part?—Then, if by that you mean the superaddition of a clinical examination to the existing examinations, I think it would be the addition of an evil to the many existing evils.

3273. Why?—Mischief takes place now, so far as the student is concerned, through the number of competing examinations, and through some of the corporations practically underselling the others by offering a student, not intentionally perhaps, but in fact, an inducement to neglect his studies. If he fail in obtaining the higher qualification, he can get one which places him upon the register as well as the highest and best qualifications. It is in the early part of the curriculum, so far as the bulk of the students are concerned, that the mischief is done, and it is in the earlier examinations that reform is most needed. Once they are well passed the student's character is formed, and his progress as a practitioner is to a great extent assured.

3274. You think you could not get a sufficient security for a sufficiently searching examination in the preliminary scientific part?—So far as the examining boards have hitherto conducted their affairs, they have shown that it has been impossible to obtain that security. They have left side doors open and in the men have slipped after rejection by efficient examiners.

3275. You think that they are not to be trusted?—I judge from their acts.

3276. To what bodies would you apply that—you would not apply it to the Universities, would you?—No. I find from experience that the Colleges of Surgeons and Physicians of Edinburgh and the Faculty of Physicians and Surgeons in Glasgow let the men in the easiest. I am also informed, although I am not a member of the Apothecaries' Society of London, that the anatomical examination there is of the lightest possible kind; their surgical examination can scarcely be dignified by the name of an examination.

3277. As I understand you, you think that it would not be safe to trust these bodies now, with the chance of their letting in men with insufficient qualification, in regard to the scientific part of the profession?—I cannot say that it would.

3278. Would it make much difference so far as the public is concerned?—Men now get in who are unfit for the profession.

3279. Assuming that the State examination were sufficient in medicine and surgery, could they get in if they were unfit to practice?—But a man is not competent to study medicine and surgery in their practical applications, unless he really knows the foundation of his profession; and it is to test the foundation, that it is most essential that the first examination should be an efficient one.

3280. You think there could be no sufficient practical examination if a man's knowledge, even of anatomy we will say, was imperfect?—I think he would be an unsafe man to practice.

3281. Do I understand you that a man would be an unsafe man to practice whose knowledge of anatomy was not such as to enable him to pass a good examination?—The examination that you suggest is a clinical examination in medicine and surgery.

3282. Clinical and practical. I do not want to confine the State examination merely to clinical examination, but I mean as a whole final examination, including what you would call a clinical examination?—It would be scarcely fair to the candidate to keep all his subjects continuously before him, as he could not really concentrate himself upon his practical work.

3283. The examination of the conjoint board to which I am referring includes not merely clinical surgery but medicine, surgery, pathology, and midwifery, and which is described as the final examination in the programme of the conjoint scheme?—I am so convinced that the greatest evil now-a-days is suffered by students and the public, owing to the conduct of the first examination being unequal by the 19 bodies, that any reform which left that evil unamended would not be satisfactory.

3284. Will you allow me to call your attention to the subjects of the third or final examination, "the subjects "of the third or final examination are the principles and "practices of medicine including medical anatomy and "pathology, the principles and practices of surgery in-"cluding surgical anatomy and pathology, and mid-"wifery and diseases peculiar to women," that is what I call the medical and surgical examination, and that is the examination for the practice of the medicine, is it not?—Yes, that is the completion of a two storeyed professional house; but I think that the sound construction of the ground floor and the cellarage is no less indispensable.

3285. Do you think that a candidate properly passing that examination could be pronounced to be not fit to practice?—I do not think he could be satisfactorily tested. I think that if a man be well examined in his first part, he will be more likely to run safe for his second.

3286. Will you allow me now to call your attention to the subjects of the three professional examinations? The subjects of the first examinations are chemistry,

materia medica, medical botany, pharmacy, and osteology; could not a man practice with very little knowledge on those subjects?—He wants a good knowledge of osteology if he is to be a good surgeon.

3287. He might, to be a good surgeon, but could he not practice as a rule without very much knowledge of those subjects?—I think those are subjects, a knowledge of the elements of which is indispensable; if a student be well grounded in them, he stands a good chance of developing into a good and efficient surgeon.

3288. The subjects of the second examination are anatomy and physiology, and only those. One cannot help thinking that if a man knows medical and surgical anatomy he is able to practice, although he may not be able to pass a very good examination in anatomy independently?—But he ought to be able to pass it, and if he has been a diligent man he will be able to pass it.

3289. Do you think that the State or that the public are entitled to require all that, before a practitioner should be considered fit to practice?—I think in our profession it is indispensable that, if a man is to become a good practitioner, he should be well grounded in the principles.

3290. What I understand you to mean is this, that the final examination will not sufficiently test the candidate's fitness for practice; is that what you mean?—Not sufficiently if he has not been tested in the first part of his course. I think that he ought to be tested all round.

3291. Do you think that the competition amongst the bodies would be such as to prevent your ascertaining that he was pretty fairly tested in the elements, if you only made him pass the final examination?—It has been so hitherto, and I can only judge by experience.

3292. Do I understand you to say that a man could pass in medical and surgical anatomy without a fair knowledge of anatomy?—I think he could be coached to pass it without a sufficient knowledge of anatomy.

3293. That is to say, the examination would not be sufficient to detect his inefficiency?—That is my answer—that he could be coached through it and not have a sufficient knowledge of anatomy.

3294. And that he could not pass an anatomical examination?—Not a good one.

3295. Then you think that the final examination would not be sufficient test?—Not of itself.

3296. Not if superadded to such an examination as you could compel the bodies to give?—If you compel them, that is another matter.

3297. I am assuming that you compel them to examine, but I understand you to think that the competition between them would be such that you would not get a good examination?—But compelling is one thing, and trusting to competition is another. Experience has shown that the matter cannot be trusted to the healthy influences of competition, as the bodies will go on underselling each other.

3298. But would that be so to the same extent, when they could not grant a diploma or a licence to practice, but merely a diploma which would give the candidate a right to be examined in the final examination?—I think that experience has taught us to be very cautious. How far the corporations are to be trusted I cannot say, they have been so ingenious in evasions.

3299. You think that they are utterly unworthy of trust?—I do not say that; I have given you my opinion, I think, fairly. I like to use as few adverbs as possible.

3300. Would you say that they are unworthy of trust?—Experience has shown them to be so, in my judgment.

3301. Then, as I understand you, you think that it would not be safe for the State to trust to the sufficiency of the examination in the elements of the profession by those bodies leaving the State merely to examine into the fitness of a man to practice?—I do not think it would be safe.

3302. What do you say to the proposal of the State examining altogether?—I think that is impossible, though I might approve of it.

3303. That is to say, in all departments?—I should be very glad if it were thought practicable.

3304. Do you think it practicable?—I know that there are many interests that have to be considered, and it would depend upon the conciliatory disposition of some of the Corporations and of the Universities.

3305. As I understand you, you would trust the preliminary examination to the Universities?—Yes, I would.

3306. But not to the Medical Corporations?—Certainly not to all.

3307. What do you say to this proposal, that the Medical Council should have a supervising power, either directly or by representation to the Secretary of State, as to all the preliminary examinations, so that if the preliminary examinations, that is to say, the first and second examinations, by any of the bodies were not sufficient they could exclude that body; would that be a sufficient check?—They have a supervising power now, but it has proved to be thoroughly inefficient. If they had a supervising and an executive corrective power then, I think, that a good deal might be done in that way, but they must have real controlling power.

3308. And not a mere power of representing?—No.

3309. (*Professor Huxley.*) I gathered from the answers which you gave to the Master of the Rolls just now, that you consider it to be of very great importance that the student should be thoroughly grounded in the scientific studies which are preliminary to medicine?—I do.

3310. And I presume that is chiefly on the ground that the intelligent practice of medicine and the proper following of advanced medical science must very much depend upon the grasp which a man has of the scientific preliminaries of medicine?—Decidedly.

3311. And that unless thorough familiarity with that ground-work is secured, medical practice is likely to remain what it has been, a great deal too much mere rule of thumb?—That is so.

3312. And, considering the very rapid progress which is now made by the application of scientific principles to the study of pharmacology, pathology, and so forth, you think that without such grounding a medical man might find himself really unable to understand what is being done in medical science?—He might.

3313. You think that while such an examination might be trusted to the Universities, the Medical Corporations are not exactly bodies which are likely to carry out such an examination well?—They have not done so in the past.

3314. In fact, almost from the nature of the case, the Corporations being largely represented by men of great eminence in practice who have, for a long time, left their preliminary studies behind, it would be almost impossible to expect that they should take the same interest in, or have the same power of dealing with, those scientific preliminaries as they have with practical subjects?—It would.

3315. So that if anything should be left to them it should rather be the practical subjects than the scientific preliminaries?—That is my opinion.

3316. You were speaking a short time ago, in reply to the noble chairman, about the existence of cramming. May I ask whether a good deal of the cramming which exists is not, in your opinion, due to an imperfection in the system of medical teaching, that very often too much is trusted to lectures and too little tutorial work is done?—I am greatly in favour of the extension of good tutorial work. I think every professorial chair ought to have good tutorial work.

3317. And it is a matter of fact, is it not, that in the best of the schools that is done?—It is.

3318. And the students are looked up and made to find out what they know and what they do not know?—Yes.

3319. That is the service and the real service which is done by first-class men, who are sometimes grinders?—Unquestionably so; I would go with you and say, by whatever name they are called, there are some very conscientious and able men in the profession who devote themselves to that work, as of course there are under other forms and names in France and Germany. The *Instruction libre* in France is of the greatest value, so are the *Privat Docentes* in the German Universities, practically the same thing exists in the Italian Universities.

3320. In fact, a good many years ago, say 30 years ago, it was really a crying evil in the medical education in this country, was it not, that there was next to no tutorial instruction?—Next to none; it is better now.

Mr. S. Gamgee.

22 July 1881.

3321. The only instruction of that kind in existence was that given by the Demonstrators in the dissecting room?—Yes.

3322. I presume there are very few fairly good medical schools now, of which that could be said?—Very few.

3323. In the document which you have submitted to us I find in the appendix a copy of a memorial that was drawn up, I think, mainly at your own instance in the year 1869?—It was.

3324. I find in it a statement of which I should like to have any explanation which you have to offer. "It "is suggested that the certificate of a legally qualified "member of the medical profession, in the absence of "a coroner's order, shall be indispensable as a prelimi- "nary to every burial." Does not that seem to come within the provisions of the 37th Section of the Medical Act?—As a fact, it does not; I believe that abuse much practised. Will you allow me to read you a statement from a very responsible officer, a gentleman whom I have the pleasure of knowing, Dr. Edgar Flinn, who is Medical Officer of Health of the Brownhills Urban Sanitary Authority, near Walsall. Dr. Flinn says: "In "the district where I am Medical Officer of Health, I "believe I am under the mark when I state that over "one-fourth of the deaths returned to me by the regi- "strars are attended by unqualified medical men."

3325. But does it mean that they give certificates of the cause of death to the registrar, or does it mean that patients may be attended by unqualified persons; it is suggested here that those persons give certificates?—I am sorry to say that some qualified men cover those unqualified practitioners by leaving with them a number of certificates in blank signed by themselves as qualified practitioners, and the certificate issues although a qualified practitioner may never have seen the case.

3326. That is a distinct fraud, is it not?—It is. That is why we think that some means should be taken to deal with the qualified practitioner under such circumstances. It is nobody's business to look after that abuse now that I can find.

3327. In the cases to which you refer I suppose the unqualified person is an assistant to a qualified practitioner?—Nominally so, but in reality he lives away, in many cases one or two miles, from the house of the qualified practitioner.

3328. But nominally he is the assistant?—Yes, nominally he is the assistant in many cases.

3329. Would you propose to prevent anybody who is unqualified from acting as an assistant to a qualified practitioner?—I should say, being in charge of a separate practice, he ought to be prevented.

3330. But is it not rather difficult to prove that he was in charge, and that the person nominally employing him was not exercising supervision; would not it be very difficult to draw the line between the different grades of independence of an assistant?—I think that an endeavour ought to be made to meet the case.

3331. I perceive the memorial says that "a large "number of men are practising medicine and surgery "in different parts of the country, not only without "any legal qualification, but without having undergone "any regular course of medical education." Does this mean that your memorialists would wish that any person who is not legally registered, and who has not undergone a regular course of medical education, should be unable to practice?—He should be unable to practice as a qualified medical practitioner.

3332. Then what you object to here is not to practising as practice, but simply practising as a qualified practitioner?—Yes, practising as a qualified practitioner, practising under a false pretence.

3333. What would you think constitutes the false pretence, because the persons who do this do not say that they are on the register?—No, but I may give as an illustration a man having his name on the door, and "surgery" on one window and "consulting room" on the other; he does all the work of a medical practitioner, and he leads people to believe that he is a medical practitioner.

3334. Would you make it a criminal offence that a man should put "surgery" on one of his doors and "consulting room" on the other?—I think that is a question for lawyers to consider, but I think the effect of that is in reality to lead people to believe that he is a surgeon, and I always bear in mind this responsibility is with the framers of the Act, and with the legal advisers. The Medical Act of 1858 begins by saying:— "Whereas it is expedient that persons requiring medical "aid should be enabled to distinguish qualified from "unqualified practitioners." Those are the first words of the Medical Act of 1858.

3335. You would take it to be a measure which would enable the public very largely to distinguish qualified from unqualified practitioners?—I think so, and I think that the public, and uneducated persons especially who are most impotent in the matter, certainly should be assisted as far as possible in distinguishing.

3336. But it is open to the public at any time to look into the register and see if a person is qualified?—There are tens of thousands and hundreds of thousands of poor people and artizans in the country that have no access to the register. If I might be permitted, I should like to read Dr. Flinn's own words: "I speak as the repre- "sentative of a district where the abuse of unqualified "medical practitioners is very much in the ascendant, "and where within a radius of six miles from my "residence there are no less than six such unqualified "men supported by qualified practitioners."

3337. What is the date of that statement?—February 10th, 1881.

3338. Would you be disposed to stop what is called counter practice in druggists' and chemists' shops?—I do not think you can well stop it.

3339. But would you desire to stop it if you could?—I would desire as far as possible to reduce it within the safest possible limits.

3340. Would you think it a right thing to prevent anybody who felt uneasy from going into a chemist's shop and asking for what will do him good as they call it?—I would make an observation, although it may not exactly come within the purview of the Medical Act, but as an illustration of a great evil, I think that the relations of chemists to the medical profession must be taken into account. I, or any other surgeon or physician, may order to-day a one grain opium pill to be taken under exceptional circumstances every three hours, mitte 6. That prescription can be copied, and it will be dispensed by 20 chemists to-day, or it can be copied by 20 chemists any day 10 years hence, and I say it is a very serious thing indeed that poison should be so obtainable. I quite see that that is outside the immediate question, but I think it is an illustration, and there are many other cases. I, as a surgeon, have had a difficulty in saving hands where chemists have used the knife to open whitloes and where great damage has been done.

3341. But would you attempt to restrict the liberty of the subject to be damaged if he likes?—The law does not allow a man to kill himself. I have often regretted when a poor creature who has attempted suicide in a state of drunkenness leaves my hands cured, a policeman who is by the side of the bed takes him to the police-station. The principle is established that a man is not allowed to injure himself indefinitely, but I quite see the difficulty of carrying it out.

3342. Would you think that the gentlemen who should be sent to the Medical Council as the representatives of the general body of the profession would be likely to take up questions of this kind and consider them the most important part of their business?—Yes. I would consider that at any rate they would be representative of the profession, and would be channels through which the profession would make their opinions felt.

3343. Do you think that there is any very strong feeling in the profession about the payment made to medical men holding Poor Law appointments and the like?—I do not think it would be well for the Medical Council to undertake that.

3344. Do you think that the representative of the general body of the profession would not bring forward points of that kind?—I never heard that suggested.

3345. (*Prof. Turner.*) The memorial which you were largely instrumental, I think, in getting signed, has been referred to more than once in the course of your evidence, and I see from the memorandum which you have given in, it was signed by 9,724 registered practitioners?—It was.

3346. That was in the year 1869?—It was. The memorials were addressed from Churchill's Medical Di-

rectory for England, Scotland, and Ireland, which contained at that date 17,139 names, and to all of those the memorial was addressed. The Medical Register in 1869 was not so perfect as it is now.

3347. That is, out of the 17,139 you received 9,724 replies?—9,724 assents.

3348. A part of this memorial, as has already been referred to, I think, by his Lordship in the chair, is that the "influence and power for good of the General Medical "Council would be greatly extended with the profession "and the public if provision were made in a new Act "of Parliament for the representation in the Council "of the general body of practitioners of medicine and "surgery?"—Yes.

3349. That was an important point in the memorial in which all these gentlemen concurred, I think?—It was.

3350. A document has been put in evidence before the Commission by a gentleman who has taken a great interest in this matter, namely, Dr. Waters, of Chester, in which he tells us that in the year 1878, when the Government introduced a Bill and when that Bill did not contain any clause as regards direct representation, the Medical Reform Committee of the British Medical Association issued a circular to the profession asking them to state whether they agreed with the principle of direct representation or not, and the number of answers given to the circulars sent out in 1878 in favour of direct representation was 5,075. Now you will observe between the year 1869, when your memorial was sent out, and the year 1878, when the statement of the British Medical Association was sent out, the number of registered practitioners who intimate a desire for direct representation is very largely diminished, falling from 9,724 in 1869 to 5,075 in 1878?—But to how many was it addressed?

3351. I gather that it was sent out to the British Medical Association, which we are told is an Association comprising about 10,000 members?—We addressed the memorial of 1869 to over 17,000; but if you will allow me to call your attention to one point you will see it is expressly stated "that the influence and power for good "of the General Medical Council would be greatly "extended with the profession and the public if provision "were made in a new Act of Parliament for the repre-"sentation in the Council of the general body of practi-"tioners of medicine and surgery, who are now, for the "most part, deprived of any professional franchise." Now I call your attention to the fact that I expressly omitted the word "direct." You see it does not exist there. This memorial has been quoted as an evidence that the profession have required direct representation. I am in candour bound to say that the word "direct" is omitted, and that the omission was not accidental.

3352. The word "direct" was omitted, you admit?—Yes, because I foresaw that there would be a difficulty, and I tried for that which would divide us the least, therefore omitting the word "direct;" but I must tell you that at a meeting of the memorialists convened by circular, held shortly after this memorial was signed, at the Freemasons' Hall, I was voted to the chair, and we thought it safest to ask for representation in general terms. We thought that might open a way to the Colleges to propose enlarging representation by giving the franchise to their members; the meeting, however, carried an amendment in favour of direct representation. The growth of opinion since then, and certainly within the last few years, has in my experience been very strongly in favour of direct representation.

3353. Will you tell us what steps you took when you issued this memorial in 1869 to facilitate the signing and the returning of it as a signed document to you?—Having obtained a number of signatures to it, we had those printed on one sheet and enclosed with a request from our Secretary, who at that time was Mr. Lloyd Owen, that those who assented would kindly return the enclosed slip to Dr. Bell Fletcher, No. 7, Waterloo Street, Birmingham. Inside was a slip, "I authorise "you to append my name to the memorial," and a stamped directed envelope; and that brought the answers as I have said at the rate of from 200 to 600 a day; 600 was the maximum we received in one day; they were all received within three weeks.

3354. Have you any reason to think that when the British Medical Association sent out its statement in 1878, it did not take the precaution which you took of enclosing a stamped envelope in which an answer might be returned?—I am not aware that it did.

3355. Would you consider that this large diminution in numbers of the profession acceding to direct representation, as compared with what you had in 1869, is evidence that the profession did not think it worth while paying a penny in order to indicate its adhesion to the principle that there should be direct representation?—No, I think this, that our memorial had been treated with such indignity by the General Medical Council, and there was so much evidence that the Medical Corporations were jealous of their interests, and were not prepared to make any concessions to the medical profession, that a large number of men abstained from replying in disgust. I think that that is the case.

3356. You think that the feeling in 1878 was a feeling of disgust?—I think so, to a great extent.

3357. And the feeling of disgust was so great that they did not think it worth their while to intimate at that time their adhesion to the principle of direct representation?—They knew that the great memorial had gone in before, saying that representation was indispensable. They took that as an already existing fact. The 5,000 did not regard the thing *de novo;* they simply confirmed what had previously been said.

3358. I think in your answer to a question put to you by Professor Huxley you distinctly stated that you would not consider that the introduction of the principle of direct representation into the constitution of the Medical Council is to be used as a lever for operating upon the Government so as to obtain privileges and concessions to the medical profession or the members of the medical profession that they have not at present got?—I am satisfied that that is not the intention.

3359. We will now go to another subject. In your evidence you have stated more than once with great decision that you think the Medical Council should have an executive power in matters of education and not merely an advising power?—I do think so.

3360. Do you mean by the use of the expression "executive power" that they should be able to require the medical authorities to carry out such regulations as they themselves may consider necessary?—I do; at any rate subject to the approval of Her Majesty's Privy Council.

3361. I would ask you just to consider this question. I observe from the British Medical Journal of the date of June the 11th, 1881, that there was a large and influential meeting of the medical profession held at Brighton; it was called "The South-Eastern Branch of the British Medical Association;" it is stated that it was largely attended by gentlemen in that part of the country, and I observe that various of those gentlemen are very strong indeed in recommending that the apprenticeship system should be restored. Let us suppose now that the General Medical Council, having received a considerable modification in its constitution through the admission of direct representatives of the profession, should pass a regulation that no one should be admitted to the Medical Register unless he had passed through the stage of apprenticeship; do you think that the medical authorities engaged in education (such as the Universities we will say) would be willing to accede to a regulation of that kind?—As the representatives of the profession would only be in a small minority, I do not see any possibility of that occurring which you assume.

3362. Would they be in a small minority?—Clearly.

3363. What is your own idea as to what the relative proportion should be?—No one has suggested that the direct representatives should be a majority of the Medical Council; and I think, myself, that if the Medical Council were properly constituted of the Universities' and Corporations' representatives, and direct representatives of the medical profession, a clear majority of that Council would have a great claim upon the respect of the Government; but the representatives of the profession would only be a small minority.

3364. You do not think then that the representatives of the profession, they being in a minority, would be in a position to carry such a regulation as that which I have referred to?—I think they certainly would not be in a position; but from what I know of the profession generally (and I may claim some fair knowledge of it at any rate, if I do not even say, extensive), I do not think they would require such a regulation as that.

Mr. S. Gamgee.

22 July 1881.

3365. Not merely with reference to this question of apprenticeship, but with reference to other questions that might arise, would you not consider that a body like an important University (we need not mention any names) concerned in medical education is in a better position to judge what is essential for medical education than, we will say, a Council consisting of such a proportion of general practitioners as might sit upon it?—But I think the general practitioners would have such information to convey, as would be most valuable even to the Universities to listen to; I only submit that the representatives of the profession would be one advising element in a compound Council.

3366. You would not propose that they should have a preponderating influence upon the Council?—Certainly not.

3367. The question of the institution of a State licence has been submitted to you either as regards a State examination, embracing all the subjects of professional education, or as regards merely the subjects of the final examination, and I think you have rather indicated your adhesion to the idea that a State examination, comprising all the subjects of professional education, would not be, on the whole, a bad measure?—I do not think it would.

3368. Have you formed any idea as to where the State should obtain its examiners from?—I think it would be most important that the Universities and Corporations should have an advising power, if not a selecting power, as regards the examiners.

3369. Then you propose that the State should act through the Universities and Corporations?—I think it would be the most practicable plan.

3370. Have you formed any idea as to where this examination should be conducted?—In the principal seats of learning, I think.

3371. Should it be conducted in the buildings and apartments belonging to the existing Corporations and Universities, or should there be some new institution, as it were, created for the purpose of carrying on an examination?—I do not think that is at all a vital matter, and I cannot say that I have considered it much.

3372. I would submit that it is as regards the practical working of a scheme a very vital matter, because the question of expense at once comes in?—I do not pretend to give an opinion on what I have not considered.

3373. Then you have also made certain statements as regards the migration of students from England to Scotland in order that they may obtain in Scotland a less difficult examination than they would have to be subjected to in England?—I have done so.

3374. Have you any reason to believe that those examinations to which you refer are inefficient examinations, that is to say, that they do not sufficiently test the competency of the candidate to practise medicine, surgery, and midwifery?—I know that they have let through some altogether incompetent men, who could not get through the English Boards.

3375. Do you know that of your own knowledge?—I do.

3376. (*Mr. Simon.*) Were not you a member of the Medico-Political Association which held a meeting at Birmingham in 1868?—I do not think that association had an existence. There was a preliminary meeting, but I do not know that the association ever had an existence.

3377. Was there not a certain association of which "The Medical Mirror" of those days was the organ?—I was not a member. I spoke once at a meeting as a visitor, but I was never proposed as a member to my knowledge, or to the best of my recollection.

3378. I remember the journals recording your speech at Birmingham at the association, and I observe that in commenting upon the subsequent memorial, that is the great memorial of 1869, they say the promoters of this memorial were all members of the Medico-Political Association?—The editor speaks for himself, but it is not so to my knowledge.

3379. Do you remember a meeting of that Medico-Political Association?—I do not think it exists. There is a Medical Defence Association, I think, but I do not belong to it.

3380. But it existed at that time, did it not?—I do not know that it ever continued; I never heard anything more about it. There is a Medical Defence Association, I believe, and something else of the kind to which I have never belonged.

3381. Do you remember attending a meeting of the British Medical Association at Oxford in 1868?—I do.

3382. And at that time you with some others were added to a previous committee of the association in order, I believe, to give more activity to that committee, was it not so?—I believe I was added; the motives I am not aware of.

3383. I observe the journal of 1869, to which I refer, speaks of your great memorial as the supreme fruit of the Medico-Political Association; it then says that that association was merely formed to sow the seed of medical reform, and "having performed its mission it can now dissolve its organization and cease its labours as a special organization. That, is referring to the Medico-Political Association, it spoke of your great memorial as the outcome of its work; you do not remember that perhaps?—The memorial was conducted to its issue under an institution called the Medical Reform Union. I have always declined to take any part in a political association. I may have been proposed, but never to my knowledge, and I do not know any thing about it.

3384. Your own opinion at the time of the memorial was rather in favour of election through the Corporations?—When we had drawn up the memorial for representation, I thought that it would afford the Corporation some chance of being gracious to the profession if we said nothing as to the method of selection; but the Corporations did not take the hint. They have gone on fighting for themselves, and ignoring the profession, and I see no alternative but direct representation.

3385. When you were asked by the Master of the Rolls as to the advantage you would see in direct representation over indirect representation, you said that it would make the Council more responsible?—Yes.

3386. In what sense do you think the Council ought to be responsible to the profession?—I think the *raison d'être* of the Council is in reality to serve the State and the profession, and I think that it has thought very little of the profession or of the State.

3387. Is it not constituted exclusively to serve the public?—But it is elected by the Corporations, and as a fact the representatives serve the Corporations, and look after the loaves and fishes of their masters.

3388. That is another question; I am thinking only at present of your view that it should be made more responsible to the profession?—And I think this, that they would be more responsible in proportion as they were elected by a broader constituency than the narrow one which elects them now, in the sense that the representatives of the great constituencies of to-day are more responsible to the State, than were the representatives of the pocket boroughs of a bygone age.

3389. I am not sure that you quite catch my point. Is it the statutory intention that the Medical Council should be responsible to the profession?—I was speaking in reality of a sense of responsibility in discharging their duties to the profession and to the State, always bearing in mind that the profession, as represented by this memorial, asks for nothing for itself, but only for that which is in the interest of the State.

3390. Would the purpose be answered by general practitioners being on the General Medical Council, however they might come there, if they did not come there by direct representation?—I think they must be elected. I do not speak necessarily of general practitioners, but I think that they should be the elected members of the medical profession. I think if they had a chance the medical profession would most probably elect such men as Sir William Jenner, Sir James Paget, and yourself.

3391. The size of the Medical Council being a difficulty, I should like to ask your opinion on this plan. Suppose the principle of direct representation were conceded to the extent that persons elected by the mass of the profession should be on the same footing as persons elected by the Corporations; suppose it thought necessary to get over the difficulty of an over-large Medical Council; suppose the proposal to be that there should be three divisional boards, one board for each division of the kingdom, to direct the examinations of that part of the kingdom, and that this divisional board received a representative from each of the licensing authorities, and received also a certain number of members chosen by universal professional suffrage in that division of the kingdom; assuming that to be the

constitution of the divisional board, and supposing that the central body, the General Council, were to be formed by delegation from the three divisional boards, the Scotch divisional board sending two, the Irish board two, and the English board four, with a certain number of Crown members added; what would you think of that as a constitution?—It is a complex scheme, which I should like to have time to consider before expressing an opinion upon.

3392. The principle is simple enough, is it not?—I see it worked out by yourself after mature consideration; I should not venture to express an off hand opinion upon it.

3393. Of the necessity of divisional boards you have no doubt, as I understand?—Examining boards?

3394. Constituted substantially of the existing authorities?—I think so.

3395. Under the supervision of a General Council?—The authoritative supervision of the General Medical Council.

3396. (*Chairman.*) When you say authoritative, do you mean without appeal?—No, I think there should be power of appeal. I think it only reasonable that an appeal should lie to the Privy Council or such other authority as might be advisable; I certainly would not ask for powers without appeal.

3397. (*Mr. Cogan.*) With regard to the functions of the Medical Council, do you consider they ought to be restricted as at present to the registration of medical practitioners, to the supervision of education and examinations, and the exclusion of improper members of the medical profession from it, and the making of a pharmacopœia?—Yes; but "the exclusion of improper members" I would take perhaps more widely than is at present understood. I am of opinion that they should have the right of supervision of the register so as to make it an efficient register.

3398. That they should have increased powers with regard to that particular branch, you mean?—Certainly. I think they are custodians of the register and are paid for it.

3399. Do you think they should undertake any such functions as looking after the professional interests of the medical practitioners, for instance, their remuneration in the public service and questions of that kind?—Certainly not.

3400. I understood you to say you were not aware of its ever having been suggested that they should have such functions?—I was not aware of it.

3401. Would you fix their functions by Act of Parliament?—I think as nearly as possible it would be desirable to fix them.

3402. When this considerable agitation was got up in favour of direct representation, do you believe that the medical profession, who took so strong an interest in it, believed that the Council would restrict itself to these functions, or that it would undertake questions affecting the personal interests of the profession?—The profession honestly desired that the Council should be, what it is not, an efficient Council of education and registration, and I am quite certain they do not want anything else.

3403. You do not believe that that idea had anything to do with the getting up of these large memorials in favour of direct representation?—I am not at all aware that it had, and I never heard it so stated.

3404. Do you believe that if the Council confined itself to these functions and discharged their duties simply as a deliberative assembly, without the presence of reporters or speeches being made, there would be the same interest in the profession and the same desire to have direct representation upon it or not?—I think the profession are honestly desirous that the Council should be an efficient one, and they are very anxious for the honour and the usefulness of their profession; they are quite satisfied that the Medical Council does not now do them or the State justice.

3405–6. In the minutes of evidence taken before the Select Committee in 1879, I see that Dr. Quain referred to a publication which, after referring to many injustices that the profession sustain, and the public, goes on to say: "It may reasonably be argued that these evils are "the fruits of inherited abuses, which, under an amended "medical Act, would admit of remedy; but how far the "profession itself shall have a share in redressing its "wrongs and raising itself in the social scale, must "depend on whether the new Act shall provide for self "government, on a representative basis, leave us still "in the irresponsible power of the Corporations, or "hand us over to a chief of department at Whitehall. "If the profession be well advised it will seek to establish "a *locus standi* to represent its own interests, make the "best terms it can with the Council and the Corporations, and create an influence in Parliament which "may be a power for good." Do you understand that as suggesting that for the purpose of remedying these professional evils direct representation on the Council ought to be sought?—Those are my words, are they not?

3407. Yes.—May I venture to ask who quoted them?

3408. Dr. Quain, at page 110 of the Minutes of Evidence.—I remember the words perfectly. I think the representation of the profession would tend to lessen those evils.

3409. I have merely ventured to call your attention to this extract as in my mind implying that the profession at that time (this was in 1879) did really contemplate that amongst the functions of the Council there would be the remedying of these professional evils?—That was not the intention.

3410. As I understand in this you advocate that in any new medical Act there should be provision made for self government on a representative basis for the purpose of remedying these evils of which you complain?—But I never contemplated that those should be other than evils that concern the profession in its relation to the State. I have never contemplated that the Medical Council should deal with matters in which the profession had an exclusive and a pecuniary interest.

3411. No, do not understand me as putting it in that way. In reply to my former question, I understood you to say you would confine the operations of the Council to the four subjects they have to deal with by Act of Parliament, and that you would not allow them to go into such subjects as evils affecting the profession—evils possibly creating a great feeling among professional men—and that that should not be amongst the duties of the Council at all. It has seemed to me that probably this great feeling in the profession for direct representation might have arisen from the belief that those subjects would be entertained?—At all the meetings I have attended I have never heard it suggested that the Medical Council should consider those matters.

3412. At any rate, your opinion at present is that such subjects should not be part of the functions of the Medical Council?—I think decidedly they should not, and my opinion always has been so.

3413. With regard to representation on the Medical Council, I wish to have your opinion as to whether you think the medical schools unconnected with Corporations should have any representation on that Council?—I do not think so.

3414. Supposing the system of three conjoint boards were adopted (one for each portion of the United Kingdom), do you think it would be advantageous, if possible, to have an interchange of examiners between the different portions of the United Kingdom so as to prevent the perpetuating of any peculiarities of practice or of teaching?—If possible, I think that would be of great advantage.

Adjourned to to-morrow at half-past three o'clock.

THIRTEENTH DAY.

Saturday, 23rd July 1881.

PRESENT:

THE EARL OF CAMPERDOWN IN THE CHAIR.

THE RIGHT HON. W. H. F. COGAN.
PROFESSOR HUXLEY, F.R.S.
PROFESSOR TURNER, M.B., F.R.S.
JOHN SIMON, ESQ., C.B., F.R.S.
JOHN WHITE, ESQ., *Secretary.*

Prof. J. Spence,

23 July 1881.

Professor JAMES SPENCE, F.R.C.S., Edin., examined.

3415. (*Chairman.*) You are a Fellow of the Royal College of Surgeons, Edinburgh, Surgeon Ordinary to Her Majesty the Queen in Scotland, Professor of Surgery in the University of Edinburgh, Senior Surgeon to the Edinburgh Royal Infirmary, and representative of the Royal College of Surgeons of Edinburgh on the General Medical Council?—I am.

3416. And you have been so good as to forward to us a statement of your views with regard to the medical licensing question generally?—Yes.

3417. I conclude that you wish to put this in at the commencement of your evidence as a general statement of your views?—Yes.

The witness delivered in the following statement.

Preliminary Examination in General Education before the Student is registered as a Student in Medicine.

Preliminary examination to be made over to some recognised educational board.

It seems desirable that the medical authorities should now make over their preliminary examination in general education to some of the national educational boards. There is nothing special in the general education of a medical student other than what is requisite for any young gentleman who is about to enter a liberal profession. There is, therefore, no need for the preliminary examination being conducted or supervised by medical examiners or members of the medical licensing authorities. By giving the examination over to some recognised educational body the medical authorities would be left to devote their energies to their proper work of regulating and supervising medical education and examination. They would also free themselves from a responsibility which at present seems to attach to them in regard to the general education of those who take their licence or qualification. At present a number of candidates come to the Royal College of Surgeons with qualifying certificates of the preliminary education from other medical examining authorities, which entitle them to be registered as medical students, and to be admitted to professional examination. If such licentiate subsequently goes before, say, the army board, and makes a bad appearance in his general education, the board from which he obtained his professional qualification is discredited by such deficiency, though he passed his general educational examination elsewhere.

Leave medical boards free for their proper work.

Frees from any apparent responsibility.

Example.

Professional Education and Examination.

Relation of examination to education.

In considering these important subjects it should ever be kept in mind that true thorough examination must always be in relation to education, the former can never be truly in advance. Any attempt to make it take a higher place will only lead to "cram." Whilst great pains have been taken in arranging curricula of medical study, and as far as possible securing that the student shall be supervised, the same care has not been taken in regard to teachers. In this respect Edinburgh is an honourable exception. There no man is recognised as a lecturer who has not passed an examination before a special board composed of examiners and an assessor of either the College of Surgeons or Physicians, together with an expert, and has been tested on his knowledge of the subject he proposes to teach, and his power of lecturing. Then a committee of the examining board visit his museum and ascertain his means of illustrating his lectures and report to the college by whom he is ultimately authorised to teach. Formerly all Fellows of the College of Surgeons had the privilege of teaching, but the present system was introduced and put in force by the College *ex proprio motu* some years before it obtained its present charter. Should a lecturer wish to change to some other branch than that for which he was originally recognised he must submit to another examination on the subject he desires to teach. I think means should be taken to make the plan I have described, or some other similar plan, imperative throughout the United Kingdom. So far as I can learn no such test exists in England. Recognised teachers should also be required to furnish a synopsis of the subjects embraced in their course to enable the medical authorities to judge generally of the character of the course. The mode of teaching must be left to the lecturers. I would not like to see individuality lost in mere uniformity.

Admission of teachers to be recognised.

System of recognition in Edinburgh.

Necessity for this or some similar plan

throughout the United Kingdom.

Synopsis of course to be required.

The arrangement of curricula of study, &c., should be left as at present in the hands of the authorities, subject to the recommendations of the General Medical Council.

Arrangement of course of professional study to be left as at present.

Examinations and Granting Diplomas.

This brings me to the vexed question of entrance to the profession, the proposed "one portal," or conjoint board, with its assumed uniformity of qualification in those who enter. From long experience in teaching and of examining under different systems, and on different boards, I think there has been most undue agitation and exaggerated statements regarding the imperfections of the present system, and, if possible, still more exaggerated expectations regarding the "one portal" system. I consider it an utter delusion, and therefore any suggestions in regard to conjoint schemes which I may make in reply to questions that may be put to me are to be regarded as made under protest. In a rapidly increasing profession it seems to me that the number of portals is of little consequence, if only two things be done, viz.: 1, that henceforth no single or incomplete qualification be given by any board, and 2, that the examinations of the different boards be regularly visited to secure against any laxity. I think, however, that for many years the tendency of examining boards has been to emulate each other in raising rather than diminishing the strictness and practical character of their examinations. I believe that a conjunct examining board separated from the corporations, and the examiners not elected by the corporations, would be likely to lead to deterioration in the examinations. At present the examiners feel an interest in the honour and tradition of their colleges, a sort of "esprit de corps" which makes them feel a responsibility in doing their work thoroughly, such a feeling as could scarcely long exist so fully in a board such as has been proposed in the conjoint scheme.

Entrance to the profession.

Undue agitation and exaggeration regarding mode of entrance.

"One portal" system objected to.

Number of portals of little consequence if properly guarded.

No single incomplete qualification to be given.

Risk of deterioration of examinations under conjoint board system.

Then, as regards the assumed uniformity of the "one portal" plan. Given a certain number of candidates to examine, you must provide a proportionate number of examiners. Your conjoint board must be subdivided into so many examining boards, and whatever name you give them they are simply so many portals of entrance to the profession. The conjunction of medical and surgical corporations for the purpose of enabling the candidate to obtain a complete qualification in medicine and surgery is a different matter, and has been in use in Scotland since 1859, and if England had done the same all the outcry about 19 portals might have been avoided. I may say that in Scotland there exists at present really only two portals, the universities and the corporations. In the former uniformity is secured by their entire arrangements as regards education, examination, and graduation enacted by the Scottish Universities Commissioners, being under ordinances, and approved by the Privy Council. No one university can alter its examination in regard to subjects, or change even the arrangements as to time, without applying to the Privy Council, which then communicates with the other universities before any change is sanctioned. Then as

No real uniformity secured by conjoint board.

Conjunction of examining board give a complete qualification as at present in Scotland really useful.

Practically only two portals exist at present in Scotland

regards the corporations—the College of Physicians and College of Surgeons of Edinburgh examine in medicine and surgery in Edinburgh, and the College of Physicians in Edinburgh, and the Glasgow Faculty examine in medicine and surgery in Glasgow, so that for all practical purposes these corporation examinations are the same, and as uniform as any conjoint board could be. If required to satisfy a popular cry, members of the Edinburgh College of Surgeons might be sent to the Glasgow board, and members of the Faculty take part in the Edinburgh examinations, but that would only needlessly increase expense without producing corresponding benefit.

Fellowship of Royal College of Surgeons of Edinburgh.

There is herewith sent to the Secretary of the Medical Acts Commission a statement* framed and submitted by me to the College and ordered by the College to be printed and circulated among the Fellows, for their information, on 25th May last, which fully embodies my views in regard to the Fellowship.

Constitution and Powers of General Medical Council.

Undue proportion of representation of English universities compared with those of Scotland.

Number of Crown nominees too large.

Any change in Council would require to be remodelled on a principle.

The Council as at present constituted is not well balanced. Considering their interest in the work of medical education and examination, Scotland and Ireland are most inadequately represented. The great teaching universities of Scotland have only two representatives, whilst Oxford and Cambridge, who do very little in medical education, have each a representative. The London University, which is merely an examining board, has one representative, and Durham University, which mainly represents the Newcastle school of medicine, has also one. In other words whilst each English university sends a representative to the Council the Scottish universities send only two between them. Again the number of Crown nominees seems to me to be unnecessarily large, and the proportion of English members too great. If therefore any change is to be made in the Council it should be remodelled on the principle of representation in relation to interest in the work of medical education and examination.

Danger of unsettling by change to be considered.

There is, however, a danger in suddenly effecting any great change in the constitution of such a body as the Medical Council after it has been got into fair working order. We may undo all the work already accomplished, interrupt business, and hinder progress, and thus do more harm than good by the change. If, however, a new element were to be introduced, I repeat the Council should be remodelled on the principle I have indicated.

Direct representation of medical profession. Difficulty in obtaining such representation but risk from undue influence.

The question of "direct representation" of the general profession seems to me of doubtful expediency. In the abstract it seems plausible, but as the profession is at present constituted, I see great difficulty in the way of its being truly effected. I fail to see in any of the plans hitherto proposed the means of obtaining the real sense of the profession in election of representatives. I fear the agitation and influences which might be brought into play during the election would be very apt to unsettle us from our proper work and be productive of more evil than good.

Affiliation to licensing bodies.

I believe that if the members of our profession were properly affiliated to one or other of the corporations or universities, so as to give them an interest in their work, then means could be found to obtain their votes without undue influence or solicitation, and consequently with less agitation and disturbance of ordinary professional duties. It is doubtful, however, if the ground on which direct representation is urged, viz., that the profession

Is the profession taxed for maintaining the Council? Doubtful. Taxation in rural profession in Scotland.

is taxed for maintaining the Council be correct. It can hardly be said that it is taxed in the ordinary sense. No doubt each member of our profession on entering his name on the Medical Register pays a registration fee, but nothing more. There is no annual tax. In Scotland every law agent, besides fees connected with admission to his profession, has to take out a licence annually, which costs him 6*l.* to 9*l.*, according as he practices in Edinburgh or the country, and is subject to a heavy penalty if he neglects to do so, so that our profession has not much to complain of in the way of special taxation. Taking everything into consideration, though not opposed to direct representation in itself, I think the agitation and influences likely to be brought into play would do more harm to the medical profession than the change in the representation would do good. I certainly do not think that by such change we would get a Council better fitted to legislate on matters of medical education and examination than the present.

Greater risk than probable benefit from proposed change of constitution of Council.

* This statement is printed *infra*.

Powers of General Medical Council.

Powers and functions of Council should remain as at present.

I consider that the powers and functions of the General Medical Council should remain as at present. I would object to conferring greater powers, or to the Council being called on to interfere with matters other than those which at present devolve upon it. It has quite enough to do with the functions it has to deal with under its present constitution.

It has the power of regulating medical education and examination by recommendation, and can, if these recommendations are not carried out, call on the Privy Council to deal with the recalcitrant bodies. It has also absolute power to deal judicially in removing the names of persons from the Register.

I think the profession is safer in the hands of the Privy Council than in those of the General Medical Council, especially as at present constituted. The great preponderance of the English element might prove dangerous to Scotch and Irish interests.

Expenses of General Medical Council and Payment of Members of General Medical Council.

Expense of meeting from payments to members. Proposal for reduction.

Whilst the present payment of five guineas a day probably is not so much as some members may lose by absence from practice, I think something should be done to diminish the expense of the Council meetings either by absolutely reducing the present fee or by diminishing it to one half when the meetings extend beyond five days, or making the office of representative purely honorary, paying merely travelling and hotel expenses to those who come from a distance.

STATEMENT REGARDING THE ROYAL CHARTER AND FELLOWSHIP OF THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

In consequence of certain misstatements and misapprehensions regarding the present system of admission to the Fellowship of the College, it has been deemed advisable to put the Fellows in possession of information regarding the circumstances which led to the College obtaining its present Charter, and the subsequent institution of the existing mode of admission to the Fellowship.

That the subject may be thoroughly understood it is necessary to state, in brief narrative form, the position of the College and its relation to the profession prior to the Charter of 1851. Before that time, admission to the Fellowship could only be obtained by examination, and the production of a thesis on some anatomical or surgical subject, and compulsory entrance to the widows' fund of the College; so that the expense to non-privileged candidates amounted to very nearly 300*l.*, besides the annual payments to the widows' fund. The fellowship was not a qualification to practise, nor did it confer any special privileges, except to those in Edinburgh, who wished to lecture or to become hospital surgeons. The candidates for the fellowship, as a consequence, gradually became few and far between, and almost entirely confined to medical practitioners resident in Edinburgh and Leith; whilst those in Edinburgh who were desirous to hold hospital appointments or to lecture, unless they possessed private means, found themselves kept back in their professional career. Thus the College, in its relation to its licentiates, came to be greatly misunderstood. It was supposed to feel no interest in the profession, and was by many regarded as an exclusive body, maintaining a monopoly for the benefit of its privileged fellows.

It was with this experience that the College proceeded to obtain a new Charter, under which it would be able to separate the compulsory widows' fund from the fellowship, and to render entrance to the fellowship more accessible to the general profession, with due regard to the professional position and social status of the candidates for the distinction; and thus to establish a closer union with the profession, and give it a greater interest in the College and its legislation in regard to medical education and the advancement of the interests of the profession.

In the discussions regarding the new Charter there was practically unanimity as to separating the widows' fund from the fellowship. The compulsory accession to that fund had formed an obvious barrier to entrance, whilst the modern facilities for life insurance rendered it in a great measure unnecessary.

The questions as to the mode of entrance under the new Charter, the privileges conferred by the fellowship,

Prof. J. Spence.

23 July 1881.

and the amount of fees to be charged for entrance, were very fully and carefully debated.

On the question of entrance by examination as a test, it was pointed out that the examinations of the college for "licentiate" had always been full and thorough in all departments of medicine and surgery, furnishing a guarantee to the public of an efficient practitioner; and therefore it was felt that further examination was not essential. It was urged, that the fellowship should be given to those only who already possessed the qualification to practise, and who had in actual practice given proof of their professional ability and social status.

This view was supported by the late Professor Syme, Mr. William Wood, and others, who argued that men who were in practice and had attained public confidence, should not be submitted to examination,—that a fellowship examination would become merely a students examination for a higher degree, and could be little else than a repetition of the licentiates' examination,—that the expenses connected with this would debar many from taking the fellowship,—lead to the exclusion of men tested in practice,—and thus maintain, if it did not widen, the gulf between the college and the profession. In considering this question, the college had also before it the action which had been taken by the English College on obtaining a new charter in 1843, constituting it the Royal College of Surgeons of England. Before 1843, the London College had no fellowship; but under its new charter it took power to create a new class of members, to be called fellows, that distinction to be obtained by a series of examinations. For the reasons stated above, the plan of the English College did not commend itself to the Edinburgh College. It was felt that the English College had some reason for an extended examination for the fellowship, inasmuch as that for the membership was restricted to the three subjects of anatomy, physiology, and surgery; yet it seemed likely to create an illusory distinction for the limited few who could afford, at the outset of their professional life, to engage in a prolonged and expensive course of study; and would exclude the great majority of its members who could not afford to do so, and who could scarcely be expected in after life to submit to such an examination when they had vindicated their professional abilities in actual practice. Taking into account its own experience of the examination test, and the plan adopted by the English College, the Edinburgh College came to the conclusion, that as its examination for licence to practice was complete and testing, those who possessed that qualification should not be required to pass a further examination for the fellowship, but that the honorary distinction should be conferred by ballot on those whose claims to that distinction seemed satisfactory to the fellows convened at meetings for the purpose, the quorum of which should be 20, and three-fourths of those voting being essential for admission. Accordingly, the report of a committee to this effect was brought before the college at a meeting on 26th June 1850, and was adopted at a meeting on 9th April 1851, and ultimately embodied in the Royal Charter of 1851. An excerpt from this report is appended hereto.

The present Royal Charter was granted to the Edinburgh College of Surgeons on the 11th of March 1851, just 30 years ago. The number of fellows on the roll at October 1850 was 92, and very few new members had joined. The number on the roll at October 1880 was 450; so that the college had during these 30 years largely increased its influence in the profession, and reciprocally the interest of the profession was increased in the welfare of the college and its action as to medical legislation; and we feel satisfied that, in regard to professional ability and social status, the fellowship of the college has not deteriorated under its new charter.

Thirty-eight years have elapsed since the English College of Surgeons, under its charter of 1843, created a new class of members, to be called fellows, to be admitted by special examination. We cannot speak of comparative increase under the system, as no fellowship previously existed in that college; but whilst, doubtless, many good men have thus obtained its fellowship, many as good men have been practically excluded by the expenses connected with it; and as yet this "examination test" has not produced any whose fame has eclipsed that of Cooper, Brodie, Bell, Lawrence, and others, who as simply members of the London College, shed lustre on the profession of the preceding generation.

It also appears that the English College of Surgeons obtained powers, under an amended Act of 1852, to elect members of a certain standing without examination by vote or ballot of the Council, a mere majority being sufficient for election.

Such is a short narrative of the circumstances which induced the Royal College of Surgeons of Edinburgh to obtain a new charter in 1851, and the considerations founded on its past experience of an examination test, which led the college to determine on the present mode of admission to the fellowship.

Hitherto the new method has appeared to work satisfactorily, and until recently has passed unchallenged; but of late certain influences, whose origin we do not care to inquire into, have been at work to assail the college. It has in anonymous leading (or misleading) articles, and anonymous letters in medical journals, been falsely accused of selling "bogus degrees." It has been stated that any man, not guilty of transgressing some of the greater commandments, can obtain our fellowship on paying 25*l*. We do not condescend to notice such anonymous statements further than to say, that they are not true,—that no man, though he had kept all the commandments in the Decalogue from his youth up, would even be permitted to apply as a candinate for the fellowship, unless he possessed a diploma from one of the recognised surgical corporations of Great Britain or Ireland, and had his professional position vouched by two fellows of the college; and, moreover, his application subsequently subjected to the scrutiny of the fellows of the college, for at least a month before the ballot on his petition takes place.

The only reason we notice such statements is, that they seem to have led a member of the House of Commons—Sir Trevor Lawrence—to put the following question to Mr. Mundella, vice-president of the Education Department, on the subject of the fellowship of the Edinburgh College:—

"To ask the vice-president of the Council if he is aware that the highest qualification of the Royal College of Surgeons, Edinburgh, viz., the fellowship, is to be had without examination, and even *in absentiâ*, by persons holding lower qualifications, on payment, and by a process of vote by ballot?"

"If he is aware that the highest qualification of the other two Scottish Medical Corporations, viz., the Royal College of Physicians, Edinburgh, and the Faculty of Physicians and Surgeons, Glasgow, is given on similar terms?"

"And if he can inform the House whether such a system has ever been the subject of representation or remonstrance by the General Medical Council?"

It will be seen that the form in which the question was put, was fitted to excite a feeling against the Scotch College, as giving qualifications to practise without examination, and is evidently founded on a misapprehension between such qualification and the fellowship of the college. The notice of this question was given on Friday, the 25th February last, for the following Monday, the 28th, and there was no time to call a meeting of the college, and barely time to summon hurriedly a *pro re nata* meeting of the President's Council, at which it was resolved to inform Mr. Mundella, that the fellowship was not a qualification to practise, but an honorary distinction conferred upon those only who possessed the license to practise, granted on examination by one or other of the surgical corporations, and to furnish him with such other information as might enable him satisfactorily to answer the question. This was done as fully as the urgency of the circumstances permitted.

The licentiateship, or membership, conferring a qualification to practise, is a title which is granted after a full and regulated curriculum of study and examination, which guarantees to the public that its possessor is properly qualified to enter on the practice of his profession. The fellowship in itself confers no such right to practise, and is therefore, an honorary distinction bestowed on those who already possessed that right, and whom the college affiliates as worthy of becoming associates of the corporation, and of taking part in its legislative functions. For such relation examination is not the best or proper test.

The assailants of the college, after the reply to Sir Trevor Lawrence's question, immediately raised the cry, that if it was bad to sell a qualification, it was worse to sell a distinction; but the distinction is not sold, as we have already shown. If a thing is to be sold, any one can demand it on paying the price required, but that is not the case in regard to the fellowship. Sir Trevor Lawrence's question, indeed, refers to it being given on a money payment, meaning thereby, we presume, the entry money of 25*l*.; but on the same ground, the Royal Society, and other similar bodies, might be accused of

selling their fellowships; and we suppose no one would dare to say that the Sovereign sells a knighthood, or other title, because the person on whom the honour is conferred has to pay certain fees or dues connected with the title.

The foregoing statement is intended to show the principles on which our present method of election to the fellowship was instituted, after experience of the examination system. Like every other, it may have imperfections, and admit of improvement; but any changes which the college may see fit to inaugurate under its present charter will require great caution. Under the charter the ballot is imperative, and it would be a very dangerous and anomalous proceeding to cause applicants to be examined as to professional fitness, with the risk that, after having so passed, they might be rejected by ballot. That would certainly give rise to charges of professional jealousy, or personal dislike, most damaging to the college in its relation to the profession; whilst the idea of applying for a new charter at this juncture is hardly to be entertained.

Signed in name of and by authority of the college,

FRANCIS BRODIE IMLACH,
President.

Edinburgh, 25th May 1881.

EXCERPT from REPORT of CHARTER COMMITTEE, consisting of Drs. GAIRDNER, DAVID MACLAGAN, HUIE, SIMSON, PAGAN, and MACAULAY.

The Committee were also unanimously of opinion, that there ought to be no additional examination on admission into the college of those gentlemen who are already licentiates of the college; while at the same time the college should retain the power, should they think fit, to examine any other candidates for admission possessing the diploma of other licensing bodies.

Also, that no higher amount of general education should be required from candidates for the fellowship than in licentiates.

Also, that the minimum age on admission into the college should be 22.

3418. With reference to the preliminary examination, you are of opinion apparently that it would be better if the examination were handed over to some of the national educational boards?—Yes, certainly, that is my opinion.

3419. Will you explain a little more fully what you mean by a national educational board?—That is the difficulty at present. I mean that, of course, we cannot expect to find boards just exactly suiting us, it may be, at present, and the colleges may be obliged to retain their supervision of the preliminary examination for a short time; but I think the ordinary laws of supply and demand in a case of this kind will very soon furnish a board. There are many local examination boards throughout Scotland, both university and otherwise, and I think their requirements will very soon meet ours, and the sooner we get rid of the non-professional business, which is really not directly connected with the profession in the present day, the better. I think that would leave us more room for our own proper work.

3420. I apprehend that you have in your mind more particularly the universities?—The universities have it within themselves in their arts faculty. In fact, at present, in the University of Edinburgh, at least, the medical professors take no part in the present examination; it is conducted entirely by the arts professors, and by special non-professorial examiners who conduct the examination. My evidence is principally directed to the College of Surgeons, who do still conduct and have paid very great attention to the preliminary examination, but we think that the time has come now when we might get rid of it. There are plenty of examining bodies which will soon be in a condition to undertake that duty, and that would leave us more free to look after professional examination and legislation otherwise. And then, as you notice in my *précis*, there is a reason which I give, and which I think is an important one, namely, that a candidate for a qualification, for example, comes to us having passed a preliminary examination *ad eundem* which is accepted from some other board, but if he goes before the Army or Navy Board, and he makes a bad appearance in his general education, the responsibility and discredit is thrown upon the College which has given him a medical qualification, although he may never have passed with that body for a general qualification. We have partly got rid of this responsibility in the College of Surgeons at Edinburgh by employing experts, and are quite prepared to do so fully, the same as the English College of Surgeons has done in London in making over the examination to the College of Preceptors.

3421. Do you think that this preliminary examination ought to be restricted to arts solely?—No, I think it should embrace a knowledge of subjects such as any young gentleman, who is going to enter a liberal profession should be acquainted with, and probably there should be a general examination in physics and things of that kind,—general subjects; but then there are some much more serious questions involved, if those are to be taken into consideration as representing a surgical examination in science. I think that every man should have a general knowledge of elementary mechanics and physics which used to be taught in our chemical courses years ago,—elementary physics.

3422. Apparently you would think it desirable that every young man before becoming a medical student should have shown some knowledge of certain of those scientific subjects which at the present time are generally taught during the curriculum of medical education?—Yes. In many schools they aim at giving something of the general sort; and I think that every man entering the profession ought to know something of these sciences besides a knowledge of mere classics.

3423. Then I suppose your idea would be that having passed an education in the elementary stage at all events of certain sciences, a medical student should afterwards devote himself solely to what may be called his proper medical curriculum?—Yes. I would still expect him to study chemistry and similar subjects to that as a part of his medical course, unless you instituted another, which might be termed a scientific preliminary examination, which would be a different question. Of course I would not take such an examination as a lad might pass after having attended school, in such a subject as, say, chemistry, or such a knowledge of general science as is taught in schools. I would not take that without a further examination.

3424. With regard to the question of examinations and the granting of diplomas, I gather that you are not in favour of a conjoint examining Board separated from the corporations and teaching institutions?—I am not.

3425. And you consider that the number of portals is of little consequence provided the examinations of the different boards are regularly visited, and that a complete qualification is given?—Just so.

3426. Have you considered how it would be possible to visit regularly the examinations of the different boards?—Yes, I do not think there would be any great difficulty, at all events as regards Scotland, because really there are only two portals existing in Scotland, the universities and the corporations. The universities are at present under Government, and more directly under the control of the Government than any conjoint board could be. They are regulated by the Privy Council, and none of our universities can do any thing without the consent of the Privy Council, and any proposal of a single university is sent down to the others to be considered, so that they are thoroughly under the Privy Council as regards their examination and education. Then again, as regards the corporations you have a conjoint body, and have had one in Scotland ever since the year 1859, that is to say, the College of Physicians and the College of Surgeons took advantage of the clause in the Act enabling the different bodies to unite and to form a board, so that now a complete examination in medicine and in surgery is given by a board consisting of the College of Physicians on the one hand, and the College of Surgeons on the other, or the College of Physicians of Edinburgh, and the Faculty of Glasgow as regards the west of Scotland, and those two examinations confer a double qualification in medicine and surgery in its complete form, so that nothing more of a conjoint board could be required than that, and the examinations would be very easily visited. The examinations are held at certain given periods, and the fact that a visit or might come at any time would be almost sufficient. I may say from years of experience, that, as regards all the bodies, there has been a strong tendency rather to increase, I should almost say perhaps to over increase, the severity of the examination in many points.

3427. Do you not think that it might be desirable that the Surgeons in Edinburgh and the Surgeons in Glasgow should be combined rather more closely than they are at the present time?—It may be, that the existing state of things is an anomaly, although there are certainly

Prof. J. Spence.

23 July 1881.

not two Colleges of Surgeons, because the Faculty of Physicians and Surgeons of Glasgow arose under different circumstances, but there are, of course, little difficulties that might arise in the details, for you must always keep in mind that it is easy to point out the principle, but the details very often modify the principle when it comes to be put into practice. I notice in my *précis*, if you wish to get over the difficulties and satisfy certain people who are crying out for this conjoint board, you might send the members of the Edinburgh College of Surgeons to Glasgow to examine, and the Fellows of the Faculty of Glasgow to the College of Surgeons examination in Edinburgh, making this a conjoint board mixed up in that way. In fact it would be exactly the same which we have at present, only each body would take part in every examination. I think it would add to the expense without giving any corresponding advantage, but it could be readily done.

3428. Can you tell me what is the reason that the Faculty of Physicians and Surgeons of Glasgow when they want to examine in medicine obtain the assistance of the College of Physicians of Edinburgh?—That is very easily explained. Under the Medical Act of 1858, every registering body was obliged to take its place either as a medical or a surgical corporation. The Faculty were a conjoint corporation, and consequently it was put to them, "Will you examine in medicine or in surgery?" and they said, "We will be a surgical corporation," consequently, whilst they are the Faculty of Physicians and Surgeons, they choose to be a surgical body.

3429. Is their diploma a double diploma?—No, I do not think that I ever saw a medical diploma of the Faculty, but I do not suppose that there are any extra diplomas other than what they used to grant.

3430. But they can grant any diploma after having a double examination, one half of which is conducted by the Physicians of Edinburgh?—Yes, but they also grant single qualifications, as formerly, and that is one thing which I think should cease. You must keep in mind that the College of Surgeons of Edinburgh have always examined in medicine, they never gave a diploma in surgery without it, they required that a candidate should have attended certain medical courses, and been examined in medicine, midwifery, medical jurisprudence, and *materia medica*; in fact, the diploma combines surgery and pharmacy, or surgeon apothecary of Scotland.

3431. (*Mr. Cogan.*) In your opinion are there any evil consequences from the competition of so many licensing bodies at present?—I do not think so. I do not think there is any competition downwards, if you mean that. I think the competition rather has been competition upwards; the one is trying to do something better than the other, and giving more severe examinations; that is what I alluded to at first.

3432. Does your opinion with regard to that apply to Scotland only, or do you speak of the United Kingdom generally?—I speak of Scotland and England. I do not know so much of Ireland, but all the bodies there have hitherto held a very high status in my opinion, from what I have seen of the men that come from them, and therefore I do not think there was any downward competition there.

3433. You do not think that there are any improper inducements held out by any of those bodies to induce students to go to those institutions for the purpose of passing by an easier examination?—Certainly not, so far as my knowledge goes, and I think I should hear of it if there was anything of the kind. I have never even heard such a thing, amongst the students.

3434. It has been stated to us in evidence by some of the witnesses that it is notorious that some institutions give diplomas on much easier terms than others, and that it is well known both to students and to teachers that many men who would have no chance of passing in some institutions go to others and pass?—That is a strong assertion without much proof, and I would ask for proof, for I do not know of anything of the kind taking place, and I do not believe in it. From what I have seen of the examinations of all the boards with which I have been connected, and from what I know of the others, I do not know of any in the United Kingdom where that is the case. A man cannot practice even on an apothecary's license alone, which might have been a little easier formerly. I know that when I was a teacher of anatomy, with regard to the English College, there certainly was a tendency on the part of a portion of the students to go there, and if one asked a student why he went to the English College instead of remaining where he had studied, he would say, "Well, I may practice in England, and another thing "is that when I go to the London College of Surgeons "(when it was the London College of Surgeons, "not the College of Surgeons of England), I have only "to be examined in anatomy, physiology, and surgery, "and I can get that up more easily than when I "go to the Edinburgh College, where I have so "many more subjects." But that is different now; I do not think there is any tendency to that. I am quite sure that no man goes to one place more than another on that account; if he does, he finds it a very gross delusion when he goes to the particular body which he has chosen.

3435. In your opinion, I presume, as far as possible there should be equality in the curricula of studies in all the institutions?—Yes, certainly, I think that is a matter of very great importance.

3436. And that the time necessarily taken in going through the medical course should be the same in all?—They should be regulated as far as possible to be the same.

3437. And as far as possible the expense and the fees should be similar?—That would depend very much upon whether it is a wealthier or a poorer country, but, no matter what the fees are, I think that in the curricula of study and the examination there should be an equality.

3438. If it should be that a conjoint board were established, do not you think that a conjoint board consisting partly of the universities and partly of the medical corporations would be stronger than either by itself?—No, I think that the examinations would deteriorate. At present an examiner connected with a college or a university has the honour and traditions of the college in his hands, he feels himself responsible and he knows that he is responsible to the college that elects him from year to year, and consequently he is more particular in doing his duty. There is a sort of *esprit de corps*, in fact, with regard to examination which, I think keeps up the examination both in the universities and in the colleges to the high standard which at present obtains. It would be a mere examining board; you would have people examining who have no interest in the business, at first it might be very good, for we are told that new brooms sweep clean, but afterwards the men would gradually lose their interest and the examination would become perfunctory after a time. You might get first rate men to examine at first, but you would find that what took place in Prussia would take place here. Formerly in the Staats Examen they were required to have some of the best men that they had in Prussia as examiners, but they found that those men after a time gave it up, they had not time and they got tired of it, they literally gave it up, and the examiner goes now to the universities and to the different schools which give a licence, so that that system broke down there, and the Staats Examen broke down, so far as being a single portal as it were to the different universities. I think there are some 19 or 20 boards at least in Germany now.

3439. Do you approve of the higher honours of the profession being given through examination? — The question is what is meant by an honour.

3440. For instance, a Fellowship in a College?—Fellowship of a College does not necessarily imply a qualification to practice. At the time I entered my college I entered of course by examination, and that kept me back for 15 years nearly in my profession from the expense connected with it. I do not think that you have a right to saddle any man with expense on entering the profession in that way, so that he cannot get on unless, as a condition of his entering the profession, he can afford to spend so much more time in study, and so much more money for such a degree. If a man wants a higher degree let it be Doctor or Master in Surgery. The title of Fellow merely implies that he is an associate, for that is the simple meaning of it. It does not imply a higher degree; it simply implies that a man has such an interest in the particular profession that the college think he is worthy of being affiliated to it. I have handed in a statement along with my *précis* which was sent by the College of Surgeons in Edinburgh, which I may just as well refer to. This statement was drawn up in consequence of certain very misleading statements, for I cannot call them anything else, that were made with regard to our Fellowship. I urged the present Council to meet them, and they referred it to me. I went over the history, because I knew the history of it from the commencement. When the charter was

granted I was a young Fellow of the college, but still I was there during all the debates, and heard the reasons given in the College, and I recollect the history very well. I considered that the College of Surgeons of Edinburgh, through their monopoly, were keeping back their licentiates, because I felt that unless I could afford to pay 300*l.*, which I had to do ultimately, I had no chance of obtaining a Fellowship, and I think that was a very great hardship. In the English College of Surgeons now there is no such direct money charge, but if we can believe those who make the statement, they say that it costs between 300*l.* and 400*l.* for extra medical education for a man to be able to go in for that examination, and I say that you have no right to put such a money barrier in the way at the commencement of a man's professional life. A man who is able to treat Her Majesty's subjects ought to be able to be a Fellow or an associate of a college without any further examination. Of course, I do not stand upon examination. A man should be thoroughly examined before you send him to the country as a practitioner, and then after that let him be affiliated to a college by some other means than examination.

3441. You are aware that the College of Surgeons in England takes a different view from what you do, and that they do not confer their Fellowships without a very strict examination, and that they believe it a higher honour, and therefore that it ought to be to the public evidence of a higher qualification?—But it is not so. It is not so in the present system of the College of Surgeons of Edinburgh, and we have had experience of both systems. We had experience of what it was by examination, and we found that the College was dwindling away, that nobody joined it. Men in practice who had a good reputation would not go there and submit themselves to the examination. Men who had been in practice as hospital surgeons in some of the provinces found that it conferred no privileges on them, except in Edinburgh, when the surgeon wanted to hold a hospital position there. That was a great hardship to those who had not the money qualification in the first instance, and that is what kept me back for years before I could become a surgeon to a hospital.

3442. (*Prof. Turner.*) I think that you have long been engaged in practice in Edinburgh, and I may say in Scotland generally?—Yes, since 1837, when I settled in Edinburgh.

3443. And during this period you have necessarily been brought into contact with a large number of practitioners all over the country, and I suppose in the north of England likewise?—Yes, and in some parts of the south of England.

3444. From your knowledge of the practitioners that you have met in practice, would you tell us whether those gentlemen may be regarded as, professionally speaking, a well educated class?—I think you may take the profession in this country as an exceedingly well educated class, men who are well up in their profession, and even in out of the way parts of the country, where one would not expect it, I have met with men thoroughly abreast of all the practical parts of the profession, and many of them keeping up a knowledge of other departments also.

3445. It has been stated to the Commission by a witness who was examined here the other day, that in his opinion the profession in this country was not as well educated as the profession in Germany; have you any knowledge of the profession in Germany?—I have been in Germany a good deal. I have been in many out of the way parts of Germany, the health resorts, unfortunately very frequently, and I must say that, whatever the education of the men may be, and it is a very good and thorough education, if I may judge from the social status of the profession in the country, it is decidedly not equal to that of our medical men. I think that anyone will tell you the same. The people are poor and the payment is very poor, and that, of course, makes a difference, however highly educated they may be in the first instance. That used to be the case in Germany, and in France the *Officiers de santé* that one used to meet with in the small places are an inferior class to the members of the profession in our country, who are generally well educated people.

3446. From all the knowledge that you have of the practitioners in various parts of Scotland, have you ever heard from them an expression of a desire that the present system of admission to the profession through the existing medical authorities should cease, and that some Staats Examen or conjoint board should take its place. Could you give us any information as to what the professional opinion in Scotland may be upon this matter?—I never heard the slightest expression on the part of any member of the profession of any wish for a change, nor have I heard it from the public. It is always said that the public desire it, but I confess that I have never heard the public in any way express it; they have the utmost confidence in medical men in this country, in all parts of it. You may get an article written upon it, in a medical journal, and that may be transférred to another journal, or to two or three public journals in the country, but you will not find an expression of anything like agitation for a change in the medical profession.

3447. When you say the public journals, do you mean the medical journals or the ordinary journals?—I mean the medical journals principally; but you may get the thing transferred, as one sometimes sees, from a medical journal into a public journal, in order to set up an agitation. That is just possible, but I do not think that anything of the sort exists amongst those who are calm judges of the matter, and I do not believe as a medical man that, in general society, there exists in this country any want of confidence in the medical profession, so far as I know.

3448. When you say "in this country," do you mean in Scotland, or in both Scotland and England?—Of course I cannot speak so much for England; but from what I see with regard to English practitioners. I never heard of anyone, who has been in England and has left it and come back to Scotland, express a want of confidence in medical men. In fact, on the contrary, I think they have a very great deal of confidence in them, beyond what they have in most people, and more so than we have in Scotland, because we do not give up our confidence so easily there.

3449. Evidence has been given before us by various witnesses upon the question of the direct representation of the profession upon the General Medical Council; can you give us any idea of what the feeling is in Scotland as regards this matter?—The feeling in Scotland, I do not think is great upon the part of the profession. I do not think so far as I have ascertained that there is any great desire for it, and those who have studied the question most seem to think that it might be inexpedient. I am not opposed absolutely to direct representation, but I have not been able to see how such a thing could be carried out properly. I think you would have an amount of agitation and an amount of different processes going on which would be, to a profession like ours, very dangerous and unsettling, leading them to take an agitated view of things, and doing more harm than good. And I am quite certain that you would not get a council better fitted for considering the general questions of medical education and examination than the General Medical Council as at present constituted.

3449*a*. You are aware that certain practitioners consider that they ought to have a larger amount of general representation on the Council?—In the College of Surgeons, of Edinburgh, it is not so. A large proportion of them are general practitioners. I think there are not many who are pure surgeons, and the consequence is that they do not seem to care for it, in fact, they seem to think that it would do mischief. That is the feeling of the College so far as I have heard it expressed, and so far as I have seen from statements that have been made, they do not consider it expedient.

3450. Then we may take it as the opinion of the College of Surgeons of Edinburgh that they do not think it expedient that there should be an admission to the Medical Council of persons elected by the profession generally?—I think that the system which would be pursued would not be a thing which one would desire, and knowing what has taken place, in other cases, we know very well that first of all you will have a series of leading articles in some journal which will indicate Mr. So-and-So as a proper person to keep in view, and you will have others damned with faint praise, and then you will have a circular with "Yes" or "No," or a mark for the elected candidates sent round to you. It would simply come to this, that a man in a great hurry going out of his house finds a circular asking him to put a mark opposite Mr. So-and-So's name, and he marks it, and Mr. So-and-So will get his vote at all events; I think that would be the style of thing that would go on, and I think it is a dangerous thing. It seems that the advocates put it on the ground of being taxed, but excepting the registration fee there is no tax

Prof. J. Spence.
23 July 1881.

upon the profession; and I think I have shown, in what I have handed in, that the lawyers are in a worse position than we are, because they *are* taxed; in Scotland at all events every law agent is taxed from 9*l.* to 6*l.* according as he practises in Edinburgh or in the country.

3451. Is that a yearly tax?—Yes, and he has 50*l.* penalty to pay if he practises without having paid that yearly tax, and moreover cannot maintain any action or suit for recovery of fees; so that the less you say upon that with regard to the medical profession the better, in case some Chancellor of the Exchequer should think of some mode of dealing with it.

3452. It has been pointed out by one witness to this Commission that the medical and surgical corporations have a commercial interest in the preservation of their present rights as licensing bodies; would you, as representing one of those corporations, tell us if that is a correct statement of the relation of the corporations to the profession?—No; there is no commercial interest beyond that of the fees which are devoted to keeping up the expenses of the college, but no individual member of the college has any interest whatever, I need not tell you, in money matters. The money gained by those fees is not a very great amount, but what money is gained is entirely devoted to the purposes of the college with regard to education, to the keeping up of the museum, to the keeping up of the examinations and paying the examiner, and they never pay them very highly. I do not suppose that there is an examiner in the College of Surgeons of Edinburgh gets more than 60*l.* a year if he gets that; they never have paid them highly. Nay, at one time when I was an examiner we got nothing; we did the work for nothing, and for many years afterwards the fees were very small.

3453. There is a question as affecting your ownCollege which I think it right you should have put before you. It has been stated by a witness before this Commission that in his judgment students who were entirely incompetent to practise their profession went from England to Edinburgh to be examined by the Edinburgh College of Surgeons, and received the diploma of that College. You, I think, were for many years examiner to the Edinburgh College of Surgeons?—Yes, a great many years.

3454. Could you tell us, from your experience of the examination of the Edinburgh College of Surgeons, whether it is likely that any students, who were incompetent to practice their profession, received the diploma of that College?—I do not believe it. I am perfectly satisfied of this. Under the old system, on which the examination of the College of Surgeons was conducted, all the examiners sat around the table examining on specimens; you heard a man's examination from the first to last; and a very good plan it was, as giving one a general idea of the man, though we cannot carry that out with our extended examinations. But even at that time no man passed who was not thoroughly competent to enter his profession. I recollect Dr. Andrew Wood, who was one of the examiners, always used to put it to the examiners in this way at the end of the examination, "If you had a friend going out in a ship of which this "gentleman was surgeon, and there was no other "medical man there, would you trust him?" That used to be one mode of testing their ideas with regard to a candidate, and I never saw a man pass without something of the sort. The statement is a very serious one. I would ask whether there has been any member or Fellow of our college who has been found incompetent to practise, or who has been charged with *malpraxis*. I think, as regards taking an assertion of that kind, it is a thing which the Commissioners should be very much on their guard against, and that they should demand proof of it. I beg that the Commission will not accept it without further proof as to the facts. I believe it to be untrue. I cannot conceive it to be possible that such a thing should have taken place.

3455. I observe, in the statement of the subjects that you have given in to the Commission on which you propose to give evidence, that there is one question of very considerable importance, and that is the system of testing the capacity and knowledge of those who propose to act as teachers in a medical school; would you tell us what system is adopted by your College in order to test the competency of a person offering himself as a teacher in any particular branch of medical science?—It has been different at different times. When the Fellowship was given by examination, I suppose it was considered that the man who had passed the Fellowship examination was so much higher that he might teach anything from theology downwards, and it was the custom to allow him to teach without any further examination; but before the College got their new charter, I think, about 1845, if I remember rightly, and certainly in 1849, when I was myself examined for recognition as lecturer on surgery, they examined every man who was to be recognised by the College as a teacher whose certificates they would receive. They examined him by a special board composed of an expert, two or three of the ordinary examiners, and an assessor. A subject is given the candidate to consider for some little time, say, for 15 minutes before he comes in, and he is asked to give a short lecture or address upon that subject, so that we can test him as to his power of conveying his knowledge to others, and then he is also tested by questions upon the subject and upon various points, according to what subject he is particularly teaching, and thereby he is thoroughly examined. I need not recall to your mind that a very few weeks ago, or at all events a few months ago, I was assessor at a board where you were the expert and where we had some professional teachers of anatomy presented, and I think you will say that the examination was a very thorough one, and one of them was unfortunate although he had been a teacher of a cognate subject. The system of examining the teachers I hold to be most essential, because if any man is to take up teaching as a profession without showing that he has a qualification for it, and without showing he possesses the means for teaching, such as a museum and apparatus and things of that kind, then I say that that is a very dangerous system, and, so far as I can find, there is no such test at this time in England, and I think it is a pity, because any man, in a provincial school especially, as soon as he gets into a good practice (and he uses his teaching as a stepping stone for practice) leaves it; the good man goes away and somebody else takes his place. We require such a recognition in our university in the case of the combined lectureships, and in some of the provincial schools we have made it a *sine qua non*, and the University therefore have made a man's appointment as a teacher depend upon due recognition, because it may happen that a man, not a teacher of cram but a very good man, and one who knows how to make those under him work, goes away when he finds it convenient to do so, and the education is less perfect. In Edinburgh that has never been approved of; for many years back the College of Surgeons of its own proper movement brought in this as one regulation, that every teacher should be recognised by such an examination as I have spoken of, and should be examined by a committee of examiners as to his means for illustrating his lecture afterwards. I need not recall to your recollection that, at that very examination to which I have referred, we had to go over the museums and we found them not quite in such a state as they should be in, for the proper teaching of systematic anatomy. I think it will commend itself to the mind of the Commissioners as essential that the teachers should be supervised as well as the students.

3456. If it were proposed to give additional powers to the Medical Council, would you be of opinion that one direction at least in which those powers should be granted would be that the Council should exercise a supervision over the medical schools as regards the material and the apparatus for teaching?—Yes, and also that the power of the Medical Council in that should be something beyond that of mere recommendation, and that a rule should be passed that such teachers should be classed under certain forms, just as you do students passing now. I do not think it would do to leave the different bodies to appoint, there should be a uniform standard. I think that recognition is a most important thing, and should be carried out, and that the law should be enforced.

3457. You are here not only as a Fellow of the College of Surgeons of Edinburgh and the representative of that body, but you are also a professor in the University of Edinburgh. It has been proposed to the Commission by more than one witness that a conjoint board should be established in each division of the Kingdom, and that university candidates should not be required to go through the earlier examinations of that conjoint board, but that all university candidates should go through the final examinations of that board; would you give us your opinion on this proposition, as to its feasibility, and the desirability of carrying it out?—As to its feasibility, that is to say, enacting such a thing, of course you could do it, but I consider it would be an exceedingly bad thing, because I consider it bad in this way, that you show a distrust in your university examiners, at the very point where the students should have the most

confidence in them, namely, in the practical subjects. You tell a man that he cannot obtain a legal status through the university; that he can only do it through a board, which only requires that he should possess a minimum qualification. You tell him, you cannot get it through a university, you must get it from a lower status, from a conjoint board. If it is the minimum, as has been often represented, then it is a lower status than the university examination.

3458. Another suggestion has been made to the Commission as regards the universities, and their relations to a conjoint board which I should like to put before you for your opinion. It has been proposed that all candidates should go through the final examination of a conjoint board, and that those that pass should be arranged in two divisions, a first division and a second division, and that those candidates who pass in the first division, provided that they have in other respects complied with the regulations of a university, should receive the minor degree of that university, that is, the bachelor of medicine. What do you think of that scheme?—Do I understand it in this way, that a man who has studied at the university should come up to the conjoint board, and that the conjoint board should arrange for that man a first or second class, as it were, and that the first class should only be admitted to the university degree, and that the second class should be relegated to where they like?

3459. No, that is not quite the position; the position is this, that those who are placed in the first class or in the first division and who pass the examination, should receive the university degree, provided that they have complied with all the conditions required by the university as regards education and residence; and that those who pass in the second class, even if they have complied with the university requirements as regards the conditions of education and residence, should not receive a university degree; that is the suggestion, so far as I understand it, and would you be so good as to give us your opinion about it?—It depends entirely upon the object in view. If your object is to extinguish the universities and to let them down in the softest manner possible, probably it is as ingenious a plan for doing it as you could adopt; but if you intend not to destroy the university teaching, if you do not think that the universities ought to be destroyed, then I say that the thing is absurd on the very face of it. It is taking the examination out of their hands. It is no longer the university granting the degree, it is the conjoint board granting the degree.

3460. But supposing that the university formed an element in the conjoint board, would your objection apply in the same way?—Quite as much. I consider that it is utterly destructive of university teaching.

3461. (*Professor Huxley.*) Do you consider, as one might be disposed to judge from the tenor of your answers, that the *raison d'être* of the university, the essence of a university existence, is to grant degrees?—It is an important function in a university education.

4462. If you look back to the history of universities, is not the degree-giving business a comparatively late part of their operations? Was not teaching their original function?—Yes, teaching was their original function, but always, as far as I can recollect, even in the University of Bologna, which is one of the oldest, you will find that examination was a part of its function.

3463. Such a system as that which was suggested by Professor Turner would not interfere, I apprehend, with the teaching function of a university?—It would, largely; because no man would take an university education if he were put in such a position as that; he would not be prepared to pay for it.

3464. Would he not take a university education if it were the best that was to be had?—I do not think he would.

3465. What else should he do?—He would go anywhere, to the nearest school. It would be a matter of no consequence to him to take a university education.

3466. Would he not naturally go to the place at which the best instruction was given?—He might or he might not; but certainly there would be no inducement to him, or to any man, to take a university education.

3467. If that university education were better than the education to be got elsewhere, there would be no reason why he should be so perverse as to go elsewhere?—People do not take the trouble of getting the higher and more expensive education when the chances are that they may not succeed in doing any good with it, even without any perversity.

3468. Unless the education is better, there is no particular reason why they should take it elsewhere?—None, except expense. They would take the best education, but, if taking that better education is not to give them any advantage in the long run, they would say, "It does not matter to us. What is the use of expending so much money upon our education?" You thereby lower the legal status of the universities, and they cannot possibly hold up under that.

3469. You are mixing up two questions, the one, the instruction a man gets, and the other, what he obtains in the long run. I am putting to you the question, whether, if the university gave the best instruction that was to be had, it would not attract the better class of students, as it does now?—I do not think so. I think you would give great discouragement to the universities by any such plan. I do not find that human nature in general is always influenced by getting the best. People very often look at the cost as well, of what they are going to get.

3470. Of course it is to be supposed that the examining board that would be established would find out those students who were the best taught, and those students would have an advantage in the competition, would they not?—They would have a certain advantage, of course, by the better teaching, and by the more careful examination; but my answer was with regard to the universities, that you would utterly discourage and destroy university teaching. In fact, it would be taking an important function of the universities out of the hands of the university altogether.

3471. I gather from the tenor of the answers which you have given hitherto, that you are rather disposed to let everything be as it is in the matter of examination and qualification to practice?—Not as regards enlarging or diminishing certain subjects, but, as for giving a fair and thorough examination, I think that the state of the profession at present is just as good as you are likely to make it.

3472. And you do not think that a considerable advantage is obtained in the way of establishing a system of inspection?—Yes; visitation and inspection I think very highly of.

3473. In whose hands would you place the visitation and inspection?—That is a matter of no consequence to me. With regard to the universities, for example, I would certainly have an extra professorial examiner, let him be elected by any body you like. I do not care where he comes from. Send him down to the university, and send a man that you have confidence in. And besides that, let the Medical Council send their visitors from time to time. I say send down a man such as I have described. We have at present an extra professorial examiner for every professor, and I say let that extra professorial examiner be sent to any department, and let him be elected by any one you like, let him be sent down by the Government direct, if you please; but let him be a man fit to examine; then you will have a man that you can place confidence in, and that you will trust.

3474. In that case the system of inspection which you recommend would come to doubling the total number of examiners in the university?—We have them at present. I do not ask any more. But I say let the man who is placed there, at present appointed by the University Court, be the best that can be obtained. I say send a man from any place you like.

3475. Would you apply that system to the whole 19 licensing bodies?—No. The corporations are in a different position. With regard to the 19 licensing bodies, I have shown that in Scotland the number in reality is only two. The Scottish corporations have combined, and are doing the work perfectly.

3476. There are in the three divisions of the kingdom 19 licensing bodies, so that if your system were carried out, you would require to double the examiners in the whole of the 19 bodies?—I am not aware that they have extra professorial examiners at present in the corporations.

3477. It is implied in your system that the corporations should have their examiners doubled as much as the universities, is it not?—They might be visited by the Council from time to time.

3478. What sort of Admirable Crichton are you going to send down from the Medical Council to judge of the

Prof. J. Spence, 23 July 1881.

efficiency of the examination in each subject by a corporation?—I cannot say that I know of any Admirable Crichton in the present day; but as regards that, where are you to get Admirable Crichtons for the conjoint board? You see in Scotland we have a way of answering questions interrogatively, that is to say, we ask another question instead of giving a direct answer.

3479. It is your own suggestion, it is not mine, that the whole of the examiners should be doubled?—I was speaking of the universities alone. I was alluding to our own system.

3480. Why should a regulation apply to the universities, which are supposed to be filled with very competent men, and not apply to corporations?—It might apply to the corporations too, if you like, but their position is different. I do not say, it is necessary, but I say, rather than have the thing carped at, as if the professors were not doing their duty, or rather than that you should have another board to come after them, I would allow it to be so in the case of the universities. It is with regard to that, I am speaking rather than anything else. I would have a man sent down by the Government.

3481. Pardon me. I am afraid that I have not put my question quite clearly. What I want to get at clearly is this. If you think that there is a necessity for appointing extra university examiners for the examinations in the universities, why should it not be equally necessary to have a second examiner at each examination in the corporations?—Excuse me, I do not think it is necessary for a university, unless you think that the university is not doing its duty at the present day, but I do not think so. I think that the university is doing its duty very well under the present system.

3482. Under the present system there are extra professorial examiners in all the Scottish universities?—Yes.

3483. And do you think that you would dispense with them?—No; merely have them appointed by some body not connected with the university. I would not like to examine without extra professorial examiners.

3484. If that is very useful and desirable for the universities, why should it not be equally useful and desirable for the corporations?—It would be much more expensive to carry it out, owing to the large number, and they are not examining their own pupils.

3485. Apart from the practical question, would it be desirable?—I have no objection to its being carried out all through by visitation.

3486. In fact you would double the whole body of examiners in the three divisions of the kingdom?—I do not think it would be necessary to do that. I think that we might send down a certain number, not of "Admirable Crichtons," but men of common sense, who would be able to form a tolerable judgment as to whether there was any undue laxity or preference allowed. There might be one or two men sent down to inspect the examinations of the corporations. If you wish to do that, I do not see any objection to it.

3487. Do you think that a practical check upon the examination in anatomy or physiology could be exercised by a man who has simply a good judgment and no very large knowledge of the subject?—I would not choose a man of that kind. You can get plenty of men with large knowledge. Examiners have been sent from the Council, to the universities and to the Colleges, who were admirably qualified to judge both in the practical and scientific departments.

3488. Supposing it were thought expedient to institute a Staats Examen, leaving the universities and the corporations exactly where they are, do you think there would be any practical difficulty in doing it?—I do not think there would be any practical difficulty about it, but I think it would be quite unnecessary.

3489. But there would be no difficulty in finding examiners competent to do it?—There would not be any difficulty in finding examiners at first, but I think you would find that what took place in Prussia would take place here, that the first examiners would not continue to be examiners.

3490. But if you were able to double the professorial examiners in the universities, by taking examiners from outside, that shows, does it not, that you can draw examiners from a large extra body?—I should think there would be very considerable difficulty in doing it, because the prestige of being connected with a university induces men to take it up, but I do not think you would get men to continue to examine in a Staats Examen, say at such a fee as that which they pay the extra professorial examiners just now.

3491. I am not putting that condition to you. I am not supposing any condition?—But that was one of the most important conditions in Prussia, in fact, that they did not pay them sufficiently.

3492. That is a mere accident, not of the essence of the thing, but if the thing were instituted by the Government it is quite indispensable that it should be paid adequately.—It would be an immense expense.

3493. You are quite satisfied that the present arrangements suffice to prevent any practical inequality in the examinations?—I think so. I do not think that there is any tendency to diminish the stringency of examination on the part of any board in this country, I think that the tendency for past years has been to elevate the standard and to emulate each other in that direction, so that perhaps it is a little too stringent for what you might expect from the ordinary average of students.

3494. (*The Master of the Rolls.*) Will you be good enough to give us your experience of foreign practitioners, and, first of all, we will take France. Are you aware what the requirement is in France as to general education before a man can become a doctor of medicine?—It is a very high qualification.

3495. Are you aware what it is?—I used to know it.

3496. Do you know what it is to be a *bachelier ès sciences, ès lettres*?—Yes, in the first instance; what we call their preliminary examination.

3497. Is it much higher than our preliminary general examination; it requires a considerable knowledge of science as well as literature?—I believe it is so.

3498. Are you aware that the great bulk of the medical practitioners in France are doctors of medicine?—A very large number of them I know are. I could not speak to the exact number.

3499. Do you know that there are a very small proportion of officers of health there?—I simply know that the officers of health are an inferior body to meet the requirements of the poorer Departments in France. I merely speak to that effect. I do not know the profession in France to any greater extent than that.

3500. Would you be astonished to know that only about one ninth or one tenth altogether of the profession are *officiers de santé*?—I can understand that, because, as education increases, men do not like to hold that position and you have men taking a higher degree.

3501. Do not you consider that the general education of a French medical practitioner, I mean a doctor of medicine, is higher than that of an average English or Scotch practitioner?—His education may be, but I do not think the outcome of that education is as good.

3502. What do you mean by "outcome," do you mean the qualifications of the men?—I mean a man's qualification to practice. I do not think they are better, and I do not think that you have the same class of practitioners in France which you meet with in England, taking them all in all, no matter what their acquirements may have been in the first instance.

3503. Do I understand you to say that you think that the actual general acquirements of an English practitioner, I mean his knowledge of literature and science, are greater than that of a French practitioner?—No, I do not speak to the general education in science. I speak to the practical knowledge as a practitioner, when he comes to the bedside of his patient or to the operating table.

3504. Do you think that the examination passed by an average English practitioner, by which I understand a general practitioner who probably is a member of the Royal College of Surgeons and a licentiate of the Apothecaries Company, is equal to the examination for a doctor of medicine in France?—I do not think that it is equal to that examination.

3505. Do you think that the average examination passed by our practitioners is equal to the average examination passed in France?—It is an equally useful practical examination, I think, for a man in after life; I do not think that a man who passes a very high degree in Science and Arts and Classics will necessarily turn out the best surgeon. I do not think you would have had a John Hunter at all or any Hunterian orations, if you had tested him in that way.

3506. I am not now speaking of the general education of a practitioner; I am speaking of the medical exami-

nation?—With regard to the medical examination, I still hold that in the long run the outcome of it is not better than we have here.

3507. You think that the examinations are more difficult to pass than the university examinations here?—It may be so. The examination may be made very stringent, so stringent that a man crams up for it, and in the long run he gets on no better than the others.

3508. When you speak of the German practitioners, will you tell us whether, in your opinion, the general education of the German practitioner is not superior to that of the average English practitioner?—It is a very high education, but what I said was, and what I stick to is, that the social status of a general practitioner in Germany, as I have seen it in different parts of the country, is not equal to the social position of our medical men here. A man highly educated first is set down amongst a population of a very poor class of people in many of those places. Anyone who has been in out-of-the-way places in Germany must know that a medical man has not that class of people around him which enables or encourages him to keep up his scientific knowledge. A few may do so, but the public that they have to deal with are not competent to estimate their higher education.

3509. What do you say as to the *Staats Examen* in Germany, is not that a more severe examination than our practitioners have to pass?—I do not think so. You may have an examination very high in words and in the questions put; but you must look at the answers and must see what comes out in the examination of a man.

3510. Do not you think that they may know a great deal more of the scientific portion of their profession than our students do?—I do not think they do. I was going to say, I would back one of our students against a German student in most of those things; of course they are very learned in some things and in some specialties, but I do not think they are generally better informed.

3511. You think that the examination is more stringent, but the answers are not equivalent?—I do not think that the examination by itself is altogether a test of a man's future; a man must make himself after he has passed; the character of a man must do that, and the position in which he is put. I do not think the general outcome, so far as I can judge from external appearances, is so much better than in England. I have found some German practitioners, hospital surgeons, and so on, who were a very high class of men, but if I were ill in Germany and had to choose between an English or Scotch practitioner and a German practitioner, with all due deference to the higher examination of the latter, I would take the Scotch or English practitioner in preference.

3512. Do you know anything about other practitioners on the Continent besides the French and the German?—No, I do not, but I have been in all parts of the continent. I have been in Sweden and in Denmark, and there they are very highly educated.

3513. I want to ask you a question about the change in the mode of conducting the *Staats Examen* in Prussia; you say that the original system broke down. Do you recollect when the change took place?—It was several years back; it had been in practice for several years.

3514. Did it follow upon the formation of the present German Empire, or did it break down before that?—It broke down before that, I think.

3515. Do you recollect what the change was?—The change was in sending the examiners to the universities. Formerly every man had to go to Berlin for examination, and there he was examined by two constituent bodies, part of whom were the university professors; and the change was to send the examiners to the universities, and I think that exists at present, if I am not mistaken.

3516. Is that quite right; was not the change this, that originally, as you say, they examined them all in Berlin, but they afterwards examined them locally at the different universities?—Yes, that was what I said.

3517. Utilizing the university professorial body with some additions?—With an addition of the Staats Examen.

3518. I see by some evidence that the change took place in 1869 on the establishment of the North German Federation?—I think it took place before then.

3519. It is so stated in Professor Turner's evidence before the House of Commons?—I thought it had been before that; I think there had been some difficulties before that.

3520. I see it stated in that evidence that the bulk of the examiners are the professors in university towns where the students are examined, but still it is a Government examination?—Yes, the university examination altogether is a Government examination.

3521. The universities themselves are really Government institutions, are they not?—The professors are paid by the Government.

3522. They are in fact Government officials and are so treated, are they not, in Germany?—Yes, and so are we here, I hold. I hold that we are Government officials. We are appointed by boards under the Government, and we are regulated by the Government, and we can do nothing without the Privy Council. It is as thoroughly a Government institution as any conjoint board could be.

The witness withdrew.

Mr. Robert Hunter Semple, M.D., F.R.C.P., Lond., called in and examined.

3523. (*Chairman.*) There were several points on which Dr. Byass felt himself not quite able to give us the information we wanted the other day, with regard to the Society of Apothecaries, and therefore we thought it desirable to ask you if you would be so good as to come here, and we are very much obliged to you for coming. I should like to ask you a few questions with regard to the examiners who are appointed by the Society of Apothecaries, and with regard to the mode in which their examinations are conducted and supervised. The Society of Apothecaries is administered by the Court of Assistants, who consist of 24 persons, as I understand?—Yes.

3524. And the vacancies in that body are filled up by the Court of Assistants themselves?—Yes, those are filled up by themselves.

3525. And for the purpose of examination the Court of Assistants appoint a Court of Examiners?—Quite so.

3526. And you are the chairman at the present time of the Court of Examiners?—Yes.

3527. Will you describe to us the mode in which the remaining members of the Court of Examiners are appointed, beside yourself?—They are all appointed alike.

3528. They are all appointed in the same way?—Exactly alike.

3529. And how are they selected?—They are selected by the Court of Assistants from those who seem to be most eligible on the ground of their position and acquirements.

3530. And in what manner are the applications in the first instance made to the Court of Assistants?—Technically by putting their names down upon a paper.

3531. Do the Court of Assistants advertise when there is a vacancy in the Court of Examiners?—They do every year.

3532. Can you inform us when the last vacancy occurred?—In July last year.

3533. Will you state the course of proceedings on that occasion?—As far as I know I will. There was a vacancy by death upon that occasion, and the vacancy was filled up in the manner I am mentioning, namely, a certain number of names was entered upon a list, and then the Court of Assistants, to which of course I do not belong, take the list into consideration, deliberate on the names one by one and elect the person they consider the most eligible.

3534. Had the Court of Assistants advertised in that instance?—Yes.

3535. Do you happen to know the number of applications that there were?—I cannot say exactly, there were a great number.

3536. Did they advertise for an examiner in any particular science or subject, or for an examiner generally?—For 12 examiners.

Mr. R. H. Semple, M.D., F.R.C.P.

23 July 1881.

3537. Without giving any particulars at all?—Quite so.

3538. You have not by chance with you the form of advertisement, have you?—No; it is very short indeed. It merely states that the Court of Asssistants give notice that an election of 12 examiners will take place on such and such a day (I think it is the 1st of August), and that those who wish to apply may do so at the Hall, that is they have to apply to the clerk of the Society.

3539. When once appointed how long do the examiners remain in office?—One year.

3540. And they are always re-elected every 1st of August?—Not the same examiners, there is a re-election.

3541. They are elected or re-elected on the 1st of August?—On the first week in August.

3542. And are vacancies always filled up at that time?—Always, they must be. If they occur in the middle of the year they then are filled up without waiting until August.

3543. As a matter of practice, does it generally follow that the same persons are re-elected as examiners?—No; they very often are, because they are not ineligible for re-election, but they may not be elected. I myself, for instance, have been out of office several times. There is not any particular reason for doing it, but they simply remove a certain number of examiners and replace them by others, not in consequence of any fault or wrong in any one, but they simply take off a certain number.

3544. Does it frequently happen that persons who have been examiners and are anxious to remain as examiners are not re-elected?—Certainly.

3545. And no reason is given for not re-electing them?—None. It is not considered any slight, but merely that their time is expired and they give up their place to others.

3546. (*The Master of the Rolls.*) What is the time? You say "the time has expired;" will you explain that?—One year.

3547. (*Chairman.*) Can you tell us how long the oldest examiner on the board has been examining; have you the statistics with you of the length of time during which the various members of the Court of Examiners have been examining?—No, but I know them pretty well. I have myself been a long time an examiner, but not continuously. I have been off for several years and have then come on again.

3548. You are still chairman of the Board of Examiners?—Yes.

3549. What duties fall to you in that respect?—The duties are chiefly those of superintending the work of the Court. That is rather a laborious matter. The chairman himself does not examine except in doubtful cases, as where an examiner says, "Here is a man not "getting on very well, and you must come and give us "your help," or "your authority," or whatever you like to call it; so that there may be nothing like unfairness to anybody. Then the chairman goes and satisfies himself, whether the man is or is not failing in his examination; in that way he acts: he also has to give out the papers, that is to say, to distribute to each examiner the subject on which he is to examine for the night; to place the candidates in their respective positions; to tell them what they are to be examined upon; and all those duties require constant supervision because the tables change every quarter of an hour.

3550. What is the meaning of "the tables change?"—There are four tables in the examining room. A man comes to one table at which he is examined in translating physicians' prescriptions, and in pharmacy; that includes the technical matter of the making up of medicines.

3551. (*Mr. Simon.*) That examination lasts for a quarter of an hour?—For a quarter of an hour. At the next table to which he goes he has an anatomical examination. That is conducted by means of dried specimens, bones, models, and plates, which are numerous. I am speaking now of the first examination. At the third table he goes to, he is examined upon materia medica, and botany, upon the drugs used in medicine, and he is required to describe them and to state their use in medicine; he also has to be examined upon fresh specimens from the Chelsea garden, of plants which are used in medicine, that is upon those that happen to be in season. At the fourth table (speaking still of the first examination), he goes to be examined upon chemistry, where he has a number of tests placed before him; and he is asked questions upon the theory as well; he has a number of bottles and specimens of various kinds, and a substance is put to him in a glass, say this glass (*pointing to one*), it is not exactly a glass like this but a glass of transparent solution, and he is asked, "What is that." He has various tests placed before him, and he shows what it is from the tests he sees, and which he can make use of. That is the fourth table. In the fifth place, he goes to the microscope, and there he has a number of specimens placed beneath the microscope illustrating the minute tissues of the human body, such as the fibrous structure, the muscular structure, the intestines, and in fact all the structures of the body which admit of microscopical illustration; together with the tissues of plants so far as they are applicable for that examination. That constitutes the first or pass examination. That is only one part of the examination.

3552. (*Chairman.*) Does he spend a quarter of an hour also in that fifth department?—That is according to circumstances. If he knows all the specimens clearly, and at once, it does not occupy so long. He may be a quarter of an hour, and generally is a quarter of an hour, but that is not strictly limited. It is a mere demonstration. He is asked, "what is such and such," and he says, "muscular fibre, or this, or that." If it is seen that a man knows it at once, it is not necessary to go further. This is by no means the whole of the first examination, because this is not only conducted on the Thursday night, but on the previous night (it is necessary to take particular notice of that), he has had to pass a written examination in all these matters, and if he does not come out of that ordeal satisfactorily, he is not allowed to come up to the *viva voce* examination. Those written subjects are just the same as the *viva voce* subjects, but they give an opportunity of knowing what the man's style of writing is; and I should mention besides that all the candidates are subjected to an examination in anatomy on the living body; not on the dead body. We have no dead bodies at the Hall. The examination on the living body consists in placing before the candidate a subject stripped naked, and then the candidate has a piece of chalk, and is required to demonstrate with the chalk the position of the different organs: the liver, the heart, the lungs, the spleen, and so on; then, he is required to describe the course of the arteries upon the limbs, as the arms or legs, as the case may be, with this piece of chalk; and I should particularly wish you to observe that everyone is subject to that examination; whether he has passed the College of Surgeons or not, he must pass that examination. The above constitutes the first part of the pass examination.

3553. Is that all you have to say with regard to that first examination?—Yes.

3554. How much time is devoted to the written examination you have spoken of, and which takes place on the previous day?—That lasts from 5 o'clock till 8; three hours.

3555. And does the candidate do more than one paper on more than one subject during that time?—Yes; the subjects are, as I stated, the same as in the *viva voce* examination, namely, anatomy, physiology, pharmacy, chemistry, and materia medica and botany.

3556. (*Prof. Turner.*) And that is all done in three hours?—All in three hours.

3557. (*Chairman.*) To whom does it fall to select the particular examiner for each subject of examination?—They are all supposed to be equally proficient in all the subjects.

3558. Do you mean in all subjects?—Yes; but I should mention here by way of explanation, that it is felt that this is an erroneous system, and for a long time the Court has been trying to do away with it, and by amalgamation with other bodies to appoint special examiners in special subjects; but at present they have not been able to accomplish this object, though they are anxious to do so.

3559. Why have they not been able to accomplish it?—The terms of the Act of Parliament do not allow of it at present.

3560. What do the terms of the Act of Parliament say?—They must all be elected to examine upon all subjects. It does not exactly specify that.

3561. Have you the Act of Parliament with you?—No. I am quite aware it does not specify that in so many words, and no doubt the difficulty might be got over, but it has not been overcome hitherto.

3562. As a practical question, how would the Court of Assistants in the first instance ascertain that the persons whom they elect as examiners are fit to examine in all subjects?—Merely by inquiry of those whom they consider competent persons.

3563. Then beyond inquiry have they no means of knowing whether they are fit to examine even in any subject?—I think it should be remarked that many of the men of the present Court of Examiners are so much distinguished in science that there is hardly any occasion to ask the question, as you will see when I mention to you how the 12 examiners are made up.

3564. You have the names?—I wish to mention who they are. Five of them are fellows or members of the Royal College of Physicians; three are members of the Royal College of Physicians, and two are Fellows of the Royal College of Physicians; four or five of them are graduates of the University of London; and I am bound to say as to a graduate of the University of London, knowing the stringent examination that is passed at that body, it is hardly necessary to inquire of him whether he is able to examine in chemistry or materia medica, or matters of that kind, because it is considered that he is; and some of them are prize men of that University.

3565. Has the chairman any recognised authority over the other examiners?—Not the slightest, except as to keeping order, not that it is necessary, but I mean to say as to arranging matters in a friendly way.

3566. How is the chairman appointed? — By the examiners themselves.

3567. They appoint their own chairman?—Yes.

3568. And it is understood that the chairman himself does not examine as a general rule?—Except in the way I mentioned; he has plenty to do but does not actually examine.

3569. He superintends, but does not actually examine except in particular cases?—Quite so, when there is any doubt. Two of the examiners are graduates of the University of Edinburgh.

3570. Are any of the examiners members of the Court of Assistants?—No; it is not specifically laid down in the Act of Parliament that the examiners shall not be members of the Court of Assistants, but it is forbidden by the Court of Assistants themselves.

3571. How would you describe to us the second examination?—It takes place one or two years after the expiration of the first, but it may be a shorter time; that is to say, if a man has passed all his lectures before, he may come up earlier, but generally speaking it is one or two years after the first examination. He now has to pass the practical parts, that is as to matters which will occur to him in his practice as a medical man; then he has to go through four tables as before, but they are all tables of different subjects. The first table he comes to is upon what is called practical pathology, which means the examination of the morbid solids or fluids of the human body; for instance, the urine and its different pathological conditions, and the differences in the solid structures, which are illustrated by specimens, either specimens preserved or fresh specimens of pathological interest which are very often procured; at another table he comes to he is examined in midwifery, and at that table he has different instruments used in midwifery put before him, and what is called a phantom, namely, a model of a female pelvis on which he is required to perform operations as he would do on a living subject in order to demonstrate the use of the instruments; he is also examined on the theory and practice of midwifery. At the third table he has to undergo an examination in what is called the practice of medicine, that is to say, he is required to give the different symptoms of all kinds of diseases of the human body, and to illustrate them by the use of the stethoscope or the microscope or any other instrument which may be available. At the fourth table he is examined in forensic medicine; at that table he is required to test for or demonstrate the different poisons, and to describe their effects, and the antidotes to those poisons. Besides that, there are a number of other matters such as drowning, insanity, suicide, infanticide, and the like; that is all included in what is called the forensic medicine department. Those are the four tables. After he has done those four tables he goes to the microscope, and there is a series of subjects exhibited under that instrument, not the same as those for the first examination, not exhibiting healthy structure, but morbid structure; as, for instance, specimens showing changes in different structures caused by various diseases. That microscopical examination forms a fifth part, but I should mention here (so as not to omit anything) that, as in the first examination, the candidate has the day before (that is on the Wednesday) to undergo a written examination upon all these subjects.

3572. How long does that written examination take?—The same time, three hours, from 5 till 8 o'clock. The examination of the papers of course takes longer, but the candidate has three hours. Then he has to write upon all these subjects, and besides that, he has to do what is called practical clinical medicine; that is to say, there are patients suffering from actual disease brought into the room, and he has to strip them and examine them with a stethoscope or otherwise as the case may require, and state what the disease is; he has to put down the nature of the disease, the history of the case, the diagnosis, and the appropriate treatment. That constitutes a part of the examination. If a man has passed through all this ordeal satisfactorily, including the microscope and stethoscope and the examination the night before, he receives his certificate to practise, that is if the majority of examiners think he is fit to practise.

3573. That is the final practical examination?—That is the final and practical examination.

3574. How long does that examination last at each of the four tables?—A quarter of an hour at each table, and the microscopical examination, which would be another quarter of an hour, and that would be five quarters of an hour.

3575. How are these examinations supervised?—They are not supervised at all. After the examiners are once appointed, they are considered to have full functions for the year in which they act.

3576. Then may each individual examiner act as he himself chooses in his examination?—Yes, but subject to the control of the chairman and the other examiners. I am only putting a hypothetical case, when I say that, if an examiner was rather hard upon a candidate, the other examiner might come to the chairman and say, "I think we are a little hard upon this man, help him over a little," but there is such a perfectly good understanding among the examiners that a serious disagreement never does happen, though it might do so under some circumstances.

3577. The chairman then has no regular authority over any of these examiners?—None, except in the way of advising.

3578. He is only co-ordinate with them except as one gentleman over another?—If there were such a thing as actual disobedience, he would report it to his superiors, of course.

3579. To whom would it be reported?—To the Court of Assistants, and they would have the power of removing the examiner; but it never has happened. The examiners are gentlemen, highly educated, and it is hardly conceivable that such a thing should happen. Your Lordship asked me whether there was any supervision of examinations. There is a supervision on the part of the Medical Council, about which I think I have hitherto said nothing. I most particularly and emphatically hold that the whole of the examining boards are under the control of the Medical Council. That is my own individual opinion, and I have in my communications with the Court of Assistants held that the Medical Act of 1858 in great measure superseded the Act of 1815, and that we must make ourselves conformable to any regulations the Council thought proper to issue.

3580. Have the Medical Council ever exercised the right with regard to your Society?—Certainly.

3581. Do they often exercise the right?—Certainly; they send down persons, for instance, delegated by themselves, to superintend the examinations.

3582. When did they last do so?—They have done so.

3583. But has it frequently happened? — No, not frequently. The examiners strictly conform their rules to the regulations of the Medical Council, and the Medical Council send down from time to time regulations which they make and which they wish to be carried out; they do not order them, but they issue recommendations which they wish the examining boards to conform to, and those recommendations (I think Mr. Simon will bear me out) have always been strictly attended to.

3584. But the Medical Council never visit the examinations?—When your Lordship asks me whether they

Mr. R. H. Semple, M.D., F.R.C.P.

23 July 1881.

do, I say yes, but not often. Mr. Simon will tell you there are practical difficulties, in the way of expense, and other causes which we have nothing to do with.

3585. The Court of Assistants themselves exercise no supervision whatever, as I understand?—No, not after the examiners are once appointed.

3586. (*The Master of the Rolls.*) How do the examiners amongst themselves choose their functions; you have a dozen examiners?—Yes.

3587. Without any disrespect to those gentlemen, I suppose they are not all equally competent to examine, say, in anatomy or physiology?—No, not equally competent.

3588. Do not they select some of their own number to examine in special subjects?—No, they have not done so yet. I should mention that the whole of the Court are members of the College of Surgeons, without any exception.

3589. As a practical man and an examiner yourself, you do not, surely, think that a dozen examiners are all equally competent to examine in half a dozen subjects?—I am not defending it at all.

3590. I have had some experience in choosing examiners, but I thought it was the duty of the people who choose the examiners to see that they were specially qualified for a particular subject; do you not think so?—No doubt, and I say they organised a scheme three or four years ago to that effect, but it was interrupted by the sudden change in medical politics.

3591. But independently of the Court of Assistants, could not the examiners select amongst themselves the men best qualified to examine in anatomy, and the men best qualified to examine in chemistry?—Certainly; but you will understand that for the last four or five years we have been in yearly expectation of some great change, and we supposed that the change would have been in that direction, namely, appointing special examiners in special subjects.

3592. Do they take it in turns to examine in every subject?—In every subject.

3593. That is to say, everyone in turn examines in every subject?—Yes, in every subject.

3594. I do not know whether you have had opportunity of noticing the result, but would not that be likely to produce, as result, great inequality of examination?—Practically, I think not; I know it does not practically.

3595. I see by the return you have produced, that the number of rejections in the primary examination is very large?—It is.

3596. And the number of rejections in the second examination, though still considerable, is moderate?—It is moderate.

3597. About half, I see, are rejected in the primary examination, and about one fourth in the final examination?—Yes, that is easily accounted for. The Commissioners will easily understand that on the first examination a great many men go up who are very ill fitted to practise, and they fail; that eliminates a great many from the number. Many of those who come up and fail at the first examination never come up again, but I should like emphatically to mention this point, that of those who do come up and pass, many are so far drilled and tutored, and properly and legitimately got up in their subjects, that they are not so likely to fail on the second examination as on the first. This is a fact not well known. At the second examination a great many men come up who have passed previous examinations. I have here a short sketch showing what occurred on last Thursday's examination.

3598. As I understand your figures, and you will correct me if I am wrong, the numbers who come up to the second examination are larger than the numbers who pass at the primary examination; how do you explain that?—They are not the same men. Years may elapse between the first and the second examination. A great many who are hanging back for a long time never re-appear at all, and some not expected to come up, do come up.

3599. Of course we have only got five years' returns, but on the whole of the five years' returns the number of men passed for the first examination is less, and considerably less, than the number who come up for the second examination; how do you explain that; where do the others come from?—From various quarters.

3600. The total number in five years who passed the primary examination was 780?—Yes.

3601. The total number who passed the second examination was 1,130, besides 211 rejected?—Yes.

3602. In other words, according to this return, though you only had 780 men in the five years who passed your primary examination, you had 1,340 who attended for your second examination?—Yes.

3603. How is that explained?—As I say, a great many of these come up from other bodies.

3604. You accept for the second examinations a large number of persons?—This (*showing the examination list of the evening of 21st July* 1881) is a very rough affair, but it shows that four came up from other bodies, only the other night.

3605. The difference is a very large one; they are those who have passed the primary examination elsewhere?—Or who have passed the final examination elsewhere. (*The following table was handed in*).

	First or Preliminary Examination.		Final or Pass Examination.	
	No. passed.	Rejected.	No. passed.	Rejected.
1876 - -	196	42	257	22
1877 - -	179	77	206	41
1878 - -	127	83	223	56
1879 - -	147	71	216	44
1880 - -	131	51	228	48
—	780	324	1,130	211

In other words, of the primary nearly half have been rejected in five years, and in the final not quite a quarter, in the first nearly 50 per cent., and in the second nearly 25 per cent.

3606. You have no doubt considered the proposal of a single examination and conjoint board?—Yes, I have, of course, very carefully.

3607. Will you tell me whether you think that the system of Government (or some body deputed by Government) requiring everybody to pass an examination would not be more consistent with regard to the privilege of practising than the system allowing the present 19 bodies to continue?—I do.

3608. Assuming that to be so, irrespective of any question of interest as regards the bodies, is there any reason why there should not be one examination, for all candidates who wish to practise, for each of the three divisions of the kingdom?—That is my individual desire, and the desire of those with whom I act.

3609. Have you considered the subject of direct representation on the Medical Council?—I have.

3610. What is your view on the subject?—My view is that it will never answer in practice.

3611. Will you tell us why?—For one reason, the profession are very numerous; there are 10,000, or perhaps more scattered about in England, Scotland and Ireland, and it would be very difficult indeed to get the votes collected together in one particular place, and as to another point, instead of the present highly respectable members of the Medical Council we might get a number of mere agitators, who would be very fond of an opportunity of talking and of getting the small emolument they would secure, and this would lower the standard of the Council.

3612. Your first is a practical difficulty, that of getting the votes, and your second difficulty is that you would have no confidence in the selection of the profession?—No, none. Mr. Simon will not think I am flattering him, but I have great confidence in the present Medical Council, for no personal reason whatever, but because I think they have been selected on the whole with great discrimination, and are an honour to the profession, and so long as they remain persons of that character the profession is fairly represented. It is very difficult to get a complete representation of the profession, but I think it is very fairly represented at present as times go.

3613. (*Professor Huxley.*) I think the system of examination at the Apothecaries' Society, that you have described, is comparatively modern, is it not?—Comparatively; it has been built up for the last 60 years.

3614. And what perhaps may seem a little anomalous to some of us in the existing proceedings are really inheritances from an ancient state of things, are they not? Quite so.

3615. Your memory will go back to the time when the examination of the College of Surgeons, for example, was conducted on a method perhaps even more surprising, that is to say, when a candidate for his examination had to pass through four tables, spending a quarter of an hour at each; you recollect that system, no doubt?—I recollect the system when there were no tables at all. When I passed, I simply had a quiet conversation with Sir Antony Carlyle for about a quarter of an hour, and he told me I might go away, and that my examination was quite satisactory.

3616. I am putting the question to you really for the purpose of bringing out fairly how these things come to be?—Quite so.

3617. What we find anomalous in the existing state of things in the examination of the Apothecaries' Company is what nobody in the world had the least objection to, and was in fact almost universal, 30 years ago?—That is so.

3618. It was the universal practice, was it not?—Quite so.

3619. You spoke of difficulties, however, in altering this state of things, which is apparently objectionable?—Yes, there are difficulties.

3620. What kind of difficulty is there?—There is this very difficulty now about appointing different examiners in the different subjects, and as to the Court of Examiners having some control as to who is fit for the particular department to be assigned to him. While the Act of Parliament of 1815 lasts, and the Court of Assistants have the right to put in anybody, it is quite impossible to take any steps whatever to alter the present arrangement. The examiners can only make use of the best materials they have. These materials are placed at their disposal, and they must do the best they can with them, and that they have done.

3621. The Court of Examiners therefore come together somewhat fortuitously, and have to make the best of the position when they get together?—Quite so. I have explained who they are, and as you say, when they come together, they have to do the best they can.

3622. The Court of Assistants do not think it any part of their duty to determine who would be the persons best fitted to conduct portions of the examination?—No, not particular portions, so as to divide it; certainly not.

3623. Is the Court of Assistants composed in any considerable proportion of persons who are themselves highly educated medical practitioners?—No. I cannot say they all are. It is usually a matter of time and seniority.

3624. Perhaps that accounts a little for the anomaly?—Yes.

3625. Have you any objection yourself to a State examination for all persons entering the medical profession?—Not the slightest.

3626. Have you any views yourself as to the manner in which that should be conducted, whether it should be a purely State examination, or whether it should be conducted by a conjoint scheme?—You have the materials at present you see. If you were to do away with all the existing examining bodies, you would have to go out afield, and get in anybody, that you could, to put in their places, and I doubt very much whether you would succeed. The Corporations already, as far as their examiners are concerned, fairly represent the medical science of the country. Taking them altogether, the College of Surgeons, the College of Physicians, and the Society of Apothecaries, fairly represent the scientific wants of the country, and therefore you could not ignore all those bodies. Some of the individuals must come in if the system be altered, so that a State examination must include some of those persons, and that being so, I do not think there is any objection to a State examination at all.

3627. Supposing there were no intention or desire to interfere with the corporations which are doing good service or with the universities, would you see any objection to the institution of a minimum examination for the purpose of conferring a licence to practice?—That is what was proposed by the conjoint scheme, namely, a minimum which was nevertheless a fairly good test.

3628. But you might have a minimum examination without a conjoint scheme?—Certainly.

3629. The question I would first beg your attention to is whether you think this minimum examination a desirable thing, apart from the corporations and the universities?—Yes; provided it does not go too low.

3630. Supposing a proper minimum examination to be established, do you think it desirable that that should be established by some authority or other, without reference to the existing bodies, and letting them go on as they are?—It would be far better than the present state of things; it would not be so good as a conjoint scheme, but still it would be better than the present system.

3631. Do you think there is at present any considerable difference in the value of the qualifications given by the different licensing bodies?—Yes, I can state that distinctly. With regard to the Apothecaries' Society, for instance, I consider they are peculiarly connected with what are called the general practitioners, who form a very numerous and most respectable body, and who attend as medical men in surgery, in medicine, and midwifery, and who at the same time generally, but not always, supply their own medicines; those are usually called general practitioners. They are a most useful and well educated body, but I think the physicians ought not to be ignored and put upon exactly the same level with them. I think they ought to stand rather more highly. The College of Physicians, for instance, stands high and deservedly high; the Fellows and members of that College have a certain prestige, they do not make so much money as the others, but they are highly educated and are looked upon by the public with honour and esteem, and therefore I should by no means swamp them altogether. I think there ought to be some kind of grades in the profession, just as there is among lawyers.

3632. Would you have any objection to a scheme of this kind, supposing the state instituted an examination which should be of such a nature as to allow persons of the calibre of well educated general practitioners to pass, and then left the other bodies as they are to give their higher qualification?—I think that should be so, decidedly.

3633. A scheme of that kind would meet with your approval?—Decidedly.

3634. Do you think that would interfere with the more highly valued corporations and universities?—I think decidedly not. We see that by the College of Physicians, for the higher titles there are honorary, and yet they are held in great esteem. I say honorary, but of course they are gained only by examination and reputation. They are not honorary in the sense of being given away to friends or anything of that kind; and they are universally held in esteem and honour.

3635. Supposing a licence of the kind I have described to be granted by the State, do you think it desirable that every person who practises medicine should be obliged to belong either to a university or to a corporation?—No, I do not see why he should. I see no strong reason in favour of it.

3636. We have heard a great deal here at various times of the moral influence of the corporations. Do you think that this is an active force?—In some cases it is, unquestionably.

3637. (*Prof. Turner.*) You have explained to us that your Court of Examiners, and I suppose the Court of Assistants, of the Society of Apothecaries also, are very desirous to conform to the recommendations of the Medical Council in all matters connected with education and examination?—Quite so.

3638. I would like to ask you whether in these examinations, conducted as you have described to us, in each subject of examination, each candidate is submitted to two examiners?—Yes, quite so. There are four tables and eight examiners, two at each table.

3639. There are always two at each table on each subject?—Yes, that is so.

3640. You have told us that in the first of your examinations, which comprises Anatomy, Physiology, Pharmacy, and Materia Medica, there is a written examination of three hours' duration?—Yes.

3641. Do you think from a paper written in three hours that an examiner has a fair chance of really ascertaining what the knowledge of a candidate is on so many subjects?—I admit the difficulty, but still it is done.

3642. May I ask who sets the examination papers?—That is done in conclave; it is done by the whole of the examiners.

Mr. R. H. Semple, M.D., F.R.C.P.

23 July 1881.

3643. There is, I suppose, one common paper embracing these five subjects?—Quite so; the subjects are set *de novo* every week.

3644. Yes, but is there not one common paper embracing the questions on the five subjects?—Yes, for each week.

3645. For each sitting of the Court?—Quite so.

3646. I was very much struck with one thing you told us about the anatomical examination. There is really no examination upon the dissected body?—No, there cannot be.

3647. Do you really think that an examination can be properly conducted if there is not a dissected body or parts of a dissected body before the candidate?—Certainly not; but then I have already explained that the College of Surgeons do that. The understanding is that members of the College of Surgeons are to some extent exempted from anatomical examination because they have passed that College.

3648. Are we to understand that all the young men who come to you for your first professional examination have passed the examination of the College of Surgeons?—I do not say the whole of them, but very many of them have.

3649. Those who go into practice on the licence of the Society of Apothecaries alone, have not had a proper testing in their knowledge of anatomy?—Certainly not; and I never presumed that they had.

3650. Let us take the subject of physiology. Do you take any means of testing practically a candidate's knowledge of physiology?—You mean by experiments on living animals?

3651. No, I do not mean by experiment on living animals; there are other ways of testing it?—Only by questions, and an examination with the microscope on histology.

3652. Histology is not physiology. Histology is merely anatomy, is it not?—Quite so.

3653. Do you show them any of the instruments now so common and well known employed in physiological research, the sphygmograph, for instance?—No, we have not yet shown that instrument.

3654. There are no physiological instruments, no laryngoscope, for example?—That instrument has not been introduced yet.

3655. The ophthalmoscope?—Not yet.

3656. I understand in your examination on materia medica you do examine with specimens?—Yes.

3657. And in your examination on chemistry you give a candidate a certain solution of a salt, we will say, with re-agents for him to test?—Yes, and not only that, but in testing for blood, we will say, we employ guaiacum and peroxide of hydrogen; all things are tested for anything which may give trustworthy results.

3658. I would like to ask you a question or two about what you call your practical clinical examination. Is this examination ever conducted in a hospital?—It cannot be.

3659. Why can it not be?—We have no power, we have no right to enter hospitals.

3660. The University of London conducts its clinical examinations in a hospital, does it not?—Yes, but I doubt whether any hospital would allow a number of medical candidates to come in every week and examine the patients.

3661. Are we to understand that the Apothecaries' Society holds a weekly examination?—Yes, there are 52 examinations in the year. That is not their own doing, but it is specified in the Act of Parliament.

3662. There is one thing I should like to put before you, and that is with reference to a question which I asked Dr. Byass, and which he told us he could not explain, as to the proportion of rejections at your body as compared for instance with the rejections of the Royal College of Surgeons. I have here in the minutes of the General Medical Council, volume 16 for the year 1879, a table showing rejections per cent. at the final examinations for degrees, diplomas, and licenses in the years 1875 to 1878 inclusive, by the bodies enumerated in schedule A. of the Medical Act; and amongst these of course falls the Apothecaries' Society, London. I find that in the year 1875, for its final examination, only three decimal eight of the candidates were rejected?—Where at?

3663. At the Apothecaries' Society of London.—That is quite a mistake. The paper which I spoke of just now, and handed in, was taken from the books only last night.

3664. This, I apprehend, is an official return?—That may be so, but there is a mistake in the return. That which I put in to-day was actually extracted from the books.

3665. Perhaps you will let me read the whole return, because I have only given you one year?—Certainly.

3666. In the year 1875, the number per cent. was 3·8; in 1876, 10·9; in 1877, 16·9; and in 1878, 22·1?—It must be a mistake in the figures, because those I have put in were taken, as I say, out of the book only last night; they are perfectly authentic.

3667. It seems that in the five years you have given here, namely, 1876 to 1880 inclusive, the proportion of rejections by the Society of Apothecaries in the final examination was 15½ or about 16 per cent?—Very likely.

3668. The rejections at the Royal College of Surgeons of England during the same period is very considerably more than that?—I daresay it is.

3669. I understand that, to a large extent, the same young men who come to the Society of Apothecaries also go to the College of Surgeons?—I do not know, but I think so, though, as I have said, a great many come up from other bodies. For instance, one comes from the Royal College of Physicians of Edinburgh, and another from the Royal College of Surgeons, Edinburgh, another comes from Calcutta, and others come from the Faculty of Physicians and Surgeons, Glasgow. Those men do not go through the London College of Surgeons at all; a great many also come from India, Australia, and all parts of the world, and do not pass through the College of Surgeons.

3670. Can you explain to us why it is that so large a number of young men come to you for your final examination who do not come to you for your earlier examinations? You have told us that a large number do come for the final who do not come for the earlier examination?—First of all, many consider it too severe. There are men who regard chemistry as a kind of *pons asinorum*, and avoid it by all the means in their power; but some of those men go to the College of Physicians of Edinburgh, and get over the chemistry somehow or other, or to the Faculty of Physicians and Surgeons of Glasgow. At any rate, they get over the chemistry somehow, and then they come back.

3671. Would you say that the examinations are at present conducted in such a way that candidates exercise a certain power of selection as to the bodies they should go to for particular stages of their examinations?—Decidedly so.

3672. If your first professional examination is too hard, can the second professional examination, where the rejections only amount to 15½ per cent. of the candidates, be regarded as too hard?—Not too hard, but it is hard enough.

3673. You think it is hard enough for the general practitioners?—Yes, for the general practitioners; it is not hard enough, of course, for men in the highest walks of the profession, but it is good enough for the men who have to go into all parts of the world to practise for very small emoluments. Many of the persons who come up are poorly off and badly educated, and are altogether in a struggling condition of life, and have very little to expect when they do pass, and though this ought not to weigh too much with examiners, yet you must take it into consideration to some extent.

3674. (*Chairman.*) I should like to ask one question on what Professor Turner has asked you. You have told us that some of the young men go away from you to the north, or elsewhere, because they find your first examination in chemistry too severe?—Yes.

3675. And that for the final examination they come back to you?—Yes.

3676. Why do they come back?—Because they want the licence.

3677. Why, having got to the north, do they not stay there?—I do not know, at all.

3678. You cannot give us any reason for that?—No.

3679. (*Mr. Simon.*) The Master of the Rolls has drawn your attention to the very large preference which candidates appear to show for the second examination;

can you account for that preference?—No, except from the respectability of the licence, that is all.

3679*a*. It evidently is easier than the pass examination of the College of Surgeons, is it not?—I do not know; perhaps it is now. I have already alluded to the fact that a great many come from all parts of the world, from India, Australia, and a number of places where they have no licence at all, and they are very anxious to get a licence.

3680. Have you any reason to suppose that a large proportion of those who come in that way from all quarters have been previously rejected elsewhere?—I am not aware at all; we are not allowed to ask. I think the proposition has been made that such a question should be put, but it has been held that there is no right to do so.

3681. The instruction then from the Court of Assistants is that you should ask no questions?—They give no instruction at all.

3682. But is it understood that you ask no questions?—If you mean as to their being rejected, then I say, yes.

3683. So that a man may in fact come to you for this undoubtedly popular examination, who has been plucked the week before at another board?—We have no means of knowing one way or the other, but it might happen unquestionably. I rather think it has not happened; a man would generally say, "I have been up to so-and-so " and so-and-so."

3684. Still here is the very striking fact, that something like 70 per cent. more men come for your second examination than have passed your first?—Yes, because you understand that a rule has been laid down by the Medical Council that if men have passed in the subjects of the first examination elsewhere, at universities, for instance, they are not to be subjected to the same subjects of examination at the Hall; therefore that gets rid of several hundreds.

3685. I do not remember that as a rule, or even as a recommendation, of the Medical Council?—A recommendation has been made that students should not be examined several times on the same subject. That is what I mean, and therefore when a man has been examined efficiently on that subject, there is a rule of the Court of Examiners that he should be exempted from further examination on that one subject. Bachelors of Medicine of the University of Edinburgh, and Bachelors of Medicine of the University of Glasgow, for instance, are not subjected to further examination on the preliminary subjects. As a rule, we act according to what is believed to be the spirit and meaning of the recommendations of the Medical Council.

3686. Are you yourself a licentiate of the Apothecaries' Company?—Yes, I passed originally as a licentiate.

3687. And a member?—Yes, I am a member.

3688. As a matter of fact, is there at the present moment on your Court of Examiners any one who is not a licentiate or member of the Apothecaries' Company?—I do not believe there is.

3689. Is Dr. Crocker one?—He seems to have received the licence of the Society of Apothecaries.

3690. He is a licentiate?—Yes.

3691. So that in fact all the members are licentiates or members, or both?—As a matter of fact they are; they are all members of the College of Surgeons also.

3692. There does not exist any distinct rule that it shall be so, does there?—No, not now.

3693. As a matter of practice is it so?—No, not at all.

3694. Can you tell me any name that occurs to you of an examiner who, when appointed, has not been a licentiate or member of the Company?—I cannot. In fact, there are a great number of practitioners in London and elsewhere of the highest position, who have passed the Apothecaries' Society, and used its licence on their first entrance into practice. That is one of the uses made of the Hall. There may be a man 21 years of age who does not know exactly what to do; he wants to get employment and to make money as soon as he can; he succeeds in passing the examination and takes out a licence and uses it. Then perhaps after a few years he does not want it any longer; he may have taken a higher qualification perhaps; but he does not renounce the licence of the Apothecaries' Society formally. That is the case with myself. I am a licentiate, but I do not practise in that way; I have given it up for many years.

3695. (*Chairman.*) What do you mean by giving up the licence?—I mean we do not act upon it; we do not sign as L.S.A., we do not send out medicines, or make out bills, or sue in Courts of Law. I speak of matters of that kind. Those who hold it do not formally give it up, but pass over to some higher grade.

3696. (*Mr. Simon.*) The Court of Assistants consists, I think, entirely of gentlemen who are members of the Apothecaries' Society?—Quite so.

3697. The body being in the sense now spoken of one of the old City Companies?—Yes, one of the Livery Companies incorporated as you know by James I.

3698. Must a man be a licentiate in order to be a member?—Yes, he must; when I say he must, he may nominally be a member, but he can perform no functions; he must pass as a licentiate, he must be a medical man in point of fact.

3699. That, of course, is not under the charter, because the charter was granted long previous to the passing of the Act of Parliament?—Yes.

3700. But it is the practice, is it not, that he must be a member?—Yes, it is decidedly.

3701. And no man is elected to the Court of Assistants unless he is a member of the company?—No, nor unless he is a medical man; it is a rule among themselves.

3702. Nor is he admitted to be a member unless he is a licentiate?—He must be first admitted as a licentiate.

3703. Do we understand that freemen of the company may be or may not be medical men, but that the members elected from the freemen invariably are medical men?—Yes.

Adjourned to Monday next at half-past 3 o'clock.

FOURTEENTH DAY.

Monday, 25th July 1881.

PRESENT:

THE EARL OF CAMPERDOWN IN THE CHAIR.

THE RIGHT HON. W. H. F. COGAN.	JOHN SIMON, ESQ., C.B., F.R.S.
THE MASTER OF THE ROLLS.	PROFESSOR TURNER, M.B., F.R.S.
SIR WILLIAM JENNER, BART., K.C.B.	JOHN WHITE, ESQ., *Secretary.*

Mr. HENRY ALFRED PITMAN, M.D., examined.

3704. (*Chairman.*) You are a doctor of medicine of Cambridge University, and you are fellow and also registrar of the Royal College of Physicians of London, and also you represent that body on the Medical Council, I believe?—Yes.

3705. You have been so good as to hand in, in writing, your opinions with regard to the qualifications which every medical practitioner should possess, with regard to the constitution of an examining board by which those qualifications should be tested, and with regard,

Mr. H. A. Pitman, M.D.

25 July 1881.

also, to the constitution of the Medical Council. May I insert this as part of your evidence?—Yes, quite so; and it is in these terms—

I am of opinion,

I. That no person should be admitted to the Medical Register who is not legally qualified to practise both medicine and surgery, including midwifery.

II. That the attainments of candidates for admission to the Register should be tested by a single examining board formed in each of the three divisions of the kingdom.

III. That, as regards England, the existing medical authorities should take part in the formation of such board, and grant a medical and a surgical qualification to candidates who pass the final examination of the board.

IV. That the examiners of such board should be appointed in part by the grantors of the qualifications, and in part by a medical council.

V. That the requirements generally in order to qualify for admission to the examinations conducted by the board should be determined by a medical council.

VI. That such medical council should be fewer in number than the present one, and appointed entirely by the State.

VII. That direct representation is in any case objectionable, and, in the above case, unnecessary.

HENRY A. PITMAN, M.D.,
Registrar of the Royal College of Physicians of London.

3706. The Commissioners are well aware of the great value which is attached to licenses issued by your College, and also of the very distinguished character of the fellows of that body, therefore I do not propose to ask you any questions with regard to those two points, but I propose to ask you a few questions with regard to the opinions which you yourself personally express. In the first place, you are, according to this statement, distinctly of opinion that every person who is admitted to the Medical Register ought to be thoroughly qualified in all points of medicine and surgery, including midwifery?—Certainly.

3707. And you propose that there should be a common examining board in each of the three divisions of the kingdom?—Yes, that appears to me very much more preferable than the existing 19 examining boards.

3708. And you propose that this board should be made up partly of persons nominated by the existing medical authorities and in part of persons nominated by a Medical Council, which, in your opinion, ought to be entirely nominated by the State?—Exactly so.

3709. But you are also of opinion that the licences ought to be issued by the existing medical authorities, and ought not to be a license issued by the examining board?—I see no reason why the existing licensing authorities should not continue to grant their licenses. I do not know what gain there would be by creating a new board to grant licenses in addition to those already existing.

3710. Do you not think that there is a great difference in the value attached to the different licences granted by the existing medical authorities?—No doubt there is.

3711. And do you not think that if you were to diminish the number of licensing authorities you would improve the present system of licensing?—You will practically do so by having one examining board.

3712. Would you kindly explain that answer a little in detail?—The single examining board that I propose would consist of the medical authorities and universities of, say, this part of the kingdom; and as the medical authorities are the licensing bodies at present, they would take a part in the examining board, and, being on the examining board, those who pass the board might fairly claim the medical and surgical licenses granted by those bodies.

3713. What particular value would there be to any of the existing medical authorities in retaining the privilege of giving a license rather than in having one license given by the examining body of which their representatives would constitute a part?—There would be no security that their licentiates would continue at all.

3714. Do you think that if the examining board were to issue a license the persons obtaining that license would no longer care to become members, for instance, of the College of Physicians?—I have no doubt that a great many would not. Many are now content with half-licenses, and therefore I think there is no security whatever that they would come to either college after passing that board. It would be an experiment.

3715. We have assumed, however, have we not, that the new license to be given is a double license?—Yes, a fully qualifying license.

3716. A license which would be taken as evidence of a complete knowledge both of medicine and surgery?—Yes.

3717. Therefore it would not be possible for anyone to have an incomplete license or to pass an incomplete examination?—Not then.

3718. Would not that be a security to the College of Physicians that the persons who would otherwise come to them for that purpose could not obtain the single license, even supposing they had not come to them?—The object is rather that there should be the same licenses granted as at present, I think. That would be a qualification in surgery and a qualification in medicine, and no person would be registerable without he obtained both of them from the examining authorities who are upon the board.

3719. No person of course would pass the examination of the board if he had not proved to them his knowledge both of medicine and of surgery?—Certainly not.

3720. But do you think that many persons would be content with that license, that they would not care to be connected with the College of Physicians or the College of Surgeons?—There is no security that they would; I think very likely a great many would not.

3721. But a great value is attached, is it not, to the connexion with either of those bodies?—A certain value, no doubt, and they are now obliged to go to one or other of the existing authorities for their license. But if you create a new license altogether which is to entitle the licensee to get upon the register, many would be content with that, I have no doubt.

3722. In other words you are strongly of opinion that what is known as compulsory affiliation is necessary?—Yes, I think that is very desirable.

3723. But supposing that compulsory affiliation were otherwise enforced, should you still entertain your objection to the license to practice being issued by the common examining board?—Yes; I think that no person should be affiliated to the body which did not take a part in the examination. I think that no person should be a licentiate of the College of Physicians unless that college took a part in the examination of that person, a simple affiliation, I think, should not be sufficient.

3724. But supposing that he had passed that examination, and supposing that he must also be affiliated to one of the corporations, do you still entertain your objection to the issue of the license by the common board instead of the license being issued by each of the medical authorities singly?—I should fear that many would not take the license of the college, in the same way as many are now content to get upon the register with the license of the Apothecaries' Society.

3725. I am speaking at this moment of the license to practice being given by the common board. Supposing the examinations were conducted by that board, and that the individual medical student had passed, and that it were necessary for him to be affiliated to one of the corporations, should you object to the license to practice being a license of the board and not a license of the individual corporation?—I do not see the necessity of any other license than such as he could obtain from, say, the College of Physicians and the College of Surgeons who would take part in any examination upon such a board as I propose.

3726. You are opposed, are you not, to the direct representation of the general profession on the Medical Council?—Yes, very much.

3727. Do you think that if the Medical Council were much fewer in number than it is at the present time, it would command the general confidence of the profession?—I should think that the names selected, as I propose, by the State would be such as anybody would have confidence in. The public would, I have no doubt.

3728. (*Sir W. Jenner.*) If the State appointed or sanctioned the constitution of a board composed of the College of Physicians and the College of Surgeons

and other corporations, would you think it necessary for those who had passed their examination and who would obtain, therefore, a right to be on the register, but, so far as we know yet, without a name except the State name, to affiliate themselves to one or other of the large corporations?—I think that would be desirable, although perhaps not absolutely necessary.

3729. Desirable for what purpose?—Because the corporate bodies have a certain control and influence over the licentiates.

3730. Desirable you mean for the wellbeing of the medical profession as well as of the public?—Yes.

3731. Supposing the Medical Council to appoint the body to examine independently of the corporations, and to give the right or licence to practise, but with only the title of the State licence, whatever name may be given to it; do you think that any number of those who pass the board would afterwards go the College of Surgeons to get the name of surgeon?—I think a great many would go to the College of Surgeons, because they would get the title of member, which is a higher title. It is a title equivalent almost to our member, and quite different from that of licentiate.

3732. If members and Fellows are admitted upon examination, the members who go up for the examination of the College of Surgeons may become Fellows and so become eligible for the council and all the offices in the College?—Yes.

3733. But would there be any reason why they should go to the College of Surgeons if they obtained such licence from the examining board?—I can see none.

3734. If they got the licence they could not be members of the College of Physicians, could they?—No.

3735. And it would not entitle them to membership?—No.

3736. Then they never could become Fellows, and therefore they would have nothing to do with the corporate body?—Nothing.

3737. But they would not, by virtue of the licence, have anything to do with the College, supposing they affiliated themselves with it?—Nothing whatever.

3738. Therefore there would be really no temptation to them to come and affiliate themselves to the College of Physicians?—I think not. They would get very little more than they would get at the State board or the conjoint board or whatever it may be designated.

3739. There would be no temptation unless the State compelled them to affiliate, but supposing that the conjoint board was formed and they had the power of affiliating themselves with one or more of the bodies forming the conjoint board, would you see any objection to that, I mean not merely selecting one, but affiliating themselves to the whole of the bodies which had taken a part in the examination?—I think that most of those who came up to the conjoint board would simply be content with those qualifications which were necessary for registration, taking a medical and a surgical qualification. I do not see why they should take the two medical ones.

3740. If they would pass this conjoint board they would have in virtue of passing the conjoint board a right to put themselves on the register?—Yes, by the two qualifications.

3741. You mean by having passed the conjoint board who would examine them in all the subjects?—Yes, all round.

3742. Then, having got that, you would think it desirable that they should affiliate themselves to one corporation at least?—They would be affiliated of necessity to those corporations whose qualifications they took.

3743. But by passing that board would you take it that they would get the qualification of the Colleges?—Yes, of the two Colleges.

3744. Would you see any necessity for the Apothecaries' Company to take any part in such examination?—Not any that I can see.

3745. Do you conceive that any good to the public, or to the profession would accrue from the Apothecaries' Company taking any part in such examination?—No.

3746. It could be conducted quite as efficiently without them?—Quite.

3747. Why do you propose that the Medical Council should nominate the general examiners; why would the corporations that formed the conjoint board not be able to appoint them? It seems to me that in appointing the examiners it is very desirable that those who would take a part in the appointment should be men who are connected as teachers with the great schools, who are more likely to appreciate the merits of the examiners and of the men who are calculated to make good examiners than we who have retired from the active part of teaching, and who know less of the men who are leaders in education than those who are engaged in active teaching in their own schools. So far as I know there is scarcely a teacher on the Medical Council, or at least very few English ones, and they would therefore not be very efficient appointers of the examiners, as it seems to me. Why would you propose that the Medical Council should appoint some of those who are to be nominated examiners and not the medical corporations alone?—That was rather to meet the statement which is made that the examining boards at present allow persons to pass somewhat too easily (I do not mean to refer to any particular body) and that there would be some guarantee against that if the Medical Council appointed a portion of the examiners.

3748. But would not that be equally met and better met by the Medical Council appointing assessors or persons to visit those examining bodies, who would not be taking a part in the examination, but men capable of forming opinions which would be of greater value than those of equally highly taught men if they took a part in the examination? Supposing, for instance, that the College of Physicians and the College of Surgeons appointed a board to conduct the examinations, and the Medical Council sent visitors, as they have done occasionally, to be present at those examinations, but not to take a part in them, would not their judgment be of rather higher value than the judgment of those who took a part in the examinations?—I think they would be regarded somewhat as critics.

3749. Surely that is what they are there for?—I do not see why their testimony should be a fairer test of the examinations than that of the examiners themselves if they are properly selected.

3750. But if they were not examiners, but sat by merely to witness the examination, they would be there as critics to report to the Medical Council what was the character of the examination?—I do not see that they should be wanted if the examinations are properly conducted.

3751. Then it is to see and to guarantee to the public that they are properly conducted?—That is not a very great guarantee, because they could not be present at every examination, they could only visit a certain portion. They cannot visit every examination which is being held, because there are so many annually taking place.

3752. Then the Medical Council as a body would not appoint anybody to see that the examinations are properly conducted; they would merely appoint the examiners, who might not be of their own body, but outside them altogether; and then the Medical Council would not have the power of supervising?—I apprehend that the examiners would report to the Medical Council the result of all the examinations, that is my proposal; that they should be a part of the examining board, and that they should take part in the examinations, and see that they were properly conducted on behalf of the Medical Council; instead of being assessors or visitors, as they are at present, they would actually take part.

3753. Then they, having taken a part in the examination, would report upon the examination in which they had taken a part?—Yes.

3754. On their own examinations?—Yes, on their own examinations, and the examinations of those with whom they had been acting.

3755. Surely but little confidence would be placed in the report of those who made their own reports upon their own examinations; we should most of us probably think that we had done it very well?—The visitors until this present year, have never visited two bodies of examiners conducting the same kind of examination, and there is nothing like a comparison of what has taken place, so as to know whether the examinations are at all equivalent.

3756. If they formed part of the examining body in London, I presume that they could not go to Edinburgh to examine there?—No; but there would be one board, I apprehend, in each of the three divisions of the kingdom.

Mr. H. A. Pitman, M.D.

25 July 1881.

3757. But still there would not be any comparison between the three boards. If you sent visitors, they would be able to compare the three boards, but you could not do so if your men are appointed examiners from your own body?—That has been done this year for the first time.

3758. We have heard from members of the Medical Council that the difficulty consists in the great number of representative bodies, and that it is impossible to visit efficiently because there are 19 bodies; but if you replaced those 19 bodies by three, one in each kingdom, it would then be possible, would it not, to superintend the examinations?—With visitors or assessors to attend each examination?

3759. One year they would be in London, one year in Edinburgh, and one year in Dublin; and going round they would be able to compare year by year what is being done in the three kingdoms?—Yes, I see no objection whatever to that scheme.

3760. With regard to the power of the Medical Council to prosecute illegal practitioners the Medical Council doubt if they have power to prosecute, do you think it would be desirable to give them the power to prosecute?—Not to prosecute and to decide upon the prosecution too, not to take the place of both prosecutor and judge.

3761. But they would bring them before the judge, and the judge would be outside; they would have to carry them before the court?—Not in all cases.

3762. Clause 40 of the Act says:—"Any person who "shall wilfully and falsely pretend to be or take or use "the name or title of a Physician, Doctor of Medicine, "Licentiate in Medicine and Surgery, Bachelor of "Medicine and Surgery, General Practitioner or "Apothecary, or any name, title, addition, or description implying that he is registered under this Act, or "that he is recognised by law as a Physician or Surgeon, or Licentiate in Medicine and Surgery, or a "Practitioner in Medicine, or an Apothecary, shall "upon a summary conviction for any such offence pay a "sum not exceeding 20*l*." ?—Then the Medical Council would become common informers.

3763. I ask whether you think that is desirable?—Certainly not.

3764. You would disapprove of that?—Yes, very much indeed.

3765. It would make them a sort of trades union for prosecution, for the benefit of the public?—Quite so, and not for the profession.

3766. Do you think it just therefore that the profession should pay for what is merely for the public good namely, for the prosecution of those people?—No, I think the public should pay for their own benefit.

3767. You think that the public should prosecute, it being for their good and not for that of the profession?—Quite so.

3768. The Medical Council being a medical body, have those cases continually sent to them by members of the profession, as they are more easily sent to them than to other people; do you think that they might present cases to the Secretary of State or the public prosecutor. If a medical man were to write and say that a person in his neighbourhood has taken upon himself to practice without a license would not it be right for the Medical Council having that fully brought before them, to make some inquiry and to present such a case to the Privy Council?—Yes, I think that might be done. They might represent it to some proper person, because it is an offence against the commonweal.

3769. But you would not have the Medical Council prosecute?—I should not.

3770. Cases have been mentioned to the Commission of certain men who practice without a license, chemists and others, and who are enabled to do so by some licensed practitioner keeping two or three such people in their pay, and then going to sign the register of deaths, and so on, all the legal Acts that would bring them under the law being done by the licensed practitioner but all the other Acts being done by another person, and then the licensed practitioner shields him under his name, much to the discontent of his neighbour. If such a case were brought before the Medical Council they could do nothing as I take it; but if the person complained of were a licentiate of the College of Physicians, and he were brought before the College, the College could take cognisance of such proceedings?—Certainly.

3771. They could have him up before their censors board, could they not?—Yes.

3772. And this is an argument surely in favour of practitioners being compelled to affiliate themselves to one of the existing corporations because the corporation could deal with them in a way that the Medical Council could not?—That is what I stated, that they would have control over their licentiates.

3773. Such cases as I have mentioned would come clearly before them, would they not?—They would.

3774. The College of Physicians at the present time do summon before them, do they not, licentiates who in the opinion of the College, from evidence brought before them, have conducted themselves in an unprofessional way?—Certainly, they have done so very recently.

3775. I see from a return which you have handed in that the number of licentiates in 1880 was 79; are there any applications in 1881?—A large number; they have very largely increased this year.

3776. Have you any idea of the number?—We have three examinations, first, second, and third, and this year over 200 have been up for our first examination, and I suppose they will proceed in their examinations and take the second and the final one. We have five of each of these examinations in the year.

3777. (*Master of the Rolls.*) Supposing the State examined directly, would not the right to practice follow as a matter of course, that is to say, could you logically refuse due right to practice to a man who passed the State examination?—I should think not.

3778. What would be your opinion of an arrangement of this kind, that the State should examine, that is to say, the three conjoint boards, as you suggested yourself, for the three kingdoms, and that a man should simply register his name and go in without any title at all and that you should leave him to get his title where he liked?—One objection to that would be that he would have to undergo another examination, and pay additional fees in order to get a qualification besides that of his own name.

3779. That is to say if he wanted to be a member of a hospital staff, or to get a higher title, he would have to pass probably some examination and to pay a fee?—Yes.

3780. I assume that he only pays an original fee sufficient to cover the cost of the Government examination, so that there would be no great hardship upon him?—No, but then the question is, how he would become a member of the College of Surgeons or a licentiate of the College of Physicians.

3781. Supposing this arrangement were made, that the power was given by Parliament to those bodies to limit their examination so that they might, if they thought fit, take a man who was on the register simply by passing a very limited examination, how would that do?—I do not think that the College of Physicians would be content to admit licentiates on those terms.

3782. A man would not want the licence, it is the membership that he would want?—No.

3783. What would a candidate get by being a licentiate, seeing that he could practice without?—That is what the College would object to, that there should be a class of practitioners who belonged to no corporation whatever.

3784. I understand that they would, but I am going to put to you not whether they object, but what you think of it?—I should object myself, as their representative, that there is no control over such a person; he gets upon the register, and there he is.

3785. Why should there be no control over him; why should not the Medical Council have control? You are assuming that there is no control?—They might by a new Act of Parliament give more control, the same as they might take every privilege from the existing corporations.

3786. But it appears that the Medical Council do control now, by the 29th section of the Act, which says, "If "any registered medical practitioner shall be convicted "in England or Ireland of any felony or misdemeanour, "or shall after due inquiry be judged by the General "Council to have been guilty of infamous conduct and "so forth, they may direct his name to be erased from "the register."—If it is infamous conduct, the Medical Council have cognisance of that, but there are many other kinds of conduct which in a certain sense are punishable by the corporation whose license the man holds.

3787. The Council have the power to, and might certainly, deprive a man of the right to practice his profession

if he has been guilty of infamous conduct in any professional respect?—Yes, that is their present power, but there are many kinds of conduct that would not be interpreted as infamous. It may be a very difficult word to interpret when you come to apply it to an offence as to what constitutes infamous conduct.

3788. If it were right to strike a man off the licentiateship of the College of Physicians, would it not be right to strike him off the register?—He would of necessity be struck off the register.

3789. Would not that be right?—Quite.

3790. The College of Physicians ought not to strike a man off for conduct for which it would not be right to strike him off the register?—Quite so, but there are offences for which the College has power to inflict a fine—offences which are not so grave as to require him to be struck off or deprive him of his license.

3791. Is that power exercised?—It has not been exercised lately, but I have no doubt that it would be exercised—cases may occur in which it would be desirable to exercise it.

3792. Have you ever known it exercised?—No, I do not think I have.

3793. Then is it a power in abeyance?—Yes.

3794. Practically it is not exercised—do you think it is a desirable power?—Quite so—I do indeed—I think it restrains a good many persons from doing things that are shabby and unprofessional; in fact, they fear the fine.

3795. What is the power of fining given to the College for?—I suppose it is, as you will find it in the charter, for the correction and good government of the members of the profession.

3796. Those are large and indefinite terms; for what purpose would that power be exercised?—I do not know for what purposes. It might be exercised in such a case as this: if a licentiate of our college was known to assume a title which he did not possess, although he was upon the register, he would be brought up before the College and he would be either reprimanded or fined, or if the offence was sufficient, they would strike him off the roll.

3797. Except fining, the Medical Council can do all that—they can reprimand him, can they not?—Certainly.

3798. But with regard to the fining, in what case would you fine?—We have had cases before us where a fine has been threatened to be inflicted.

3799. To what extent does your power of fining go?—Under our present byelaws, 10*l*., I think, is the extreme limit.

3800. Can you make a new byelaw?—I have no doubt we could.

3801. To what extent do your powers of punishing go now?—We have power to send to prison even, I believe. I think we could do a great deal under our present powers. Formerly the College used to send to prison.

3802. Do you think that it is desirable that the College should have power to inflict a fine up to 10*l*.; is not that a very mild punishment for a man who misbehaves himself professionally?—I think it is a very proper power.

3803. You think it would be a desirable power?—I think so.

3804. Is not that an argument for an amendment of the Medical Act?—I do not know why that power should be taken from us.

3805. But why should not the Medical Council possess the same power? If it is a useful power, by all means give it to the Medical Council, and therefore, if the Medical Council could possess it by an amendment of the Medical Act, what becomes of your argument about a man being a licentiate of the College of Physicians?—If the control is taken from us, we have no answer at all.

3806. I do not mean the power taken from you, but the present control of the Medical Council extended to the infliction of fines?—That is a power which the Act of Parliament might give to the Council if the State chose.

3807. And if it is given, what then?—If it is given there would be no necessity for another body to have it.

3808. Therefore it is a mere question for the Legislature whether such a power is or is not a desirable power to confer upon the governing body of the profession?—Quite so.

3809. Beyond this power of fining, is there any other reason why a man should be a licentiate of the College of Physicians?—I suppose a certain number would like to be attached to the College for the status that it gives.

3810. I am not proposing to deprive them of the right of becoming licentiates if they wish to be so?—But it is not to be a registrable qualification until he has obtained some other.

3811. The suggestion is, that there should be no registrable qualification—only a nominal register?—It is that in virtue of which he would have the qualification to practise. The register of his name would be equivalent to a qualification from the College of Physicians; it would be a license to practice, and therefore, although it would be simply ensured by his name being on the register, it would be equivalent to a qualification given by one or more of the bodies upon the register.

3812. What is the objection to that?—The objection to it would be, that it would take the licensing power more or less from the other bodies.

3813. It would take it entirely from the other bodies, would it not?—Yes, it would.

3814. Do not you propose that none of the bodies should hereafter be entitled to grant a license to practice?—I do not know what the reason for depriving the existing licensing authorities of that privilege is, and I do not know why it should be taken away from them. If it were improperly exercised by the present licensing bodies, that would be a reason for taking it from them, but I do know really what reason there should be for depriving the present licensing authorities of their power.

3815. I have been examining you upon the assumption that your opinion was, that admission to the register should depend upon examination by a single body in each division of the kingdom?—Yes, which board is to be constituted in a particular way.

3816. And that opinion would imply that the existing bodies should cease to have the power of granting a license?—But it is part of the scheme laid down that they should themselves grant the license and that the qualification should be obtained from the licensing authorities which form a part of the examining board; that is a part of the scheme. It is scarcely fair to take only one passage in the scheme.

3817. Am I to understand you that there is to be a Government examination board, and then the corporations should grant the license?—No, the corporations are to form a part of the examining board, which examining board is to be constituted in a particular way by the examiners of the different bodies, and therefore the grantors of the license would be, and ought to be, I conceive, the constituents of an examining board.

3818. Assume for the present purpose that a portion of the examining board is nominated by the present licensing bodies; would you see any objection to prevent any license being granted except by the examination board?—Yes, I think that those who examine should grant the license.

3819. Assuming that a portion of the examining board is nominated by the licensing bodies, do you think that the examining board should be as a rule the body granting the license to practice?—That is to say that the licensing authorities should continue, being on the board, to grant their existing licenses; that the existing authorities, say, for example, the College of Surgeons and the College of Physicians, should appoint examiners to form one common board; and then having examined the candidates, those candidates would claim a license from the College of Physicians, and also a surgical license from the College of Surgeons, and thus would be entitled to be placed on the register.

3820. You mean under the conjoint scheme that a candidate on passing the examination should be entitled to claim a license?—Exactly so.

3821. With or without an extra fee?—Without any extra fee.

3822. Then he must pay not merely for the expense of passing the examination, but something additional as proposed under your scheme?—Quite so. I think that every person should pay for his license; he should pay not only for being examined, but he should pay for the privilege of practising in addition. It is so in the law. I believe that the lawyers every year pay 6*l*. I think it is, for the privilege of keeping their names as solicitors on the Roll. If one may use equivalent terms

Mr. H. A. Pitman, M.D.

25 July 1891.

for the lawyers, it is the minimum qualification; they make an annual payment of 6*l.* a year besides very heavy fees before that.

3823. Do you suppose that that is acquiesced in by the solicitors for the pleasure of payment?—No, not for the pleasure of payment.

3824. Do not you imagine that there is some other reason why they acquiesce in it?—There must be some reason, I have no doubt that they cannot help themselves.

3825. They are a very powerful body. Do you think that if they wished to get rid of it, they could not?—They do not appear to object to it. At any rate they continue to pay it.

3826. Have you ever heard their reason for it?—I do not know their reason.

3827. Do not you see that it keeps out the poorer practitioners?—Then it does not apply in our case, because our profession is one of the cheapest of all that people can enter.

3828. And perhaps it might be worth your while, as a medical profession, to inflict a penalty of 6*l.* or 9*l.* a year on every practitioner with a view of diminishing their number?—No doubt, but that is against the argument allowing a man to pay simply a fee for passing the examination, and then to have the privilege of practising. There ought to be a very heavy fee for the privilege of practising in addition to the fee for examination if you want to keep down the list.

3829. I do not say so, but I am giving you a reason why a powerful profession like the solicitors might not wish to abolish the tax, but you see that reason does not apply in this case. Why should the medical practitioner pay for his license to practice?—But they have not paid for the privilege. They have only paid for the examination. I say that when they have paid for the examination they should pay an additional fee for the privilege of practising, that is to say, a fee for the license. They pay for passing the examination and they should pay something more for the privilege of practising.

3830. You would not allow a man to practice without a title on payment of the Government expenses?—I think he ought to pay something more than the fee for the examination.

3831. Have you considered this, that the very distinguished corporation to which you belong existed very well before they granted the licenses?—It has never ceased to grant licenses to practice since the year 1518.

3832. You are speaking of what was called the extra license, but I am speaking of the general practitioner's license?—They have granted that from the year 1518.

3833. But not to any extent surely?—To all who would come for examination.

3834. I am told there is what is called an extra license for the country, but that means a more general license?—There was always a license which entitled a man to practice everything, and we have never given up our power of licensing which we have under our charter of 1518; we have never given any other license.

3835. I thought that in 1858 you made new regulations by which you granted a license to general practitioners, which was not formerly the case?—We have granted of late a license which at a certain period of our existence was restricted, and which was I believe illegal. Our ancestors, some of them, at that particular time granted a license with restricted powers, but they had no power to do it, and we simply returned back to what we did before that practice was in vogue.

3836. The license to practice was very old, was it not?—Yes, very old, from 1518, and then at a certain period of our existence it was thought desirable to make a condition with those who were licentiates that they should not dispense medicines to their patients, and that the medicine should be obtained at the chemists; but that was a condition which, I believe, they had no power to put on the licentiates.

3837. Still it was the practice of the college for an immense time?—Not for an immense time. I cannot give you the exact date, but certainly it was not for an immense time, I think it was about the time of Sir Henry Halford. It is not such a very long time ago, and we have simply returned to our former practice.

3838. Whether it was an actual condition of practice to the licentiates or not, it was the procedure of the College of Physicians not to allow their Fellows and licentiates to dispense medicines?—But not for any great length of time, I think.

3839. Could they dispense medicines in former days?—Yes, the Fellows of the college dispensed medicines in former days.

3840. But you do not know the date when they made the change?—I cannot tell exactly, but I do not think it is very long back, taking the period since our charter.

3841. What was the number of the licentiates before the year 1858?—They were comparatively few, at that time, because the license was given, as I say, with that restriction that those who held it were not to dispense medicine.

3842. I think I am right in saying that before that time your members and Fellows were what were called pure physicians?—Yes, the members and Fellows were.

3843. You did not recognise the right even of a licentiate to do otherwise?—No, what they call "pure physicians" might practice surgery, with only this restriction, that they might not dispense their physic. They could practice midwifery and did do so.

3844. Can you tell me when this restriction began?—No, I cannot tell that exactly.

3845. Was not that, as a matter of history, really the origin of the Apothecaries' Company as a licensing body?—That was in 1815.

3846. It must have begun before that?—Yes, it must have been begun before that.

3847. It was by reason of the refusal that the Apothecaries' Company sprang into existence?—I have no doubt it was. The Apothecaries' Company applied for an injunction to restrain the College from allowing its licentiates to dispense medicines.

3848. They thought it an invasion of their rights?—Yes, they thought it was their exclusive right.

3849. What I want to know is this, what rational cause is there for a man who is on the register becoming a licentiate of the College of Physicians, what benefit do the public get by it?—I do not know that there is any special advantage to the public beyond this, that they have now been so long accustomed to examine, and their license is understood, and everybody knows what the license of the College of Physicians means; but if there were a new form of license, the public would be a long time understanding it, if a man's name being in the Blue Book or the Red Book simply was to be understood as a qualification for practice.

3850. Is it not very probable that a great number of the same class of people who took the license before would take it afterwards?—No, they would have no pretence to do so because they would already be on the Medical Register.

3851. Would not the title be of value?—It might be for some, but not sufficient for people to go through another examination with an additional fee. A certain number might do so it is true.

3852. We will distinguish between the examination and the fee, supposing they paid the additional fee for a very slight examination, how would that do?—But I do not see why the examination should be slight.

3853. The man is entitled to practice, but supposing the Act of Parliament allowed the College of Surgeons to examine in surgery only, and allowed the College of Physicians to examine in medicine only, without any more if they thought fit, and supposing they chose to say to a man who had passed the State examination: if you wish to add to your titles that of licentiate or member of the College of Physicians, we will examine you in medicine; and supposing the College of Surgeons were to say: if you want to become a member of the College of Surgeons, we will examine you in surgery only; do not you think that a great many men would pass those examinations?—No, I do not, indeed. It would be a matter of experiment. It is quite impossible to say what numbers would, and what would not, but at any rate, they would have to pass some additional examination; and supposing they were rejected, it would be a great discredit to a man already on the register to be rejected upon an examination, especially if it were such a simple examination. Even at present graduates from the different universities come up for examination for the membership of the College of Physicians and are rejected; I think that the fear of that would possibly deter a great many who have already got a qualification.

3854. Would the same remark apply, not to the general practitioners, but to the superior class who were members of the College before the alteration?—It would apply to both, I think. The fear of being rejected would deter a great many from presenting themselves for examination.

3855. Would that apply to the superior class of whom I am now speaking?—They would in all probability still come. Those who wish to be members would no doubt still continue to come as they do now.

3856. So that practically the corporation would exist in very much the same state, if your fears were realized, as it existed before 1858?—No doubt they would be reduced to very much the same state.

3857. Would that be any great disadvantage to the College?—Yes, I think it would as regards its pecuniary interest, certainly. From a return which I have furnished you will find that the licentiates of the college bring in an income at present of something like 500*l.* or 600*l.* a year, and I should think that they would lose a very great portion of it.

3858. Is that profit?—It is put down as emolument.

3859. Is that inclusive of the expenses of the examination or exclusive?—It is the profit. We take the question as put, and in that we find the word "emolument," and therefore we have deducted the cost of the examination, and we have put down as the emolument what we understand to be the clear profit of the thing. That, I think, is the English meaning of the word "emolument," and I looked it out on purpose that I might answer the question as I thought you put it; I looked to see what the true meaning of the word "emolument" was, and I found that it meant gain or profit. If I am wrong, "Johnson's Dictionary" has misled me.

3860. Then I understand what you have given in your return now means the profit?—Yes.

3861. Do I understand that it is very nearly one-half of the income of the body?—The profit is about one-third of the examination fees; which are about two-thirds of the College's gross receipts.

3862. Then one-half of the income of the corporation is derived from examination?—No, if you include the amount paid by the Fellows, members, and licentiates, our income, I think, is about 3,000*l.* a year altogether. I have given in a return of the income derived from fees, derived from rent-charges on estates, and derived from dividends.

3863. What I want to know for the information of the Commission is this: if we were to deprive you, by a recommendation of ours, adopted by the Legislature, of this income, would that affect seriously the position of the college, so that it could not go on?—No doubt it would, at least I think so.

3864. In some shape or other you would require an additional income?—I think so; at least we should be very unwilling to spare the income that we now get. We have no margin as a rule; we spend all our income every year, and more sometimes.

3865. Will you tell the Commission how you did before 1858? Had you any other source of income then?—No, we had no other source of income.

3866. Then you had to manage without means?—But our expenses were obliged to be brought within our income. At that time our president derived nothing from his office, and now our president receives every year a certain honorarium for the sacrifice which he makes in his practice.

3867. Do you think that that is desirable?—It is so. It is a great sacrifice to a man in his position.

3868. Is that the usual practice in the medical corporations, do you know?—I am not aware.

3869. You examine in surgery, do you not?—Yes.

3870. Of course you were not compellable to examine in surgery?—We were.

3871. Are you by the terms of your charter?—No. We are not compellable to examine in anything, but by our charter we are called upon to ascertain that the person to whom we grant our license is a fit and proper person to practice, and if he was examined by any other body he might be admitted *ad eundem*.

3872. To practice what?—Surgery, medicine, and midwifery.

3873. Are those the terms of your charter?—No; in the charter it is to practice physic, and we were advised not to change the title on account of its being so comprehensive. Our legal advisers told us not to change the license; "the practice of physic" comprises all those different privileges to practice.

3874. Do you consider that licentiates are members of your body?—No, licentiates are not members of our body.

3875. What privileges do the licentiates possess, and under what authority?—They have privileges under the charter.

3876. As I understand, the license confers power to practice, which includes medicine, surgery, and midwifery?—Yes.

3877. You consider, do you not, that you are bound to ascertain a man's fitness to practice?—Yes.

3878. But you are not bound to examine?—We are not.

3879. Then you could without any alteration in the law examine in medicine alone if you thought fit?—I do not know. If we grant our license, and that license gives power to practice in surgery, we ought to examine in surgery as well as medicine.

3880. I am speaking now of a practitioner who is already registered?—Then we might accept his examination *quoad* surgery.

3881. Assuming that a registered practitioner was examined in all the branches, and then came to you either for a license or a membership, you could, as I understood you, under your present charter, if you saw fit, examine in medicine only?—We could admit him to a license without any examination at all, I apprehend.

3882. In the case I have put, you might get your fee without any expense at all?—Yes, but we should not admit them without examination; we might do so, but we should not. We should not admit anyone to our body without examining him ourselves; that is the principle I think we should always go upon.

3883. I thought you were not required by your charter to do anything more than satisfy yourselves?—That is all.

3884. And that you might admit a person who passed an examination elsewhere if you thought fit?—Yes, but we have never done so, we have always examined.

3885. But there is nothing to prevent your doing it?—No, there is nothing to prevent our doing it.

3886. What would you think of this proposition: Supposing that a man who was registered came to you and asked to be a member of your body, or a licentiate of your body, and offered to pay a fee, and you were satisfied that he had been sufficiently examined by the Government board, of which some of your members were also members, and that he was qualified to practice, would you admit him?—I do not think that the College would admit him even to its lowest qualification, that of licentiate, without another examination, even though he had passed this board.

3887. How do you reconcile that with your previous statement that you would, in the case supposed, admit him without examination?—I have never stated that, I said we had the power.

3888. Then I entirely misunderstood your opinion. I understood it to be, that, if the College elected some members of the examining board, and that board passed a man, the College would give its license without further examination?—Because they would have their own examiners on the board.

3889. They would have members of the board, but not necessarily examiners?—Yes, it is part of the scheme that I put forward that the Colleges should appoint a portion of the examiners.

3890. That they should have members on a board which appointed, and not that they should themselves appoint?—Yes, that the authorities should appoint, that the grantors of the qualification should have examiners upon the board.

3891. Then you propose that each of the 19 licensing bodies should appoint an examiner?—No, not the 19; only those in this part of the kingdom, only seven.

3892. You propose that the examiner should not be appointed by the board?—No, the medical authorities are to appoint, but also the Medical Council; the medical authorities and the Council are jointly to appoint an examining board, and as the medical authorities would then examine through those examiners, they would be ready to grant their qualification.

Mr. H. A. Pitman, M.D.

25 July 1881.

3893. Let me see if I correctly understand it. I understand your scheme is, that the Medical Council and the seven licensing bodies should together appoint a board?—Yes.

3894. That the Medical Council should appoint some members of the board and the licensing bodies the other members of the board?—Yes.

3895. And that this examining board should appoint the examiners?—No, not at all. It is so stated that the medical authorities are to appoint the examiners. I do not mean the board who are to appoint the examiners, but absolutely the examiners of the board.

3896. I see that you state "that the existing medical "authorities should take part in the formation of such "a board," therefore your examining board are simply examiners?—Yes, simply examiners.

3897. And no independent board at all?—No, the board are to be simply examiners. We have now a committee of reference, and I would do away with the committee of reference.

3898. Then, as I understand, you appoint examiners separately by each corporation?—Quite so. The bodies are those who are now the licensing authorities and who would appoint examiners.

3899. Would each appoint its own examiner?—No; each would nominate a certain number.

3900. You must regulate it in some way. A certain number must examine in something; surely you do not mean to appoint examiners generally?—No; for example, the College of Physicians would appoint the examiners in medicine and midwifery, and the College of Surgeons would appoint the examiners in surgery, and so on. The body best qualified to select the best examiners would have the power of appointing.

3901. Then this examining board would pass a candidate?—Yes.

3902. And the College of Physicians is to give its license to a person who passed that examination?—Yes.

3903. Although the college did not appoint the examiners in surgery or pharmacy for instance?—Exactly, the same as they do now.

3904. Therefore the college would accept the examination of other examiners for everything except medicine?—Yes, for everything except medicine and midwifery.

3905. If that is so why should the college object to accept the examination of the other examiners in medicine?—They examine in surgery by appointing Fellows of the College of Surgeons.

3906. On your theory, the College of Physicians ought not to object to give their license to people who are on the register however they got there, if they are sufficiently examined in everything but medicine; do you see what I mean?—I see what you mean.

3907. That is exactly your proposition in another form, is it not?—Yes, that is what they do now in fact, they admit the examination conducted by the College of Surgeons as sufficient, and they exempt their candidates from their examination in that particular subject.

3908. Then they do in fact admit people without examination except in medicine?—Yes.

3909. Why should you not continue the same system?—We should, and we do now.

3910. If you have a joint board to examine, that is to say, a Government board, and its members examine people satisfactorily, why should you not admit those men without further examination, or I may say with a further examination in medicine?—We have no reason for admitting them at all.

3911. I have suggested a solid and substantial reason to you, namely, that they should pay you a fee: what is the objection?—I do not know that there is any objection to that.

3912. (*Professor Turner.*) We have heard a great deal about this examining board, and I understand from what you have just told us, that you intend that the universities should form part of that board?—Yes, as was contemplated in the conjoint scheme.

3913. Do you intend that the universities should appoint examiners?—That was not part of this scheme.

3914. Then I may ask you, according to your own scheme do you intend that the universities should appoint examiners?—No, I think not, because they would not grant their license or register all those who pass this board.

3915. What is to be the function of the universities if they are not to appoint examiners?—I suppose they would give their advice and counsel the same as they would have done upon the committee of reference.

3916. But you are not to have a committee of reference, as I understand?—No.

3917. But so far as I understand your scheme, you are to have a single examining board, formed in each of the three divisions of the kingdom. You say "That the existing medical authorities should take part in the formation of such board, and grant a medical and a surgical qualification to candidates who pass the final examination of the board. That the examiners of such board should be appointed in part by the grantors of the qualifications and in part by a Medical Council." I do not understand at all on this scheme of yours what function the universities have in connexion with this board?—They would not have anything to do with the appointment of the examiners on the new board. The board of examiners are to be appointed simply by the grantors of the qualifications. The universities would not give a qualification, I apprehend, to those who pass this examination.

3918. Then the question I put is, what is to be the function of the universities on this board if they are not to do anything?—They would be upon that board as the medical corporations would.

3919. Then I understand from this scheme that this is a board, the simple function of which is to pave the way for the admission of candidates to the licenses of the medical and surgical corporations?—Exactly so.

3920. Do you under this scheme intend that all university graduates must, before they can go on the register, obtain a medical and surgical qualification?—The universities in this division of the kingdom were content with it.

3921. I mean under your scheme, because this is a scheme, as I understand, which you suggest, not for this division of the kingdom but as a general scheme to be adopted throughout the kingdom?—I do not see why it should not apply to Scotland and to Ireland as well as to England.

3922. You would suggest that there should be a single examining board established in Scotland, say, in the formation of which the universities should not take the least part?—They may, or may not.

3923. According as I read your scheme, it applies to England; according as you interpret it, does it apply to all the kingdom?—No, I interpret it only as applicable to England: of course there may be different circumstances in Scotland or Ireland which would require some modifications of that scheme. The circumstances of Scotland are very different from those of England. In Ireland I think that they pass on different terms to what they do in the universities in England, because the universities in Ireland grant a license.

3924. Why do you object to the universities forming part of this single examining board for England?—I do not object at all.

3925. But yet you have told us that they would not form part of it?—No, but I do not object to their forming part with the licensing medical corporations. What I meant originally to do away with was, with the committee of reference, which appears to be no longer requisite. In the proposed scheme for a conjoint board there was a committee of reference who had nothing to do with the appointment of examiners; the appointment of examiners rested with the corporations only.

3926. That is a mistake, for the committee of reference nominated the examiners?—They nominated a certain number, but the others had the appointment and they might refuse to appoint those that were nominated, so that virtually the appointment rested with the corporations.

3927. My impression is that the power to refuse to appoint does not exist in the conjoint scheme, but they must select from those that are nominated?—I was not aware of that. I see that the words are, "That the "board be constituted of examiners nominated by a "committee called herein, 'The Committee of Re-"'ference,' and appointed by the Royal College of Phy-"sicians of London, the Royal College of Surgeons of "England, and the Society of Apothecaries in such

"manner as they shall severally think fit." I see that they must be nominated.

3928. With reference to the examination of the College of Physicians as now conducted you say on page 5 of the byelaws that "The subjects of the second examination are anatomy and physiology"—would you kindly tell us what is the character or nature of your anatomical examination?—There are written questions in the first place which the candidate has to write answers to.

3929. How long does that written examination last?—They have three hours for answering. They have from six to eight questions put to them.

3930. Is there any practical examination?—There is a practical examination—an oral examination on dissections—a part of a body dissected, and preparations.

3931. Would you tell us briefly what the character of your examination in physiology is?—They set questions in physiology, as they have for anatomy, and then the examiner on physiology takes chemical physiology and the microscope, and puts questions.

3932. Is there a practical examination in physiology—I do not mean vivisection, but in the demonstration of physiological instruments and so on?—Yes, with the microscope and on physiological chemistry with chemical apparatus, and the candidate is required to be examined upon it.

3933. In the final examination, what is the character of your examination in surgery of those candidates who do not come up to you with a surgical diploma?—They have in the same way a written examination with three hours to answer in the evening of one day—and then another day they are taken to the hospital and are examined at the bedside of surgical patients; then they have to perform operations upon a dead body at the College, and then they are examined, finally, orally, so that there are four parts in fact of the examination, written, practical at the hospital, operative and oral.

3934. Would you tell us if any proposition has been made to your College during the last few months by the authorities of the College of Surgeons as to a voluntary combination on the part of your two Colleges?—Yes. I think I may say within the last few months, I do not know how long it was since, but there was a proposition that the two Colleges should be united.

3935. For the purpose of conducting a conjoint examination, as the result of which a qualification both in medicine and surgery was to be given?—Yes.

3936. Can you tell us if negotiations for this voluntary combination on the part of the two Royal Colleges are going on?—No, they fell through because my College felt bound by the terms of the scheme not to enter into a combination with any other body for a series of years although that scheme was not in operation.

3937. But was not the College of Surgeons one of the bodies concerned in the formation of the conjoint scheme?—It is one.

3938. Why should not the College of Physicians have entered into negotiations with the College of Surgeons to form a voluntary combination of the two bodies, seeing that both were parties to the formation of the conjoint scheme?—We could scarcely do that without the consent of all the other co-operating bodies, some of whom had got Acts of Parliament specially to enable them to come into the scheme. They could not enter into a contract, as it were, with one of those co-operating bodies without the consent of all the others.

3939. Did you take any steps to get the consent of the other co-operating bodies?—We did not, because we thought that the conjoint scheme, the larger scheme proposed, was the more preferable one.

3940. (*Mr. Simon.*) Suppose that a scheme were established such as is contemplated, and that all the examining bodies in England were concurrent in it as was proposed for the English committee of reference: supposing a conjoint scheme of that sort to be in operation, would it not be your view that the man who passed the examination was guaranteed to the public by all the authorities?—He would be guaranteed no doubt if he passed that examination.

3941. They would conjointly authenticate him as fit to practice?—Yes.

3942. Why then should he not in respect of that authentification pass on to the register?—If he was a licensee of the whole general board, then I think that those who took part in the examination should grant the qualification.

3943. But, except so far as any particular merely formal act might be necessary, he would already be their licentiate, that is to say, all the authorities of the division of the united kingdom would have authenticated him as fit to practise?—Yes.

3944. What more than that could the public want?—The public should want nothing more.

3945. And he would be subject to the control either of that conjoint board or of the General Medical Council in respect to his morals. Suppose it provided, that he should be subject to the conjoint body in the same way as he is now to the individual body; that, putting aside for the moment the questions of finance, would entirely meet your view?—Putting aside the question of the fee, no doubt it would.

3946. Or the existing law that he should be subject to the General Medical Council would answer the purpose?—Yes.

3947. Then supposing that he passed an examination and that, besides a fee attached to the examination, there were some additional fee, call it a corporation fee, which should give him the privilege of attaching himself to any corporation that he saw fit to attach himself to: that also, so far as the fee goes, would meet your views?—If you could secure that a great number would accept those conditions, but there is the difficulty. It would be an experiment. You would not be sure that, having got upon the register, any of those on the register would affiliate themselves to any of the existing corporations.

3948. But, for the public, it is not necessary that he should be affiliated to any of the corporations?—Not absolutely.

3949. There remains then only the question of admitting them to what you may call club privileges, the use of the library and the use of certain rooms?—Yes, certainly, it is no small privilege to get access to a very good library.

3950. But would it not be reasonable to allow him the option whether he should buy, or should not buy, those privileges?—That means whether I should give him the option or whether the State should give him the option.

3951. The State?—That would be for the State to determine, I suppose.

3952. In the plan which you propose, there are two elements, I think; a board which would examine and pass without licensing, and corporations which would license without examining; those are the two elements in your scheme, are they not?—No, I think not. Any of those examiners that they appointed on the board would examine.

3953. But as that board examines for them, why should not it license for them?—So it would if it granted their license.

3954. "Licentiate in medicine and surgery" was a term proposed over and over again in England, was it not?—But why not "a licentiate of the College of Physicians and a licentiate of the College of Surgeons."

3955. If a licentiate means "a man authenticated by," would he be more authenticated by the College of Surgeons and the College of Physicians than by the four universities? Would not they all equally authenticate him?—If the universities appointed any portion of the examiners, it would be so no doubt.

3956. I think in the first answer which you were good enough to give me, you agreed that, under a plan like that of the English conjoint scheme, the universities would contribute to the authentication with the public?—Yes.

3957. Are you aware whether the College of Physicians examined in surgery at any time before 1858?—I should assume in the earlier part of its examinations that it did do so. It lectured on surgery in the college, and it taught surgery, and therefore it would examine, and it should have examined in surgery as its licentiates were qualified to practice surgery.

3958. When did the system of examining in surgery cease?—I do not think that it has ever ceased, because those who come up for our membership have to be examined in surgery.

3959. I mean before 1858?—Those who were licentiates, no doubt, were not examined in surgery except through the universities whose degree they brought up. They brought degrees of great variety, and those for the most part comprised an examination in surgery.

Mr. H. A. Pitman, M.D.

25 July 1881.

3960. The point which you have put, and which I believe to be part of the case of the College of Physicians in insisting on their right to examine in surgery, is to be found in section 3 of 32nd Henry VIII., chapter 40, where it is expressly said, "And forasmuch as the science "of physic doth comprehend, include, and contain the "knowledge of surgery as a special member and part "of the same;" is it not?—And that privilege has been reserved to us, I think, in all charters granted to the College of Surgeons.

3961. That section expressly provides that the physicians may "practice and exercise the said science of "physic in all and every his members and parts"?—Yes, including surgery.

3962. In point of fact, is it within your recollection that any Fellow of the College of Physicians ever examined in surgery?—No.

3963. You entirely depend on the Fellows of the College of Surgeons?—Yes, we have done so.

3964. That is to say, you renunciate so far the pretention of being surgeons?—No, I would not renunciate it, because we have some very eminent surgeons belonging to our body. Sir Joseph Fayrer, whom you will recognise as a surgeon of great eminence, is a Fellow of our body, and he is a Fellow of the College of Surgeons also.

3965. (*Mr. Cogan.*) Have you formed any idea as to what proportions of this board, which you recommend, should consist of those appointed by the State and those appointed by the licensing bodies, respectively?—I have not really determined that. I think that if the State appointed one-third, possibly the other two-thirds might be appointed by the authorities, or if it were one-half I should not object myself.

3966. You consider that there is a great advantage in the compulsory affiliation to your College amongst others, inasmuch as it would give special control over its members with regard to offences not of so grave a character as at present would enable the Medical Council to exclude them from the register, but which would be of so grave a nature that you think they ought to be taken notice of?—I think that their having that power works to the advantage of the public.

3967. Do you assert or exercise any control over those belonging to your College with regard to the fees that they take?—No, none.

3968. Would it be considered in accordance with professional conduct to take a fee of less than a guinea?—It is the practice generally speaking for physicians to look for a one-guinea fee; now I believe a physician looks for two guineas at the first interview, but, as regards a licentiate, he fixes what fee he pleases.

3969. That is in no way looked at as unprofessional?—No; he may take 5*s.* or any fee he pleases.

3970. Are you aware of its having been the practice of members of the College of Physicians as well as licentiates formerly to take fees of half a guinea?—I dare say some may take as little as that now for what I know.

3971. What I wanted specially to bring out was, whether you do consider it in any way unprofessional conduct in members of the College to take 5*s.* fees from the poor if they are attending them?—I should not expect that you would be able to prevent it if they did.

3972. Do you exercise or assert any control over your members with regard to going into consultation with practitioners of a particular system, say homœopathists, for instance?—No, it is left to each individual to exercise his own discretion in the matter.

3973. I understand you to say that your licentiates do take 5*s.* fees?—I do not know that they do, but very likely they do.

3974. (*Master of the Rolls.*) Do you think they could get a guinea?—I have no doubt they would take it if they could get it, but we know very well that their fees are always smaller than those of persons who are reputed as physicians. They are general practitioners in every sense of the word.

3975. (*Mr. Cogan.*) They are perfectly free to go into consultation with homœopathists and others. You do not exercise any control over them in that respect?—None.

3976. Are you aware whether the licentiates of the College of Physicians of London assume the title of doctor?—We do what we can to prevent them; we issue a certification that we do not confer the title or encourage any one to assume the title, but we cannot prevent it, because I suppose anyone may call himself a doctor who likes. I do not know that it is illegal to do so. He certainly would not contravene any of our present bye-laws if he were to do so, but we discourage it in every possible way that we can.

3977. Some years ago, was it not the fact, that the registrar did put down on the register certain persons as doctors of medicine who had not a right to that title, and that the reason given in one case was that the person had been connected with the College of Physicians, and the registrar assumed that that right existed?—That could not apply to the London College. I believe at one time the Irish College assumed power to confer the title of Doctor upon its licentiates. It claimed to have that power, but if I remember rightly the University of Dublin put a stop to it.

3978. But the registrar to whom I refer, who was the registrar of the Medical Council, was connected with the College of Physicians of London?—Doctor Francis Hawkins was.

3979. And he actually inserted in the register the qualification of M.D. where a person had not really a right to it?—I am not aware that he did, he certainly had no right to do so. We do not claim to confer the title of Doctor at all; as I say, we discourage it in every possible way.

3980. With regard to the constitution of the Medical Council I understand that you would not have any licensing bodies at all represented on it of necessity, but you would give the nomination of all to the Crown?—I should prefer that, I think.

3981. Have you any special reasons why you think the Council should not partly consist of representatives of those different licensing bodies; is there any special reason that has induced you to wish them to cease to be members of it?—I think there should be a body quite apart from the licensing bodies who should control all the details of education. I think that the examining bodies should be examining bodies purely, and that the Medical Council should lay down all the preliminary conditions of admission to those examinations.

3982. I think you have also stated that you are strongly opposed to the direct representation of the profession on that Council?—I am.

3983. (*Chairman.*) You said just now that the licentiates of the College of Physicians sometimes assumed the title of Doctor and that the college is very much opposed to their doing it, why does not the college exercise some of that moral influence which you spoke of to prevent them?—We have no power to prevent them.

3984. Why do you not fine them?—You mean that we should make a byelaw to fine a person who assumes the title of Doctor if he is not a graduate of medicine. That would give the college a considerable amount of additional work, I should think.

The witness withdrew.

Mr. Christopher Heath, F.R.C.S., England, examined.

Mr. C. Heath, F.R.C.S.

3985. (*Chairman.*) You are a Fellow of the Royal College of Surgeons, and Holme Professor of Clinical Surgery in University College, London, and Surgeon to the University College hospital are you not?—I am.

3986. You have been examiner in anatomy, have you not, in the College of Surgeons of England?—Yes, for five years.

3987. You have examined also at the Durham and Cambridge Universities?—Yes.

3988. Do you still examine there?—No.

3989. You are at the present time practical lecturer in the University College, London, are you not?—Yes.

3990. In the early part of your career you used to take private pupils I think?—Yes.

3991. Has your experience taught you that there is any considerable difference between the examinations

of the various licensing bodies?—Certainly, men who fail here can go and get a diploma elsewhere.

3992. Are the examinations of all the English licensing bodies nearly the same?—There is a great difference in the different boards in England, of course, but men who fail at the examinations of the College of Surgeons can go and get a diploma elsewhere.

3993. Where do they generally go?—To Glasgow by preference, and sometimes to Edinburgh.

3994. Not to the Edinburgh University I presume?—No, the double license of the College of Physicians and College of Surgeons at Glasgow is considered the easiest, and next to that is the double license of Edinburgh.

3995. Have you yourself any knowledge from experience of the examination of the Glasgow Faculty?—I only judge by the results, I know that men who go up, who failed here, come back with diplomas.

3996. You know from your own knowledge instances of men who have failed here in the examinations of the College of Surgeons and who have gone to the Faculty at Glasgow or the College of Edinburgh, and obtained diplomas?—Yes.

3997. Have you known many such instances?—A good many scattered over the last 20 years.

3998. Could you give us one or two particular instances without mentioning the names?—I may mention one which occurred two years ago. A man was plucked the third or fourth time at the primary examination at the College of Surgeons in anatomy and physiology, he afterwards, at my recommendation went to Glasgow, and came back with a double qualification. (*The witness gave the details of this case*).

3999. Can you give us any other instance?—Yes. (*The witness gave the details of another case*).

4000. Have you known many such cases?—Yes.

4001. And do they occur constantly?—I do not say they occur constantly, but I have known a good many in 20 years.

4002. And you had no doubt in your own mind that the examinations of those two Licensing Bodies are considerably easier than certain of the examinations of the two London corporations?—I have no doubt whatever of it.

4003. Do you consider that the examinations of the two London corporations are at all too high?—I think they are being screwed up too much, I must say, in the early subjects.

4004. In what respects?—For men who have got to get their living by practice and are badly paid, too much scientific knowledge is expected of them.

4005. In what sciences?—In physiology particularly, and minute anatomy, or you might say histology.

4006. Will you explain that a little more in detail?—I mean that men are spending now three and sometimes four years in getting through their primary examination in anatomy and physiology at the College of Surgeons, and therefore their time is used up; and then they have perhaps only a year that they can give to learn the whole of medicine and surgery.

4007. How do they manage to pass?—They manage to rub it up somehow and get through, but it is a very unsatisfactory affair.

4008. You think apparently that they have not enough time to devote to the practical part of their profession?—Quite so. At present I may explain that they are bound to spend four years in their studies, but there is no rule that any time should elapse between the first examination and the second. A man may go up this week for his first examination in anatomy and physiology, and next week in his surgery. It is not often done; but it might be done, and what I should like is that two years should elapse between the primary examination, whatever it is and wherever it is, and the diploma examination whatever it is. Then we should have a chance of getting men into the hospital wards for two years instead of, as now, very often for a year or 18 months, or whatever it may happen to be.

4009. Do you think that a man may become a good medical practitioner without having a very long course of scientific study?—I think he must have a scientific foundation, and I should be very sorry if he did not; but I think the tendency now-a-days is to pile it up too much and to expect too much of a medical practitioner; in fact that he is to be a man of science.

4010. Do you think that the examination in science is relatively more severe than the practical examination now?—I think it is.

4011. And in your opinion the proportion ought rather to be the other way?—Yes, certainly.

4012. A higher relative degree of skill in practical medicine and surgery ought to be required rather than a very high amount of scientific knowledge?—Quite so.

4013. (*The Master of the Rolls.*) Do not you think that, if a man is well grounded in science and sufficiently well in practical medicine and surgery, when he goes into practice he is likely rapidly to improve in the latter?—I must ask what the foundation is to be. If it is to be comparative anatomy, I do not see the slightest use in it. If it is to be very high scientific physiology, I do not see the slightest use in it. Of course he must understand the anatomy of the body sufficient to be a safe practitioner; he must understand the ordinary functions of the body and know sufficient physiology to understand any disarrangements, but it is not necessary, at least I think not for an ordinary practitioner, that he should be up in the very minutest elaborations.

4014. Do not you think that scientific training produces an improvement of the mind, and gives a man a greater chance of becoming a good medical practitioner afterwards when he superadds experience to scientific training?—The worst of it is they forget it so soon.

4015. They would not forget the effect upon the mind of the habit of accurate observation?—But it does not get so far as that I am afraid. It is an effort to cram up text books.

4016. You think it is not a sufficient training of the mind?—I think not. Might I just say on that subject that we have considered the matter at the University College. Many men who, once they have matriculated, have worked hard for a year at science in order to pass the preliminary scientific examination of the University of London have failed, but they devote another year to it, and then perhaps they get through, and then they have to work up for two years their anatomy and physiology. A number of men go up for their first M.B. and fail, and then their fathers naturally say, "Here you have been four years at it, and you have got "no nearer your diploma; you must manage to get the "College of Surgeons' diploma, or the College of "Physicians', and come down and help me in my "practice." Those men are without exception the worst practitioners that are ever turned out, because they really have to cram the whole of the knowledge of medicine and surgery into a very few months, and I do not think they are any better in that way for their scientific training. Of course there are men who go on and who have plenty of time and of money, who become very eminent practitioners, and who no doubt are the better for it; but they are the exceptions.

4017. You think with regard to the bulk of them that they would be just as well without?—I think they would be better.

4018. (*Mr. Cogan.*) Do you think that there is sufficient examination in the schools on the lectures?—It is supposed that every lecturer examines.

4019. Is it a common practice that there is an examination after the lectures?—I am not prepared to say.

4020. Do you think that there ought to be?—There ought to be, certainly.

4021. You think that a very important part of the teaching in the school?—Yes, I do, and as regards clinical teaching, which is my department specially, I think it is most important that the men should be examined at the bedside of the actual patients; and I am always doing it, but I think it is the exception rather than the rule. There is a strong tendency to lecture, but not to ask questions.

4022. (*Mr. Simon.*) As regards the cases to which you have referred, of young men going from London after repeated pluck, and being able to pass examinations by the corporations of Glasgow and Edinburgh, would it be your opinion that they had failed here because of the unjustly high standard of examination, and that they passed there because the examination was only a reasonable one?—That may apply to one or two cases, but I do not think it would apply generally.

4023. Would it be your impression then that the examinations required by the corporations of Glasgow and Edinburgh have been below the proper standard?—That is my impression, certainly.

Mr. C. Heath, F.R.C.S.

25 July 1881.

4024. Have you known of any going to Ireland and passing under similar circumstances?—Yes, I have known one or two.

4025. Have they been cases of an extreme kind?—Yes. (*The witness gave particulars of two cases.*)

4026. (*Mr. Cogan.*) You said that in the case of some who had failed you recommended them to go to Scotland. Have you ever recommended any of those that failed to go to Ireland?—No, I have not.

4027. (*Mr. Simon.*) It is your opinion, is it not, that the practical efficiency of men entering the medical profession suffers by reason of their education not having been subject to good curriculum regulations?—I think that sometimes we have suffered from having too many regulations. I think that the regulations want modifying.

4028. It is your opinion that there ought to be some rule concerning the curriculum to the effect that practical studies should be of a certain (sufficient) duration, and that the commencement of them should not be allowed to count until after a man had passed his scientific examination?—Quite so. My object is to get that over and then let a man undertake his medicine and surgery; and that is the time when he benefits by going to a practitioner or to a country hospital.

4029. That a certain time, say two years, should be reserved for hospital work, and that that time should not be allowed to count until after the examination in anatomy and physiology had been passed?—That is exactly what I want.

4030. Would it be your opinion that the Medical Council ought to have the power to make regulations to that effect regarding the curriculum?—I think that somebody must make regulations to keep the examinations of the different bodies all the same, or as nearly so as possible. If I may be allowed to say so, of course you are aware that if a man is not attending hospital for his last two years he cannot see sufficient to make him a safe practitioner afterwards and the College of Surgeons does not really require four years now. If a young man had been with a practitioner for a year he can go up in three winters and two summers.

4031 (*Professor Turner.*) Are you acquainted with the regulations of the Royal College of Surgeons of Edinburgh admitting candidates to the examination of that body?—No, I cannot say that I am.

4032. Would you kindly read regulation 17 (*handing a book to the witness*)?—"No candidate shall be admissible to examination who has been rejected by any other licensing board within the three months preceding his application to be examined."

4033. Those candidates you have referred to, who were rejected by the College of Surgeons in England must have allowed three months to elapse before they were admitted to the examination of the College of Surgeons of Edinburgh, and a similar regulation prevails in the Edinburgh College of Physicians and in the Glasgow Faculty?—I suppose so.

4034. Then presumably those rejected candidates were engaged in study during the subsequent three months?—I think I could give a case to the contrary, in which the greater part of the three months was vacation.

4035. Still a student, although it may be vacation as regards the schools, may be engaged in private study?—Yes.

4036. You yourself in the earlier part of your career were a good deal engaged, were you not, in preparing students for examination?—Yes.

4037. I suppose you found you could do a great deal in three months?—Yes, a great deal.

4038. Is it at all unlikely that those candidates remitted by the College of Surgeons of England, spending, we will say, those three months in study, had added very materially to their stock of information?—I do not think that they had. I do not think that some men that I knew were capable of doing it; and I am certain that in one particular instance the man could not have added much to his information.

4039. Is it your opinion that those persons you have referred to were really incompetent persons in the subjects on which they were examined?—I think they were men of inferior intellects certainly.

4040. Do you think that they were such persons as should not be admitted to practice medicine?—I do not say that, that is a very wide question.

4041. You have told us that you were an examiner in the University of Durham, on what subjects did you examine?—On anatomy and surgery only.

4042. Where did those examinations take place?—At Newcastle.

4043. Could you tell us how the examination in anatomy was conducted?—It was conducted by printed papers. I sent questions down and the answers were forwarded to me in London to read before I went down, and I had one examiner with me, a Newcastle man.

4044. (*Chairman.*) Was he an assessor sent by the Durham University?—He was appointed by Durham. He was lecturer on anatomy at Durham. I presume that the Commission are aware that the whole medical teaching and examination of the University of Durham is conducted at Newcastle. There is no medical school at Durham at all, it is all done in Newcastle.

4045. (*Professor Turner.*) Will you continue with your account of how the anatomical examination was conducted?—We had a *viva voce* examination on bones and specimens. They had made a practical examination in anatomy, for which they had had a day allotted. I was not present, and therefore I did not see the dissections.

4046. When you speak of a practical examination in anatomy, you mean, I presume, an examination on the dissected body?—Yes.

4047. When were you appointed examiner?—It must have been in the year 1876 or 1877.

4048. How many years did you hold that appointment?—Two years.

4049. You were appointed by the University of Durham, I presume?—Yes.

4050. What was the nature of the examination in surgery that you conducted?—The surgical examination was by paper, by bedside examination, and by *viva voce* examination; I thought it a very fair examination.

4051. Did you find that the candidates who appeared before you both in the anatomical and surgical examination were well prepared?—Yes.

4052. Had they the appearance of well instructed candidates?—Yes, I thought so.

4053. Where did they come from?—All the juniors were students of their own school at Newcastle. There were some senior candidates who were practitioners of over 40 years of age going up for the M.D.

4054. With regard to the question which Mr. Simon put to you on the subject of the sub-division of the examination into stages, you, I think, indicated in your reply to him that you thought there ought to be two years of clinical practice in the hospital after the anatomy and physiology examination had been passed?—Quite so.

4055. But what I wish to get information from you about is this: do you think it a judicious thing that at a time when a student is attending hospital practice he should at the same time be engaged in anatomical study?—Certainly not.

4056. Why not?—In the first place he has not time. I have seen it tried both ways, but he has not time. If he really is to get up his anatomy and physiology to the extent that is required now he must give the whole of two winters to it, and that would take him off his hospital practice.

4057. Would it be a wise thing to push his anatomical instruction into the two years given to hospital practice?—No, I think not; he cannot afford it, he has not the time.

4058. Do you think that a student can properly appreciate the applications of anatomy to practice, unless he knows something of practice?—He learns his practice and then he applies the anatomy that he has learnt.

4059. Of course that would be so, but is it possible for him to acquire a sufficiently accurate conception of what the applications of anatomy to practice ought to be, unless he sees to a certain extent practice along with the dissection of the dead body?—Then I may say that if you take him off from his anatomy in the first two years to go to the hospital it distracts his attention. I quite allow that men know very little of anatomy when they go up for the diploma.

4060. (*Chairman.*) You were telling us that you conducted yourself the examinations at the Durham University, do you think that the standard on which the license is granted by the Durham University is as high as the

standard of the corporations in London?—Not quite so high.

4061. Then on whom does the standard of examination depend—does it depend on the examiners themselves, or is it fixed for the examiners by the university?—I think it rests with the examiners mainly.

4062. Then may I put it to you why should you as an examiner in Durham make any difference as compared with what you do as an examiner in London?—Because when you go either to Cambridge or to Durham or any place as a strange examiner you find out from your co-examiner who is in the room with you, what is the standard that is generally expected, and what they work up to.

4063. But you yourself quite admit that the standard of the various licensing institutions is different?—No doubt.

4064. Do you think it is desirable that that should be so?—I think it ought not to be so, but it is very difficult to make them all exactly equal. I must explain that in London, in the College of Surgeons, for instance, it is all done by a system of marking with numbers. Of course that is much more cut and dried than it is if you mark by "goods" and "bads" and so on; very often a man gets plucked for one mark, which is very hard, for a man ought not to be allowed to be plucked simply because he is one mark below the standard.

4065. Do you think that the discrepancy between the various examinations, or standards of examination, might not be avoided by having fewer examining bodies?—Possibly it might be; there is certainly a great discrepancy between the examiners. One man may be lucky, he may go to a man at one table who is an easy examiner and he will get through; and his friend who has got a more difficult examiner at a table the other side of the room does not get through. I do not know, human nature being as it is, how it is to be avoided.

Mr. C. Heath, F.R.C.S.

25 July 1881.

4066. Do you not think that you would be more likely to avoid this if the examining bodies were fewer in number?—That would avoid a good many inequalities certainly.

4067. Should you yourself be in favour of reducing the examining bodies very considerably?—I should reduce them.

4068. Will you just tell me how you would do it?—I am not prepared to go into any plan, I have not considered the question sufficiently.

4069. (*Prof. Turner.*) I have heard complaints as to the examination of the Royal College of Surgeons of England, as to its being so uncertain an examination, do you think there is any foundation for such a complaint?—It is uncertain.

4070. What you have said with regard to the different standards at the different tables bears out the statement of its uncertainty?—Quite so.

4071. So that I suppose you would not put forward the examination of the College of Surgeons of England as a model examination?—No, I think it might be modified with advantage in some ways.

4072. And perhaps in some respects in the way of diminished stringency and of less uncertainty?—Yes.

The witness withdrew.

Adjourned to Friday next at half-past 3 o'clock.

FIFTEENTH DAY.

Friday, 29th July, 1881.

PRESENT:

THE EARL OF CAMPERDOWN IN THE CHAIR.

THE RIGHT HON. W. H. F. COGAN.
THE BISHOP OF PETERBOROUGH.
THE MASTER OF THE ROLLS.

PROFESSOR HUXLEY, F.R.S.
PROFESSOR TURNER, M.B., F.R.S.
JAMES BRYCE, ESQ., M.P.

JOHN WHITE, ESQ., *Secretary.*

Mr. NOTTIDGE CHARLES MACNAMARA, F.R.C.S., Eng., Fel. Calcutta Univ., examined.

Mr. N. C. Macnamara, F.R.C.S.

29 July 1881.

4073. (*Chairman.*) You are a Fellow of the Royal College of Surgeons of England, and you are Surgeon, and Joint Lecturer on Surgery at the Westminster Hospital?—Yes.

4074. And Surgeon Major in the Indian Medical Service?—Yes.

4075. And you are also surgeon in the Royal Westminster Ophthalmic Hospital?—Yes.

4076. You have, I believe, also in the course of your service abroad been connected with the Calcutta University?—Yes, for some considerable time.

4077. How long were you serving in India altogether?—19 years.

4078. How long were you connected with the Calcutta University during that time?—About 11 years.

4079. Did you hold any professorship?—Yes; I was Surgeon to the Mayo Hospital, and professor of Ophthalmic Medicine and Surgery in the Medical College.

4080. You had very large opportunities, had you not of seeing a great number of students while you were in Calcutta?—We had a school of about 1,200 medical students, the majority of whom were Eurasians and natives.

4081. When did you return from India?—I returned in 1875.

4082. Since that time you have travelled a good deal abroad I believe?—Yes, I have been a great deal abroad.

4083. You have therefore had ample opportunities of studying the medical educational question at the universities in the various foreign capitals and other cities in Europe?—I have. My object in doing so was this; I intended to return to India and to utilize the information which I gained in Europe to the Calcutta Medical College. What struck me particularly with reference to the teaching on the Continent as compared with this country, was, that the tutorial element is far more largely used than it is in any of our centres of medical education, with the exception, perhaps, of the Edinburgh University, which is the nearest approach to the continental system that I know of. For instance, in Berlin there were 260 medical students, and to that number there were 14 professors, 14 assistant professors, and about 36 tutors, who were almost entirely occupied in teaching these students.

4084. (*Professor Huxley.*) Do you mean "*privat docenten*" when you speak of tutors?—Yes. That was one point which struck me very forcibly. Then another point which impressed me strongly was that the system of education, especially in Germany, was complete, and so were their examinations. There, as the Commissioners probably know, the State examines the whole of the medical students. Every student is obliged to pass a State board. No one can legally practice until he has passed the State board. After passing the student becomes a licentiate of the State board; but he is not a doctor. He must go up to one of the universities, if he requires a degree or anything beyond the mere license to practice; and what struck me forcibly with regard to the State board, which cor-

Mr. N. C. Macnamara, F.R.C.S.

29 July 1881.

responds very nearly to what we have been talking so much about in this country, a conjoint board, was the extremely practical character of the medical and surgical examinations. The students were sometimes under examination for days in going through the surgical wards. Some of them I saw put in charge of cases, they had to find out exactly what was the matter with, and to prescribe for, the patients in the hospital wards. The practical tests as to the student's knowledge seemed to me to be very thorough; and it was that which interested me more than anything else, because we had had to contend with this difficulty with regard to our Calcutta students a larger number of students were accumulated in our medical school than we could properly teach in our hospitals, and the difficulty was to train these men in the elements of practice; we had no difficulty with regard to science, anatomy, physiology, chemistry, and so on, but we had very great difficulty with regard to training our students in the practice of their profession. It was more with regard to that I think than anything else that I was anxious to study, and did study so far as I could, the working of the system in Germany; and in Austria and France, where I do not think it was so thorough. But in France the examinations were far more practical than most of the examinations in this country even for mere rural practitioners, who are only allowed to practice in certain districts. The examinations struck me as being more practical than most of the examinations in this country.

4085. (*Chairman.*) In what respects were they more practical?—For instance, a certain number of the students were taken to a hospital, and were distributed in the wards, they were made to write histories of cases. Say, that a patient who had effusion into the knee joint, or that of a man who had something the matter with his heart, and so on, the students were directed not only to write out a history of the case, but the diagnosis, prognosis, and what treatment they would pursue; they were subsequently questioned at the bedside regarding these cases. And then with reference to fractures, there were figures placed before them which they had to describe, and broken bones which they had to put up; all this was done far more thoroughly than anything that I have seen in this country. It was that which struck me as being very important, for students must have learnt the practice if they are to pass practical examinations. In France the system is somewhat different; they have not the same near approach to what would be a conjoint board in this country as they have in Germany.

4086. But in Germany the examinations are all conducted in the universities, are they not?—No. The examination for the license to practice, which, as I say, would resemble our conjoint board, is conducted by the central board in Berlin. That board besides examining every year appoints a certain number of examiners in the various educational centres, and those examiners conduct the examinations at the various centres. The central board may, or may not, appoint a president of the local boards, that depends upon circumstances.

4087. But, as a matter of fact, a great many of the examiners are professors or persons belonging to the universities, are they not?—Exactly so.

4088. And the central boards at Berlin only deputes a certain number of persons to represent it specially at the Teaching Institution?—Yes.

4089. So that in that respect the German scheme differs very distinctly from the conjoint scheme?—By the conjoint scheme the medical authorities would appoint examiners under the General Medical Council, or as in Germany the State board. It is found practically that of those men who take out the license, the majority go on to the German universities, and take a university degree.

4090. The degrees are granted, are they not, by the universities themselves?—Yes, by the universities themselves.

4091. Do you know, as a matter of fact, whether the board of examiners who examine for the universities differs very materially in its composition from the board which has the name of the State board?—No, it does not.

4092. Is it really very much the same thing?—Yes, very much the same thing, only a local board.

4093. Only it examines as representing a different authority?—The State is the only medical authority in Germany.

4094. You spoke just now of 260 pupils, and you said I think, that there were 28 professors and teachers for those, and that there were nearly 36 private teachers; are all those teachers occupied in teaching those students, and those students only?—Those students only; they are entirely occupied in that way. They may carry out their own private work of course with regard to investigations and so on.

4095. Do you know from what sources they derive their remuneration?—The professors are paid by the Government almost entirely, and the assistant professors are paid from the fees of the students, and so are the tutors. The assistant professors may sometimes receive a small amount from the Government, but not as a rule.

4096. The *privat docenten* are entirely remunerated, are they not, by fees received from the students?—Entirely.

4097. Then it comes to this, does it not, that the great number of private teachers in Germany is owing to the demand which there exists among the pupils for private teaching?—Yes. The students may learn very much how and where they like, so long as they do learn their profession.

4098. It is not in any way either directed by any of the authorities or ordered by the State?—Medical education is under the State because under professors who are not allowed to start schools of their own; the assistants are under the control of the professors, and the professors again are under the control of a Minister of Public Instruction.

4099. You have been so good as to submit to us a statement of your general opinions upon the licensing question; would you wish to put this in as part of your evidence?—Yes.

The Witness delivered in the following statement.

In spite of any improvements that may have been made in our system of medical education and examination during the past 20 years, "scarcely anywhere in "Europe can a license to practice be obtained upon "such easy conditions,"* as in the United Kingdoms. In France, Austro-Hungary, Italy, Russia and Sweden all the examining bodies are regulated by the Government, and have exactly the same requirements for the medical licence. In Germany, Denmark, Norway, Holland, Spain, Switzerland, Portugal, Greece, Servia and Roumania, there is but one State licence on similar terms, whilst in Great Britain there are 19 different licensing bodies granting qualifications, the requirements for which are in no two cases exactly alike.

A very large majority of the profession recognise the evils arising from the multiplicity of our licensing authorities, and, to correct this and other faults in the existing system, 9,000 medical practitioners about 11 years ago petitioned Parliament to establish conjoint boards of examiners in each division of the kingdom. The majority of our licensing authorities, through their representatives on the General Medical Council, accepted the conjoint scheme as enunciated in Earl de Grey's Bill, which passed through the House of Lords in 1870. Under this Bill there would be a triple door of entrance into the medical profession, namely, the examinations of the Conjoint Board in the three divisions of the country in place of 19 distinct and separate entrances. Existing medical corporations might give their degrees, fellowship, membership, and so on, but such distinctions would confer no right on the recipients to be placed on the register unless he had passed a due examination conducted under the authority of the General Medical Council. This Bill was withdrawn from the House of Commons, mainly on the grounds that the profession could not repose their confidence in the conjoint scheme, unless the General Medical Council contained a certain number of representatives elected by the registered members of the medical profession. The principles which might govern the action of these Conjoint Boards, the appointment of the examining body, and the functions of the General Medical Council have already been admirably provided for in Lord Ripon's Bill, and agreed to by the House of Lords after the Bill had been revised by the General Medical Council, but the reconstitution of the Council remained unsettled.

An alternative scheme has been proposed by which existing medical authorities shall grant diplomas as at present. One or more of these diplomas must be obtained by every medical man, but it is not to entitle the holder to practice until he has passed an examination in clinical medicine and surgery; this examination is to be conducted through the General Medical Council.

* Medical Education and Practice in all parts of the World, by H. J. Hardwick, M.D., p. 3. J. and A. Churchill, London 1880.

It is argued that by some such plan as this we may protect the public from uneducated men, and the difficulty of dealing with the Corporations would be overcome. This may be true, but it is reasonable to enquire what the influence was which so strongly moved the professional mind in 1870 to insist on the conjoint scheme and direct representation. The feeling which then existed, and which has probably grown even stronger now, amounts to this: a large number of general practitioners believe that their views regarding the training of our medical students differs in several essential points from those held by the majority of the members of the General Medical Council, or, in other words, from that of the combined Medical Corporations.

After 20 years' experience, during which period the corporations have had the entire ordering of the education of medical students in their own hands, it is found that a considerable number of men who are very deficient in the ground work of their future calling are able to pass into the profession; the rejection of candidates in the practical examinations of the Royal College of Surgeons has risen from 20 to 40 per cent., and at the same time medical education has become more technical and less practical, it is also considerably more expensive in some parts of the country than it formerly was. The scheme above referred to, however, would probably fix more firmly than ever the hold which the corporations have upon our students, so that I hardly think it would meet with the approbation of the profession. It would not raise the position of the corporations, because it is almost tantamount to a declaration that the existing authorities can no longer be trusted to decide if a student is fit to practice his profession. So far as my knowledge of the subject extends the only way of meeting the difficulty is to enforce the principles so clearly laid down in Lord Ripon's Bill, and at the same time to reconstruct the General Medical Council so that it shall, if possible, represent the views of the profession as a whole for the improvement of medical education.

It is evident that the ordering of the preliminary education and the curriculum to be followed by medical students, as well as their examinations, must, if the conjoint scheme is to be established, be under the control of some central and undivided authority, and I think the majority of men who have studied the subject, believe that a strong and independent General Medical Council is the authority best qualified to settle these matters. But there are several reasons why the number of the General Medical Council should not exceed about 12 members. For if 12 men cannot settle such matters as will come under the cognisance of the Council, a larger number of gentlemen would not be able to do so, then again, a large Council is very costly, and is apt to waste much time in talking; moreover, if an assembly of the kind is to be a Council of Medical Education and Registration it must frequently meet for business. It would be simply hopeless to expect the Council to get through its work in a session of a week's duration, to be held once or twice a year. The Council must be an effective working body, and its members should be prepared to devote as much time to its concerns as may be necessary to transact its business thoroughly and completely.

With reference to the appointment of the members of Council, the profession feels that it would be difficult to to secure the services of men holding a higher position than those who have hitherto been elected by our universities and corporations to the Council, and it would lower its influence if men such as these cease to attend the Council. As it is proposed to reduce the Council to twelve, our medical authorities, for the reasons above referred to, should appoint six of these twelve members, but under these circumstances, as the 19 licensing bodies cannot all be represented at the same time on the Council, arrangements might be made by which the existing medical authorities should alternately send members to the General Medical Council.

With reference to the remaining six members, considerable difference of opinion exists as to their manner of appointment to the Council. In considering this subject it is obviously necessary to realise what the functions of the Medical Council would be under some such Bill as the one introduced by Earl de Grey. The duty of the Council would evidently be principally directed to making rules and enforcing such regulations as should prevent imperfecly educated men from gaining access to the profession; in fact, the Council must do the work, and consequently be endued with the responsibility and real power of a council of medical education.

A council of this kind would have no special interest in safeguarding our medical corporations, or in regulating the relations that exist between intending medical students and certain licensing authorities. Such being the case, it is argued that, as general practitioners form about 97 per cent. of the profession, it is reasonable that this large and important body should be directly represented on the Medical Council. Go were you will, general practitioners, not less than those who receive young medical men at Netley, tell you that our students are often wanting in the most essential element of general, but especially of medical education—that is, in many cases young men come to them as assistants who are ignorant of the first principles of the practice of medicine and surgery. Men of this kind frequently have little difficulty in passing examinations which enable them to become licensed practitioners; and, once armed with this authority, the public have no means of protecting themselves from unqualified, although licensed practitioners. It is upon this point that the whole question of medical reform hinges from an educational point of view.

In order to secure a certain number of direct representatives of the profession on the General Medical Council, it is proposed that three out of six members of Council should be elected by the votes of the registered practitioners of the United Kingdom. I am in favour of this plan, because it is essential that there should be some men in the Council who directly represent the views of the whole profession: it is advisable three out of the twelve members of Council should be elected by the profession, three members should be appointed by the Crown, and six by our medical authorities.

But it may be asked, will the Government, as representing the interests of the public, be sufficiently protected by three members in the General Medical Council. In all the Bills that have been introduced into Parliament to amend the Medical Act of 1858, an appeal is provided in almost every section from the Medical to the Privy Council. It would seem, therefore, that the State is thus sufficiently protected from any action on the part of the Medical Council likely to be prejudicial to the public. It would, however, appear reasonable that if matters of this kind are to occupy the attention of the Privy Council, that the profession might with great advantage be represented on that Council. Under any circumstances, if the Government deem it necessary to appoint members to the General Medical Council, these members should be paid by the State rather than from the fees of medical students. All the fees medical students can afford to pay should be spent on their examinations if these are to be effective, for the best men procurable should be employed as examiners, and such men must be adequately remunerated for their time and trouble. There can be no question that a conjoint board of examiners will be more costly than the present system, and the fees for the licenses, as specified in Lord Ripon's Bill, will barely cover the expenses of the General Medical Council.

4100. It is here stated that you would limit the number of the General Medical Council to 12 members, of whom you propose that three members should be elected by the general medical profession, that three members should be appointed by the Crown, and that six members should be appointed by the other medical authorities?—Yes.

4101. In the first place you are in favour of a more direct representation of the general profession upon the Council?—Yes.

4102. And you would propose that the representation of the medical authorities should be not, as now, a representation of individual authorities, but a representation of the aggregate authorities?—Exactly so.

4103. There should be a representation of the universities, and a representation of the corporations?—Precisely so.

4104. You think that a plan might be framed by which the existing medical authorities might be admitted to send members to the General Medical Council?—I think that seems to be a fair way of meeting it, and I think it would be only fair and just to give my reasons for putting such a statement as that forward; they are founded upon the fact that for nearly two years I have been on committees connected with the British Medical Association to inquire into these matters. I am not exaggerating when I say that I have had nearly 1,100 letters from medical gentlemen residing in various parts of the country, all bearing upon this particular subject. I should hardly have otherwise ventured to come before the Royal Commissioners unless

Mr. N. C. Macnamara, F.R.C.S.

29 July 1881.

I had more than my own opinion to offer upon a subject of this kind.

4105. Will you give the Commission briefly your reasons for proposing this change?—My reasons are these: It seems to me that if you are to have a Council which is to represent the interests of the corporations *plus* the profession, then I think the present constitution of the Medical Council is a very good one, because the corporations must be represened individually. But if you are to have a Council for ordering medical education, then I hold that the office and functions of that Council should be to decide what kind of certificate, what amount of knowledge they will regard as sufficient for the preliminary education, for education in science, and the fundamental medical sciences. I hold that up to that point the General Medical Council would have nothing directly to do with the education of the students; that the universities or other bodies whose certificates the Council may receive would have the ordering and directing of the students' education so far; but then having finished with anatomy, and physiology, and so on, the General Medical Council steps in and orders the *curriculum* and the examination for the practical part of the students' professional education, the further examinations being conducted by the conjoint board, by a board which should be composed of members elected by the various medical authorities throughout the country, one board for England, one for Scotland, and one for Ireland. It seems to me that if the Council is to be a council of education of that kind, it is desirable, if possible, to get rid of the corporations. I mean to get rid of the representation of the corporations on the Medical Council as corporations. The Council should be a council for educational purposes. And therefore I say reduce the number of its members. The corporations should send men to the Council, because they are at present able to give valuable advice upon educational matters; but I think that 12 men would do all the work of a Council to regulate medical education better than 20 men. And moreover, the larger the Council the more costly it would be. That is my reason for wishing for a small Council.

4106. Do you think that a Council so small as 12 would command the confidence of such a very large body of men as the profession generally?—The profession do not care one iota about the number of men on the Council; there is not one medical practitioner in 50 at the present time who could tell you how many men there are on the Medical Council. I believe if you were to go and ask them they could not tell you where the Council meet.

4107. Does not that go to show that the profession generally take very little interest in the proceedings of the Medical Council?—They take a vast interest in the subject. You will find that out when you move in this matter, but the interest of the profession is purely practical. They do not care how many men there are on the Council; they would not care if there were half-a-dozen, or whether there were 20 or 50. They will consider how the men constituting the Council are likely to improve medical education. That is all they look to, they have no other interest in the Council.

4108. Do you think that the profession at the present time are discontented at the manner in which the present Council have worked?—Most certainly they are in its results.

4109. On what ground?—Their ground is simply that they find a considerable number of men pass into the profession who are not qualified to practice. They may be qualified by law, but they are not qualified to practice. They are men in many cases who are wanting in preliminary education. This has been complained of over and over again, and general practitioners tell me (and I believe it) that in practical matters, in matters connected with the cure of the sick, and so on, a great number of these men are most imperfectly educated though licensed to practice.

4110. To what do they ascribe the fact that they are not properly prepared?—Largely to the fact that the Corporations have a direct interest and a direct object in keeping up a complicated system of lectures; and students under existing circumstances have but little time for, or means of, attending practical teaching. That is the opinion which a large number of professional men hold upon this question. They think that if the corporations did not interfere in these matters the number of lectures would be lessened, and that we should get more practical teaching in whatever schools or arrangements were made for the preparation of our medical pupils, and therefore that students would be better prepared for the work of general practitioners when clear of the corporations.

4111. I suppose that the view of many is this, that the Medical Council ought by some means or other to control the corporations, and to prevent the lectures assuming such a disproportionate part in the education; I do not, however, quite see how that would be any ground of complaint against the Medical Council?—The Medical Council are composed almost entirely of representatives from the corporations, and the interests of the corporations controls the action of the Medical Council. I think I could mention two occasions in which the Medical Council really sacrificed the interests of the profession or were willing to sacrifice the interests of the profession for the corporations.

4112. Then, in short, as it now stands, the opinion of the profession, and I think yours also, is, that the interest of the individual corporations is too strong upon the Medical Council as now constituted?—Precisely.

4113. And the profession think also, in your opinion, that the duty of regulating the curriculum ought to be imposed upon the Medical Council?—It ought.

4114. You are aware, are you not, that as the law now stands, that duty is not thrown upon them?—I am aware of that.

4115. And that they could not discharge it?—No, they could not.

4116. But the profession thinks that the duty ought to be entrusted to them?—Quite so. I think there has always been a strong opinion held that the Council should not interfere with the universities; that is to say, that our universities should educate in the fundamental sciences of anatomy and physiology, and that the Council should not interfere with them. You cannot do better than allow the universities to go on as they are doing in this respect.

4117. Then, so far as the universities are concerned, you would leave the primary professional examination to them, reserving the second or practical examination only to the board?—Precisely so.

4118. With regard to the corporations, what would you do with them?—Some of the corporations, for instance the College of Surgeons, and to a certain extent all the teaching corporations would remain. Those that did not teach I suppose would go to the wall. I do not know what would become of them, but the teaching corporations would be improved. Just as in the case of the German universities, the German universities have not suffered from the State board, but have improved.

4119. Have you considered how in practice you could manage an alternate representation of the various corporations and universities on the Medical Council?—By the Bill of 1858, the Scotch universities, I am not quite certain, but I think the Edinburgh University, the Glasgow University, the Aberdeen University, and the St. Andrew's University, were ordered to be represented by one person.

4120. (*Prof. Turner.*) I think you will find that there are two representatives?—The principle was that two or more of these universities were to amalgamate, and that if they did not elect a person between them they were each to elect one individual, and the Privy Council was to decide which of these individuals was to have a seat in the General Medical Council. That was the principle which the Bill of 1858 adopted; and I do not see why the same kind of principle should not be carried out now with regard to the various corporations. If two or more of them can determine among themselves to send a man up to the General Medical Council, well and good, if not, let each corporation name a certain individual, and the Privy Council may decide which of these gentlemen are to serve on the Council.

4121. (*The Bishop of Peterborough.*) I think you enumerate in your statement something like 15 European States who have regulations as regards admission to the medical profession?—About that number.

4122. I think you say that all of them have a higher standard and a simpler mode of admitting candidates to their profession than we have?—That is my belief as regards England particularly. I am not so conversant with the Scotch or the Irish system of examination and so on, but certainly that is my impression with regard to this country.

4123. And you hold that notwithstanding what has been done during the past 20 years for the improvement of medical education, still a license to practise can be obtained upon easier conditions in this country than in any other that you know of?—That I believe.

4124. To what do you attribute the greater ease with which men can get into the medical profession here than elsewhere?—Clearly because if men fail here in one examination they pass to another and less stringent examination in some other part of the country.

4125. Have you known as a matter of fact, in your own experience cases of students who have failed in one examination and have sought another?—I have.

4126. And those students have got in in the second case because the examination was easier?—Yes, they have.

4127. And is that the opinion generally of those practitioners with whom you are in relation?—Unquestionably.

4128. It is very strongly the opinion of the profession, is it not, so far as you know it, that it suffers from the too great ease with which men can obtain a license to practice?—Unquestionably.

4129. And also that that too great ease arises from the fact of there being so many licensing bodies?—Precisely so.

4130. That opinion is not only your own but it is held generally by the profession?—I believe it is.

4131. And you further state that it is practically found that young men who are legally qualified for practice are sometimes ignorant of the very first principles of the practice of medicine and surgery?—A great number.

4132. Nevertheless they are legally entitled to practise?—Yes.

4133. It is your experience then, and it is the opinion of the profession, is it not, that the rivalry of those licensing bodies mainly is the cause of this unfortunate state of things?—We think that is the case.

4134. It has been stated to us by at least one witness, that the very reverse of that is the case, and that the rivalry of the licensing bodies tends to raise and not to lower the standard of examination, is that your opinion?—No, it is not my opinion.

4135. And it is not the opinion of the profession generally?—I do not think so, but rather the opinion of those directly interested in maintaining the existing state of things.

4136. As regards your knowledge of foreign practitioners, which seems to be extensive, do you as a rule find them better educated than our own?—The Germans I think are.

4137. And you attribute that to the greater strictness of the *Staats examen*?—Yes, and to their system of clinical instruction.

4138. You say that a great deal nas been done during the last 20 years to raise our examination; of course you are aware that much has been done by the process of what is called visiting the examinations?—Yes, as to visiting.

4139. Do you think that that has been really very efficient in raising the character of the examinations, and the standard of medical education?—I should be sorry to give an opinion upon that subject. I am not sufficiently acquainted with the matter to be able to state one way or the other the effects of these visits.

4140. Whatever may be the remedy that has not been proved to be the right one for the state of things that you describe?—Distinctly not.

4141. You spoke of the students in Germany and of the many of them obtaining a State licence and afterwards going for degrees to the universities; could you state what proportion of those State licentiates obtain degrees afterwards?—The majority. I cannot give you the accurate number; but I am safe in saying that the majority of men who have passed the State board go up to the universities for a degree.

4142. Would you say a considerable majority?—Yes, a considerable majority.

4143. Do the public recognise practically the difference between a man who has got merely a State license and one who has also a university degree?—Yes, the men who merely take a license go into the rural districts, and practice in the rural districts. They are not allowed to hold any Government appointment, or any public appointment, unless they have a university degree.

4144. Obtaining a university degree is an essential condition to holding any public appointment?—Yes.

4145. And the public generally who employ those practitioners are fully aware of the difference between the two?—Unquestionably. Those who have merely a State license are men who pass into rural districts and practice in the smaller country places.

4146. So that a man who is at all desirous of success in his profession and who has any energy in him goes to the university?—Yes, unquestionably.

4147. Do you think that if a *Staats examen* were set on foot in this country the same thing would hold good?—I think so. I do not think that professional men would be satisfied, or at any rate that the majority of them would not be satisfied with merely a license to practice. I think that the universities would decidedly increase under such a system; that is to say, the number of men who went up for degrees would be more numerous than at present.

4148. You find, as a matter of fact, that men generally will go for their degrees where there is the best teaching, and where the degree had the highest reputation?—I think so.

4149. That would be the point with very many men?—Yes, I think so.

4150. Although the license of the *Staats examen* gives leave to practice without the degrees obtained afterwards from the universities, the best men of the profession would go in for the university degrees?—Exactly.

4151. And the university which was thought the best and whose degrees had the highest value in the market would not suffer?—I think not; I think on the contrary the number of such university graduates would increase.

4152. It has been pointed out to us by some witnesses that one effect of the *Staats examen* giving a man leave to practice without a degree might be to deprive the universities of a certain amount of income which they derive from their graduating fees; are you of that opinion?—I do not think so, because I hold that it would be disadvantageous to professional education if any authority interfered between the universities and the training in science of the medical students, that is to say, it would be of the greatest advantage to our medical students if they all went to the universities up to that stage of their education when they pass in anatomy and physiology.

4153. In point of fact the *Staats examen* in your opinion would not at all injuriously affect the universities?—No, on the contrary it would increase the number of their science students.

4154. Nor would it injuriously affect any of the teaching corporations?—No.

4155. But it might injuriously affect certain licensing corporations?—Unquestionably.

4156. They are the only bodies that would possibly suffer in your opinion from a *Staats examen*?—That is my opinion.

4157. Has it occurred to you whether the universities might not protect themselves entirely from any possible loss, if instead of as now charging a sum for a graduation fee they were to distribute that sum in the form of teaching fees over their whole course, that is to say, instead of having very large graduation fees they were to have larger tuition fees and so strengthen the tutorial element?—Certainly with reference to science teaching.

4158. If the result were to directly or indirectly tend to strengthen the tutorial element in the case of the present students, you think that that would be a good thing?—Yes, very good.

4159. Whatever increased the tendency to teaching and to better teaching would be good?—Unquestionably.

4160. Then if the effect of a *Staats examen* was that the teaching element was more developed it would be a distinctly good thing?—It is everything.

4161. I think you spoke of the great deficiency of practical knowledge of the profession; that of course must largely be caused by the deficiency of clinical teaching on the part of the students?—I believe so.

4162. Do you think that the opportunities of acquiring clinical experience at present are sufficient for the students?—I do not.

Mr. N. C. Macnamara, F.R.C.S.

29 July 1881.

4163. In what way do you think they could be made more sufficient?—I think, for instance, that in some of our hospitals the classes for clinical instruction going round the wards are far too large. You will find 50 or even 100 students, so I am informed, going round the wards of a hospital with the professor, and unless a man has some other means of learning the practical part of his profession I cannot conceive how he can learn it in that way.

4164. How would yor propose to give him those better opportunities?—I think myself that a student must choose his opportunities, and the only way that you can get at it by any legislation is by improving the examinations. It would be impossible I think for any Medical Council or any other authority to order exactly how its students should go to this, that, or the other hospital. You must leave that to the students, but by making the examinations more practical, you would compel students to attend to hospital work.

4165. It is by giving a more practical character to the final examination, is it not, that you would succeed in giving a more practical clinical character to the previous training?—Exactly so.

4166. Do you know on what conditions hospitals are now allowed to prepare students for examination—there is some principle recognised at certain hospitals, is there not?—The only thing is that a hospital must contain a certain number of beds to be recognised by our medical authorities, and its staff can then give a certificate to students who have entered its wards for a certain time, and that would be received as a qualification as to attendance on hospital practice by the College of Surgeons and the various other licensing bodies.

4167. There is too much lecturing and too little teaching, you think?—Exactly so; that is the broad difference between the English and the German system. In Germany the lecturer, simply as such, is in small repute. The lecturers may be men of great ability, whom the students flock to meet, and, of course, well known men have large classes, but here there may be 20 or 30 lecturers in the different schools who are not known, but whose lectures students must attend whether the lectures are good or bad.

4168. What is the system abroad as to the preliminary examination?—With regard to the preliminary examination, everyone must pass the examination in the Staats school, that is, in the public schools they must pass an examination in Greek, Latin, mathematics, and in a modern language, and so on; it is a thoroughly good test as to preliminary education.

4169. Do you think that it is a higher standard than ours?—Certainly.

4170. Do you think that the foreign practitioner, as a rule, is a better cultivated man than ours?—Germans are unquestionably.

4171. Is he more scientific?—Germans are.

4172. He is a man of more liberal culture than an English practitioner?—Yes, in the majority of cases he is certainly better educated.

4173. Do you think that he is a better practitioner?—I could not answer that question, because I do not think that anyone could possibly give an opinion on that point unless he lived amongst them in their villages, and so on.

4174. As regards the Medical Council, you have told us that you are strongly in favour of direct representation?—Yes. I am in favour of it because I do not see any better plan. I am not strongly in favour of it in that I think it is an admirable scheme, but I do not see any other way of getting the general practitioner into the Council.

4175. You think that the general practitioner is not sufficiently represented on the Council now?—I am sure of it.

4176. And you think that the information which the general practitioner could supply to the Council of the feelings of the profession in the country would be very valuable?—I do.

4177. And for that reason you think it is desirable that he should be so represented?—Yes, and for no other reason.

4178. Have you considered any scheme for the direct representation of the general profession on the Medical Council?—I think that the scheme put forward in some of the Bills which have been introduced into Parliament would effect this purpose.

4179. Do you think that the powers of the Medical Council are sufficient at present for the control of medical education, and for the control of the profession generally?—No, I do not.

4180. Any failure, or alleged failure, on the part of the Medical Council you would be disposed to attribute to this want of sufficient power?—Largely.

4181. Not to any indifference to its duties, but to its not being sufficiently strong?—No, not to any indifference, certainly.

4182. Direct representation would, in your opinion, certainly strengthen the Medical Council?—I think it would strengthen it.

4183. What additional power do you propose to give it?—The power which I propose to give to a strong Council of Medical Education would be such as contained in Lord Ripon's Bill. According to my experience, and I have gone over the Bill most carefully, I do not think that any of the other Bills brought into Parliament are an improvement upon Lord Ripon's.

4184. (*The Master of the Rolls.*) As I understand, you consider that the public have the greatest interest in this matter?—Decidedly.

4185. And that the public are entitled to some guarantee that a gentleman who is on the register is qualified to practice his profession?—Yes, certainly.

4186. And that that guarantee can best be secured by an examination conducted by a single board for each of the three kingdoms?—Exactly so.

4187. Looking at the matter in a practical point of view, ought not this board to appoint the examiners and regulate the curriculum, and to grant dispensations to candidates who may not strictly comply with the regulations of the examining board, as they would, no doubt, have frequent applications of that kind?—I think that the conjoint scheme is a better one, because I consider that no man can examine properly unless he is a teacher, and that to have a good examining board or body it must be composed of men who are in the habit of teaching, and therefore I think asking the teaching authorities to combine and produce a board of examiners would be a very valuable thing.

4188. I do not think you quite understand what board I mean. The board that I mean is not a board of examiners, but a board who appoint the examiners?—The Medical Council would appoint the examiners.

4189. The Medical Council is not sitting permanently, and the number of examiners would be very great, and the number of examinations very great?—But under the conjoint scheme the examiners are not appointed by the Medical Council; the corporations appoint them.

4190. No, not exactly that; there is an intermediate body, a committee of reference; that committee of reference nominate twice the number of examiners required, and the board selects the examiners from the names so submitted to them. That is the scheme; do you think that it is a good one?—That would answer very well, I should think.

4191. There is some difficulty about it; in the first place, as to the principle upon which the examiners should be nominated. If you have one board to nominate the examiners, and if they go through all the men and select the best men, you know very well that it not unfrequently happens that there are three excellent examiners proposed for a given subject, and three very inferior ones for another subject, which is an allied subject—say that you have only one examiner to appoint for each, you might take two of the first three, although they are not candidates for the second subject, and choose one of them for that subject on his own merits, and in many other respects it is a great advantage that the selection should be from a large field, is it not?—Yes.

4192. If you had a competent board to name the examiners and to regulate the curriculum, and also to decide dispensations on proper occasions, would not that answer your purpose, supposing the board were competent?—That, of course, is the system which is followed in Germany. The central board there does appoint the examiners, and I should prefer, under the other system, that the nomination should be left with the representatives of the corporations, that is to say, the College of Surgeons, and so on, should appoint an examining board in this country and in Scotland in the same way, and in Ireland also. That, according to my impression, would be the best plan.

4193. What would be the advantage of it?—I think the advantage would be that you would keep the corporations, as it were, in existence to a certain point.

4194. Is that an advantage?—I think so, to a certain extent. I should be extremely sorry if I thought, for instance, that any action would be taken that was likely to damage the College of Surgeons, and I should be very loath to think that it would suffer under the conjoint scheme.

4195. The College of Surgeons is one of the corporations, but I want to know why you think it would be an advantage to maintain them all?—I think that they ought not to be damaged. I think that there are certain corporations that it would be very detrimental to destroy.

4196. Do not you mean one or two of them, and not more?—Yes, one or two of them. I should be prepared for England to stick to the College of Surgeons.

4197. Why?—Because it has grand traditions, and has done very good work, and I think it is a great incentive to the profession to have bodies of that kind through which men can rise to the highest honours and position in the profession.

4198. Assuming that we do not interfere with the continued existence of the College of Surgeons, have you any other objection?—Not off-hand. I daresay I should find objections if I examined into the subject.

4199. Could not a board be properly nominated partly by the Government directly, and partly by nomination from other competent authorities?—Yes.

4200. If that board, when properly nominated, were to select the examiners, with an appeal, in case of difference, we will say to the Medical Council, that might be a security to the profession?—But you would not give the examining board power over the curriculum I presume.

4201. I do not mean the examining board, but the board which nominates the examiners. I suggest the appointment of a board to nominate the examiners, to regulate the curriculum, and to give dispensations subject to appeal to the Medical Council, that is to say, the Medical Council should be satisfied that the curriculum was a rational one, and that the examinations were properly conducted, and that there should be supervision?—I cannot see any advantage in that. I do not see why the Medical Council should not do all this work.

4202. Because it does not sit constantly?—That is a matter of detail; my proposal is that it should be very much smaller than at present, and then it could sit as frequently as may be necessary.

4203. Then you would not get a great number of distinguished men upon it?—You could not get so many of them, nor do you want to do so, they are too numerous for work now, but you would get distinguished men.

4204. But you see the labour of this board would be very considerable; they would have to sit almost constantly?—They would have to sit very frequently, as does the Council of the Royal College of Surgeons.

4205. Could that be managed by a Medical Council?—Yes, by a small Medical Council of 12 men.

4206. Many of the members of the Medical Council come from a distance, many of them are very distinguished men with a very large practice, and they would not like to give so much time to the business of the Council?—If you are to have a medical board for the purposes of medical education, you must have a medical board prepared to do its work. It is no use having a board simply to talk.

4207. But you might have a very competent board without having the same people as there are on the Medical Council?—I do not care who they are, so long as they do their work well.

4208. Do not you think that the board would be all the better if it had a lay element in it, that is to say, some one or two who were not members of the profession at all?—I think a barrister would be an extremely useful man on a medical board.

4209. Would you not have more than one member not a member of the profession? I ask you the question because you have a great deal of experience in these matters. Many of the medical members of the senate of the University of London have told me that they consider that it has been of the greatest advantage that there always have been two or more non-medical members of their Medical Committee.—I really know very little about the London University, but I think it would be an advantage to have a barrister to advise the Council in questions connected with unqualified practitioners and so on, purely legal questions.

4210. The non-medical members may sometimes present a rather different view to the Committee, and I have been told by three medical men who are members of the Committee that they have found it to be very advantageous; you have no experience of that, I suppose?—I should vote against it; the mixed Council you describe grant very few degrees.

4211. You think that certain questions could not be so well dealt with by the profession?—A barrister would be useful because there are cases connected with the legal part of the profession, which would be referred to the Council.

4212. I am speaking not of the Medical Council, but of the body to nominate the examiners?—I am not prepared to say.

4213. Have you considered whether it would be desirable that the State should nominate a non-medical man as the chairman of this board?—No, I have not.

4214. Have you ever seen such a system worked?—Yes, I have seen it worked. I have seen it worked in the Calcutta University, the State nominates the head of the senate, who is not a medical man.

4215. Does that work well or not?—Yes, it works well.

4216. I suppose you do not know that that has always been the case in the University of London?—No, I was not aware of it.

4217. It has been so, and you do not see any objection to it, but you have not considered it as I understand?—No, I have not.

4218. Supposing such a system were adopted, and a man passed the examination of that board, is there any reason why he should not become a member of any one or more of the corporations that he liked?—None at all.

4219. If their titles are good for anything, you would see no reason why he should not?—I see no reason at all.

4220. Why, in your opinion, should the establishment of such an examination injure or destroy any corporations that are worth preserving?—I do not think it would, and I have said so.

4221. Supposing that the Government established a satisfactary examination board, and that board nominated the examiners, and a candidate passed a satisfactory examination and got on the register, he could then if he liked become a member of any corporation on any terms that the corporation thought fit?—Yes.

4222. Would that system in your opinion destroy or materially impair the usefulness that any corporation thought worth preserving?—I do not think it would, as regards the teaching corporations.

4223. I suppose you mean by teaching corporations the universities?—Yes, any corporations that might teach, including the universities.

4224. You mean that it would injure others that do not teach?—Yes.

4225. I am speaking of corporations as distinguished from universities, do you think it might injure them?—It would damage some of them, unquestionably.

4226. Do you think that a man would not care about being a member of the College of Surgeons, for instance?—A member of the Apothecaries' Society I refer to.

4227. I will say first the College of Surgeons?—I am not so certain about that. I think most of them would go up for the College of Surgeons, especially if they could not get appointed to the army or other public service unless they had the diploma of the College of Surgeons.

4228. Would it not very likely happen that the College of Surgeons would restrict its examination to surgery, and would have nothing further to do with the general practice, so that to that extent it would give its diploma on somewhat easier terms?—It is quite possible.

4229. And the College of Physicians might give their diploma for medicine only?—Exactly so.

4230. What would be the effect on them do you think?—I think that men would still go for them to a very considerable extent.

Mr. N. C. Macnamara, F.R.C.S.

29 July 1881.

4231. Do you really think that they would go to those Colleges?—I think they would.

4232. Do you know anything about the Scottish corporations?—I know very little.

4233. If I understand you rightly on that point, your opinion is rather that such a system would not destroy or materially injure either the College of Physicians or the College of Surgeons?—I do not think it would injure them at all if they take to teaching medicine and surgery.

4234. As regards the examination board, what do you say to this, that half the examination boards should be nominated directly by the Government, and the other half by the universities and corporations?—I see no objection to that.

4235. Would not that secure a sufficient guarantee to the public?—Yes, I think so.

4236. (*Prof. Huxley.*) I do not know whether I understood you rightly just now, but I imagined that you said that the corporations (I am not now speaking of the universities but of the other medical corporations) had an interest in keeping up the number of lectures?—Yes, I did say so, and that is my opinion.

4237. But why should they have that interest?—My idea is that that interest does exist. My opinion is based upon this, that the majority of the Council, say of the College of Surgeons, have been lecturers, or a considerable number of them are lecturers in surgery at medical schools.

4238. That is one reason, that a large proportion of the active members of those bodies are actually engaged in teaching?—Exactly so.

4239. I suppose you wish that expression of opinion to apply particularly to London?—Yes, particularly to London.

4240. May I ask you what you think of the effect of the great number of separate medical schools in London?—I think that the effect is detrimental to medical education as a whole.

4241. Both as regards the preliminary scientific branches and the professional branches?—As regards science.

4242. But may I ask you whether you do not think that great harm is done to the preliminary scientific studies?—I do.

4243. The reason being, what? — Inferior teaching power.

4244. It is a matter of fact, is it not, that a great many of those lectureships and scientific subjects on what they would call in the schools "the institutes of medicine" are taken in the London medical schools simply by certain persons for a certain time in order to become connected with the hospitals?—By young men.

4245. I need hardly ask you whether at this present day those subjects have not become so extensive and so large that in order to teach them properly a man should give his whole time and attention to them?—Certainly, that is my reason for insisting so strongly upon those subjects being undertaken by students while passing through the universities.

4246. But there are already in London, I will not particularise individually, but there are already at any rate one or two teaching bodies in which the instruction in the preliminary subjects is remarkably good, for the simple reason that the professors of those subjects are in those particular institutions able to give their whole time to instruction?—Yes, exactly so.

4247. Does it occur to you that that very great evil which at present exists might be got over if the teaching of the preliminary subjects was confined to, at the utmost, two principal schools in London?—I should be very glad to see it.

4248. That would go a long way, would it not, towards removing that evil?—A long way towards it.

4249. Which at present, as you have already said, is an exceedingly serious one?—Yes.

4250. Probably it is one of the deepest evils that we have to deal with in medical education?—Exactly, so far as preliminary science is concerned.

4251. There would be no great harm, I suppose, in allowing the teaching of surgery, medicine, and obstetrics to be carried on at the various hospitals, where there is abundant opportunity for illustrating that teaching?—For those subjects it is clearly an advantage to have separate schools.

4252. In fact, it diminishes the total number of students that pass out at each place, and therefore makes the practical instruction of individual students much easier?—Precisely so.

4253. So that the ideal state of things you think probably would be to leave the practical teaching to the medical schools, and what is considerd the scientific teaching, or the preliminary teaching, to, at the utmost, two institutions?—Exactly so, and to the universities.

4254. Very great improvements have taken place in the course of the last 25 or 30 years in the medical education in London, have they not?—I am not prepared to say that they have. I mean medical education as a whole.

4255. I do not know how far your memory goes back but if you knew the examinations 30 years ago at the College of Surgeons, for example, may I ask whether you do not think that a very marvellous change has taken place in those examinations since that time?—No, not a marvellous change, certainly not. There has been an improvement perhaps in science examinations but not a marvellous one.

4256. You remember the old style of examination?—And a very good one it was too. I was examined by Mr. G. Guthrie and Mr. Lawrence, and it was a very good practical examination, and I do not believe that the practical examinations are better conducted at the present day.

4257. Should you feel satisfied at the present day with such an examination lasting a quarter of an hour at each of four tables as a test whether a man is fit to practice as a surgeon?—No, I should not, because we should strive to improve and not to go back.

4258. That is to say, the examination having been confined to anatomy, physiology, and surgery?—No, I think not; they ought to have a larger examination certainly.

4259. It is a matter of fact at the present time that the examination is far more elaborate, is it not?—Yes, it is more elaborate in anatomy and physiology.

4260. But on the practical side also, is it not?—Rather more so.

4261. Is it not the fact, according to your own statement here, that the number of rejected candidates in the practical examination of the Royal College of Surgeons has risen from 20 to 40 per cent.?—Yes.

4262. Does not that imply an improvement in the examination?—It implies a lower state of practical education; the men are not so well educated practically as they were 30 years ago, that is my opinion.

4263. Do you think that the reason for the great number of rejections now is that the men are not so well educated in the medical schools, as they were 30 years ago?—Yes. There is a second examination, at the Royal College of Surgeons, an examination in surgery, and I do think that the men are not now better prepared practically for that examination than they were 30 years ago; they are instructed better in physiology, but I cannot say that there is a marvellous improvement. I would rather go the other way and say that they are not so well taught for the work of general practitioners. This is a very serious conclusion to have arrived at, but I have thought a great deal about it.

4264. Then the great improvement that is wanted in education at present appears to be, from your point of view, in the practical examination?—Yes, in the practical examination certainly, and the method of preparing men for those examinations.

4265. And mainly, do you think, in the clinical direction?—Mainly in the clinical direction.

4266. There is some clinical examination now, is there not?—It is called so.

4267. You do not think that it is very efficient?—Not in the examinations for men entering general practice.

4268. But there was none whatever 30 years ago, nor any pretence of one, was there?—No, not at all, and I do not think it is much better now.

4269. Do not the men now at the College of Surgeons have to perform operations on the dead subject?—For the Fellowship examination.

4270. Not for the ordinary examination?—No, not for the ordinary examination.

4271. (*Prof. Turner.*) I think you expressed a very decided opinion in favour of the *Staats Examen* in Ger-

many as regards the practical character of the examination?—As regards the practical character certainly.

4272. And the length of time occupied by the candidates in the examination?—Yes.

4273. Where are those practical examinations conducted?—In the hospitals connected with the various universities, for instance, at Berlin and Munich.

4274. Are those hospitals connected with the universities, and are the universities themselves State supported institutions?—Yes, they are State supported institutions.

4275. I will ask you to look at the state of matters in Germany as regards the relations of those hospitals to the State and the condition of things in this country, where the hospitals are, as you may say, private institutions; do you think that the trustees or governors of the hospitals in this country would be as willing to allow the patients under their charge to be submitted to such long courses of examination as the patients in the German State supported hospitals are submitted to?—You must remember that I am talking of London now particularly, and you must remember that London hospitals under the charge of the State, called pauper hospitals, are numerous.

4276. Do you mean the workhouse infirmaries?—Yes, the workhouse infirmaries; there are five or six of those containing 1,000 beds each.

4277. Then, you would propose, as I understand, that, if there were such a system of practical clinical examination conducted, it should be in the infirmaries attached to the workhouses?—To a large extent.

4278. Do they have acute cases in those infirmaries?—Yes.

4279. You also expressed a strong opinion, and, in my judgment, a very proper one, that the universities should educate in the fundamental scientific parts of the profession, but have you any objection to the universities undertaking the education in the practical and clinical parts of the profession?—No, none whatever, if they have the means of teaching. What I am driving at is this, that men should undergo a university education, and that medical students should not be thrown upon London at 17 years of age as hundreds of them are; they should be under the controlling power of a proper teaching university where they have appliances and everything to enable them to work, especially at science. That is why I feel so strongly the importance of university teaching.

4280. You would also feel that if the university has a proper staff and organization for teaching the more practical and clinical part of the profession, that is also a matter to be commended?—Of course it is.

4281. You have also stated, I think, in your observations on the German university system, that they have not suffered by the establishment of the State Board; but I would like to ask you if the German universities are not, throughout their whole constitution and organization, much more under the control of the State than the universities in this country are?—Yes, certainly.

4282. The professors, for instance, are paid by the State, are they not?—Yes, the professors are paid by State.

4283. And the other officers connected with the administration are also paid by the State?—Yes.

4284. And the laboratories and libraries are furnished by the State?—Yes.

4285. So that the German universities are in this way State institutions throughout?—Exactly so.

4286. You have also adopted the expression, which I think the Bishop of Peterborough used, that the students in this country are
incubus of lecturing?—Yes, that is my opinion.

4287. I would like to ask you one or two questions on this matter, in connexion with the school that you belong to, that of the Westminster Hospital. We will take a student of the first year. How many subjects does a student attend during his first winter session?—He would have to attend from 9 to 10 o'clock a lecture on anatomy; then from 10 till about half-past 12 he has to attend in the dissecting room; that of course is not a lecture. Then he has to attend chemistry and he has to attend physiology.

4288. Does he attend lectures on anatomy, on physiology, and on chemistry on each day?—I think very nearly every day in the week, there may be one day intermitting, but it is generally every day.

4289. Is it not the case that in the London schools each subject is only lectured on about three days a week?—I think it is more than that. I think it is four or five days.

4290. Would you consider that for a student to attend 12 lectures a week was any great tax upon him?—No. I do not think that 12 lectures would be too much.

4291. In what respect could that be called an incubus of lecturing?—I think he would have to attend more lectures than 12. The lectures accumulate as he goes on. Supposing the first year he does not pass, then he has his practical chemistry, and he has his forensic medicine, and his materia medica, medicine, surgery, and other lectures, put upon him.

4292. Surely he is not attending all those at one and the same time?—He must if he has not passed. If he does not pass his first college he must make up those lectures, they are heaped up one on the top of the other.

4293. That is because he does not pass, but in providing a course of education, surely what you have to provide for is the best education, so that the student may proceed regularly from year to year passing his examinations as he goes on?—Even supposing he does pass, which not one-half of our students do, but even supposing he were to pass, there still remains this incubus of lectures on many subjects which are practically of very little use, particularly the lecture on systematic medicine and surgery.

4294. Is not this rather due to the cause which, I think, you yourself have advanced, that in many cases, on account of the sub-division of schools, the lecturers are not very competent persons?—I do not know about that, it may have something to do with it. There is a great lack of tutorial assistants. If you go to Berlin and come back to London, you see the difference at once. The one is a clinical and tutorial system, and the other is a system of lectures.

4295. Are you acquainted with the system which is pursued in Scotland?—I know very little of Scotland.

4296. The tutorial system largely prevails there along with the professorial?—So I have understood.

4297. I understand you to blame the Medical Council for the present condition of things; in fact, you used the expression, did you not, that the operation of the Medical Council had sacrificed the interests of the profession?—That they have been prepared to do so.

4298. And the reason that you gave was because the corporations were so largely represented on the Council?—Yes.

4299. May I ask if you have paid any attention to the recommendations of the General Medical Council on education and examination?—Yes, I have.

4300. I will just read out one or two of them to you. The first, Regulation 32, is as follows: "The professional "examinations should be conducted both in writing and "orally; and they should be practical in all branches "in which they admit of being so." Surely that looks as if the Medical Council even with this strong corporation element on it had felt the need of insisting upon the practical character of the examinations?—Yes; but it does not appear to have resulted in anything.

4301. The bodies that you are acquainted with as conducting medical examinations certainly have endeavoured to make their examinations as practical as it is possible to make them?—But they have not done it in consequence of the General Medical Council.

4302. The Medical Council control and exercise an influence over these matters according to my judgment. I would like you to look at Regulation 43 of the Medical Council, which says: "It is recommended that candi- "dates for the final professional examination be "required to give evidence that they have had "opportunities of practical study with care of patients "as pupil assistant, clinical clerk, or dresser in hospital, "dispensary or elsewhere." That looks as if they insisted, and constantly insisted, upon practical tuition?—I quite think that they have made some very wise rules and regulations, but I do not see that they have been of any practical advantage.

4303. My recollection of what was the case between 20 and 30 years ago as compared with the state of things now is, as Professor Huxley has said, that the examinations now are far more practical than they were in our

Mr. N. C. Macnamara, F.R.C.S.

29 July 1881.

younger days?—I have already said what I think about them in my answer to Professor Huxley.

4304. (*Mr. Cogan.*) You have told us that in your opinion great evils as to medical education arise from the deficiencies of the medical schools, and that they are responsible to some extent for them?—I think perhaps they are to some extent.

4305. Do you think that that would be at all remedied if the Medical Council had the power of visitation, and exercised that power over the medical schools?—I think so.

4306. So as not to license any of their students if they did not come up to the proper standard?—Exactly so if the Council also had such powers as Lord Ripon's Bill would have given it.

4307. With regard to the subject of the lectures of which you spoke, I presume that you consider examination in school on the lectures is a very important part of the education?—Very important indeed.

4308. Is it a compulsory practice in the schools to have an examination on the lectures?—It is hardly compulsory, it depends very much upon the individual lecturers; some do and some do not efficiently examine their classes.

4309. That you state from you own knowledge of what is the general practice of the London schools?—Yes, I think that in anatomy and physiology certainly the practice is that the lecturers examine extensively.

4310. Do you think that medical schools not connected with medical corporations should have any right of representation on the Medical Council; do you think it would be beneficial that they should be represented by teachers of eminence?—I think not.

4311. Supposing that there was any sort of conjoint scheme such as has been sketched out, and that there was a board of examiners appointed, do you not think that the universities as well as the medical corporations ought to have a voice in the appointment of those examiners?—Yes, certainly they ought.

The witness withdrew.

Mr. F. E. Pocock, M.R.C.S.

Mr. Frederick Ernest Pocock, M.R.C.S., examined.

4312. (*Chairman.*) You are a member of the Royal College of Surgeons of England, are you not?—Yes.

4313. And you are a graduate of the University of Brussels?—Yes.

4314. You attend here, do you not, to support a petition which is presented by certain graduates of the University of Brussels?—I do.

The same was delivered in, and is as follows:—

To the Commissioners appointed by Her Majesty to inquire into the working of the Medical Acts.

We, the undersigned graduates in Medicine in the University of Brussels, beg respectfully to bring under the notice of the Royal Commissioners appointed by Her Majesty to inquire into the working of the Medical Act of 1858, the following facts:—

That there is a large and continually increasing number of members of the profession, many of whom are holding important public appointments, who have, since the passing of the Medical Act of 1858, graduated in foreign universities of repute, after having, in all cases, presented themselves at such universities for examination for their degrees.

That up to quite recently (with the exception of St. Andrew's, where the number of degrees conferred in any one year on medical practitioners who have attained the age of 40, is limited to 10) there has been no university in the United Kingdom at which a practitioner of age and experience could obtain a degree in medicine, without either going into residence a second time and attending courses of lectures on subjects with which he is thoroughly acquainted.

That to comply with such regulations is an impossibility in the great majority of instances, as those seeking degrees are busily engaged for the most part in special or general practice.

That in consequence, practitioners desirous of obtaining a degree in medicine have been induced, often unwillingly, to offer themselves for examination in various foreign universities.

Your memorialists particularly beg to draw the attention of the Royal Commissioners to the fact that the degrees in medicine conferred by the university of Brussels on British practitioners already provided with medical and surgical qualifications, have been largely sought after, and that such degrees are only conferred after a strict examination embracing a very wide range of subjects, including, among other mental diseases, ophthalmalogy, public and private hygiene, and examinations at the hospital both of medical and surgical patients, concluding with operations on the dead body.

That the percentage of rejections at the examinations, amounting often to 50 per cent., prove that the examinations are impartially conducted, and of considerable severity.

For the above reasons your memorialists pray that the Royal Commissioners will recommend that the degrees already conferred by the University of Brussels may be registered as additional qualifications after the name of the person registered on qualifications in medicine and surgery obtained in the United Kingdom.

Your memorialists would pray in addition that the Royal Commissioners will recommend that some of the British universities would place practitioners of well-known character and experience, who have been in general practice for 7 or 10 years, on the same footing as Bachelor of Medicine, and admit them to a good searching examination for the M.D. degree.

And your memorialists do further pray that you will consent to examine witnesses in proof of the above statements.

And your memorialists will ever pray.

4315. The prayer of the petition is two fold. First of all the petition asks that the degrees conferred by the University of Brussels may be registered as additional qualifications after the name of the person registered; and secondly, it asks that the present practitioners of well known character and experience who have been in general practice for 7 or 10 years should be placed on the same footing as Bachelors of Medicine by the universities, and admitted by the universities to a good and searching examination for the M.D. degree?—That is our petition.

4316. Let us take the first prayer, that the degrees conferred by the University of Brussels may be registered as additional qualifications. Will you explain to me exactly what is meant by the petitioners? They mean, I suppose, that the degree should be entered in the Medical Register after the name of the person who has taken the degree?—I do not think we are particularly anxious that it should be in one part of the register or in another part. If we could have our degree admitted to the Medical Register, we should be perfectly satisfied to occupy the somewhat invidious position of a separate list.

4317. To what, then, do you attach so great importance?—We are continually exposed to invidious remarks, and we have placed ourselves voluntarily in a position in which we are exposed to being told that we have done an underhand thing, and that we are no more entitled to call ourselves doctors, in fact, that we are not so much entitled to call ourselves doctors as those practitioners possessing only the licenses of some college of physicians; and we wished to be placed in a position in which we can call ourselves doctors, as it has been decided that we can do, but in which it could be made known to every one in the world, and the general public should see, that we have the right, that we are not doing anything under-hand, and that we have not thought of doing anything wrong by calling ourselves Dr. So-and-So when we have no right to it.

4318. Is it in the outside world that it is considered invidious for you to have obtained a foreign degree, or is it in the medical profession itself?—Chiefly in the medical profession. I do not think the outside world cares much whether a man's degree comes from one place or another. The only title that the general public recognize is that of "M.D." That, I think, is an undoubted fact. "F.R.C.P." to the general public has no signification generally.

4319. In fact, what the general public know is the word "Doctor"?—Yes.

4320. Beyond that, what they want is a good doctor?—Yes, whatever his qualifications may be.

4321. Do you know that under the law you are at the present time entitled to term yourselves doctors?—It has been decided in the Court of Exchequer at Guildhall by the late Chief Baron in a case bearing upon this question that we are.

4322. As a matter of fact, it has been decided by the law so far that you are entitled to term yourselves "doctor"?—Quite so, and not only so, but that we are legally entitled, and that we are committing no legal error by signing ourselves, So-and-So, M.D.

4323. In law you say that you are entitled to call yourself a doctor, not a doctor of the University of Brussels?—We are entitled to call ourselves doctor. The Lord Chief Baron's words were that we had as much right to put Dr. So and So on our plates as any gentleman of the jury had to put his name on his plate.

4324. The second prayer of your petition goes a little further; it asks that practitioners should, after having been in practice for 10 years, be admitted to the university examination for the M.D. degree on the same footing as those who had resided in the university, and had taken the Bachelor of Medicine degree?—Yes.

4325. Of course the holding of a university degree implies residence and a considerable time of study in the hospital?—It does not always imply residence. For instance, in the case of the degree which is considered to be, without exception, the first, or at all events one of the first in the world, that of the University of London, there is no residence attached to it. The University of London is simply an examining body, not an educational body in any sense of the term.

4326. What you wish is that the Universities of Oxford and Cambridge, and other universities, should receive you on the same terms as the University of London does?—That some universities should. We do not ask that any particular universities should do so, but we should like to find that some universities were open to practitioners like us to obtain the degree of M.D. after a certain number of years' practice, because, —if I might be allowed to state our reasons —many young men join the hospitals with the idea of going into practice. They do not know anything about it, probably they have no particular intimate friends who are in the profession or connected with the profession, they join a hospital with the idea of going into practice, and perhaps they find that they possess a little more than the average amount of talent, and they take prizes and scholarships from their hospital, and they suddenly wake up to the fact, after a year or two of medical education, that they would like to take a degree, and then they find that it is impossible for them to take a degree without going back and going over the whole course of study that they have already passed through. You observe in the event of the second prayer of the petition being granted that we shall already have attended lectures which the universities require to be attended: we shall have already attended them at our own hospital, though not at the university.

4327. There is a good deal more, is there not? For instance, we will take the preliminary examination of the University of London. Of course the preliminary examination in arts of the London University is a very different examination from that, we will say, of some of the licensing bodies?—Yes.

4328. It is a very much more difficult examination, is it not?—Yes.

4329. That examination you would propose to supersede or omit?—Yes.

4330. Then there is in many universities the qualification of residence, which of course implies a certain degree of control, and so on, on the part of the university, and that you would propose to omit?—Yes.

4331. You propose, in fact, to omit all the examinations up to the M.D. examination?—Yes, up to the M.D. examination. With regard to the degrees in arts which are required by some universities, there again I may instance the University of London, and it is not always required at the University of Durham or at the University of St. Andrew's. At the present time they admit men who are of a certain age, and who have been in practice for a certain time, to the final degree of M.D., but the University of St. Andrew's, by their charter, has been limited in this respect. The degree cannot be conferred on more than 10 each year. In the University of Durham a man must have been in practice 15 years, and we consider that that is rather a long time.

4332. Do you consider the examination of the University of St. Andrew's as one of the very highest university examinations?—No, I do not think one can say that, but I do not know that that exactly bears upon our petition, to compare the standard of one university with that of another.

4333. Does not it occur to you that the prayer of your petition may be deemed by some persons to be rather a large prayer in its extent; does not it seem to you rather a considerable claim to propose that all conditions and all examinations should be omitted, save the last only?—I do not seem to think so. It is not as if you found everybody going in for a doctor's degree. There would be only a few who would go in for it under those circumstances, and there are two universities who at the present time open their doors in that way, only that they have an age qualification.

4334. As you are a member of the profession in general practice, I should like to ask you one or two general questions. Have you given much attention to the licensing question and the question of medical education generally?—I cannot say that I have given very much continuously close attention. I am afraid I have been rather too busily employed in earning my own livelihood to be able to do that.

4335. You no doubt have heard a great deal of conversation amongst your friends who are in the profession?—Yes.

4336. And you probably have heard this question a good deal discussed?—It is almost always largely discussed on any meeting of medical men.

4337. With regard to the General Medical Council, what opinion have you as to its constitution at present?—I think that it might be modified to some extent. My own opinion is that we want a few more general practitioners upon the Medical Council, men who know exactly what general practitioners want, and who can enter more into the feelings and into the position of general practitioners. The majority of the members of the Council are men who are really very high up in the profession, and who have never been placed, by circumstances, in the position of general practitioners, or if they have, it is some time since they have escaped from that position, and perhaps to some extent have lost the feeling of what general practitioners require. If they take up the educational subject, for instance, they look at it more from a teacher's point of view than from a learner's, I think.

4338. Is that opinion of yours one which you generally hear expressed amongst your friends?—I think so. There are differences of opinion as to what the modification might be, if any modification at all were introduced into the Medical Council, but I think certainly amongst the majority of my immediate acquaintances, the opinion is that some modification is required.

4339. (*Mr. Cogan.*) In this petition, I see it is stated "that there is a large and continually increasing number "of members of the profession, many of whom are "holding important public appointments, who have, "since the passing of the Medical Act of 1858, gradu-"ated in foreign universities of repute after having in "all cases presented themselves at such universities for "examination for their degrees." That is a statement that a number of practitioners here have graduated in foreign universities; but your petition is simply that the graduates of Brussels should be placed upon the register; why do you confine it to the University of Brussels?—We consider that as we were graduates of the University of Brussels, we had no right to make the request for other university graduates. If they wish it it is for them to speak. We cannot be expected to take up the case of all the foreign graduates. Amongst the list of foreign graduates there are some who have obtained their degrees without any examination whatever. That is why we ourselves have formed an association of Brussels graduates and hold ourselves aloof from other foreign graduates associations.

4340. The petition states that until quite recently with the exception of St. Andrew's there has been no university in the kingdom at which a practitioner of age and experience can obtain a degree, and so on. I want to know why all the practitioners who come under that category should not have united together to make this demand if they considered that they had a fair claim to it; why should it be confined to the graduates of the Brussels University to come before us?—If the "Foreign Graduates Association" had communicated with us upon the subject, I have no doubt that we should have been pleased to have received their names

Mr. F. E. Pocock, M.R.C.S.

29 July 1881.

upon our petition and to have varied the petition somewhat in accordance with them. That is my individual opinion. I cannot say that, speaking on behalf of the association which I represent.

4341. There are a certain number of foreign graduates in practice here who have taken the final degree of doctor; have they taken it in most cases in the Brussels universities?—Yes, by far the greater number.

4342. Is the examination a severe examination?—It is; and it is a very fair practical examination. I have in my pocket, if I may be allowed to read them to the commission, extracts from letters from one or two gentlemen who have graduated at Brussels.

4343. You state according to your own knowledge that it is a *bonâ fide* real examination?—It is a *bonâ fide* examination, it is a thorough test of a man's theoretical and practical knowledge in surgery, medicine and midwifery, and in materia medica and therapeutics; in fact in all the subjects which are included in any of the examinations for the English universities.

4344. Is the examination clinical at all?—The last part of it is. There are three examinations, and the last part of the third examination consists of the examination of two or three medical patients and two or three surgical patients, and the performance of surgical operations on the dead body.

4345. Is there any examination in anatomy or in any other portion of the scientific branches of the profession?—There is an examination in all of them. The three examinations that I have mentioned include them. The third examination, or the third test as they call it, includes an examination in anatomy. I should like to be allowed to say that that includes actual dissection before the examiners, and I believe I am correct in saying that that is an examination which certainly does not take place at the College of Surgeons of England. There is no actual dissection before the professors or the examiner here. It is an exceedingly severe examination in Brussels in practical anatomy, including dissection. A part has to be dissected exactly in the same way as it would be in the original dissecting room when the candidate was learning anatomy, and he has to name, to explain, and to expatiate upon the uses and functions of, every structure that he comes across in the course of his dissection.

4346. Are you aware of any foreign universities that give the degree of M.D. without examination and upon payment of a fee?—I am not perfectly certain that there are any in Europe. There are some in America, and I believe there are some in Europe. Perhaps you would be so good as to vary the question a little and allow me just to state in my answer that there are many universities in Europe which require no actual practical examination, but they require a thesis. It is meant to be an original essay by the candidate, and on the subject of this thesis the candidate is always examined in some universities. In others he is not. He simply sends over his thesis and gets his diploma returned. It is not necessary for him to enter an appearance at all at the university, in some cases.

4347. You do not consider that this claim would involve an inspection of the examinations of all the foreign universities as to what degree ought to be recognised or what ought not?—No, we do not consider that it would be necessary to have actual personal inspection, because we do not ask for it to be recognised as a qualification to practice. We have already, before we go over, had a qualification to practice which we have obtained in England. We simply ask that this examination should be registered as a higher title; upon that, may I be allowed to say, that, in the event of our second prayer being granted, that is to say, that some English universities should open their doors to the admission of general practitioners to the examination, we should not ask, that any future Brussels degrees should be registered. The only reason that we ask for it now is that we cannot get a degree in England.

4348. (*Prof. Turner.*) In what language is the examination of the university of Brussels conducted?—It is conducted in French for those who speak French, and for those who do not there is an interpreter in the person of Professor James, the professor of English and Latin in the university.

4349. I suppose that a large proportion of those gentlemen whose names we see on this petition do not speak French?—Yes. I should almost think you might take it that the majority do not.

4350. Are we to take it, then, that the greater number of those gentlemen have been examined through the agency of an interpreter?—I think so.

4351. Could you give us any information as to the number of rejections of English speaking candidates which take place at the examinations of the university of Brussels?—I have been informed by one of the candidates, who was over there this year and who looked at the list of the British candidates for the last seven or eight years, that he finds that the average rejections are 50 per cent. At the examination that I was present at, there were 15 English candidates present, two of whom had been rejected before. I may say that the actual student of the university of Brussels is not admitted to this examination. This is a special examination for foreign candidates.

4352. Would you tell us whether Professor James, who acts as an interpreter in those cases, has himself had any medical training?—No, I do not think he has had any medical training, but he has acted as interpreter for seven or eight years, and therefore he considers himself, and from my own personal experience I may say that he is, quite up in the technical terms.

4353. You think that he understands sufficiently the meaning of the technical terms both in French and English to enable him accurately to interpret the questions to the candidate and the answers to the examiners?—I think so. Professor James is by birth and education an Englishman, but for the last 20 years I think he has been engaged in the university of Brussels.

4354. Would you tell us why you wish to have those foreign diplomas registered?—Because we have it continually cast in our teeth that we have no right to call ourselves Doctor So-and-So. Now the term "Doctor" is the only title which the general public recognises, and we consider that we are doing a more honourable thing by taking an honorary degree of Brussels and calling ourselves Dr. So-and-So upon it than we should be by taking the licentiateship of our College of Physicians and calling ourselves doctor upon that, as so many do. We do not wish to say anything to reflect upon those gentlemen who do that. We only consider that we have no right to do it, and we take a foreign degree.

4355. But you have already told us that an eminent judge has declared that you have a right to call yourselves doctors?—Yes.

4356. Then having got a declaration from the Bench that such is your right, surely you may take it without the slightest compunction on your part?—Yes, we may take it; but we cannot refer all those members of the outside public, or the profession either, who tell us that we have no right to term ourselves doctors, to a certain case and a certain decision. We feel that we could much more easily say, "Well, but look at the "Medical Register, you see that the Medical Council "allow us to do so, and there is an end of the matter."

4357. But there is another publication, is there not, even in more use, I think, with the profession and the public, than the Medical Register, and that is the Medical Directory, published by Churchill?—Yes.

4358. I suppose you can insert in the Medical Directory the title of M.D. after your name?—Churchill will insert the title of M.D. from any foreign university, if the candidate will sign a declaration that he has actually been over for examination and can produce a certificate from two registered medical practitioners who have actually seen his diploma and know of their own knowledge that he has attended at the university for examination.

4359. You tell us that you have attended at the university for examination, and you can show your diploma to any registered practitioner so that you have it in your power to get your name inserted in Churchill's Medical Directory?—I have done that.

4360. Then you have your legal rights as a practitioner, being on the Medical Register under another qualification, without this title by doctor of medicine being registered?—Quite so.

4361. The registering of the title of doctor of medicine from the University of Brussels or any other foreign university would give you no further legal rights than you now possess?—No, no further legal rights, certainly. It would simply be a recognition by the General Medical Council of our legal right to call ourselves doctors.

4362. You ask to have this degree in medicine registered as a higher title; would you point out anything

to us in the Medical Act or in the Medical Register which indicates that any one registerable title is higher than another title?—I think that there is somewhere a passage in the Medical Act which enables a practitioner after he is once registered to register a higher title upon the payment of a certain fee.

4363. An additional title is, I think, what the Act says?—I think it is called a higher title.

4364. The clause to which you refer is clause 30, which says, "Every person registered under this Act who may "have obtained any higher degree or any qualification "other than the qualification in respect of which he "may have been registered, shall be entitled to have "such higher degree or additional qualification in- "serted in the register in substitution for or in addi- "tion to the qualification previously registered, on "payment of such fee as the council may appoint." I understand that clause to refer to higher degrees or additional qualifications given by the bodies named in Schedule A. to the Medical Act. Would you just be so good as to answer that question?—Yes, I suppose it must have meant that.

4365. Then are you not aware that all those bodies whose qualifications are named in Schedule A. of the Medical Act are bodies that are liable to have their examinations visited by the General Medical Council, and that they are required to furnish information as to the courses of study and examinations to be gone through in order that their respective qualifications may be obtained?—Yes, I am aware of that.

4366. Can you tell us if the Medical Council has any power to visit the examinations of the University of Brussels, or to require from them any information as to their courses of study and examinations?—They have power to visit the examinations, because any stranger is admitted, the general public is admitted to the examinations.

4367. But have they any power under the Act of Parliament which would enable them to go and ask to see the examination papers?—No. There are at the present time on the Register gentlemen who have obtained an entirely honorary degree, and have undergone no examination whatever, and they have been allowed by law to register those degrees for which they have undergone no examination.

4368. These are honorary degrees conferred in this country, are they not?—Yes.

4369. And they are conferred by the universities, the arrangements of which we have it in our power to make ourselves amply acquainted with?—Yes.

4370. (*The Master of the Rolls.*) With regard to your second claim, the suggestion that you make is that the general practitioners shall be admitted by examination to the degree of Doctor of Medicine. Do you know what the terms of the examination for Doctor of Medicine are?—Seven or 10 years we ask, and not fifteen years.

4371. But do you know what the provisions are in the University of London, for instance? The Doctorate of Medicine is conferred on a Bachelor of Medicine who may have been in practice five years on passing an examination in logic and psychology, and in medicine, and in nothing else?—Yes.

4372. And the reason for that is, that those gentlemen, having passed the examination for the Bachelor of Medicine, have shown a sufficient knowledge of science, both of general science and medical science, because in the University of London, first, there is the preliminary examination in general science, then there is the first examination for Bachelor of Medicine in what is called medical science, anatomy, physiology and so on, and then there is a third examination, which is a practical examination in medicine and surgery; so that at any rate it is secured that the person who comes up for examination for this Doctorate of Medicine is already sufficiently qualified in science?—Yes, certainly.

4373. Your proposition gets rid of the whole of that test for the degree?—No, we do not wish to jump to that.

4374. That is what is asked for by the petition?—No, we do not object to the terms of the examination. We do not mind what test you subject us to, or what professional subjects you put in.

4375. Then, if I understand you rightly, all you want is literally to pass the examinations?—Yes, we want to get them all at once if we can. If we fail to pass we do not ask for a degree; but if we are able to pass, then we ask to be allowed.

4376. Do you suggest that a man should pass the examination for Bachelor of Medicine as well as for Doctor of Medicine?—We do not suggest it, but it would be partly, though not entirely, what we ask for.

4377. He cannot pass them altogether, no human being could do that, as you will admit if you know anything about the University examinations? — The examinations of the University of London, as they are at present conducted, I admit he cannot, but the examinations of other universities he could.

4378. As I understand you, you propose that he should be admitted to the doctorate without attending lectures?—Without attending lectures on the same subjects for a second time.

4379. So far as the London University is concerned, I believe your application, if granted, would be of very little use, because the man would have to pass through the whole series of examinations.and I do not see that any man who had left off his studies for so long a period would be able to pass them?—But then, that is his own affair. You must not forget that you are taking the case of the highest examining body in the whole kingdom, and that is hardly a fair test case, I think.

4380. (*Prof. Turner.*) Will you tell us what other universities you referred to a moment or two ago in answer to the question of the Master of the Rolls?—Probably Aberdeen and Durham.

4381. Do you know anything of the regulations of the University of Aberdeen?—Yes.

4382. Do you think that at the University of Aberdeen it would be possible for a candidate to take up, at one and the same time, all the subjects of examination from the first to the final examination?—No, perhaps not.

4383. (*The Master of the Rolls.*) I am by no means prepared to say (if this is what you mean), that if the university is satisfied that a general practitioner has really gone through a proper course of studies at some time or other and is willing to pass their examinations seriatim, they should refuse him the opportunity.—That is what we ask for; we do not wish to escape anything. We should be willing to submit to as severe and searching an examination as it pleased the university to put before us. If a man in general practice wishes to graduate in London, see what he has to do! It is a perfect impossibility. I only take the University of London because your Lordship has referred more particularly to it; but at almost every university in the kingdom he must sacrifice his livelihood to go and reside there his full time.

4384. He could not do that, but what I understand you to ask is for liberty to pass through a series of examinations if it is shown that you have received sufficient education at some time or other and that you have been a certain number of years in practice?—Yes, that is what we ask.

4385. (*Chairman.*) And omitting residence? — Yes, omitting residence, certainly.

4386. (*Prof. Turner.*) Do you suppose that after a practitioner has left his school and been in practice for seven or ten years, he is competent to go through a university examination in chemistry, anatomy, and physiology?—I do not say that everybody would be, but I believe there are some who could do it, and certainly if a man knew that that was the state of the law he would on his going into practice do all that he could towards making himself more fully acquainted, than otherwise he would do, with the advancement made in medical science, when after seven or ten years, as the case may be, he might present himself to some university for the degree of M.D.

4387. Would you tell us what means a practitioner has of keeping up his practical knowledge of anatomy and physiology when he is away from a medical school?—He would have to make arrangements so that as nearly as possible he should keep abreast of medical science in the same way as we have to do when we go over to Brussels. We do not go over there entirely upon the knowledge which we possessed 10 or 15 years ago as the case may be.

The witness withdrew.

Adjourned to to-morrow at half-past 3 o'clock.

SIXTEENTH DAY.

Saturday, 30th July 1881.

PRESENT:

THE EARL OF CAMPERDOWN IN THE CHAIR.

THE BISHOP OF PETERBOROUGH.
THE RIGHT HONOURABLE W. H. F. COGAN.
JOHN SIMON, ESQ., C.B., F.R.S.
PROFESSOR HUXLEY, F.R.S.
PROFESSOR TURNER, M.B., F.R.S.
JOHN WHITE, ESQ., *Secretary.*

MR. GEORGE YEOMAN HEATH, M.B.,
and
MR. LUKE ARMSTRONG, M.D., are called in and examined as follows:

Mr. G. Y. Heath, M.B., and Mr. L. Armstrong, M.D.

30 July 1881.

4388. (*Chairman to Dr. Heath.*) You are president of the University of Durham College of Medicine at Newcastle-upon-Tyne?—I am.

4389. And you have been requested to come here by the senate of the University of Durham and by the council of the University of Durham College of Medicine at Newcastle?—I have.

4390. Would you kindly tell me, in the first place, the manner in which students are admitted to the study of medicine in the University of Durham and so admitted to the register, or to a medical degree?—All candidates, in the first instance, must pass the preliminary registration examination, either that of the university itself or some other body which the university recognizes; after that the students become students in medicine at Newcastle-on-Tyne. They are not obliged to reside in Durham, and they go through the usual curriculum as laid down by the licensing bodies and proceed to pass the examinations of the College of Surgeons or such other bodies as they may wish to go to.

4391. When you say the curriculum laid down by the licensing bodies do you mean a curriculum fixed by the Durham University itself or a curriculum fixed generally by the licensing bodies?—By the College of Surgeons and College of Physicians.

4392. Does the University of Durham accept in its integrity the curriculum of the College of Surgeons?—Not altogether; the students of the university are not bound to go on and graduate at the university. Many of them come up to the examinations of the College of Surgeons and pass those.

4393. They study at Newcastle and come up and pass their examination at the College of Surgeons?—Precisely. They study at Newcastle as at any other medical school.

4394. Then do they pass their professional examinations at the College of Surgeons?—They do.

4395. Including the final practical examination?—Certainly.

4396. Does not the University of Durham hold examinations also?—Yes. Those students who wish to do so can come up for the graduation examinations and take the degree of bachelor of medicine or afterwards go on to the doctorate or mastership in surgery. The university also has power to grant a license to practice, but they have not encouraged students to take that. They have rather encouraged those who do not wish to graduate to go to the College of Surgeons.

4397. Can you tell me about what number take out a license at Durham University every year, taking the last three years, say?—None of the students, or very few indeed, take out the mere license. We encourage them rather to take the diploma of the College of Surgeons, that is, those who do not wish to go on to graduation.

4398. How many have taken the M.B. degree on an average for the last five years?—I will give you the figures for the last five years. In 1877 two took the degree of doctor of medicine and two of bachelor of medicine; in 1878, three of doctor and seven of bachelor; in 1879, one of doctor, nine of bachelor, and two master of surgery; in 1880 there were 11 doctors, 19 bachelors, and seven masters in surgery; in 1881, 10 doctors, 13 bachelors, and four masters in surgery. That is only for the first part of 1881. There will be another examination in December.

4399. There is a considerable increase during the last two years in the number of persons who took both the doctor's and bachelor's degree; to what do you ascribe that increase?—In a great measure, I think, to the alteration in the regulations of the university with regard to residence. The candidates seeking degrees were obliged to reside in Durham at one time, and that was found very inconvenient, and that has been changed. At present candidates only require to reside one year, and that residence may be in Newcastle; so that students from other schools than our own come to us and reside for one year in Newcastle, take out so many courses of lectures, attend at the infirmary, and then come up for their examination for degrees.

4400. It is quite possible then that a person might become a doctor of medicine of Durham University and never have resided in Durham at all; he might have studied at Newcastle a year and might have passed all his examinations at the College of Surgeons in London?—No, not exactly in that way. He need not have resided at Durham, but he must reside one medical year in Newcastle. If he is already a member or Fellow of the College of Surgeons then of course he must have passed his examinations at the College of Surgeons, but he may come up to us previously to having done that. He would come to us for his examinations for the degree; he may or may not have passed examinations at the College of Surgeons also. Allow me to illustrate my meaning. A man, for instance, has been attending at St. Bartholomew's Hospital; he passes his full time there; he may go up to the College of Surgeons for his examination, and he may pass either as a member or as a Fellow; then he comes down to Newcastle, has a year's residence there, attends lectures again with us, and goes through his examinations for his degrees, that is, two examinations for bachelor and one for doctor of medicine.

4401. Then it comes to this, that all the connexion that is absolutely necessary with Durham for a person to become a doctor of medicine of the Durham University is that he should reside one year at Newcastle and should pass the actual examination for the degree at Durham?—That is so; the degree can be got in that way, provided he has already passed not less than three years in the study of the profession at a school recognised by the authorities of the university.

4402. But he might obtain his license from the University of Durham as a licensing body, having only resided one year at Newcastle and passed his examinations up here in London?—No; the candidate must pass the examinations established by the university. The whole work of the medical faculty of the University of Durham is done in the college at Newcastle. We have about 130 students now on our books. Some of those gentlemen only wish to take the diploma of the College of Surgeons.

4403. Some of them only wish to take the license, you mean?—No, I do not think any of them at present take the license; they take the diploma of the College of Surgeons, that is, the membership; some may wish to go to the College of Physicians, some might wish to graduate at the University of London; we should not interfere with them. If they are what we call our own registered students, they usually pass their whole time with us, that is, their whole four years of medical education; but the Durham University also examines for degrees men who have been educated at other institutions and who come to us for one year.

4404. Let me ask you a few questions with regard to the system of licensing generally, not relating to your own university. I understand that you are here to give us the opinion of Durham University upon this question?—Yes.

4405. And the University of Durham is of opinion that there ought to be one central board of examiners for each of the three kingdoms?—We think so.

4406. And that a certificate given by that board should be the means of obtaining admission to the register?—Certainly.

4407. They think that the universities and colleges should retain in the main their present privileges?—Quite so.

4408. And by "present privileges" what do they exactly intend to convey?—By that we mean their power of sending representatives to the General Medical Council, and also their powers of conferring degrees such as they confer at present; that is to say, a man would go up to this one central board to obtain his pass to enable him to register and become simply a medical practitioner. If he chose he would then go on either to the College of Surgeons to take out his diploma and become a Fellow or member of the College of Surgeons or to the College of Physicians, or he might go to a university and take out the degree of the university.

4409. But they do not mean, that they wish to retain to themselves the privilege of making their own examinations equivalent to those of the board?—You mean the professional examinations?

4410. Let me put it more plainly. They do not wish to claim that the passing of their examinations should confer upon the successful candidate the right of admission to the register?—Not unless the man passes this board. He must pass the one board; he must pass that examination.

4411. They do not wish that their examinations should be held as equivalent to the examinations of the board?—That is not the case with Durham, they do not wish that.

4412. They do not regard that as one of their privileges which they wish to preserve?—No.

4413. The examiners, who are at present employed by the University of Durham, are selected mainly from outside are they not?—There are two foreign examiners at each examination, usually chosen from some of the London Schools and sometimes from some of the provincial schools.

4414. You attach great value to foreign examiners, I suppose?—We think it is an exceedingly desirable thing to have foreign examiners.

4415. And with regard to the Central Medical Council, should you propose any change in their numbers or in their constitution?—With regard to the numbers, we do not see any reason to advocate any change. Probably the addition of half a dozen, or the taking away of half a dozen would not make much difference in its mode of action. We think the present number, that is 24, is a very fair number.

4416. With regard to the system of representation, do you consider that it is desirable that all the medical authorities who are at present represented on the Council should continue to be so represented, and those medical authorities only?—The Durham University does not entertain any very strong opinion as to any change being necessary, but I think the prevailing feeling is that, if a change is made, it should be that the representatives should be appointed by the general elective bodies of the universities and by the members of the licensing bodies.

4417. That is, I suppose you mean, by members of convocation in the case of the universities?—Yes, in Durham University the representative is appointed by convocation.

4418. And not by the small governing body?—And not by the small governing body.

4419. So far as Durham is concerned, that of course is proposing no change?—That is proposing no change.

4420. With regard to the bodies, which should be represented upon the Medical Council, do you think that new universities, such, for instance, as the new Victoria University, have a claim to representation upon the council?—At present I think the University of Manchester has not the power to grant degrees.

4421. But the reason of withholding that power was, as you know, because the whole medical licensing question was hung up, and, when the charter was given, no decision was arrived at either in the affirmative or the other way?—That particular point is not one that has come under our consideration previously.

4422. Still it is a point that must force itself upon the consideration of anyone engaged in settling the question. We must expect that universities will increase in number in England in the next 20 years, must we not?—I suppose one element would be to keep up a certain balance in the number of representatives of the three divisions of the kingdom, and not to increase unduly the representatives from any one of the three.

4423. (*To Dr. Armstrong.*) You are the Registrar, I believe, of the Durham University?—I am.

4424. Is there anything that the university wishes to add to what has been stated?—I think there is some little doubt as to the examination required by the university of Durham existing between Dr. Heath and your Lordship. The University of Durham does not recognise any professional examination held by any other examining body. No matter what professional examination a man may have undergone before he comes to take the degree of the University of Durham, no matter whether he be a Fellow of the Royal College of Surgeons, or a member of the College of Surgeons, or a licentiate of the College of Physicians or of any other examining body, he must undergo the professional examinations required by the University of Durham at Newcastle.

4425. That is for the degree?—That is for the degree and for the license as well.

4426. Then with regard to the license?—The license itself may be looked upon as obsolete. No candidates have taken the license lately, and I do not think it is likely that any candidates will ever take the license again at the University of Durham. Since the year 1874 a license has not been granted. The examinations held for the Baccalaureate are two. The first examination consists of anatomy, physiology, chemistry, and botany, four subjects. The candidates are examined in writing, practically and *viva voce*. In all subjects in which they can be examined practically they are examined; in every subject in writing, and in every subject orally, and in such a subject as anatomy they are compelled to dissect in the presence of the examiners any part set them by the examiners on the spur of the moment. They are allowed a certain length of time to dissect that part and to undergo a rigorous examination on the part they have dissected, or on the part dissected by others. In physiology they are required in the practical examinations to make preparations for themselves, to examine unknown substances under the microscope and everything of that kind in the presence of the examiners, and to undergo in fact a thorough practical examination. In chemistry there are certain substances in solution and in powder put before each student, and each student must work out and make notes as he goes on of the reaction that takes place during his examination, and, in fact, analyse and detect each different substance, no matter whether he may be a member or Fellow of the Royal College of Surgeons, or a licentiate of any examining body. At the final examination he has all the remaining subjects of the curriculum brought under his notice in writing, practically and orally. In medicine and surgery he is taken to the bedside of the patients and he is obliged to examine each patient, diagnose, prescribe for, and prognose as to the result of the case, and the examiners see him do it, and see that he does it in a proper manner.

4427. What time must intervene between his passing the M.B. examination and the M.D. examination?—Two years.

4428. That must intervene?—That must intervene. Then for the M.D. he writes a thesis on some subject, and must defend that thesis; should the thesis not come up to the required standard, he is rejected; which is not unfrequently the case.

4429. Is there anything further you wish to say upon the subject?—There is another point which has just struck me, and which I think you scarcely understood, the difference between the arts examination required from the different classes of students.

4430. I did not ask any question about that?—That is rather a vital point.

4431. You would wish to describe to us the difference in the arts examinations for the different classes of can-

Mr. G. Y. Heath, M.B., and Mr. L. Armstrong, M.D.

30 July 1881.

didates?—Not for the different classes of candidates for our degrees, but the different classes of our students. Dr. Heath has already explained that there are certain students who attend our classes and so on, who do not proceed to our degrees but who come to London, pass the College of Surgeons, the Apothecaries' Hall, or the College of Physicians, as the case may be; they are merely required to pass the registration examination prescribed by the General Medical Council, no matter where that examination may be held. It is simply the examination required by the General Medical Council for registration of the medical student. But should they wish to take our degrees, a further examination in arts is required. A list of the examinations recognised by the university of Durham is given in our prospectus. That list includes the graduation in arts in Cambridge, Oxford, Edinburgh, St. Andrew's, and the other universities; and the University of Durham has itself instituted a special arts examination of a much higher standard than that required by the ordinary medical student, before a man can take a degree at Durham, so that anyone taking the Durham degree is required to pass a much higher arts examination than that passed by the ordinary medical student who goes to the usual licensing boards. There are certain subjects, Greek for instance, and additional books of Euclid, that are compulsory before he can take the baccalaureate, and of course he must be bachelor before he can take the doctor's degree; and for the mastership in surgery a further examination than the ordinary baccalaureate examination is required professionally; he is required to do operations upon the dead body, and to undergo a more searching examination in surgery, which examination is additional to the baccalaureate examination.

4432. (*Mr. Cogan to Dr. Heath.*) Am I right in understanding that in your university no medical license or degree is given without examination?—The university authorities do occasionally give an honorary degree to some men on whom they wish to confer a compliment. They now and then make a master of arts or a doctor of medicine, but that is very rarely done.

4433. You refer to degrees given to persons who are already on the register?—They are already on the register; for instance, I am myself a graduate of the London University, a bachelor of medicine of the London University, the Durham University have conferred the degree of doctor of medicine upon myself, and that has been done with a few persons. I suppose all the universities more or less do that.

4434. I am right also in understanding that you do not recognise any professional examination held elsewhere for the medical license or medical degrees?—No, not for our own degrees.

4435. Therefore you require all the examinations to take place before your own body?—Yes, at Newcastle by the board of examiners assisted by the foreign examiners who come to us from London or some other place.

4436. How many examinations do you require for a licentiateship?—Two I believe would be required, but really, as I have already explained, the license has been so rarely given that practically we look upon it as extinct. It is merely a license to practice, and we do not encourage students to take that, we prefer that they should go (if they do not desire to graduate) to London to the College of Surgeons.

4437. With regard to either masters in surgery or bachelors in medicine, how many examinations do you require?—The bachelor in medicine must go through two examinations, a first examination for bachelor, and a second.

4438. And for the master in surgery how many?—The master in surgery goes through the same, in fact, he goes through three examinations.

4439. What interval of time do you require between those two examinations?—(*Dr. Armstrong.*) There is no fixed time, it depends upon whether they have gone through the whole of their curriculum as a medical student.

4440. The two examinations may be passed in one year?—Yes, of course for the baccalaureate additional courses of lectures are required to those required by the mere licensing body; for instance, a man must attend an extra course of lectures on medicine to that required by the College of Surgeons. You will find the additional subjects distinctly laid down in the prospectus which has been handed in.

4441. (*To Dr. Heath.*) Besides your examinations I presume you require that there should have been a certain period of time passed in medical studies and hospital practice?—Four years. A man must have gone through his four years study, and then spent a year with us before he passes his examination, making five years altogether.

4442. (*To Mr. Simon to Dr. Heath*). Might I ask you to explain the nature of the connexion, as regards government, between the University of Durham and the Medical School of Newcastle?—Perhaps I might say that previously to the year 1852 there was a medical school in Newcastle which had existed since 1830. This was very much what other medical schools are—a private venture, you might say, in fact—something similar to the London medical schools. It was connected with the infirmary at Newcastle. In the latter part of 1851 the then Registrar of the Medical School and the Warden of the Durham University thought it would be a very desirable thing for both institutions if a junction took place. If you will allow me I will just read what was the view of the Durham University as to why they wished to do this:—"The University of Durham was "desirous of increasing the number of its students and "improving its position to show that it was active and "alive to the wants of the district, anxious to extend "its usefulness and be complete as a university in all "the branches of learning it was empowered to teach." It had never previously to that time taught medicine. There was a readership in medicine in the university, but I dare say very few readings were ever given, and, in fact, practically they had no medical branch whatever. They therefore came to Newcastle and connected themselves with our medical school. That connexion was somewhat loose in the first instance. It will be unnecessary to detain the Commission by going into that matter because it has been somewhat altered since, but practically now the College in Newcastle constitutes the medical faculty of the University of Durham. The warden is of course our ultimate head. We have a president. I am at the present time the president of the College of Medicine, but the warden and the senate are the ultimate authority.

4443. Is there a Dean?—The dean is the warden of the university and of the senate of the university. If a new lecturer is appointed, we investigate the claims of candidates as they are sent in, and we send their names to the senate, who, unless there were some strong reason against it, would appoint the name we placed first upon the list. We have a representative who is a member of the senate, and attends all their meetings, and they have a representative on our council who attends our meetings when he can do so. We are a self-governing body practically, but we act under the authority of the university.

4444. Is there any reason why you should be connected as a degree-giving body with one particular school of medicine rather than with any half a dozen?—Why Durham should be connected you mean?

4445. Yes?—No. They could of course, if they choose, connect themselves with other schools; at one time they had a sort of connexion with King's College in London (that was a good many years ago), and at different times it has been proposed that they should enter into some sort of relationship with other medical schools, but since we became absolutely in the position of a medical faculty, I think that has not been spoken of so much. The infirmary in Durham is not very large, and they are differently situated altogether to Newcastle. An immense number of accidents take place in Newcastle at the large factories and on the river, so that the infirmary, which contains 230 beds or more, is one of the best schools of surgery to be found anywhere, even perhaps a better school than some of the hospitals in London, because we have so many accidents constantly happening. If the university wishes really to fulfil its duty as regards that part of its work, it must come to us and we are at a convenient distance which makes it practicable.

4446. Does the university staff, as such, overlook in any way the students of the Newcastle School in the sense of discipline?—No, I can hardly say that they do that at present. There was a residential hall established in Newcastle by Durham, but that was discontinued for pecuniary reasons. Discipline is now enforced by the Council of the College of Medicine.

4447. Comparing the system on which the University of Durham works with the system on which the University of London works—the University of London as you know, receiving candidates from all schools, and although itself not a teaching body, what advantage do you see in an arrangement under which your

graduating body limits its relations to a single school, which is not, properly speaking, its own?—It is its own.

4448. In the sense of there being a concordat between the two, but not in the sense in which the medical school of Edinburgh University is the school of the university, is it?—It is more perhaps like one of the colleges of Cambridge or Oxford; it is a relationship of that description; we are only half an hour's distance by rail from Durham.

4449. But in fact the senate does not in any disciplinary sense overlook the school at Newcastle?—Not in the sense of having any proctors or anything of that kind in Newcastle, but still they do to a certain extent overlook us; they hold us responsible; we regard them as our ultimate governing authority.

4450. You require however by your rule that the student who is to come up for your degree should be resident for a year at Newcastle?—Yes, that is a foreign student, perhaps I should say.

4451. You require that every student shall have been a Newcastle student for at least one year?—That is so.

4452. Do you require that throughout that year he shall have been really resident in Newcastle?—He may reside at Tynemouth, at the sea-side, which is within about twenty minutes by rail. There is nothing to prevent him coming up to his lectures as required.

4453. Do you know of any instances in which men have been only nominally resident?—I daresay in one or two cases, under peculiar circumstances, there may have been some favour of that kind granted, but I really do not remember such a case.

4454. (*To Dr. Armstrong.*) Do you know of any such instances?—There are, I believe, two instances where candidates have not resided, but have attended at least two thirds of the lectures delivered in the courses in which they entered. They were both of them qualified men; there were special reasons assigned and the grace was granted them.

(*Dr. Heath*). That must be very rare and a very uncommon occurrence.

4455. (*To Dr. Armstrong.*) Are you aware of any facilities having been given to students residing at a distance for taking their lectures close together?—No.

4456. (*To Dr. Heath.*) As regards the fees of the university, I observe that the fee for a license in medicine, is 3*l.*, and for the degree of bachelor of medicine, 6*l.* Would the 6*l.* include the 3*l.*? If a man obtains his degree as bachelor of medicine, that, under the Act of Parliament, includes a license, does it not?—I suppose it would.

4457. It includes the right to practice?—Yes, it would enable him to register, I suppose; he would register the one qualification, that is all. It would not enable him to practise without registration; he would have to register, I take it.

4458. If he obtains the degree of bachelor of medicine he is entitled to be registered and to practice, is he not?—Yes, registered for that one qualification.

4459. He does not require any additional license?—No, I think not. That really is a question, I think, for the Medical Council rather than for us. We grant the degree.

4460. I was not asking as to a question of legal right, but as to the fees paid. Does the bachelor of medicine, besides paying 6*l.* or guineas, whichever it is, for his degree, pay also 3*l.* or guineas for a license?—(*Dr. Armstrong.*) The baccalaureate supersedes the license altogether, the license is dropped. If a man is a licentiate and takes his license he pays his 3*l.*; if in addition to that he takes the baccalaureate he pays his 6*l.*, but if he does not take the license he pays the 6*l.* exactly the same; he pays 6*l.* when the degree is conferred.

4461. (*Professor Turner to Dr Heath.*) I understood you to state that the University of Durham does not exercise any disciplinary control over the students?—Not directly.

4462. Do the students pay any entrance or matriculation fee to the University of Durham?—Only the registration fee.

4463. I am speaking of an entrance fee. When the student goes to the Newcastle School of Medicine with the intention of studying there in order to obtain the degree in medicine of the University of Durham, does he contribute in the form of an entrance fee anything to the funds of the University of Durham?—He does not.

4464. Then there is no passage of money as it were between the student and the university?—No, not in that way, there is no entrance fee in addition to that paid for the preliminary examination.

4465. When the student comes to the Newcastle School of Medicine with the intention of studying for the degree in medicine of the University of Durham, does he receive any ticket or card of admission which on its face shows that he is a student of the University of Durham?—I think not, there is no card issued at present.

(*Dr. Armstrong.*) The registration book is held to be sufficient. His name is registered in a book as a student of the University of Durham College of Medicine, and from that book his name is copied into the different lists of classes for which he has entered.

4466. I want to make the matter quite clear. I understand, then, that a student coming to the Newcastle School of Medicine inscribes his name in a book?—In the register.

4467. Is that register a register of the School of Medicine or is it the register of the University of Durham?—Both.

4468. It serves two purposes?—Yes, it serves two purposes.

4469. Does every student who enters his name in this book become a prospective candidate for graduation in the University of Durham, supposing that he goes through all the regulations which it requires for its degree?—If he wishes to graduate.

4470. The fact that he enrols his name in this book constitutes him a student of the University of Durham?—Quite so, and if he goes through the full course of education and then wishes to graduate, he would be competent to undergo his examination before the examining board of the university.

4471. Without paying any entrance fee to the university?—Without paying any entrance fee to the university. With regard to the matter of the card, I might state that the certificates of honour which are given in class examinations have something upon them which indicates that the College is the College of the University of Durham.

4472. (*To Dr. Heath.*) You have given us to understand that the University of Durham (that is the warden and the senate) exercise a certain voice in the appointment of the lecturers in the Newcastle School of Medicine?—They must absolutely appoint, in fact.

4473. The faculty in Newcastle recommends, and the warden and senate appoint, is that the position?—Yes, that is the position.

4474. Do the warden and senate of the University of Durham exercise any disciplinary control over the professors or teachers in the Newcastle School of Medicine?—I do not think the occasion has ever arisen requiring it. Nothing has ever occurred to raise that point.

4475. Do they prescribe, for instance, that those teachers shall give a certain number of lectures during the session?—Yes, of course, that is so.

4476. Can you explain to us what part the senate of the University of Durham takes in framing regulations as regards the curriculum of study in the School of Medicine?—That is done through the council of the Medical College. Everything is laid before the senate of the university, who generally take our advice in those matters, except as regards the preliminary examination which of course they have in their own hands, the classical examination.

4477. That is the examination in arts?—Yes.

4478. Would you tell us then if the University of Durham, acting under the advice of the College of Medicine in Newcastle, has in itself the power of framing the regulations for graduation?—You mean the course of education?

4479. Yes, and the regulations of examination for graduation?—Certainly.

4480. Can the university of itself prescribe the course of study and the course of examination?—They must be such as the General Medical Council would approve.

4481. Supposing they come up to the minimum regulations of the General Medical Council, can the university of itself lay down what the course of study and examination is to be?—I take it they can. As a general rule we adopt very much the curriculum of the College of Surgeons or the College of Physicians, but something more is required in order to pass the examination for degrees.

Mr. G. Y. Heath, M.B., and Mr. L. Armstrong, M.D.

30 July 1881.

4482. The university is not of so old a standing but that it must, I should say, almost within your recollection have had to frame its curriculum of study and examination?—You must remember that we were a medical school before we joined the university.

4483. I am speaking of the university, not of the medical school?—The university has never had a school of its own, as it were, separately, and therefore many of these things were already going on in the ordinary course, and the university have not interfered. If there was any reason to suppose our course of education were deficient, it would interfere.

4484. You are going into something quite different to what I am asking about. What I am asking you is this: did the University of Durham (not the Medical School) of itself frame the regulations as regards the curriculum of study and examination required for its degree?—Not of itself, but in conjunction with the council of the College of Medicine, *i.e.*, its Medical Faculty.

4485. It had not to submit its rules and regulations to the Privy Council, we will say, for approval?—I am not aware that it would have to do so. Do you mean if the university were starting a totally new curriculum and mode of education, different to other bodies, would they have to submit that to the Privy Council?

4486. Yes?—I take it the only body they would have to submit it to would be the General Medical Council.

4487. And if it came up to the minimum requirements of the General Medical Council it would have to submit it to no further body?—I take it, it would not, but you must remember you are rather begging the question. The Durham University is not a body which would think of framing a curriculum which should provide a minimum of education on an examination requiring a minimum of knowledge, on the contrary they ask for a maximum.

4488. Do not misunderstand me, I have not put it in that form at all.—That must be quite understood.

4489. What I want to ascertain from you, you appearing here from the University of Durham to give us information about it, is, whether it, of itself, or in conjunction with the School of Medicine in Newcastle, has the power of stating what its curriculum of study is to be, and what its regulations for examination are to be?—My impression is that it would, but that is a question which never has arisen, it never has been discussed; we take the ordinary curriculum which most schools pursue, and add certain courses; we exercise our own independent judgment as to certain matters. The course of education is arranged to meet the requirements of the licensing bodies or to comply with the suggestions of the General Medical Council. For students intending to graduate such additional regulations are made as the university thinks fit.

4490. You have given us to understand that you have certain foreign examiners on your examining board?—Precisely.

4491. By whom are these appointed?—They are appointed in the same way as the lecturers; we consider the matter and send the names of those we wish to be appointed.

4492. Who are "we"? I want to know to whom the "we" refers?—The Council of the College of Medicine. They might, for instance, fix upon Professor Turner as one of the foreign examiners, and his name would be sent to Durham.

4493. The nomination is made by the College of Medicine, and then the Senate of the University of Durham makes the appointment?—With regard to the examiners, it is Convocation. It is a peculiarity of Durham that Convocation does that.

4494. Do you have more than two foreign examiners on your board?—No, not usually; two only is the rule, one in medicine and one in surgery, and of course one in anatomy and one in physiology in the primary examination.

4495. Then you have more than two foreign examiners?—At each examination there are two, one in surgery and one in medicine.

4496. That is for the final examination?—For the final examination, and then in the primary there are also two, one in anatomy and one in physiology.

4497. I suppose you examine in chemistry?—Yes, we do.

4498. Who examines in chemistry?—We have perhaps rather a peculiar way of arranging that. The Durham University has another college in Newcastle besides ours, the College of Physical Science, and there is a professor of chemistry there, who is of course, as far as we are concerned, a foreign examiner. Our students attend his lectures, and he examines.

4499. Then do I understand that the students who are examined in chemistry for a degree in medicine of the University of Durham are examined by one examiner only, that examiner being the professor of chemistry in the College of Physical Science, who has also been their teacher?—As a general rule, that is so, but there is sometimes a sort of assessor added.

4500. By whom is this assessor appointed?—Always in the same way. A person is chosen by us who has the technical knowledge, and that selection is confirmed by Durham as a rule. If they had any reason to suppose our choice was not a good one, they would no doubt refuse to accept it.

4501. I suppose you examine in midwifery for the university degree?—Yes.

4502. Can you tell us who undertakes the responsibility of this examination?—We have not hitherto had a foreign examiner in midwifery.

4503. Is the examination conducted solely by the lecturer on midwifery in the School of Medicine?—The lecturer on midwifery and the lecturer on the diseases of women and children, there are two examiners.

4504. It is conducted then by two lecturers in the School of Medicine?—Yes, it is.

4505. Then I suppose you examine in materia medica?—Yes.

4506. By whom is this examination conducted?—It is usually conducted by the lecturer on materia medica.

4507. Without any associate examiner?—The lecturer on therapeutics is associated with him.

4508. You make therapeutics and materia medica two distinct courses?—Yes.

4509. The examination on materia medica and therapeutics is conducted by two teachers in the School of Medicine without any foreign examiner being associated with them?—That is so.

4510. Do you examine in botany?—Yes.

4511. And in medical jurisprudence?—Yes.

4512. Are we to understand that the examinations on botany and medical jurisprudence are conducted solely by teachers in the School of Medicine without any foreign examiner being associated with them?—That is so.

4513. Then this introduction of the foreign examining element, as far as I understand, applies only to the subjects of medicine and surgery, anatomy and physiology?—Yes.

4514. With regard to the special examination which you have instituted, I think comparatively recently, for doctors of medicine of 15 years standing, do you require any residence on the part of those gentlemen?—No.

4515. They may come from their practice in any part of the country and appear for examination?—Quite so.

4516. Do you require any course of study from them, over and above what would be required from them, say for the minimum qualifications of the Colleges of Surgeons and Physicians?—They must be registered practitioners, they must have been in practice 15 years, and they must be over 40 years of age.

4517. My question referred to the curriculum of study; do you demand any additional curriculum of study?—No, that would be a matter of impossibility for men in that position.

4518. Will you tell us something about the examination for those gentlemen; what subjects does it comprise?—They have a special examination in which the subjects are the same as those for bachelor of medicine; but they are much more practical.

4519. Do you examine them on chemistry, for instance?—That would be in the first bachelor examination.

4520. Will you tell us on what subjects they are examined?—There is a written examination in medicine, insanity, hygiene, medical pathology, medical anatomy, and therapeutics, that is in the morning. In the afternoon the written examination consists of surgery, midwifery, surgical pathology, surgical anatomy, medical jurisprudence, and toxicology.

4521. Then as I understand the list, there is no examination on chemistry or on anatomy, excepting in its practical relations, or physiology?—Medical and surgical anatomy.

4522. I said anatomy except in its practical relations?—We do not ask these men to dissect as we do the other men.

4523. Do you examine them on the dead body at all?—Yes, if the written or *viva voce* examination is not satisfactory, they may be examined on the dead body, but as a rule they are not.

4524. What fee do those gentlemen pay?—Fifty guineas.

4525. To whom does this fee go?—It is divided between the university and ourselves. Of course the examiners have to be paid; and then it is divided between the university and ourselves.

4526. Then you say that the College of Medicine in Newcastle receives a proportion of those fees?—Certainly.

4527. Do they receive it as examiners, because they have acted as examiners?—Yes, it is given to those who do examine.

4528. Do those receive it who have not acted as examiners?—No.

4529. Then is it paid to them as an examination fee or in what form is it paid to them?—I should explain. The examination fee does not specially come out of that sum. Whatever money comes to the College of Medicine goes into the general fund of the college.

4530. And your examiners are paid by certain special fees?—The examiners are paid by a fee according to the number of candidates.

4531. There is a sum paid of 50 guineas; can you tell us how much of that 50 guineas goes to the University of Durham; what is the proportion which the university gets?—Eleven guineas goes to the university chest.

4532. How much goes to the general fund of the College of Medicine in Newcastle?—I take it that practically the whole of the rest goes to the general fund.

4533. Are the examiners paid out of this general fund?—Precisely. The foreign examiners and the home examiners, and the expenses of the examination are paid out of the general fund; but those items are not taken specially. Each fee of 50 guineas, for instance, is not taken and divided into separate payments to the examiners who happened to have examined for that one 50 guineas; it is paid into the general fund of the institution, and the treasurer writes a cheque for those gentlemen for their fees for the examination, and whatever other extras are incurred.

4534. At what periods of the year are those special examinations for doctors of medicine held; are they held at the same time as the ordinary examinations for bachelors of medicine, or at different times?—They have been usually held at the same time.

4535. Do those foreign examiners take part in both series of examinations, both for the bachelor of medicine, and for those special examinations for doctor of medicine?—Yes; with regard to the examinations, I think the registrar has already mentioned it, but I rather wish just to make it quite clear, that our students and candidates of all descriptions are taken into the wards of the infirmary itself, and are examined there.

4536. That is to say, you have a clinical examination?—Yes, a regular clinical examination. They are made to put on bandages and splints, and even to do some little minor operations if there is an opportunity. It is absolutely a practical examination.

4537. (*Professor Huxley.*) One point I am not quite clear about; and perhaps you will be kind enough to explain it to me. Are all the students of medicine at the Newcastle College entered on your books as students of the University of Durham?—Yes, that is so.

4538. That is to say, whether they pass the registration examination or whether they do not?—They must pass the registration examination.

4539. Must all the students who enter the Newcastle College of Medicine pass the registration examination of the university?—Except those who come from other schools; who have already gone through their four years study in another school, and who, therefore, must have already passed the registration examination. In that case, they are not asked to pass another one, but if they have only passed the ordinary registration examination, they are again examined in certain subjects by the university before they can go up for the examinations for degrees.

4540. Then that registration examination is instituted, not as a matriculation for the university, but as fulfilling the regulation of the Medical Council?—Yes, to fulfil the requirements of the General Medical Council.

4541. Then the mere passing of this registration examination does not matriculate a man into the university?—No; if he is going to graduate he has another examination to pass. There is no special matriculation examination.

4542. What I want to get at, is this, in what sense and to what extent are those gentlemen who enter the Newcastle Medical School, and whose names appear on the list of students of the Durham University, really so; for this examination which they have to pass, if I understand you, is simply in compliance with the regulation of the Medical Council; it is not the same thing as matriculation in the university?—No, there is no matriculation fee charged, and no other fee except the registration fee.

4543. But a man's passing that registration examination gives him no sort of privilege in the university; it does not make him a member of the university?—Yes, it does; it makes him a student in the university, and it makes him able to compete in arts.

4544. Do they compete for scholarships in medicine?—Yes.

4545. Does the university give scholarships in medicine?—Not the university; we do. But the university gives scholarships in arts for those of our medical students who go in for them.

4546. That is to say, a man who passes the registration examination, and is entered as a student of the Newcastle Medical College, does get some privilege in exchange for that in the university?—Quite so. He may compete for the university scholarships. There are certain scholarships specially set apart in arts for the medical students.

4547. So that he gets a scholarship in arts in consequence of passing the registration examination well; or does he go on afterwards to another examination?—I am not quite certain; I think he has to have another examination in addition.

(*Dr. Armstrong.*) It is a much more severe examination for the scholarship than for the mere registration. Up to the end of the first year the medical student is eligible for a medical scholarship in the university. There are four of them of 25*l.* a year, but he cannot enjoy this scholarship unless he is a student of the College of Medicine of Newcastle.

4548. So that what a student, who enters the Newcastle Medical College, actually has a chance of getting out of the University of Durham, in exchange for being regarded as a student of the university, is the chance of getting one of those scholarships?—Yes. And he may pass the extra arts examination required for the degree at any time before proceeding to the second examination for the degree of bachelor of medicine, so that he is really and truly entered as a student of the University of Durham when he enters, and then he may in consequence of being really *bonâ fide* student of the university pass the extra arts examination at any time prior to taking his final examination for the degree of bachelor.

4549. Then it is clear that the medical student gets that privilege, but does the University of Durham offer him any scholarship as a medical student except a scholarship of a medical character?

(*Dr. Heath.*) The university gives no medical scholarships; but gives to students in medicine of the university who have passed the registration examination certain scholarships obtainable by competition in a special arts examination. The College of Medicine has raised several scholarships conferred for proficiency in professional subjects. But then, you see, the two institutions are so connected together that we are perhaps able, and we hope we may be able, to do a good deal more than we could have done simply as a provincial medical school. The advantages are indirect although they may not be direct.

4550. I can quite see the advantages on both sides; there is no difficulty in discerning them; but there are peculiarities, as it seems to me, in your present organization, which render it very different from that of

Mr. G. Y. Heath, M.B., and Mr. L. Armstrong, M.D.

30 July 1881.

the Scottish universities, for instance, that there is, if I understand you, only one member of your medical faculty, as it is called, who is a member of the senate of the university?—That is so.

4551. The general rule is, is it not, that all the members of the medical faculty of the university are *ex officio* the members of the senate?—No doubt.

4552. Do you think the present arrangement satisfactory?—No, we do not. There are many things in the connexion not so satisfactory as we could wish, *e.g.*, a larger representation on senate. But the Durham University is a very poor university, it has very small funds.

4553. It was established somewhere about the year 1833, was it not?—Yes. It was established to supply a want in the northern counties.

4554. At first it was purely literary in its character, was it not?—From the first it had power to do all that it has done since; but it was not done at first, it has been done by degrees. The University of Durham has never, I think, quite had given to it the credit that it deserves for having made the movement of coming to Newcastle and joining itself with the medical school there. It was an extension of university teaching which no other university had attempted at that time.

4555. It might be viewed in another way, might it not, that the university finding an exceedingly good medical school established there was rather glad to unite itself with it?—You can put it in that way, but it showed a wish on their part to extend themselves and to fill their position as a university. But neither Cambridge nor Oxford at that time had made any attempt to do anything of that sort.

4556. But both Cambridge and Oxford had medical faculties of their own, had they not?—Oxford stands with a certain opprobium on her head in consequence of what is called the lost medical school.

4557. Without going into that, both Cambridge and Oxford had their own medical faculties—whether they were completely or incompletely organized is another question—but they each had their medical faculty?—I understood that the medical faculty of Oxford consisted of a professor of physiology, that was all.

4558. But, as a matter of fact, the universities, both of Oxford and Cambridge, had had their medical faculties from, I was going to say, time immemorial, and consequently neither of them could possibly have had any motive to connect itself with a medical school; that is the difference in the two cases?—Quite so; I do not mean specially a medical school; but so far as my memory serves me I do not think that any one of the universities had gone out of its own place, as it were, to extend any advantage that might be gained from the university teaching at that time, as the Durham University did with regard to Newcastle. I think I am right in that.

4559. (*The Bishop of Peterborough.*) You stated that the University of Durham has ceased for some years to give licenses in medicine?—Practically that is so.

4560. Why has that been so?—I do not think it has been by any formal act; it has been a kind of dropping out.

4561. Why has it dropped out?—I think I explained that in my first remarks—that when a man is not going on to graduate, we rather prefer his taking the diploma of the College of Surgeons.

4562. Why do you prefer that?—We think it is better for him. The College of Surgeons grants a diploma which is known all over the world, and which, very justly, is a very high diploma; and even if our students took the license we should advise them to come to London and get the diploma of the College of Surgeons also.

4563. You consider then that the license of the College of Surgeons is of greater value to a man than the license of the University of Durham would be?—We think that the membership or Fellowship of the College of Surgeons is a better known and a more useful qualification to a man who is not going to graduate than the license to practice of the Durham University.

4564. I think you also stated that the examination in arts for a student who proposed to graduate in the Durham University was of a much higher character than the examination in arts for students who only proposed to get a license?—Not for the mere registration; but if he goes on to graduate he passes another examination in arts.

4565. I mean that the examinations in arts for the student who proposes to graduate is of a much higher character than that of the examination in arts of the student who only proposes to get on the register?—Quite so.

4566. Then it appears from that, that a certain number of students have passed through a very inferior preliminary examination, but then they have afterwards obtained a license from some other body?—No, that is not so. The registration examination by the Durham University is not an inferior one at all. The way to put it is, that the other examination is a higher one.

4567. I mean inferior as compared with your own higher one?—But not inferior as compared with the ordinary registration examination. It is, in fact, very much higher than the examination which the College of Surgeons used to institute for their members.

4568. I am not at all comparing your university with others. I am only asking you this: is it not the fact that there are two standards of examination in arts at your university, one for the student who proposes to graduate, and the other for the student who proposes only to get on the register?—Yes.

4569. And I understand you to say that the one is very much inferior to the other?—I do not know that it is very much inferior to the other.

(*Dr. Armstrong.*) I think there is a misunderstanding between Dr. Heath and the Lord Bishop. The registration examination of the Durham University does not compel the student to enter at the University of Durham College of Medicine at all. It is an examination which is recognised by the General Medical Council, which enables students to attend lectures at any medical school in the kingdom, and is of a lower standard than that required for a degree.

4570. What I wanted to ascertain simply was, whether I was correct in supposing that there are two examinations in arts in your university, one of a higher class for the students who graduate, and another of a lower class for the students who merely seek to get on the register, is that the case or not?—As a matter of fact that is so, although I think the way in which you put it might give somewhat a different kind of meaning to it. If I were describing it I would not describe it exactly in those words.

4571. Surely the examination is either superior, or it is equal, or it is inferior; it must be one of those three things. I have not heard you say it is superior, and I have not heard you say it is equal, and surely I am entitled to infer that it is inferior?—Yes, but you seem to speak of the mere registration examination as if, because there is another examination which was better for a higher degree to be taken, you thought, therefore, it was a bad examination or an inferior examination, intrinsically. I hope that is not what you mean.

4572. I have not said so, but I observe that you state that you confer so many degrees in each year, some in medicine and some in surgery, for instance, nine bachelors of medicine in one year and two masters in surgery, and from that I suppose we may infer that those are separate qualifications granted to different men, that some went in for the bachelorship in medicine and some went in for the mastership in surgery?—In all probability it would be so, but it might not. A man might take his mastership in surgery after having taken his bachelorship in medicine.

4573. But where there are nine bachelors of medicine and two masters in surgery in one year it is clear that a certain number of bachelors of medicine will not in that year become masters in surgery?—Yes, I take it that that would be the case in that year.

4574. Then you do not require a double qualification for your medical degree, you require sometimes only a single qualification?—We give no qualification to practice at all.

4575. But is not this the case, that you give a medical degree, sometimes for medicine only, and sometimes for surgery?—Precisely so. A man may elect either to become a bachelor of medicine or to take a mastership in surgery.

4576. What I mean is that a man being a bachelor of medicine in the Durham University does not imply that he has any knowledge of surgery?—Yes, it does, because his examination is in surgery as well as in medicine.

4577–8. I want to know how much surgery a bachelor of medicine in the Durham University is supposed to

know or required to know? — That is shown by the examination.

(*Dr. Armstrong.*) For the bachelorship of medicine as much as is required for the membership of the Royal College of Surgeons, and for the mastership in surgery as much as is required for the fellowship of the Royal College of Surgeons.

Mr. G. Y. Heath, M.B., and Mr. L. Armstrong, M.D.

30 July 1881.

The witness withdrew.

MR. HENRY MORRIS, M.B., F.R.C.S., examined.

Mr. H. Morris, M.B., F.R.C.S.

4579. (*Chairman.*) You are a Fellow of the Royal College of Surgeons, and also Bachelor of Medicine of the London University, are you not?—Yes.

4580. And you are lecturer in anatomy in the Middlesex Hospital, are you not?—Yes.

4581. And also surgeon to that hospital?—Yes.

4582. For a considerable number of years you have been in the habit of preparing young men for the medical examinations, have you not?—I have lectured for 10 years, and before that time for three or four years I was preparing students for the professional examinations.

4583. Do you ever do any private tuition now?—No.

4584. From your past experience do you think there is enough private tuition in medical education at the present time as distinct from lecturing?—It seems to me that there is quite sufficient private tuition in the way of assistance at the medical schools. There is a great deal of private teaching done quite apart from the lectures.

4585. Do the young men have recourse to private tutors of their own free will to a great extent?—Yes, to a fairly great extent they do.

4586. They of course paying for it privately?—Yes.

4587. Are you acquainted with the system of medical education abroad, for instance, in Germany?—No, not in Germany—at least, not from personal knowledge.

4588. Of course you must of necessity be very familiar with the different examinations of the different licensing bodies; in preparing young men formerly, you must have found, I suppose, that there is a considerable difference between the examinations of the different licensing bodies?—Yes, certainly.

4589. And should you say that the standard was the least high in London, or in the provinces? — My experience was almost limited to the several examinations held by the different bodies in London, so that I could not compare from a teaching point of view the London examinations with the examinations in Scotland, or in Ireland, for instance.

4590. Do you remember any instance of persons who could not pass the examinations here and who went to Scotland or to Ireland?—Yes, many; but some of the instances, that one has known, of students going to Scotland or elsewhere for the examinations, have not been altogether on account of the difference in the severity of the examinations of the different bodies, but for other reasons.

4591. Probably on account of the expense in some cases?—Yes, but more especially on account of the different facilities with which they can get the degrees of medicine in different universities. A man perhaps knows nothing about the profession when he enters a London hospital; he finds after being there some time that it is very desirable to have a medical degree, and then it is too late for him to go to Oxford or Cambridge, and without residence of course he cannot get his degree there; he finds also it is necessary if he wants to get a London university degree to pass a somewhat severe matriculation examination, and subsequently he must attend certain lectures between each examination, which makes it a lengthy business for him, perhaps it throws him back a year to get his matriculation examination as well as his preliminary scientific examination over, so that he gives up the idea of the University of London; and then still wishing for a degree he finds it more easy to go to one of the foreign universities or one in Scotland. Although I have known instances of students going to Scotland because they have failed here, I think I have known more instances of students going there because they wished to get a degree at a university and could not readily do so in England.

4592. You are now speaking solely with regard to the universities. I do not suppose you would say from your experience that persons who have failed here to pass the examinations have gone to the Scottish universities?—No.

4593. They go there to pass some of the examinations of the corporations?—Exactly so.

4594. But have you known instances of persons who have gone north for the examinations of the corporations on that account?—Certainly.

4595. You would say it is quite notorious that such things exist?—It is notorious in the schools both in London and elsewhere, I think.

4596. And with regard to the examinations in London, what examinations, should you say, are the least high in London?—That of the Apothecaries' Hall undoubtedly.

4597. And with regard to the College of Physicians and the College of Surgeons, is there much difference between their examinations and those of the other bodies with which you are familiar?—With regard to the examination of the College of Surgeons, there is a great deal of difference between their two examinations, viz., for their membership and for their Fellowship; and there is a great difference between the examinations of the College of Physicians for their licentiateship and their membership.

4598. But the membership in the one case and the licentiateship in the other both give admission to the register, do they not?—Yes.

4599. Do you consider that those two examinations are a security to the public that a sufficient knowledge of the medical profession has been attained by the person who passes them?—The examinations are not quite of the same severity in the same subjects, but I think, taking them on the whole, the examinations are about equal. The College of Physicians' examinations are more severe in some subjects, and at the College of Surgeons they are more severe in others.

4600. Looking at it from the point of view of the public, you would say that the examinations are sufficiently high?—Yes, certainly, I think they are for the average students.

4601. Turning our attention to the licensing question, do you think that the licensing bodies are too numerous?—Very far too numerous.

4602. And what would you propose to substitute for the present system?—I would do away with the power of the separate corporations examining for a qualification to practice. I should like to see some single portal system, as it has been so commonly called, whereby all students should have to pass an examination of the same standard in order to obtain a license to practice.

4603. By that you mean, I suppose, a central board in each of the three kingdoms?—Yes, that is what I mean. I think that that would answer the purpose very well.

4604. And you would then propose to appoint examiners on those three central boards?—Certainly. Examiners might be nominated by the examining bodies that still exist in each division of the kingdom.

4605. By the present medical authorities do you mean?—Yes, nominated by the present medical authorities; and appointed by the Medical Council.

4606. Would you propose that all the separate medical bodies which now exist should nominate examiners, as for instance, the Apothecaries' Societies of Dublin and London?—I should prefer to see the College of Surgeons and the College of Physicians nominating the examiners rather than any other bodies.

4607. You would prefer that they alone should nominate?—Yes.

4608. And you would not include the universities?—No, not necessarily, except by way of conciliating the universities. I do not think it is at all necessary to include the universities in the nomination of examiners for the ordinary licensing examination.

4609. Do you not think that the cause of education would lose if the universities were wholly omitted in constituting the body which is to nominate the examiners?—I should hope still to see the universities appointing their own examiners for degrees in medicine, and I should hope that the number of candidates taking those degrees would certainly not fall off, but increase.

Mr. H. Morris, M.B., F.R.C.S.

30 July 1881.

4610. My remark refers only to the examinations which are to confer the license to which I think you were also referring, you do not see any objection in your scheme to omitting the universities?—No; and for this reason, that all the graduates of medicine of the universities who would be likely to be nominated by the universities as examiners on this conjoint board, are also either fellows of the College of Surgeons or members or fellows of the College of Physicians, and therefore it would be open to those bodies to nominate the same candidate as the universities would be likely to nominate.

4611. Do not you think that including the universities might add to the nominating body a somewhat broader element than you might obtain if you limit the nomination of examiners entirely to the corporations, which consist chiefly of members of the profession?—I do not think that the universities should be mixed up with anything like a licensing examination for the practice of any profession, but I would rather see the universities giving a degree which would be a degree of honour to the man holding it whether in the medical or any other profession.

4612. In short what you propose is this, that there should be a central board in each division of the kingdom which should hold all the professional examinations, as I understand, including both the preliminary examination in arts and all the professional examinations?—Yes.

4613. And who would issue a certificate which would confer upon the holder the right of admission to the register?—Yes, so far as the preliminary examination is concerned I think it would be fitting for the universities to have a voice in the nomination of the examiners; but when I was speaking of confining the nomination to the corporate bodies, it was with the idea that you were referring to the purely professional and practical examinations.

4614. But this central body according to you would alone confer the right of entry to the register?—Yes, certainly.

4615. And after a young man had obtained his certificate entitling him to registration, should you be disposed to insist on his affiliation to the College of Surgeons or the College of Physicians or some corporation or university?—Not to insist on it; but I should hope to see a good number become attached to those bodies, by taking their higher degrees which I should like to see still existing quite untouched by the conjoint scheme.

4616. Then, if I followed you rightly just now, you would leave the universities and the corporations to give away their higher degrees, and confer their higher titles, in any way that they chose, leaving to them their fees, and in fact leaving them free to do very much as they liked in the matter?—Entirely so.

4617. And leaving to them of course the sole right of examination in that case?—Yes.

4618. What do you think would be the effect as a matter of fact on the number of men who were affiliated to the universities and the corporations in this sense?—One does not at first sight see that it would alter the number that now attach themselves to those bodies by taking their higher degrees. It would not influence the number of men taking the Fellowship of the College of Surgeons, nor would it influence the number of men becoming members, and afterwards Fellows of the College of Physicians, nor can I see that it would influence the number of men who would take the university degrees; excepting that I think it might clear the ground altogether in the minds of parents who are sending their sons into the profession and might possibly point out to them, or be the means of pointing out to them more readily how if their sons want a higher degree they can obtain it.

4619. Looking at the matter from another point of view, taking now what may be termed not the higher degree, but the lower degree of the corporations, it might affect the corporations might it not rather prejudicially?—Certainly, I think it must do that.

4620. The certificate given in that way would affect the corporations prejudicially?—Yes, from a pecuniary point of view certainly, because it would detach from them in all probability it may be some four or five or six or seven hundred men. I do not know the number of men who are qualifying each year; but whatever the number who are qualifying as members of the College of Surgeons, for instance, and who do not intend to go on and take the Fellowship of the College of Surgeons, it would detach all that body from the College of Surgeons and would of course detach their fees from the College if I understand the proposed conjoint scheme correctly.

4621. So that to that extent of course it would affect the College of Surgeons very prejudicially?—Yes.

4622. With regard to the Medical Council, you have heard no doubt of many proposals to change its form and to change its constitution; have you considered the constitution and powers of the Medical Council, and have you considered those proposals, and if so what is your own opinion upon those points?—My own opinion is that the Medical Council is very representative of the universities and of the incorporated bodies but possibly not quite satisfactorily representative of the bulk of the profession; I think that is rather where the want has been expressed. I think if there could be some means by which one or two representatives from the general body of the profession could have seats on the Medical Council it might be desirable, and would meet a want which is largely expressed by the general practitioners. Otherwise I think the Medical Council is sufficiently satisfactorily constituted. It would be a very welcome thing to the body of lecturers and teachers at the medical schools in London to be more directly represented in a council which has the control of medical education. As it is the Crown, the universities, and the other examining boards are well represented, but not the teachers.

4623. Do you think that in practice the Medical Council have come very short of what is desired by the profession in its work?—They have so little power; but I do not think that in the matters which they have taken up they have shown any want of thoroughness or any want of a wish to give full satisfaction to the profession.

4624. Should you be inclined to increase their powers and give them compulsory powers instead of merely recommendatory powers as they have at present?—Yes, I suppose if there was a conjoint scheme one would see what should be the case—that they should have power to give definite instructions as to the examinations.

4625. Would you give any appeal against them on the part of any university or corporation that might be aggrieved by any action of theirs?—I do not see where the appeal could consistently be made, except it be made back again to the incorporated bodies who send their representatives to the Medical Council; and the tenure of office being but for a short time, the bodies who were dissatisfied with their representatives would have it in their power to remove the objectionable representatives.

4626. Do you see a practical difficulty in carrying out the direct representation of the general profession on the Medical Council?—I do not know how it is to be done; there is certainly a difficulty about it. I do not think that the great body of the profession could be very easily canvassed or would be likely to exercise their franchise.

4627. You think that is the great difficulty of the proposal?—Yes, it seems to me so.

4628. Do you think that the grievance is one that is deeply felt among the general body of the profession?—I do not think that the general body of the profession feel it at all deeply, but there are certain amongst the more active members of the general practitioners who do feel that they would like to have a voice in the representation.

4629. (*The Bishop of Peterborough.*) I think you expressed an opinion decidedly in favour of a conjoint board or Staats Examen as replacing the numerous licensing bodies?—Yes, of a conjoint board.

4630. I think you also expressed an opinion that it might injuriously effect some of those bodies pecuniarily, in this way, that those students who did not wish to attain further distinctions in their profession would be content with the registration given them by the State, and not affiliate themselves to any of those bodies?—Yes.

4631. And I think you expressed the opinion that it might detach something like 600 or 700 from the College of Surgeons?—Yes, except that I do not specify the number exactly.

4632. Would it necessarily be so very many ultimately, because, as you are aware at present, many students go into the profession through the portal of the College of Surgeons, because it confers a certain amount of distinction even on the lowest entrants?—Yes, that certainly is the case.

4633. If students were admitted to the profession merely by Staats Examen it would confer no distinction?—No.

4634. And therefore very probably a considerable number of those students who now content themselves with passing through the portal of the College of Surgeons would not be content with merely passing a satisfactory Staats Examen, but would wish to connect themselves with the College of Surgeons still?—Yes.

4635. And therefore the loss to any distinguished licensing body from the Staats Examen would not be so great as at first it might appear; would that be your opinion?—I think that is quite conjectural. I do not think it is possible to express an opinion on that point with anything like definiteness.

4636. You are aware probably that in foreign countries where something like a Staats Examen prevails, persons who have passed the Staats Examen are not allowed to take State appointments unless they have also obtained some university degree?—Yes, I am aware that that is so.

4637. That again would act as a corrective to any pecuniary injury to the corporation if it were introduced into this country?—If it were introduced it would very likely correct the pecuniary injury; but as you are aware the members of the College of Physicians are not allowed to take any appointments which necessitate, directly or indirectly, the dispensing of drugs, or working in partnership, and many State appointments, such as Poor Law appointments, of course entail the former, and therefore members of the College of Physicians would be ineligible for those appointments altogether.

4638. But supposing that in the interest of the public it were thought desirable to establish a Staats Examen it would really disturb existing interests less than if we were to set about inquiring what existing bodies we should retain and what we should discourage?—I do not think I quite follow you.

4639. Assuming that there are too many licensing bodies now, one mode of dealing with those bodies would be, to say that we shall get rid of a certain number and that of course would be a very serious matter?—Yes, it would certainly.

4640. Another mode would be to establish a Staats Examen, and let each body send up its candidates, and then the body whose candidates frequently failed would die by the process of natural extinction?—Yes.

4641. That would be a gentler mode of dealing with an inefficient body, than simply abolishing it, would it not?—Yes; but if I understand it, the difference would be in having a licensing examination quite apart from any of those bodies; and it would not be a matter of those bodies sending up candidates; it would be the schools that would send up candidates and not the incorporated colleges.

4642. I should correct myself; the bodies that maintained their reputation would still have candidates for their degrees or their honorary titles, and those that had a poor reputation would by degrees die out, would they not?—Yes, for this reason, that there are certain qualifications and diplomas given by some of those colleges and there are no equivalent diplomas given by others of those bodies, for instance, by the Apothecaries' Hall. A man is a licentiate of the Apothecaries' Society, and he is nothing more nor less so far as their examinations are concerned; but in the case of the College of Surgeons he must be a member first and subsequently he may take a much higher examination and become a Fellow of the College of Surgeons. The membership qualifies to practice; the Fellowship is a grade of honour.

4643. What I mean is this, that as soon as a certain number of those bodies ceased to be portals into the profession, when there was only one portal, their only attraction for membership would be the higher reputation of their titles or distinctions, and, therefore those that had a very low reputation would soon cease to have persons coming to affiliate themselves to them?—Yes, that would be so.

4644. And in that way they would die out?—Yes.

4645. May I ask what has been the average age of the students that come to you, in your experience?—At 18, sometimes older than that, and I have known them younger, but I should think striking an average it would be about between 18 and 19.

4646. Do you find them generally possessed of much general culture when they come to you?—I am sorry to say that many of them are not, but on the other hand others are, but it is a thing which I think all teachers are agreed upon, that the general culture of a very large number of the students is not what it ought to be.

4647. Have you thought how that general culture might be raised?—Only by raising the standard of the preliminary examinations, that is to say, those junior examinations which give the educational certficates which are required to be shown before a student can present himself for the first professional examination.

4648. The time required for medical studies, I think, is about four years?—Yes.

4649. Is that time in your experience *bonâ fide* occupied by each student, the whole of it, in study?—No, it is not.

4650. What is the practical time which is conceived to be devoted to study:—Most students spend three years in hospital; but very often when they get to their fourth year they go away and either attach themselves to some general practitioner in the country, taking some appointment in a country place, some Poor Law appointment under some medical man, or some hospital appointment.

4651. Do you think they do that for the sake of improving themselves in their profession or for the sake of helping themselves pecuniarily?—More for the sake of helping themselves pecuniarily, I think; to save the expense of so many months in London.

4652. Do you think they gain in a professional point of view by going and practising with a general practitioner?—No, I think they lose at that time very largely. There is a period in their education when they do well to attach themselves to a practitioner, but that is not the time, I think.

4653. You think that a better time would be after the completion of those four years?—Yes.

4654. Would it be beneficial to require that after the completion of their four years all students should attach themselves to some practitioner, or would it be desirable?—I do not think it would be desirable. Some men remain at their hospitals, holding resident appointments until their 6th year or longer; others stay and study for the services and go to Netley or elsewhere; for both these sets of men such a requirement is not desirable and is certainly not necessary.

4655. Do you think that the students themselves have any prevalent opinions as to one examining body being easier than another?—Yes, there is an opinion that the Apothecaries have an easier examination for the licentiate than the College of Physicians has, but so far as the bulk of the students in London are concerned, they all, as it were, without thinking, go in for the membership of the College of Surgeons; that is really, practically in London, the portal through which they obtain the license to practice.

4656. They do not go to those easier bodies in great numbers?—No, not in great numbers, because there are very few students who do not aim at the membership of the College of Surgeons; but most of them want a second qualification, and they go either to the College of Physicians or to the Apothecaries' Hall, and the bulk of them go to the Apothecaries' Hall as being easier than the College of Physicians.

4657. Do you consider that students have sufficient facilities in London for clinical study?—Yes, for clinical study certainly.

4658. I mean in our great hospitals?—I think they have large facilities for clinical study, but they do not always make use of them. If I may be allowed I should like to say why I think they do not. There is very much wanted a regulation whereby those lectures and appointments which are required by the examining bodies for their final examination should not be attended until after the students have passed their primary examination. For instance, now students have to attend certain lectures and hold certain dresserships and clerkships, clinical appointments to surgeons and physicians, and if at the time they present themselves for their pass examination they show those certificates duly filled up they are admitted quite without regard to the length of time which has elapsed since their primary examination. It thus happens if a student has been lazy or from some other cause has not passed his first examination at the College of Surgeons, taking that as an example, as he should do at the end of his second April, he would be working for it in his third year, and will be at the same time occupying himself with certain dresserships and attending lectures on surgery, and so on, and so dividing his attention and dividing the amount of time that he gives between totally different subjects. I think therefore that it would be a most desirable

Mr. H. Morris, M.B., F.R.C.S.

30 July 1881.

thing, and a thing which would be welcomed alike by the science and clinical teachers, if there was some regulation by which attendance at surgical or medical lectures and the holding of such posts as dresserships and clinical clerkships should not be accepted by the examining bodies except for periods after the student has passed his primary examination.

4659. Would you be disposed to give the Medical Council the power of making any such regulation as that?—Yes ; it would be very desirable if the Medical Council would enforce such a regulation as that.

4660. Would it be possible do you think to secure that a student should have a certain time, say towards the close of his fourth year, in which he should give himself entirely to clinical study, having previously completed all his preparations for examination?—Yes, it would be a very desirable thing if that could be done.

4661. So that the preparing and cramming for examination, and the studying of disease in hospital should not be running on together?—Exactly.

4662. You think that it would be possible to make a regulation which would have that effect?—I think the regulation which I have just suggested would be in that direction, and it is with that view that I think it so necessary that he should thoroughly master in his first two years the subjects, viz., anatomy and physiology, which occupy him during that time almost exclusively. These subjects have, of course, an important clinical bearing, because they are the foundation of the whole of the student's professional knowledge, but if students are allowed to postpone their examination on those subjects until their third year, during the end of the second and part of their third year, they divide their time between those subjects and their appointments in the wards ; they are cramming for their primary examination, and only giving a half-heartedness to the practical work of the wards.

4663. In fact, what you would suggest would be this, that their studies should be so regulated that they should be required to complete a certain portion of their studies before they pass to their clinical studies?—Yes.

4664. That you would put entirely in the hands and the power of the Medical Council?—Yes.

4665. (*Prof. Huxley.*) Before Professor Turner went away he asked me to put this question to you, whether you were aware that the Royal College of Surgeons of Edinburgh have a regulation to this effect : that "No "candidate is admissible to examination who has been "rejected by any licensing board within three months "previous to his examination ; and every candidate "is required to sign and send in along with his certifi- "cate a declaration stating that he has not been re- "jected within that period"?—Yes, I am aware of that.

4666. Perhaps you are not strongly of opinion that those three months are always devoted to study?—No, I think it is very likely not to be so throughout.

4667. You were speaking of the deficiency of general culture, may I ask you what in your view is the standard to which you would desire the general culture of the commencing medical student raised or kept?—I should like to see a student on beginning medicine sufficiently educated to be able to read English well and write English fairly legibly and grammatically. I should like him to have sufficient knowledge of the ancient languages to know the derivations of scientific terms when he comes across them. Then, of course, with regard to the natural sciences, I think it would be a most desirable thing if he had a groundwork of botany, and of zoology, and physiology, and some rudiments of chemistry. But I do not think that those subjects should be enforced at the risk of disturbing or displacing a certain standard of knowledge in Latin and Greek.

4668. Do you think Greek desirable?—I think so.

4669. As a matter of fact, do you find that a number of young gentlemen who enter the medical profession know uncommonly little English, to say nothing of Latin and Greek, I mean in the sense of composing or writing, or using their own language properly?—Yes ; but I think if they knew more Latin and Greek they would know a great deal more English.

4670. At any rate, as a matter of fact, they do not use their own language expeditiously or clearly?—No.

4671. Not unfrequently there is a great deal of shakiness about their spelling, is there not?—A great deal in some cases.

4672. And yet the great mass of young men who enter the medical profession belong to a class of society which is perfectly able to give its children a good education, and to parents who probably have paid a very considerable sum for the education of their children?—Yes, in the case of the bulk of them, that is so.

4673. I need hardly ask you whether you think that a very scandalous state of things or not?—Of course I do.

4674. And reflecting on the schools at which they get their education?—Yes.

4675. There can be no sort of necessity that that should occur?—No, certainly not.

4676. And the consequence is that the remedy for that must be a reform of the middle-class schools?—Yes, a reform in general education.

4677. But you think it desirable, if it were practicable, that a student going in for medicine should have had some elementary acquaintance with physical science before he comes?—Yes.

4678. If he had only acquired the habits of observation that would be a great thing, would it not?—Yes, that would be a most valuable thing.

4679. May I ask if you are satisfied with the state of medical education in the London medical schools, taking them all together?—Of course there are many things that one would wish to see altered.

4680. There is a very great difference, is there not, between the best and the worst?—Yes, I think so, decidedly.

4681. There are some in which the education that is given in all branches, both of preliminary studies and professional studies, is exceedingly good, is it not?—Yes, I think so.

4682. And there are some in which the same instruction, particularly in which you call the scientific branches of education, is very bad?—Yes, it must be admitted there is not equality.

4683. Probably the inequality between schools is very much greater when you compare together the scientific parts of instruction than when you compare the practical?—Yes, certainly, in the scientific part there is greater inequality.

4684. That is because their school is connected with a hospital?—Yes, perhaps

4685. The surgeons and physicians to a hospital are usually men of great medical and surgical skill?—Yes.

4686. And they must be persons of some distinction in the profession?—Yes.

4687. Whereas in the case of nine out of ten of the medical schools the gentlemen who teach the scientific branches hold them simply till such time as they can get hospital appointments?—Not universally. There are certain purely scientific subjects which are taught by men who are working at those subjects alone. For instance, the subject of chemistry is rarely, if ever, I should say, taught by a man who is seeking for a hospital appointment.

4688. But suppose we take anatomy and physiology, what would you say?—Yes, certainly, those are.

4689. And yet I need hardly ask you if in the present state of those sciences with the present method of teaching it is not highly desirable that the teachers should be able to give his whole time to keeping his knowledge of them and supplementing it?—Yes ; but I think it would be a very undesirable thing to separate altogether the teaching of anatomy, a subject which is so thoroughly the ground work of surgery and medicine, especially of surgery, from those men who are seeking for hospital appointments.

4690. I presume that anatomy must be kept up by a surgeon ; it is not a thing which one can throw aside and afford to forget?—No, it is not.

4691. But that would not apply to an equally important branch of science, physiology?—No, not to the same extent ; but I should be very sorry to see such a subject as anatomy ever taught entirely, or even to a very large extent, in medical schools by men who were not going to be surgeons or physicians.

4692. Was not some of the very best anatomical teaching in this country given by Mr. Ellis when he was at University College?—Yes, that is quite true, but there is valuable teaching given by men who look forward to being, or who are actually, surgeons, and who are able,

from their knowledge of surgery, to make anatomy all the more popular by directing the students' attention to it from a practical point of view, and not purely as a science; of course, if a man is going in for anatomy as a purely scientific pursuit, then the teaching would be somewhat different, and indeed largely different, to that which is given to men who are seeking for qualifications to practice medicine, and I do not think it would be desirable wholly to lose sight of the practical end and object of teaching anatomy and physiology in our medical schools.

4693. Do not you think that there should be special teaching in surgical anatomy in any good school?—Yes, and there is.

4694. Do not you think that the evils which we are adverting to at present, and which exist to a greater or less extent, arise very much from the multiplication of the medical schools in London?—Doubtless they do.

4695. But, in point of fact, it comes, does it not, to a question of maintenance, as in consequence of the great number of schools in which theoretical branches are taught, a man cannot afford to devote himself to them?—No, he cannot entirely, certainly.

4696. Do you see any objection, supposing it were practicable, to concentrating the teaching of what we may call the scientific preliminaries of medicine in one or at most two schools, and leaving the teaching of the practical branches to be done at the several hospitals?—Of course there are reasons why it would be desirable to concentrate the teaching of some of the scientific subjects in one or two localities; but on the whole it is my opinion that the advantages would be counterbalanced by disadvantages. I think the loss of time which would be entailed on the students in running during the day from the place where they learn their science to the place where they see their practice, would be so great that it would be hardly compensated for by the advantages that they would obtain. Of course that system is largely in force in Paris. I have heard some of the *internes* at the hospitals complain very largely of that loss of time, and many of them look upon the system in London as more advantageous for that reason.

4697. But would not it be possible so to arrange the studies of the medical student that he could devote himself entirely to his preliminary subjects in the first year or two years, as the case may be, and then afterwards give himself up altogether to his practical subjects?—I think not. I think a man whilst he is working in the wards should be able readily and conveniently to keep up his anatomy and physiology and physiological chemistry if he so desires.

4698. Would not it be much better if in the first year of a medical student's studies he would give himself up entirely to such things as anatomy and physiology?—Quite so. I think it very desirable that he should most fully devote himself to those studies; I would not say, exclusively, because I think he learns a good deal by attendance in the out-patients' department. He gets into the way of looking at surgical and medical cases, and without his being able to understand much at first he is acquiring a knowledge of how patients are examined, and what course to pursue; he learns a great deal, though he has nothing to show for it apparently, by attendance in the out-patients' departments of the hospitals, even from the very first. Though it should not be made a necessity, because the first winter and the first summer would be much better given up to the scientific work, I would not exclude students during those first two years from attendance in the out-patients' departments of the hospitals.

4699. But still one has in all these matters to sacrifice something; do not you think that the gain would be far greater that he would derive from the better organization and the more efficient teaching of the scientific branches, which he would get in that way?—I think there is the question of the loss of time and the difficulty in that respect.

4700. I am now supposing that there was no necessity imposed upon the medical student of attending anything like hospital practice, or seeing out-patients, for the first year or year and a half?—But I should be sorry to put difficulties in the way of his doing so, if he wished to do it.

4701. Do you think it is at all possible, looking to the wonderfully rapid advance of such a science as physiology and pharmacology, and things of that kind, that there can ever be any very good teaching in the great majority of medical schools in London, unless something of that sort is done?—Looking at such a subject as physiology solely as a scientific pursuit, certainly not; but looking at it from the point of view of medical practice, I think there may. I think the student might learn all the physiology which is required of him for use in practice, and for the good exercise of his profession, by the means that exist at present.

4702. Would not a man be very much better for the thorough concentrated study of such physiology as he wants, accompanied by practical study in the laboratory, even if he then left it aside and went on to his practical work, than for the sort of mild dose that he has now, often repeated? I venture to think, and I should like to know whether you think the same or not, that the applications of physiology to medicine at present are in many cases remote, but such applications as can be made I imagine would naturally depend upon a man having such physiology as he possesses at his fingers ends?—Yes.

4703. And knowing it as something of his own knowledge and not merely what Mr. A. and Mr. B. and Mr. C.'s opinions are?—Precisely so.

4704. And I presume you do not see any way in which he is to obtain that knowledge unless he is thoroughly drilled in it for the time that he is at it?—Precisely, but the extent to which he should be drilled in it of course must depend upon the number of other subjects which he has to study in a given time, and the ultimate use that he is to put it to. Undoubtedly, one must fully admit that too much time for, and too much thoroughness in the study of, such a subject as physiology cannot be imagined, but one has to take into consideration the object for which the medical student is learning it, and the amount of time which, amongst a large number of other subjects, he can legitimately appropriate to it.

4705. I bear that in mind very carefully, and probably I should be by no means extravagant in my demands as to the extent to which a student should know it. I rather insist upon his knowing thoroughly the purely elementary things. What I think examiners complain of is, that the students do not know the elementary things thoroughly—that they will tell you an immense deal of what Mr. A.'s, Mr. B.'s, or Mr. C.'s opinions are on remote points of physiology, but they do not know the elementary things, and it seems to me that that great difficulty arises out of the existing system of teaching?—It seems also to me that it arises out of the practice of teaching over the students' heads, very often, for the purpose of the examinations.

4706. I should like to ask you if you see any way of curing that evil except by such thorough careful and detailed teaching of the elements as shall really put a student in possession of them so that he may be familiar with the subject, and can use it just as he can use his anatomy?—I think the way in which the student learns his subject and the way in which teachers will teach it, will always depend on the style of the examination which he is to go in for. I think that if the examiners were not expected by the students and teachers to carry their examinations to such a point, and questions on the last theory or the last discovery did not form part of the examination, then neither the teacher nor the student would be troubling himself to strain after the most recent introductions, but would give more attention to the real groundwork and elements of the subject.

4707. Would it probably be not one of the least beneficial things that the Medical Council could do, supposing they had complete power over the examinations, if they were to pass an edict that no student should ever be asked about anything which had not been established for 10 years? Would not that be one of the most beneficial edicts that the Medical Council could give us?—I would hardly go so far as to say that.

4708. In your opinion the curriculum of study for a medical student at present is overweighted?—Yes.

4709. Would you kindly say in what direction you think it is so?—I think it is overweighted in certain points with regard to such subjects as botany and chemistry; and I think it is sometimes not sufficiently taken into consideration that if a student has passed an examination in such a subject, for instance, as chemistry, he need not attend over again a course of lectures on that subject.

4710. What do you think of zoology as a part of medical examination?—I think it is a most desirable addition to human anatomy, but I do not think that it can be insisted on in an ordinary medical education.

Mr. H. Morris, M.B., F.R.C.S.

30 July 1881.

4711. You not do think that a student has sufficient time to be occupied in getting up a classification of the Echinodermata?—I think not.

4712. In fact you do not think that there would be considerable damage done to medical education if you eliminated the whole of botany and the whole of zoology out of the medical curriculum?—No, I do not think so.

4713. What do you think with regard to another subject, Materia Medica?—I think that therapeutics is much more important.

4714. That is to say therapeutics in the sense of pharmacology, on the one hand, and the effect of medicine on disease on the other?—Quite so.

4715. Are you acquainted with a book which was very famous in my student days, Pereira's Materia Medica?—Yes.

4716. You would not insist upon anybody getting up that?—No, I should much rather take it away from him. But in saying that I do not mean to imply anything but proper respect for Pereira's work, but it is too large a work, it cannot be entertained for a moment that a student must get it up in the time that he has for his curriculum.

4717. In fact the amount of knowledge required of a student, not only of a drug, but of the way in which it is prepared, and the place from which it is obtained, and the minutest details about the thing as an article of commerce, is certainly completely out of the way of the medical function?—I quite fully admit that.

4718. Considering that he has only four years to spend over these matters, if a man knows his pharmacology and therapeutics well, it would be a happiness for him not to be burthened with anything further?—Precisely so.

4719. Has it ever occurred to you that it would be very desirable, and it is done to a certain extent now, to let a medical student get rid of a certain number of his subjects before he takes up others? At present he has an examination in the middle of his education, has he not, which examination is in anatomy, physiology, chemistry, and botany?—Yes.

4720. Then after passing that examination you do not trouble him with anatomy, chemistry, and physiology any more, do you?—I cannot go so far as to say that, because the College of Surgeons of late years have occasionally introduced surgical anatomy into their pass examination.

4721. But not the general minutiæ of anatomy?—No.

4722. They take that as a part of their surgery, do they not?—Yes; surgical anatomy.

4723. Would you carry that subdivision of examinations any further? Have you ever thought of the plan of letting a man pass at the end of his course on any given topic and, having done that, he should have done with it?—I think that, to an extent, is most desirable.

4724. Supposing that you take any given year, and a man is attending anatomy and chemistry in his first year, would you let him go up and pass his primary examination in this year and not be troubled with these subjects any further?—No, I would not let him be exempted from questions in such subjects as anatomy and physiology at a later stage of his career.

4725. Looking at it as a matter of principle, when a man has enough of any given subject, would you let him go and pass his examination then and not oblige him to carry it on to a later date?—If I understand your question correctly, it is whether I think it would be desirable that, after having spent one year or two years, as the case may be, at anatomy and physiology the student should be examined in anatomy and physiology, and that in his final examination he should not be further questioned on these things. I think that would be most undesirable, because, although one would not submit him to another examination in anatomy and physiology, I think that in those final examinations one should bear in mind that medicine and surgery are based on anatomy and physiology, and that the student may be liable to be asked questions on those subjects.

4726. But there are more things that he has to get up, and you see at the present time it is a very great burden to a man to carry on the whole series of subjects into his final examination?—Yes, it is so certainly.

4727. Whilst there would be no great objection to asking a man incidental questions with regard to the subjects that he had passed through before it would be a very great relief to him if he had got rid of the great mass of them, as it were, would you see any objection to that?—I think one should be able to do that.

4728. (*Mr. Cogan.*) With regard to those deficiencies in the schools which Professor Huxley alluded to, do you not think it would be useful if the Medical Council had the power of the visitation of schools so as to enable them to check those deficiencies and keep them up to a particular standard?—Yes.

4729. They have at present no such power by Act of Parliament?—No, I believe not.

4730. Do you consider that there is sufficient examination on the lectures in the schools?—I think in many cases there is not. I think that those examinations are a very important element in teaching.

4731. And you think that they ought to be compulsory?—Yes, I think they ought to be compulsory, and somewhat might depend upon the result of those examinations as to whether, and when, the students should be admitted to the qualifying, (i.e., the conjoint board) examinations.

4732. With regard to the evils arising from too many licensing bodies and their having the examination easier in some than in others which you have alluded to, is it the fact that in some of those bodies it is notorious that the examination in particular subjects is supposed to be easier than in others, we will say, for instance, in anatomy? Are not some of the bodies notorious for giving very easy examinations in anatomy?—Yes, they are.

4733. Would it be desirable that a student should be able to go to the licensing bodies that gave a very inefficient examination in anatomy for, say, his first examination, and then go to another institution where the second or "pass" examination was not so high and pass a second examination there, so that he practically might pass and become a licensed practitioner, knowing very little of anatomy at all or do you not think that that would be an evil?—Undoubtedly a very great evil.

4734. But at present it can take place?—I believe it can.

4735. Do you know of your own knowledge that teachers have in many instances recommended students, that they found were stupid and not able to pass the more difficult examination of some of the licensing bodies, to take their first examination in a body, where the examination would be light, for the purpose of enabling them to come back and pass their second examination in another body?—I cannot say that I personally do. I think that teachers try and urge medical students to work for the better and higher class of examination.

4736. I mean in the case of a teacher having so stupid a pupil that he could not possibly pass any very strict examination in anatomy—I have heard it stated that sometimes a teacher would recommend him to go to an institution where the examination in that subject was particularly light so that probably he might be enabled to pass a subsequent examination in London?—Yes, that I believe is done; but I must say that my own course has been rather to recommend the parents or guardians of such students to remove them from the profession altogether; and I should be very glad to see some measure by which that could be made compulsory; if a student has shown himself incapable after one or two efforts, and after a fair trial, of getting through, he should not be allowed to make still further, perhaps five, six, or more, attempts, as at present he can do.

4737. How would you propose to effect that object?—You cannot do it at present of course, with the present number of examining bodies, but if there existed the single portal system, then the Medical Council might recommend or indeed insist that if a student, provided his health has been good and there has been no real, or sufficient reason for failure, fails to present himself at a given time for examination, or if after he has presented himself once or twice, he fails to pass within a given time the first stage, then he should be no longer admitted to examination. I should be very glad to see such a course taken, as I think it would save a waste of money on the part of the parents, and a waste of time on the part of students.

4738. Of course, in having a joint board by which the necessary entrance to the examination for a license to practice would be given, it would not do to have the standard too high; it would not do to check a sufficient number of practitioners coming forward?—No, certainly not, but at the same time it should not be too low a standard, it should be a good moderate standard.

4739. Still there is no doubt that the general requirements of the public would hardly be provided for, unless there were a large class of men whom we could hardly call scientific practitioners?—Quite so.

4740. The Bishop of Peterborough asked you your opinion as to whether, after the examination had been passed, you thought it would not be a great advantage that a certain time should be given entirely to clinical and practical work, and you said you thought it would be very beneficial. May I ask you would you propose that that time should be deducted from the time now taken between the examinations, or would you superadd it?—I would superadd it.

4741. Would you not be afraid that there would be a very great objection to an increased time for the studies necessary for entering the profession at the present very rapid rate of life?—Yes, of course there is that to be considered, and that desideratum is to some extent met by the fact that after the students have finished their hospitals and passed all their examinations, they take assistantships under medical practitioners in the country where they learn a great deal in the way of managing and treating patients.

4742. Do you think it has been an unmixed benefit that apprenticeship has been abolished?—It is difficult to say that it is an unmixed benefit, but I think the advantages of the abolition are greater than the disadvantages.

4743. You would not suggest the renewal of any system of that kind?—No, I should not. I know that there are many who think differently, but I should not like to see a return to that system.

4744. (*Chairman.*) You told me that, under a system of a central board and central examinations, the individual corporations must suffer in a pecuniary sense—for instance, the Royal College of Surgeons, in consequence of their membership being in all probability no longer sought after: has any plan occurred to you by which that might be obviated?—It seems to me certainly, that seeing the College of Surgeons would lose very largely in fees under the conjoint system, and seeing that a great part of those fees, I believe, go to the support of the Hunterian Museum, some equivalent should be made to the College of Surgeons for keeping up such a very important and valuable thing, such a professionally important and valuable thing, as the Museum of the College of Surgeons, the Hunterian Museum.

Mr. H. Morris, M.B., F.R.C.S.

30 July 1881

4745. You think that if the State insists upon a common examination it ought to a certain extent to meet the consequences of that in the extra charges that would be involved?—Yes, I think so.

4746. (*Bishop of Peterborough.*) Is there any power of exercising any moral discipline over the young medical students in London?—Not much with the majority of students. Of course there are some who live with members of the staffs of the different hospitals, and then it falls to the individual members of the staff to exercise influence over them; but as long as a student is diligent and attentive and conforms to rules and behaves orderly and properly in the hospital, there is no means at all of exercising further discipline. It does happen occasionally that accusations are brought against individuals; these are always very carefully sifted and gone into by the school committee, and of course action is taken when it is considered deserving.

4747. And expulsion if required?—Yes.

4748. Is not it your experience that the condition of medical students in London, in the matter of morals, has very much improved of late years?—I think so, decidedly, from all one has heard.

4748*a*. A better tone prevails amongst them?—Yes.

The witness withdrew.

Adjourned to Monday next, at half-past 3 o'clock.

SEVENTEENTH DAY.

Monday, August 1st, 1881.

PRESENT:

THE EARL OF CAMPERDOWN IN THE CHAIR.

THE RIGHT HONOURABLE W. H. F. COGAN.
JOHN SIMON, ESQ., C.B., F.R.S.
PROFESSOR HUXLEY, F.R.S.
PROFESSOR TURNER, M.B., F.R.S.
JAMES BRYCE, ESQ., M.P.
JOHN WHITE, ESQ., *Secretary.*

PROFESSOR WILLIAM TENNANT GAIRDNER, M.D., Edin., F.R.C.P., Edin., examined.

Prof. W. T. Gairdner, M.D., F.R.C.P.

1 Aug. 1881.

4749. (*Chairman.*) You are an M.D. of the University of Edinburgh, Physician in ordinary to Her Majesty in Scotland, Professor of the practice of medicine in the University of Glasgow, and physician to the Western Infirmary of Glasgow?—I am.

4750. You have been requested by the University of Glasgow to attend here to lay the views of the University before the Commission, have you not?—I have, and I beg leave to hand in the following statement:—

STATEMENT by the SENATE of the UNIVERSITY OF GLASGOW, prepared for the information of the ROYAL COMMISSION appointed to inquire into the MEDICAL ACTS.

I.—MEDICAL EDUCATION AND EXAMINATION IN THIS UNIVERSITY.

The Senate conceives that the right of this and other universities to educate medical students and grant medical degrees ought not to be interfered with unless after proof that it has operated to the disadvantage of the public, or that by some modification of it, the standard of medical qualification will be improved. The Senate maintains that the system of education and examination in this, as in other Scottish Universities, is at least equal to that of other bodies in thoroughness, and is superior to most of them in extent.

EDUCATION.

Seeing that in any system of examination the maximum of requirement must be determined by the average knowledge of the candidates, the combination of a high standard of tuition with strict and fair examination affords better security for the competence of the licentiate than can be obtained by examination only. That the Scottish Universities offer this security, the following reasons suffice to show:—

1. The professorial staff includes separate teachers in the various practical departments of the medical art, and in the sciences on which the art is based.

2. The teachers of these sciences devote their whole time to the duties of their chairs.

3. The teachers of the practical subjects, while combining private practice with their university duties, are able to devote to these duties the greater part of their time and thought.

4. Every candidate for graduation in medicine in this university is required to attend two years in a university entitled to grant degrees in medicine, and one at least of these years at the University of Glasgow; while the remainder of his curriculum of four years of medical study is governed by rules laid down in the university calendar (page 7 of "regulations"). As a matter of fact, the great majority of the candidates receive their whole medical education in this university.

Prof. W. T. Gairdner, M.D., F.R.C.P.

1 Aug. 1881.

EXAMINATION.

The examinations in the Scottish Universities are conducted by a board, consisting of the professors in the faculty of medicine, each of whom acts along with an examiner who is not a professor, and who is appointed by the University Court.

In support of this system the following points may be noted:—

1. Reference to the number of rejections in this university proves that it does not err by over-leniency.

2. The association of the non-professorial examiner with each professor is a guarantee against partiality, and against the influence of personal or local prejudices in matters of detail.

3. The efficiency of the teachers having been insured, as far as possible, by parliamentary settlement of the patronage of the chairs, the part taken by the professors in examining their former students is a highly important safeguard against the consequences of want of familiarity with the work of examining. Objections have been urged against teachers examining their own students, and the Senate is not prepared to deny the validity of such objections, where the examiners appointed by a single licensing board have before them a mixed body of candidates, taught, in varying proportions, and according to different methods, by lecturers representing rival schools. Each Scottish university has, in a great measure, to examine candidates taught within its own walls, or, at all events, according to its own methods and regulations, which have all been fixed by positive ordinance, as more fully stated below.

II.—MEDICAL DEGREES IN THIS UNIVERSITY.

The degree of Master in Surgery (C.M.) formerly given independently by Glasgow University, was revived in 1861 by the Universities Commissioners. The Medical Act of 1858 attributed to the Universities of Scotland the right of granting a complete qualification, or, as it is usually termed in England, a double qualification, and the Universities Commissioners, after long argument and an appeal to the Judicial Committee of the Privy Council, decided to associate C.M. with the degree of Bachelor of Medicine (M.B.), a degree which had been already constituted on the footing of a complete education and examination in all departments.

The revival of the degree of C.M. did not imply on the part of the university any acknowledgment that competence in surgery was not sufficiently indicated by the degree of M.B., but was rendered necessary by the prevalence of licenses of a partial kind, which prevented the true meaning of that degree from being so generally recognised as it ought to have been. In England, especially, a university degree did not give a title to practise surgery, and there were many public and official appointments which could not be obtained except by holders of special surgical diplomas.

The senate would further point out that the system of education, examination, and graduation now in force in this university was established by an Executive Royal Commission, appointed under the Universities (Scotland) Act, 1858; and was sanctioned by the Privy Council. No change can be made by any one university in the regulations so sanctioned without the cognisance of all the Scottish Universities, nor can it even be made with the consent of all unless the Privy Council approves the proposal. The Scottish University degrees are therefore State qualifications, in so far as they are controlled by that department of the State which has special charge of education. No other licensing boards are under the same responsible control.

III.—UNIFORM QUALIFICATION.

The Senate would view with satisfaction the abolition, by direct legal enactment, of all partial qualifications to practice medicine or surgery, maintaining, as it does, that no one should be held competent to practise in one department, who has not been proved to be in possession of a knowledge of the fundamental principles of the art and science of medicine in all its departments.

But the conjunction of corporations for the attainment of this end is totally different from the project of conjoint boards of examiners with a view to uniformity of qualification. The former would tend to keep up the standard of qualification, the latter to lower it.

Against any such scheme for the securing of uniform qualification the following arguments may be urged:—

A Conjoint Board aiming at uniform qualification would be likely to prove an inefficient board for the following reasons:—

1. In such subjects as anatomy, physiology, chemistry, and pathology, no examination can be thoroughly satisfactory which is not conducted in whole or in part by teachers of those sciences. But either the same examiners must be employed to examine candidates from all parts of the kingdom, or different examiners must be sent to different places. In the latter case uniformity is impossible; in the former, the examiners, owing to the multitude of examinations, must relinquish teaching, and, ceasing to teach, will inevitably fall into a routine, and thus play into the hands of the professional "coach."

2. In practical subjects competent examiners may be more easily got; but to be competent an examiner must be in practice, therefore can overtake only a limited number of examinations, and uniformity of examination will not be secured.

While any scheme for a national conjoint board is open to the foregoing objections, it is to be observed, further, that no method has yet been proposed to check in such a board any inefficiency which may possibly arise.

Even if a national conjoint board could be established and maintained in an efficient state, uniform qualification would tend to lower medical education, for the following reasons:—

1. A uniform qualification must be a minimum qualification. It would, therefore, be necessary in every case to give the candidate the benefit of any doubts that might arise; and hence the tendency of the examiners would be to err on the side of leniency.

2. Any proposal to make this minimum qualification the only one carrying with it State privileges places all higher qualifications, such as university degrees, at a disadvantage. Many who would have selected a higher qualification, if compelled to take the minimum, will be content with it; and their opportunity of obtaining a more extended education, once lost, will never be regained.

3. Schools and private classes in which the teachers devote themselves to preparing candidates to answer questions at an examination the scope of which must necessarily be very limited, will, by the mere passing of their students, acquire an undeserved repute.

4. Thus, by enforcing an examination up to merely the minimum standard, and attaching State privilege to it alone, the State would manifestly discourage the demand for higher medical education.

Uniform qualification would be specially detrimental to the study of Natural Science in Scotland, and thereby highly injurious both to the Scottish Universities, and to the education of the country, for the following reasons:—

1. The Scottish University system of medical education being a preparation, not for a mere licence, but for a degree, the universities consider themselves bound to insist on candidates being properly acquainted with the sciences on which medicine is based, and to that end furnish and require much important knowledge not exacted by the corporations. Whatever, therefore, places university graduation at a disadvantage, or discourages a high standard in the universities, will lower medical education throughout the country.

2. A knowledge of botany and natural history forms an essential part of such a thorough medical education as is indicated by the possession of a degree; but these studies not being at present included in the curricula laid down by the corporations, it can hardly be expected that they should be made compulsory for a minimum qualification.

3. Any legislation, therefore, which makes a minimum qualification all important, and robs graduation of its privileges, will be highly injurious to the study of botany and natural history in the Scottish Universities, will lower the status of the medical profession derived from the familiarity of its members with the natural sciences, and will seriously diminish the attention paid to those sciences throughout the country.

IV.—THE GENERAL MEDICAL COUNCIL.

Relations to Universities.

While the Senate fully recognises the labours of the General Medical Council in maintaining and elevating the minimum standard of medical education, and

guarding by inspection the efficiency of examinations, it desires to point out that the powers of such a body, however constituted, ought to be carefully limited, in order to prevent their being used for the purpose of interfering with qualifications of a higher grade.

In reference to this, attention is called to a resolution of the General Medical Council, dated 14th July 1880, in these terms :—"That, in the opinion of the Council, "it is desirable that intending candidates for the "medical profession should, before they enter on the "purely medical curriculum, have been instructed and "examined in the RUDIMENTS OF NATURAL SCIENCE— "*Physical*, *Chemical*, and *Biological*—and that, in pro- "portion as this can be done, the present medical curri- "culum and the present professional examinations "should be lightened of all such matters."

The Senate is of opinion that the tendency of this resolution would be injurious to the higher medical education provided by the universities. It has already had experience during twenty years of the grave disadvantage of including natural science in the preliminary examinations, disadvantage so great that it has with consent of the Privy Council removed it, and thus secured better attention to the subjects of a sound general education. The change now proposed by the General Medical Council is calculated to interfere with the importance rightly given at present to chemistry and biology in the medical curriculum, and would involve an alteration of the system prescribed by the Universities Commissioners; this can only be done by consent of the other universities and with the approval of the Privy Council.

Constitution.

The Senate of this university trusts that if any change be contemplated in the constitution of the General Medical Council, the just claim of the Scottish Universities to a more adequate representation in that body than they at present possess will receive the attention which, from the large numbers of their medical students, as well as in the interest of the higher medical education, it deserves.

4751. The subject which is engaging the attention of the Commission is, as you no doubt know, the licensing question, and we have asked you to attend in order to ascertain the opinion of the Scottish Universities with regard to that question. I will not enter into the necessity for a complete qualification in medicine, surgery, and midwifery; for no doubt on that point you would be of the same opinion as all the other witnesses who have appeared here, that a complete qualification is absolutely necessary?—Certainly; at least no incomplete qualification ought to be registerable.

4752. The point, on which I am particularly anxious to have your opinion is as to the manner in which the licence ought to be bestowed, after what examinations, by what examiners, and by whom appointed. You have no doubt heard very often of the conjoint scheme of examination which is proposed for England, and the question which I wish to ask you now is, supposing some common board of examiners were appointed for each of the three kingdoms; how do you consider that it would work in Scotland?—That would depend entirely upon details. We, of the University of Glasgow, and I believe the other Scottish universities, have hitherto not seen our way to make any such conjoint board work in detail in Scotland. The difficulties are very great; there are three great university centres, each of which demands consideration; the materials for conducting those examinations exist in those three centres, and do not exist elsewhere, and even the work of examination, if it was accumulated in any one centre, would be almost unmanageable, particularly in some of the practical departments, the practical and clinical examinations.

4753. Do you think, then, that it is advisable or even possible to continue the present system of 19 different licensing bodies in its entirety?—I speak, in the first instance, as regards the universities; and the position which we have always held is that the university degree, being a complete qualification, and being a higher qualification, and being, as we believe, one that will stand any amount of scrutiny as regards the method of its being conferred, ought to be registerable, whatever be the system adopted; and that any system which will deprive the degree of its registerable quality would be to that extent a bad system, inasmuch as it would tend to substitute a lower for a higher qualification.

4754. Am I to understand, then, that the universities hold that under every conceivable circumstance the university must retain the power to register its degrees as giving a qualification to practice?—The universities hold that they have done nothing to forfeit such a privilege, that they have it already in law, and that they have done nothing to forfeit it, and that they have seen no reason hitherto why it should be forfeited, although they are most willing and most anxious to submit their degrees to any system of inspection based upon co-operation with other bodies that may be thought right in the public interest.

4755. How would the university propose to co-operate; could you lay before us any scheme which would meet with your approval?—The Universities of Scotland have never been asked to form a scheme other than the scheme of conjoint boards contemplated in several recent Medical Bills, originating in England.

4756. We are particularly anxious to know what your opinion is, and if you could kindly lay before us your opinion upon this subject you would be giving us some very valuable information?—I am afraid that it would require more consultation among the universities than has taken place. I could not at this stage present anything that would carry the whole opinion of the universities of Scotland upon that point. When the Duke of Richmond's Bill was in its last stage before the House of Lords, Professor Turner and I were sent up to London, and in the endeavour to bring that Bill in that stage into something like conformity with the interest of the Scottish universities, we suggested, through the Duke of Buccleuch, a certain alteration which we thought would have accomplished the purpose; that is to say, that if the central board or the conjoint board chose to send examiners to the Scottish universities in as many departments as they thought necessary, we should receive those examiners, and that then the degrees so granted should be registerable as qualifications. But this was simply put aside; it never attained the position of being incorporated into a Bill in any way whatever; and, moreover, it never had the position of being formally and thoroughly the opinion of the whole of the Scottish universities. It was simply a scheme put forward in urgency, and carrying with it at the moment the assent of Professor Turner and myself. That is the nearest approach that I can give you to any scheme which has been proposed; it is not, strictly speaking, our proposal; but it represents the tendency of opinion in Scotland.

4757. Have the Scottish universities never considered that question as one likely to arise?—They have never considered it in the light of framing a scheme.

4758. Perhaps, when you return to Scotland, you will be so kind as to inform them that the Commission would be very much obliged if at their convenience they would consider a scheme, and forward it to us, because, of course, we have great respect for their opinions, and anything that they may say would command our respectful attention here?—Perhaps I may be allowed to ask your lordship, in return, what is the object to be attained by the scheme?

4759. Some means of diminishing the number of the present examining bodies?—But we do not think that the number should necessarily be diminished.

4760. Do you approve of 19 examining bodies?—We do not see any objection to 19 as a mere number; we think that there may be convenience in diminishing them, but we do not see any objection, certainly, of a vital character to their number, and, as regards the universities that we represent, we are decidedly adverse to diminishing their number.

4761. Do you think that no public inconvenience has arisen from the present number of 19?—We think, at all events, that if there has been any public inconvenience, it has been enormously counterbalanced by the public benefit. I do not say that individual bodies may not have, at different times, not fulfilled the expectations that might be reasonably entertained of them, but I say that to attempt to consolidate these 19 forcibly into one would almost inevitably break down, and lead to worse results than those at present existing. That is the way that we have always viewed it in Scotland.

4762. Then are the Scottish universities of opinion that the present system has been satisfactory in its working?—We are of opinion, at least, that the present system could be made satisfactory by a proper system of inspection and supervision.

4763. But still you have not considered how to make the present system satisfactory, and it is merely an *a priori* notion of your own?—We have not been in the position of being invited to become legislators for the

Prof. W. T. Gairdner, M.D., F.R.C.P.

1 Aug. 1881.

whole medical profession. The Scottish universities have looked each after its own function, and the universities together in consultation have considered about various things, but they have not gone beyond that point in suggesting legislation for the medical profession.

4764. Or in considering the question?—Or in considering the general question.

4765. Various proposals have been made on the supposition that it is desirable to diminish the number of medical authorities; that is to say, of the licencing bodies. If it were proposed to give the licence through the means of a common board of examiners, such licence to be simply an admission to the register without conferring any additional title whatsoever, and leaving to the universities and to the corporations to confer their own higher degrees and titles under any regulations that might seem to them fit—what do you think the opinion of the universities would be on such a proposal as that?—I think we should require to look to the details of it, a little. How would the board be constituted? Where would it sit? Where would its examinations be held? How would they get their materials? In performing clinical examinations, for instance, what hospitals would they go to? What class of patients would they select their cases out of? In performing anatomical examinations, where would they get the dead bodies, which, according to our modern ideas, are indispensable for conducting the practical parts of the examinations? In short, the whole machinery would enter into one's conception of the plan to such an extent that I do not see that we can give an opinion upon it in its present shape.

4766. But supposing the machinery to be satisfactory, what would your opinion be with regard to a licence to practice, and that licence being a licence to practice only, being issued either by the State or by some common examining board, leaving all the higher degrees and titles to the universities and corporations?—Then the question arises, what would a man with a licence call himself?

4767. Let us suppose he calls himself a licentiate in medicine and surgery?—The thing is perfectly intangible to my mind, in its present form, because we know that, formerly, when in the Committee of the House of Lords on the Medical Bill, something like that turned up, the whole of the corporations in England were in arms against it, and they devised a plan that a man should be nominally attached to the corporations; that after he had got his title to be on the register, through the examination of the conjoint board, he should be obliged to go to the corporations and ask them individually to affiliate him, as it was called, and there was a great deal of negotiation about it. That shows how extremely difficult a plan like that is to bring to bear.

4768. Then you do not feel yourself competent to express any opinion upon the scheme?—Not unless it was more detailed and worked out. But one thing, I think, I might say, because it is a matter of principle, and touches the whole question. It has been very strongly pressed upon my mind within the last few weeks, by experiences both in London and Dublin, that the medical profession just now in respect of the examination work, particularly in respect of the mere mental and bodily labour involved in examination, gets the benefit of an enormous amount of high-class service, which is got at what may be called an extraordinarily cheap rate; that is to say, that persons consent to work as examiners, and to do the duty in respect of this work that you are now proposing to legislate about, for the sake of the institutions with which they are associated; work of a kind, which they would not do, probably, at all, but at all events which they certainly would not do at the rate of remuneration that they get, without their consideration for the institutions for which they work. For example, Mr. Simon knows very well the whole state of matters in the College of Surgeons, here in London, and I venture to say that the gentlemen who go down, as I have seen them within the last few weeks, to perform the examinations of the Royal College of Surgeons of England, are very badly paid for that part of their work, considering the remuneration that they are entitled to in London. They are men of a very high stamp, and they are entitled to a very high remuneration; but, because of the feeling of corporate interest which connects them with the College of Surgeons, they go down there and do that work for the sake of the college with which they are associated. In like manner, the University of Edinburgh, with which Professor Turner is concerned, has got extra-professorial examiners connected with it. In the first place, it claims the whole work of its own body of professors as examiners without any remuneration at all. Every day that a professor spends in examining he spends for the sake of the institution without any special tangible remuneration for that day's work at all. Then as regards the extra-professorial examiners, the University has the power of bringing them, if desirable, from a distance, and Professor Turner knows to whom I refer, when I say that one gentleman (using him only as an example of a number), used to come down from London, to spend a fortnight in Edinburgh, and to examine about 120 graduates, and used to do all this for the magnificent sum of 50*l.* a year, and this gentleman is a physician in good practice in London, and anybody who knows what that means knows that the remuneration is absurd, and that nothing would induce those high-class men to take the trouble except the friendly feeling that they have for the University of Edinburgh, the old associations that connect them with it, and the feeling of love for their *alma mater*, considerations which are not of a pecuniary kind at all. If you or any Commission recommend that all this machinery is to be to a certain extent knocked upon the head, and supplanted by the centralised machinery of a Government system of examination, one thing you may count upon, you will have to pay in sterling money at the regular market rate of remuneration for all those services which are at present got upon a very different principle. You will not be able to command this class of men at all, in all probability. The gentlemen who examine for the corporations in London will not consent to serve a central or Government board, and to confine themselves to certain lines in the work of examination for any remuneration that you would for a moment think of giving them. You will be obliged to fall back upon another class of men altogether. The service would become to a much greater extent a mercenary service, and to that extent it would be more difficult to get it well done. I will venture to make another observation which appears to me to be important, and that also springs from what has come under my notice in London and Dublin lately in connection with the visitations which I have been ordered by the Medical Council to make.

4769. I believe you have been ordered by the Medical Council to visit the examinations of the Colleges of Surgeons and Physicians in England and Scotland and Ireland, have you not?—Yes. I am not expressing any opinion in anticipation of our report, which will be presented. I am not expressing any opinion at all of the teaching, or of the relative merits or absolute merits of any one of those examinations, just now, but, I say, that it has been pressed greatly upon my mind that the *esprit de corps*, and the power of initiation which springs from that *esprit de corps* in developing the systems of examination of the various bodies, and particularly developing them in the direction of making them practical and really valuable, has been of inestimable service, and that you will not get that kind of service out of a centralised board under the Government, or any board of that description; at all events you will not get it without paying for it, and paying for it very highly.

4770. (*Professor Turner.*) You have, of course, read and carefully thought over the English conjoint scheme?—I have.

4771. You recognise that in that scheme the university candidates are to be exempted from going through the earlier or more scientific branches of the examination, and to be subjected only to the final examination of the examining board. I would like to hear your opinion upon that matter as to how far you think such a scheme, which has been proposed for the English university students, would be acceptable to the Scottish universities?—There, again, I want to know where the examinations are to be and how they are to be conducted, and all that.

4772. We will suppose that the examinations are to be conducted in the several university seats?—Then, that, of course, would diminish my difficulty very much, The great difficulty with the final examinations is, to make them really practical—I am supposing an examination not to be in the common style of a man sitting opposite the examiner and getting a few questions put to him, or answering things in a written paper only—the great difficulty in making them really practical is that you have to go away to the hospitals and seek patients, and make the patients the subject of the examination. I do not see how any central board could go and do this for all the candidates of one division of the kingdom, and usurp the patients of particular hospitals without communicating with the physicians of those hospitals, and the surgeons of those hospitals, or how

you could at all times count on getting materials for those examinations. I do not see how that could be done, except as you say by going to the university seats, or, in other words, by going and co-operating with the university. You must go to the present authorities and co-operate with them, and therefore the only plan for Scotland that seems to me to be feasible, is for your central board to come to the universities instead of those universities sending their pupils up to the central board. If you wish it to be only the final examination, let the examiners from the central board come down whilst the universities are making their final examination, and let them co-operate with the examiners of the university.

4773. Then do I understand that you entertain this view, that as regards the university candidates (we will speak of them in the first instance), if, when the universities are conducting their final examination, there were conjoined with the university examiners certain other examiners appointed, we will say, *ab extra*, as was proposed under what has been called the Buccleuch compromise, that would meet the difficulty as regards the Scottish universities?—I have not the smallest objection to that, provided you will tell me where you will get the means of paying them, or how you will pay them, and that you will not enhance the price of the qualification to the student at all. I hold that this is an unnecessary thing; that is to say, that from the Scottish universities' point of view it is unnecessary, and our system works well without it. From a public point of view, if for the sake of the public security, the public confidence, or anything you like as regards the public, you wish this done, then I say you must pay for it. Do not make the degree dearer to the students on this account. Pay for it either out of the national exchequer, or out of funds got in other ways. If it is so done I shall welcome it as a boon. I have always regarded it as a desirable thing, that outside influences should be combined with the internal influences of the universities in the work of examination.

4774. Under this plan, which we have just referred to, you would, I suppose, hold that, if this conjunction of examiners appointed *ab extra* with university professors for the final examination were carried out, the successful candidates passing the examination should not only receive the degree in medicine of the university, but should also receive a certificate qualifying them for admission to the register?—Certainly. The thing would be of no use at at all but for that.

4775. So that according to the Buccleuch scheme, as contrasted with the English conjoint scheme, the university candidates would be admitted to the register, and would also receive the university title after passing one final examination instead of having to pass two?—Yes, that is the point. And another point which it is very essential, in my opinion, to insist upon is, that the students in the Scottish universities are really too much examined already. You have, in Edinburgh, three professional examinations, and we have in Glasgow four examinations. They are so much examined that the super-addition of any unnecessary examination which could be conjoined with those that they at present have, would be a very serious evil indeed, and a very disturbing influence upon all their studies.

4776. Having looked at the university case, as I suppose you have looked at it, principally from a Scottish point of view, have you any suggestion to make as regards the corporations in Scotland, because the corporations in Scotland are, as well as the universities, at this present time, important licencing bodies? Speaking now, individually, could you throw out any suggestion which would meet the question as regards the corporations?—I do not think that there would be any difficulty whatever in doing more completely what the corporations in Scotland have already done; that is to say, conjoining their examinations for the purpose of giving a double qualification; and an Act which should make no single qualification—that is to say, no incomplete qualification—registerable would do this of itself, if you simply enacted that a surgical qualification was not to be put upon the register by itself, or the medical qualification was not to be put upon the register by itself, but that every qualification should be both surgical and medical, and should imply a complete examination. That would of itself force the conjunction of the Scottish corporations, as regards their examinations; and it would be very easy then to apply whatever regulations you pleased to the visitation of the conjoint examinations.

4777. Would you propose that the corporations, which at this present time confer what is called a single or a partial qualification, should cease to confer partial qualifications, and should only confer a qualification in conjunction with other bodies?—I think so. And it is either to be done by obliging them to conduct their examinations in common, or it is to be done by refusing to register any of their diplomas separately from a corresponding diploma in the other department, and then of course one must produce diplomas amounting to a complete qualification.

4778. It has been pointed out to the Commissioners by various witnesses, whom we have had before us, that it is very advisable in any combination of corporations which may take place, that the university element should be represented; has anything occurred to you which would enable you to give us an opinion as to how this might be carried out?—I have not thought about it in great detail. I see no objection, in principle, to it, but the difficulty that I see is simply, that the universities are sufficiently occupied with their own work, and that to detach any of their high class examiners, their professors, for instance, for this other work would be a weakening of their staff, and, probably, would give them too much to do.

4779. Supposing that these extra-professorial examiners, who you have, I think, admitted, might be introduced into the university, were also introduced into the corporation system; would that meet your views?—I have no objection to that.

4780. Would not that bring the full series of examinations into a certain uniformity?—I see no objection whatever to that, excepting the question of expense.

4781 Are we to understand that you think that, if there is to be a radical change in the method of licencing, a change which, it is argued, is to be for the benefit and protection of the public, the expenses consequent upon that change should be borne by the public?—I think so.

4782. And not either by the students or by the existing medical authorities?—Precisely so. I mean the extra expenses, the expenses over and above those of the present system. The present system enables one to do it in what I regard as a marvellously economical way, on the whole, and, I think, that any extra expense ought to be borne by the public.

4783. You say that it is done in a marvellously economical way. Are you prepared to say that it is done, on the whole, in an efficient way?—I have no doubt that there are weak points; but I have always believed that it was possible to strengthen those weak points, without altogether radically changing the system.

4784. As a consulting practitioner you are in the habit, are you not, of meeting practitioners in various parts of Scotland?—Yes.

4785. Can you tell us if there is any demand, either on the part of the profession or of the public in Scotland, for such a radical change in the present system of licencing in Scotland as has been suggested by various persons?—I have never heard of any demand at all of the kind. I have no doubt that individuals could be found who have said it is wanted, but I have never heard anything like a large demand.

4786. Has there been any agitation in Scotland, or have there been any public meetings held anywhere upon the subject?—I think not; I have not heard of anything of the kind.

4787. I observe that in the paper which has been sent in by the university of Glasgow, in answer to certain questions put to them by the Commission, they say that the university has always been of opinion that the representation in the Medical Council of Scottish universities in respect of the importance of their medical schools, and the number of their graduates is altogether inadequate. Are you of that opinion also?—I certainly am. I am, further, of opinion as I stated before the Committee of the House of Commons, that the present mode of representation, besides being inadequate, is peculiarly bad, inasmuch as it groups the universities two and two, and makes it therefore a sort of point of honour for the representation to alternate between the two universities. Without altogether making it a necessity, it makes it a difficult thing to adjust in a manner satisfactory to both parties; for instance, that in the case of Glasgow and St. Andrew's, Glasgow, must have so many years of it, and St. Andrew's must have so many years of it. I think that is a very bad system.

4788. What change would you propose?—I would propose, if the universities cannot have a member apiece, that

Prof. W. T. Gairdner, M.D., F.R.C.P.

1 Aug. 1881.

whatever the number of members is to be, they should be given to the whole four universities rather than to the grouping of them two by two.

4789. And that the four universities should take a part in the election of all their representatives?—Yes, of all their representatives. Of course, this is my individual opinion. I am not speaking for the universities.

4790. Are you of opinion that if the universities were forced into a conjoint scheme, the university education in the fundamental medical sciences would suffer?—Yes, by the candidates being induced to give the go-bye to the university degree. So long as the university system is left alone, of course it will not suffer; but if a considerable number of students were induced by any cause or by any system of legislation to go away from the universities, and to conduct their studies with a view to a conjoint board, or a conjoint qualification of any kind, or a state qualification of any kind, and not to go to the universities, it would have a most serious effect in damaging medical education.

4791. Why would it have so serious an effect?—Because the Scottish universities have always included in their curriculum a very solid and thorough training in certain branches that are not in any conjoint scheme that is yet proposed.

4792. Do you think that so far as regards those branches, if any considerable proportion of the students who at present are in the habit of going to the universities were to cease to go through the university course, the education of the profession in its fundamental scientific branches would in so far suffer?—Yes, it would so far suffer, undoubtedly. Undoubtedly the general education of the country in those branches would suffer, if a larger proportion of young men desiring to be doctors were to be induced to go to schools, or to go through curricula, which gave them a very imperfect training in the natural sciences, instead of going to the Scottish universities to get a good fundamental training in the natural sciences. The interests of the medical education would suffer, and the interests of general education would suffer throughout the country, by the diminished amount of attention paid to those subjects.

4793. You are, of course, of opinion that that would be very injurious?—Yes, it would be a very great evil.

4794. (*Mr. Simon.*) The case, put to you by Professor Turner, supposes a conjoint board directing examinations, in which board, of course, the universities would take a part?—Yes.

4795. Then why should not the influence of the universities keep up the standard of scientific qualification?—Because it is, perhaps, not desirable to keep up the standard, if this is to be the sole means of access to the register. It is not desirable to have all the medical men of the country obliged to go through the same curriculum, and you could not keep up the standard.

4796. It has been mentioned here that of the persons practising in Scotland, two thirds are university graduates?—I believe that is true.

4797. Do you then suppose that the qualification that so large a majority of the practitioners have is above a reasonable standard of qualification for all?—I do not suppose it is; but I say that it is, nevertheless, possible to get access to the register upon a less standard, both in Scotland and in England.

4798. Professor Turner's question refers to a supposed future state in which one set of regulations would apply to all persons, and so far as the framing of the regulations and the conducting of the examinations are concerned, the universities would be participators?—Yes, but although the universities are empowered to exact these things for their own graduates, I am not sure that the universities would be prepared to form part of a conjoint board to exact these things from all candidates for the profession.

4799. Do I understand you to mean that you would in the future have for general use a lower standard than that which is at present represented by 66 per cent. of the practitioners of Scotland?—I think so, I think it would be quite reasonable that they should. Some qualifications might go higher in some things, and others in other things. For instance, I understand, now, that the qualification given by the Royal College of Surgeons in England is very much higher in anatomy and in surgery, but it is very low in midwifery; that is to say, it is none at all. The College of Surgeons devotes itself to anatomy and surgery. The College of Physicians devotes itself to other branches, and each of those qualifications is high in the branches to which it devotes itself, but low or none at all in others. I do not see why branches like natural history, zoology, botany, and comparative anatomy, should not be rendered compulsory for a university degree, and yet not exacted as a matter of rule for the ordinary practical or the minimum standard that admits men to the register; and, therefore, I would say that the only way to get these studies properly taught in the universities is to consider them university branches, and not to consider them essential for the lower qualification.

4800. Have you any opinion to express upon the proposal which has been made for direct representation in the Medical Council by the universal suffrage of practitioners?—As a personal question I would much rather be left out of the running; that is to say, left without a vote in such circumstances. That is the whole opinion I have. If other people want it, they may have it, so far as I am concerned.

4801. Do you think you would probably become a candidate under those circumstances?—Certainly not; perhaps not under any system.

4802. (*Mr. Cogan.*) Do you believe that at present there is any injurious competition, I mean injurious to the public, arising from the number of licencing bodies?—I believe that has been, at all events, very much exaggerated. I am not prepared to say that there have not been instances where licencing bodies have been weak, but I think that that has been very much exaggerated.

4803. If evidence has been given to us that many students who could not pass the test of some licencing bodies went to others for the purpose of passing a lower examination, and did successfully do so; would you believe that that was an evil?—If it were a general practice it certainly would be a public evil. It might happen with any individual student, or with two or three students, without being, necessarily, a fault.

4804. Do you believe that in Scotland there is any such injurious competition between the universities and the medical corporations?—Certainly not, between the universities and the medical corporations.

4805. You are not aware of students who fail to pass the university examinations going to the corporations and passing there?—That might very easily happen. The university examination is a higher and stiffer examination, and that might very easily happen. I do not know that that is wrong, and I do not see why it could not be defended. A student might not be able to pass the university examination, and yet might be a very good practitioner, and able to pass the other qualification.

4806. But still that would establish the fact, that there is, to some extent, a competition between those bodies, and that one set of those licencing bodies grant their degrees on lower terms than the other bodies?—You may put it the other way, and say that the one set grant a higher degree than others. The universities grant their degrees confessedly on higher terms than the corporations, and the very reason of their existence is that.

4807. Of course if the one gives the degree on higher terms it is a necessary correlative that the other gives it on lower terms?—Yes.

4808. Do you consider that if the university students were allowed to pass their early professional examinations in the scientific branches of the profession in the universities, and (which, in other words, is the English conjoint scheme) they were to pass the final examination before a common board, that would interfere so injuriously with the teaching bodies, as you seem to believe, that it would lower the standard of medical teaching?—To this extent, that in Scotland it is simply a question of machinery. In England it is a totally different question, because the universities in England have never dealt with any considerable proportion of the profession. There are four distinct seats of university education and examination in Scotland, which gives great difficulty and complexity in the way of organising such a system as that. That is the difficulty. I have already said that I do not see the same objection to any system which will send the examiners to the universities instead of asking the universities to send the candidates to the examiners.

4809. Could you tell us exactly what is meant by the Buccleuch compromise. Would this express what is meant by it. "And shall further provide that every

" member of a university who shall have passed the " professional examinations at such university for the " degrees in medicine and surgery conferred by it, " shall be exempted from any separate or further ex- " amination for a qualifying certificate under this Act; " provided that each department of such professional " examination, so far as regards all those subjects on " which the medical board is required under a scheme " to conduct examinations, shall have been conducted " before a board of examiners, of whom one-half in " number, at least, shall be examiners appointed by the " medical board of that part of the United Kingdom " in which such university is situate"?—That is it.

4810. Would you be prepared to sanction a system which would require that all the students should pass the medical examinations in your university before a board of examiners, of whom one-half should be foreign examiners?—I am speaking here of personal opinion. This has never been before the universities, formally, as I have said; but my personal opinion has all along been that no objection exists to the idea from the academical or university point of view.

4811. Which do you think would be preferable as regards medical education and advantage to the public, that all the examinations of the students should be passed before a board so constituted, or that the universities should have the absolute control of the earlier examinations, and that the final examination only should be passed before a board formed something like a conjoint board?—There I object. I object altogether to that. The radical point of my proposition is, stick to the university seats; and, instead of sending the students to the examiners to pass a new examination before a central board, send such examiners as you approve to the university to co-operate with the professors. If that is done, then I hold, from the university point of view, it will strengthen the universities. I hold there is no objection to it from the university point of view. It is only a question of detail and a question of expense as to how far you will do it.

4812. You would not object to having the final examination passed before a board, the examiners of which would be selected by all the licencing bodies, if that board came to the university seat?—If that board came to the university seat and co-operated with the university examiners.

4813. (*Professor Turner.*) The non-professorial examiners at present acting in connexion with the examinations of the Scottish universities are, to some extent at least, paid by the State, are they not?—Yes.

4814. The treasury allows, does it not, a small sum, about 200*l.* a year, to your university, for the payment of the existing non-professorial examiners, and allowances are also made to the Universities of Edinburgh and Aberdeen?—Yes.

4815. So that if the State were under such a scheme as you have advocated to be called upon to pay the non-professorial examiners, it would be merely an extension of a principle to which it has already given its adhesion?—Certainly, and an extension which I do not object to, however far it is carried, on academic grounds. I have no objection to any number of extra-professorial examiners.

4816. (*Chairman.*) Do you propose that the State should pay for the examination at the university?—For whatever check is considered to be requisite. At present we do take from the revenue to pay extra-professorial examiners. We are quite disposed to extend the system, and we only do not extend it because we are too poor; we cannot afford it.

4817. (*Mr. Cogan.*) With regard to the final examination, so called in the English conjoint scheme, do you believe that any final examination could be a sufficient test of a student's knowledge if it was simply practical and clinical, and did not embrace an examination in systematic surgery and medicine?—That is a very difficult question to answer at a moment's notice. I think a practical and clinical examination might be made that would cover a great deal of the ground. Of course it would require to be organised in accordance with that idea.

Prof. W. T. Gairdner, M.D., F.R.C.P.

1 Aug. 1881.

4818. Before the Committee in 1880 Professor Struthers represented, I think, Aberdeen university?—Yes.

4819. He referred to the evidence of Professor Turner as to the final examination being practical and clinical, and his view appears to be that no examination which was merely clinical and practical would be a sufficient test of knowledge. He says:—"Whether that examina- " tion should be conducted merely clinically, that is a " different question; of course we would wish to limit it " as much as possible, but I can in no way advocate " making it a sham or conducting it by a defective " method. If it is to be an examination in medicine, " surgery, and midwifery let it be a good one. My own " opinion, and that of my colleagues is, that a mere " clinical examination is not a satisfactory test of a " student's knowledge. If there is to be a joint board " examination at all, we have no desire to limit it to the " clinical method alone, it would simply be an examina- " tion in medicine, surgery, and midwifery, including " systematic as well as clinical." That was the opinion of the university of Aberdeen. Do you take the same view?—To a certain extent I do. It is just a question of the character of the examination. For example, the education of a surgeon involves anatomy in the clinical part of it. It is quite obvious that taking a man into a ward and showing him a few examples of surgical injuries and diseases and questioning him upon them would be no adequate examination in anatomy to enable him to perform an operation. If you are going to have a State diploma or conjoint board diploma, you must have an examination, and probably more than one examination, in anatomy, and in anatomy of various kinds, elementary anatomy, surgical anatomy, operative surgery, and so on. You must have all those things in order to secure the man's competency, and, in like manner, in medicine, you must have him examined on materia medica and chemistry, which is the very basis of drugs. You must ascertain his knowledge on all these points, if you are going to pass him into the profession as an educated man. I do not see how you can abridge the process of examination by saying you will only examine clinically. You might, no doubt extend the clinical examination so as to make it cover all these things, but it would be an abuse of the term.

4820. I understand that you have been making a visitation of the Royal Colleges in the different parts of the United Kingdom?—Yes.

4821. Was that visitation with the object of reporting as to the merits or deficiencies of those Colleges in their modes of examination or education?—The object was the reporting on the actual conditions of the examination at the different Colleges.

4822. I understand, that you do not wish to give us the benefit of your knowledge in that matter; you wish to reserve that until your report goes in?—I think it would be undesirable to give it now, because I might say something my colleagues might not agree with.

4823. As I understand, you are not in any way prepared to formulate a scheme with regard to meeting the difficulties which have been presented to us on the part of the Scotch universities as regards anything approaching a conjoint system of examination in that part of the United Kingdom?—The Scotch universities have never considered it necessary to formulate any scheme.

4824. If it has been given to us in evidence, that some of the Scottish medical corporations pass students on lower terms than other bodies do, you think it would be a wise thing, as a permanent arrangement in regard to medical education in Scotland, that those medical corporations should of themselves be allowed to form a conjoint board?—I should say the logical position is that you will not cure any supposed deficiency in one part of the kingdom by conjoining the bodies in that part of the kingdom only. The logical issue of all conjoint schemes would be to join everything for the whole kingdom, but then it would be a physical impossibility, as I say; there would be too much centralisation.

The Witness withdrew.

Dr. JOHN S. BILLINGS, called in and examined.

Dr. J. S. Billings.

4825. (*Professor Turner.*) Will you state to the Commission what positions you hold in the United States?—I am a doctor of medicine, a surgeon in the United States Army, and Vice-President of the National Board of Health of the United States.

4826. We are much obliged to you for appearing to give some information before the Commission. A part of our duty is to inquire into the subject of foreign and colonial degrees with reference to the possibility of having to recommend that those holding them may be admitted

Dr. J. S. Billings.

1 Aug. 1881.

to the medical register in this country. You have, I suppose, a considerable acquaintance with the institutions in the United States conferring medical degrees?—Yes.

4827. Could you tell us what is the usual period of study required for admission to examination for a degree in the United States?—It is from two to three years.

4828. Are there any of the universities in the United States which require a longer period than three years of study?—I think not, at present, although I believe that Harvard proposes to require four years.

4829. Is it necessary, before medical study is commenced in the United States, that a preliminary examination in general education should be passed?—That is not customary, but there is a regulation to that effect in some of the schools; the preliminary examination, however, is of the simplest nature.

4830. Could you tell us whether in the States there is any register of medical practitioners kept?—There is not, in the sense in which you use the word, there is no official register.

4831. Admission to a register, then, is not a condition of practice in the United States?—I cannot answer that directly, by yes or no. In a few of the States, as, for example, in Alabama, in order to practice, one must obtain the permission of a certain board of medical examiners. They have not, that I am aware of, published a printed register, but of course they have a register of all the physicians in the State. In the State of New York, by recent legislation, they have what might be considered a register; there they scrutinise the diplomas or require the candidates to pass certain examinations. The practice varies very much; each State is a law to itself.

4832. Then, so far as you know, except in the States of Alabama and New York, there is no official register of medical practitioners kept in the United States?—I would add to that the State of Illinois, and I am not prepared to say that that is not, at least, theoretically true in two or three of the other States. "Theoretically," I say, because there are some laws there which are not carried out.

4833. In the other States anyone, I suppose, can engage in medical practice?—Yes.

4834, Can you tell us what legal rights, or whether any legal rights, are conferred in the States of Alabama, New York, and Illinois, on those who are admitted to the register that you have spoken of?—They have the the right to call themselves "physicians," and advertise themselves as such, to practice medicine and to collect fees for the same, which those who are not so registered are not allowed to do.

4835. But in the other States, there being no register, are there any legal privileges attaching to the title of doctor of medicine?—No, I think not.

4836. (*Chairman.*) Can any medical practitioner in the States, where there is no register, collect debts owing to him in the same way as an ordinary tradesman?—Yes.

4837. (*Professor Turner.*) Can a graduate in medicine of a British university, or a licentiate of a corporation of surgeons or physicians in Great Britain or Ireland, go to the United States and (excepting in the few States you have named) enter into practice without any examination being required of him?—Yes.

4838. So that one may say there is complete free trade in the matter of medical and surgical practice in the United States generally?—Quite so.

4939. You are aware that in this Country there is an Official Medical Register drawn up under the Act of Parliament of the year 1858?—Yes.

4840. And to that register there are only admitted those who have obtained diplomas from various universities and corporations in Great Britain and Ireland?—Yes.

4841. Admission to that register in this country confers certain legal privileges. Would you consider that a graduate in medicine of such a university as the Harvard University in the United States ought, in virtue of the examination he has passed and the degree he has obtained in that university, to be able to ask for admission to our British Medical Register?—No, I should think not necessarily.

4842. Are you prepared to give us any good reason why he should not be admitted?—I should advise under the present organisation of Harvard, as matters are now managed there in the medical school, that he should be admitted. I should say to the authority, that has the regulation of admission to the register, namely, the General Medical Council, that a diploma from Harvard would show that the man was sufficiently qualified to practise medicine to entitle him to have his name placed on the register, inasmuch as he is sufficiently qualified to render it probable that there would be no danger to the health of any of the subjects of the English Government from his being allowed to practise; but I do not think that he himself should be able to claim such registration as a right, irrespective of the central body which regulates the admission, namely, the Medical Council. I mean in virtue of his having a diploma of Harvard. I would advise the Council to allow him to register at the present time. I would not have advised the Council to allow him to register 12 years ago, and I am not prepared to say that I would advise it 12 years hence.

4843. The position, then, that you have taken up is this. I understand, that any American graduate before being allowed to register should be required to submit his degree and a statement of the examinations that he had gone through to the central medical body of this country, namely, the General Medical Council; and that that body should inquire into the character of the examination which he had undergone?—It would be rather difficult, I fancy, for the General Medical Council to inquire into the character of the examinations of the American schools. There are a great many of them, and of all grades, and in the majority of the States any three, or four, or five men who choose to associate themselves together and expend a very small amount of money (15*l.* or 20*l.*, perhaps, paid to a lawyer to conduct the matter) can obtain a charter from the State which will empower them to act as a medical school, and confer the degree of doctor of medicine; consequently there are numbers of such schools being formed constantly.

4844. You mean new universities?—Not new universities, but medical schools; they are quite distinct from any other teaching institution.

4845. I would like to read you a clause from a bill that was submitted to Parliament in the course of last year on this subject, and to ask your opinion upon it. Clause 8 says, "where a person shows that he obtained some "recognised medical diploma or diplomas (as herein- "after defined) granted in a foreign country, and that "he is of good character, and either that he is not a "British subject, or that if a British subject he had "practised medicine or surgery, or a branch of medicine "or surgery, for more than ten years elsewhere than in "the United Kingdom (or if he was practising in the "United Kingdom at the time of the passing of this Act, "for not less than ten years, either in the United King- "dom or elsewhere), and either continues to hold such "diploma or diplomas, or has not been deprived thereof "for any cause which disqualifies him for being registered "under this Act, such person shall upon payment of the "registration fee be entitled, without examination in the "United Kingdom, to be registered as a foreign practi- "tioner in the Medical Register." Perhaps I should read clause 9 along with it. "The medical diploma or "diplomas granted in a British possession or in a foreign "country, which are to be deemed such recognised "medical diploma or diplomas as are required for the "purposes of this Act, shall be such medical diploma or "diplomas as may be recognised for the time being by "the General Medical Council as furnishing a sufficient "guarantee of the possession of the requisite knowledge "and skill for the efficient practice of both medicine and "surgery, including therein midwifery, and as entitling "holder thereof to practise medicine and surgery, in- "cluding therein midwifery, in such British possession "or foreign country." You will observe that by that clause the General Medical Council is to satisfy itself that the diploma has been granted after sufficient evidence has been given of the requisite knowledge and skill?—Yes.

4846. Would you consider that a sufficient protection?—Yes, I should think it would be.

4847. The proposition is that the foreign practitioner should be registered in a separate division of the register; would you consider that an advisable proposal, or would you have anything to suggest in connection with such a proposition?—It seems to me that it would be more convenient, and I do not at the moment perceive any objection, to place the name of the person having the foreign qualification in its regular alphabetical place in the register with the names of the Englishmen, but desig-

nating the fact in some peculiar way, either by special type or in some other mode.

4848. (*Chairman.*) Without his passing any examination in England?—Yes; you register his foreign qualifications; as I understand, that question is put to me in connection with those two sections in the proposed Act. Under those sections I should say you should register his foreign qualifications, but draw attention to the fact that they are foreign qualifications.

4849. (*Professor Turner.*) You would propose to draw attention to that circumstance, not by inserting it in a separate part of the register but by the use of some particularly distinctive kind of type?—It is a question of convenience; it would seem to me that that would be more convenient to the general public for whose benefit, as I understand, the register is published. They would turn at once to the place and see the distinction.

4850. (*Mr. Cogan.*) There are a vast number of institutions in the United States that give degrees, are there not?—Yes.

4851. And some of those you do not consider afford sufficient evidence of a test of educational knowledge, do you?—No, I think not.

4852. Do you know anything at all with regard to the University of Philadelphia?—The University of Philadelphia, I think, was an institution which issued a large number of what are called bogus diplomas. It took that name so as to imitate as nearly as possible the University of Pennsylvania, which is a very old and a very respectable institution and medical school; it is one of the best medical schools in the United States. The University of Philadelphia had no real existence as a teaching institution whatever, and it sold its diplomas simply for 50 or 60 dollars, the whole thing being managed by one or two men. The charter has now been revoked, the whole thing broken up, and the chief promoter is, I think, in jail.

4853. Then it is not, in fact, an existing university now?—No, but there is always a liability in the United States to something of that kind, because any unscrupulous swindler can readily issue his prospectuses; and the possibility of it lies in the fact that he always finds men ready to buy and to use these diplomas abroad as well as at home.

4854. I had heard it stated that there was a university in Philadelphia which was a very eminent school of dental surgery?—That is the University of Pennsylvania.

4855. Is the University of Pennsylvania famous for its dental surgery?—It has a very good dental school connected with it that has grown up within the last four or five years.

4856. I have heard it stated that were as many as 70 operating chairs in that university; would that be true, do you think?—You mean of dentists?

4857. Yes?—There is a very large number; it is one large room very brilliantly lighted, and there are a large number of chairs there.

4858. Does it stand in the United States as the first institution for dental surgery?—I am not prepared to say that; I do not know.

4859. Dental surgery, I believe, as a matter of fact, has been brought to probably greater perfection in the United States than in any other country, and some of the most eminent dentists in Paris are Americans?—It has been brought to very high perfection. A vast amount of ingenuity has been displayed in connexion with it. There is a very excellent dental school at Harvard, I know.

4860. Do you think the Medical Council would be safe in recognising the degrees of those two universities, Harvard and Pennsylvania?—So far as regards dentistry, only, do you mean?

4860*a*. So far as regards dentistry?—I should think so.

4861. Generally with regard to medical degrees would you say so?—I am not prepared to give any opinion about the merits of the medical degrees of different schools in the United States.

4862. (*Chairman.*) Is there anything analogous to the Medical Council in America?—No.

4863. Is it proposed to have any body of that kind to superintend the general medical profession in the United States?—Not in the immediate future. All powers of police government in the United States are relegated to the several States, and as this whole matter of medical practice and qualifications of medical practitioners would certainly at the present time be considered as peculiarly a matter of State police, the United States Government would not touch that at present. It is possible that that question may come up in connexion with the question of registration of deaths hereafter, if that should become a question which the general government takes up; because if the certificate of a qualified physician is required for the registration of a death, it then becomes necessary of course to define what is a qualified physician; and in that way the general government may possibly exercise its powers hereafter, but I have no immediate anticipation of any such thing.

4864. Do you think it desirable that there should be a central authority of any kind to superintend the medical profession in the country; are you in favour of it yourself?—I think the less superintendence the better, but to a certain extent it is a necessity owing to the very point that I just referred to. I think it of the highest importance in every State that there should be a thoroughly accurate reliable registration of deaths, and I think also that it will be a necessity for a civilised government to have a certain amount of notification of certain contagious diseases which should be controlled or stamped out. As soon as that is required by the government, they will have to define the qualifications of the persons whose certificates are to be accepted as satisfactory, and in that way there must be a certain amount of supervision.

4865. Would it not be very difficult for the English Medical Council to ascertain the value of the degrees and titles of foreign medical teaching institutions?—It would be difficult for a few of them. There would be quite a number, a majority, I think, of diploma-granting, or licensing to practice, institutions with regard to which the Medical Council would have no difficulty whatever in determining almost at once whether their diplomas or permits were satisfactory; there would be a great many that they would know at once were not satisfactory, speaking with regard to the United States. With regard to other European countries, such as France and Germany, there would be a great many that they would at once decide were satisfactory, but there would be always a few on the border line, and who would be appealing from adverse decisions of the Council and so on.

4866. It would be rather an expensive matter, would it not, to visit all those examinations, as well as perhaps not very easy in the way of obtaining admission?—I should think that the Council could only go by general repute, as it were.

4867. (*Mr. Bryce.*) With regard to the army and navy in the United States they are both federal matters which belong to federal government, are they not?—Yes.

4868. Therefore appointments to medical positions in the army and navy would not belong to the individual States, but to the United States government?—Yes.

4869. Does not the United States government require certain certificates or degrees showing proficiency up to a certain standard of attainments from those whom it appoints to medical places in the army and navy?—It relies almost entirely upon examination. It is true that the possession of a diploma is a pre-requisite to an invitation, or a permit, to come up for examination, but the diploma has no weight whatever; it is not taken into account in the examination.

4870. You mean to say it would require a candidate to present some diploma?—Yes.

4871. Would that be a diploma from some university?—No, from some medical school, that was authorised by law to grant the degree of M.D.

4872. By State authority?—By State authority.

4873. Not by the United States authority?—No, there is no institution that by United States authority grants a degree of M.D. There is no United States diploma-granting institution of any kind.

4874. A diploma from some school recognised by State authority would be needed?—Yes.

4875. But the federal government would exact an examination in addition?—It might be a foreign diploma.

4876. But an examination would be exacted in addition?—Yes.

4877. Can you tell us what the rules of those examinations are and the manner in which they are conducted?—The examinations last about five or six days. They are both written and oral. There is an

Dr. J. S. Billings.

1 Aug. 1881.

examination in each of the principal branches, both the theoretical and the practical. It also includes a clinical examination, which goes on at the hospital, and operations on the cadaver. There are also the usual questions; and the verbal examination of course depends somewhat on the answers given to the written examination. There is also a preliminary examination as to general education, and very many are thrown out upon that.

4878. I presume the standard which the federal government exacts in these cases is much higher than the level of attainment indicated by the average diploma?—Yes, very much. We have to send our officers out where they are sometimes 200 or 300 miles away from any other practitioner; they have to rely entirely on their own resources, they cannot consult with any other practitioner, and they have to practice in all branches, because they have under their care not only the officers and soldiers, but their wives and children.

4879. You mean, for instance, such as are stationed on the frontiers of Mexico and in the remoter parts of the Western States?—Yes. The examiners who examine for the army and navy constitute the highest medical tribunals of this kind in the United States.

4880. You know, of course, that there are bodies here besides the regular medical schools which grant degrees, such as the Apothecaries Society and the Faculty of Physicians and Surgeons of Glasgow?—Yes.

4881. Have you any corporate bodies similar to those, that grant degrees in the United States?—No, I think not.

4882. May we take it that all the bodies which grant the diploma or degree of M.D. in the United States are bodies which teach medicine and surgery, and that those degrees are never granted by bodies that are purely examining bodies and not teaching bodies?—There are bodies in two of the States which give the licence to practice, but which do not teach and which do not grant any diploma. In those States the licence to practice is a distinct thing from a diploma, and might be given to a man who had no diploma.

4883. What are those bodies?—They are the State board of examiners in Illinois. The board is a State board of health and grants a licence to practice. In Alabama the State medical society is charged with the supervision of the practice of medicine in the State, and in every county of the State there is a county medical society, and this society appoints what are called censors, who examine those who desire to practise and give a licence, and no one may practise without that licence or permit. The Illinois plan is extending. The result of the application of the law in Illinois was to drive out between 1,000 and 2,000 charlatans and empirics from the State. They had to leave. They went into the adjoining States, and of course immediately there was a great outcry in these States, and they are now passing laws similar to that of Illinois, so that those men are being crowded out; the influence of that law is extending like the circle caused by throwing a pebble into a pond.

4884. In some of the States adjoining Illinois they are now passing similar laws, you say; do you mean that they are instituting a State board to grant a license to practice?—Yes. This board is analogous in its functions to the Medical Council.

4885. You mean the Medical Council in England?—Yes, except that the board itself appoints examiners to examine those men who have no diploma. The possession of a diploma is not an essential pre-requisite, but if he has not a diploma he may come up to pass the examination and simply take the license.

4886. Supposing he has a diploma, does that excuse him from the examination?—That is at the discretion of the State board. It is at their discretion to say whether the diploma of any given institution is sufficient or not.

4887. It is rather difficult, is it not, considering the number of schools in the United States, to say what diplomas should be accepted?—The answer I would make to that is the same that I made to a question a few moments ago; it is not difficult for the great majority. It is only the few on the border line they have to inquire about, and with regard to which they must get the best evidence they can.

4888. If it were proposed in this country, to admit persons holding an American diploma to practice, and that proposal came before you, what should you be disposed to say to it?—I do not think the question of allowing an American physician to practise in England, or the conditions under which he should practise in England, should be in any way connected with what the Americans do or do not do with regard to English physicians holding English diplomas. That is to say, I do not think the question of reciprocity should come at all into it. The regulation is not for the benefit of the physician, as I understand it. That is not the point of view from which the Government should look at it, but for the benefit of the people; that is to say, "we desire, "acting for the English Government, that the practi- "tioner among the English people shall possess the "necessary qualifications so that at least he shall do "no harm." Now, I think, if you are going to do that for English physicians you should get the same assurance for physicians of other countries, and that quite irrespective of what the other countries do with regard to English physicians.

4889. From your knowledge of the state of medical education in America and the value of an American diploma, what would you think would be the result to the English public of admitting a person that held an American diploma entitling him to receive a licence to practise in this country?—I should not think it would be very satisfactory stated in that broad way. We have in the United States about 75 institutions (there may be more now), which grant medical diplomas; certainly, I should think, that out of those 75 there are not over 15 whose diplomas should be considered as a sufficient guarantee of the knowledge of the holder in reference to fitness to practise.

4890. Should you say, speaking from your experience of America, that the general public look much to the university or school from which a man holds his diploma, and that the holding of a diploma from a superior school helps a man to get more rapidly into practice?—I think that is true for one or two schools; and perhaps the best proof of that is that the graduates of Harvard within the last two or three years are accustomed to write "M.D. Harvard" on their card; I suppose they find that that is a judicious thing to do.

4891. Are there any of the medical schools in America entirely devoted to some particular school or sect in medicine, for instance, such as homeopathy or hydropathy?—Yes, there are 20, I should think.

4892. Do most of them that give qualifications give a double qualification both in medicine and surgery?—No, a single qualification only.

The witness withdrew.

Mr. T. Cooke.

1 Aug. 1881.

Mr. THOMAS COOKE is called in and examined as follows:—

4893. (*Chairman.*) You are a Fellow of the Royal College of Surgeons of England, I believe?—I am, and, I would add, an M.D. of Paris. I add that with this intent, that if you want any information on medical education in Paris, I may possibly be able to supply it.

4894. I believe you have instructed a great many young men who were anxious to enter the medical profession?—I have instructed a large number of young men; and also to my teaching come a large number of qualified men, physicians and surgeons. About one-third of the men who attend my classes are qualified men.

4895. With what object do they attend your classes?—They come to my classes on anatomy, physiology, and surgery, some with one object in view, as regards the examinations, and some with another.

4896. I mean those who are already qualified?—They come to acquire further knowledge in anatomy and physiology with no examinational purpose in view, a great many of them at least; some come with a view to prepare for the higher examinations.

4897. The Fellowships?—The Fellowships, the M.D. of London, and so on. I have men of 50, 60, and 70 years of age attending my classes, and sometimes I feel very small as compared to the gentlemen who come to me.

4898. We know you have a very considerable experience of examinations; your experience, I believe, extends particularly to England and to the corporations in Scotland, does it not?—Yes.

4899. Are you aware of a considerable difference in the severity of those examinations?—There is a very great difference in the severity of the several examinations; the difference is tremendous. As regards the Scotch examinations, I should not be in a position to speak of them individually. I can speak of the Scotch examining bodies, in general. I should not be in a position to speak of them in particular, and to compare, with any positive data, Edinburgh to Glasgow or Glasgow to Edinburgh.

4900. You are speaking of the corporations?—I am speaking of the corporations.

4901. Will you give us your own idea of the relative severity of those examinations?—The Scotch examinations are, I think, very fair; they are thoroughly good practical examinations, taken all round. Men who are insufficiently prepared, do not pass them. They are thorough and searching examinations; and, at the same time, my experience is that ample time is allowed to the candidate to show what he really does know. I think they are very good examinations in every respect as regards the average student, that is as regards the student who is to become the general practitioner. I should except the M.D. of St. Andrew's. I have a special note on that point.

4902. I thought we were speaking of the examinations of the Scotch corporations only. I was not referring to the Scotch universities. Should you say that the examinations of the Scotch corporations were as difficult as those, for instance, of the Royal College of Surgeons in England?—No; and yet in one sense they are. There are some men who would pass the examinations of the Royal College of Surgeons of England, who would possibly not pass the Scotch examinations. At the same time there would be a large number of men who would pass the Scotch examinations, who would not pass the examinations of the Royal College of Surgeons of England.

4903. Will you explain how that would occur?—The man of good average capacity and ability, who has worked fairly during the whole of his time and acquired a good practical knowledge of his subjects, I hold, to be fairly certain to satisfy the Scotch examiners; and, I think, he would usually satisfy also the examiners in Lincoln's Inn Fields; but it is rather the brilliant and the sharp man, the man who has read a good deal, who has possibly a more, I will not say superficial knowledge, but still a more showy knowledge of details, who would be particularly successful at the Royal College of Surgeons. For the examination of the Royal College of Surgeons both a good practical knowledge and also, if I may say so, a showy knowledge, or a knowledge of little points, is frequently of value, and may turn the scale in favour of a man.

4904. Have you ever known cases in your own experience in which young men who have failed to pass the English examinations went to Scotland and passed the corporation examinations there, or *vice versâ*?—I have known a great many who, having failed in London, have gone to Scotland and passed. There are a great number who do that.

4905. Is that a common case?—It is.

4906. Have you known many come from Scotland to pass in London?—I have not known many. At the same time it is but fair that I should state that I meet with a large number of London students, while I meet with a relatively small number of students from Scotland; so that the figures I should have would scarcely establish the proportion between those who go from London to Scotland and those who come from Scotland to London. I think I can say, indeed I am sure I can say, a large number who are not successful here, who fear to face the examination here, go to Scotland.

4907. Taking a large number, what should you say was the general reason why the average of them, having failed in London, succeed in passing in Scotland?—Several reasons may be given. The examinations in Scotland are less hurried, and they are more thorough. It frequently happens that men get nervous or flustered at the London examinations; and as the time is rather short, if a man gets flustered at the first table, he has scarcely time to recover himself sufficiently to show what he really does know.

4908. How long is occupied in an examination in London?—The time has been lengthened, and now, I think, the candidates have a quarter of an hour or twenty minutes at each table; I would not be very positive, but the time is on the whole rather short.

4909. And how long have they at the Scotch corporations?—I could not give the precise figures.

4910. I merely mean in a general way?—The impression on my mind is that they are less hurried, and I have no doubt that that is the case. The number of men examined is less at a time. Anyhow, as regards Glasgow, a man giving notice of his desire to be examined can frequently have a special examination, and therefore be less hurried.

4911. How do the examinations of the Apothecaries' Society of London compare with those of the College of Surgeons of London?—I believe it would be very difficult indeed to compare the two, they are so very dissimilar. The examination of the Apothecaries Hall of London is a good examination as regards the compounding of medicines and the mere ordinary uses of medicines; but in all other respects I hold it to be totally insufficient to establish a man's ability to practice medicine or surgery

4912. It really is an examination in the apothecaries' art more than as regards licensing qualifications?—It is. It is a qualification that is held in very fair estimation when obtained in conjunction with another; but alone it is quite insufficient to establish a man's capacity for the practice of medicine. There are, however, a large number of men who have been unable to pass for the higher qualifications, and who obtain that particular qualification just as a means of getting placed upon the register, and in order to enable them to begin the business of life; and those men frequently do very well, and have very large practices. It is a fact of observation that frequently good men, men who are well up in practice, and fairly safe men, do not pass their examinations creditably. They do not pass the primary examination in anatomy and physiology; that is the difficulty they meet with; and sometimes these men who do not pass, are not at all bad men. Some of the men who are somewhat lazy and cannot be got to work at anatomy, frequently have social qualities of geniality of character, amiability, and so on, that go a very long way to make a practice. You will notice that the qualifications which make a man succeed in practice are not so much those which depend upon his actual scientific knowledge, as the qualifications which depend upon his power to convince those who see him that he is a man of ability. That may, perhaps, apply to many other courses of life, but I think it applies to medicine possibly more than to any other course of life. There are a large number of men who hold simply the qualification of L.S.A., who have a very large practice, and in certain lines of the profession are quite incompetent. An example occurs to my mind of a gentleman who has a very large practice; he is simply a L.S.A; he is a most perfect gentleman to all appearance, in manner and education, and a most pleasing and charming man, and his practice is very great indeed. This gentleman practising, we will say, somewhere in Great Britain, was anxious to obtain a higher qualification; he managed in some way or other to get among the ten men who are examined half-yearly for the degree of M.D. by the University of Saint Andrew's, and he came to me for a little help as regards anatomy, physiology, and surgery. I gave him what help I could, but I was most struck with the contrast between the highly cultured manners of this gentleman and his total ignorance of surgery. Never could I have conceived that a medical man could have been so absolutely ignorant of the ordinary facts of daily practice concerning surgery; a fracture, a dislocation, carbuncle, a boil, and things of that kind, he was really totally ignorant of. This man had a very large practice on the strength of the L.S.A. qualification; he went up to Saint Andrew's, and got the M.D. of Saint Andrew's. I really do not know how he got it. I should feel disinclined, I must say, to bear the title of M.D. of Saint Andrew's myself, knowing that a man of that stamp surgically speaking could get in. I do not know how he passed his examination, or what the examination must be for such a man to pass in. This is quite a recent case.

4913. With regard to the degrees given by the universities, have you much experience of the relative value of those degrees?—I have a certain proportion of men who come to me with a view to passing the university examinations for degrees. But I can scarcely say that I know enough, anyhow of the Scotch universities, to be able to say much about them.

4914. But, generally, you consider the teaching at the Scotch universities very good, I believe, do you not;

Mr. T. Cooke.

1 Aug. 1881.

you believe it to be very thorough?—At the Scotch schools, in general. My experience is scarcely sufficient to enable me to distinguish the universities from the other teaching bodies; but the Scotch education, as a whole, I consider to be very thorough and very practical.

4915. The universities in Scotland are the only teaching bodies, are they not?—Quite so, but there are extramural schools or lectures.

4916. Do you consider that the present number of medical authorities, namely 19, is too many?—I think it is greatly in excess of what there should be; it most clearly establishes a competition downwards. That is shown, I think, by the examination at the Apothecaries' Hall, and various other bodies; I feel convinced that the large number of examining bodies establishes a well marked tendency to diminish the stringency of the examinations, in order to attract men to the several examining bodies.

4917. Have you thought what the remedy for that state of things ought to be?—I have thought of it in common with a great many others; it seems to be a difficult question. It seems unfair to be hard upon examining bodies that have done their work well, but at the same time, I think, that if, by any means fair to all the existing bodies, the number could be greatly reduced, or they could be replaced by one Government Board, it would be a far better thing for the country at large.

4918. You mean one board for each of the three divisions of the kingdom?—Yes, that would come to the same thing.

4919. When you say "Government Board," do you mean actually a board appointed by the Government, or do you mean a board composed of representatives of the different medical authorities, or nominated by the Government?—I should prefer a body appointed by some one central agency, so that the examinations should be practically the same in the different parts of the kingdom. It would appear to me that if the Scotch examining bodies co-operate, and the Irish co-operate, and the English co-operate, we should really have three examining bodies whose requirements would only differ to a slight extent.

4920. You talk of some central agency appointing these three bodies; what have you in your mind?—The Government or the General Medical Council having power to dictate to these three examining bodies.

4921. Now let us attempt to carry that system into operation; you would propose that they should conduct the professional examinations, I suppose?—Yes.

4922. Including the final examination?—Precisely.

4923. And that in consequence they should give a certificate which should carry with it admission to the register, I suppose?—I should say so. Whether it is desirable that the man having passed the central body, as we may call it, should after that become affiliated to one of the bodies already in existence, or not, I should scarcely like to say; that is a matter which is scarcely within the domain of medicine, it enters upon the domain of general home politics, and I, for one, should be most happy to leave the carrying out of the plan to the Government, or to those who deal with social questions. I think that we medical men are bad administrators; I think we must leave the carrying out of the plan to a different class of men to ourselves.

4924. Still the medical authorities are a most essential part of the medical profession. Have you, by chance, thought how this proposal of a central body would act upon those medical authorities as teaching boards, whose existence, like that of other people, depends a good deal upon their income?—I must say that I have generally considered the medical authorities merely as examining bodies, and I think that the great mass of medical men, as students, consider them simply as examining bodies. They know that to be entitled to practice they must be examined and found competent by some body or other, and they go either to one or to the other as convenience dictates. If I might use a common place comparison, which really I do not like to use in respect to the medical authorities, I should say that the feeling of most would be that they would like to get their qualification at one shop or the other (excuse the term, gentlemen) wherever they can get it the cheapest; I mean cheapest as regards money, and as regards effort. That would be the feeling of a great many men; the best men like to get a degree from a university, or from what are considered the higher or better examining bodies.

4925. Apart from its value as carrying a licence to practice, do you think from your experience that young men generally who enter the medical profession attach great value to belonging to one of the corporations?—Young men generally do not; the few of the better, of the more brilliant and more highly gifted men do, but the great body of men do not.

4926. If they had a licence to practice without its being necessary for them to belong to any of the Corporations or the universities, do you think that the majority of them would not care to belong to any of those bodies?—I should say the great majority of them would not.

4927. You think not?—I think not.

4928. (*Professor Huxley.*) You referred just now to the imperfection of the knowledge of anatomy and physiology which you found in medical students, and not only so, but in persons who have already passed their examinations. Do you find defective knowledge in those matters very general?—It is very general. Anatomy is a subject which lies at the basis of medicine and surgery, but the details of which slip very quickly from the memory, and I have men highly competent, in fact men holding high qualifications, who come to my classes on anatomy and physiology. I have frequently Fellows of the Royal College of Surgeons. Clearly those men cannot be supposed to have a deficient knowledge of anatomy and physiology as regards practical purposes; but these men, ambitious it may be of progress in their calling, come to me frequently to refresh their knowledge quickly upon the details of these subjects.

4929. You doubtless have a very extensive and practical acquaintance with the effects of the teaching carried on in the majority of the medical schools of London?—I have to a great extent.

4930. Do you think, speaking of the medical schools generally, and, as a whole, that the teaching of what one may call the scientific branches of medicine is effectual and good; I mean, for example, in such matters as anatomy, physiology, chemistry, general therapeutics, and the like?—The teaching of the purely scientific branches of the profession of medicine, botany, chemistry, materia medica, and anatomy and physiology is, I think, far less perfect than that of what we may call the practical branches of medicine and surgery, and I may possibly give the reason why, to my mind, that is the case. A physician or surgeon in hospital practice is naturally inclined to communicate his knowledge to the students, and I may trace this partly to that general weakness of human nature to show off one's own knowledge, and partly to the fact that one's own knowledge inspires the student with the confidence in the physician or surgeon. Therefore, when the student comes subsequently to be a practitioner of medicine or surgery, and meets with a difficult case, he is already prepared, so to speak, to call in his master as a consultant; whilst, as regards the teaching of botany and chemistry, and also of materia medica and anatomy and physiology, there is not that same reason which would induce the teacher to communicate the knowledge. This duty becomes, we may say, that of an official paid to give lectures. He is bound to give the lectures properly, no doubt, but he is not directly interested in the fruit that his teaching may bring forth. That is the case, I should say, more particularly with anatomy. Anatomy is one of those subjects (I feel quite sure that you, Professor Huxley, will agree with me upon that point) hard to teach, and that requires considerable labour; and the man in an eminent position, as a physician or surgeon of a large hospital, necessarily cannot care to give much of his time to teaching anatomy or physiology; anatomy or physiology is for him a stepping stone which he makes use of to rise to the higher appointments, and the higher practice of medicine and surgery. The consequence of this is that the lecturer on anatomy has a tendency to give simply his two or three lectures a week, and to be done with the whole thing; and that the teaching of anatomy is then left to the hands of the juniors, that is to say to the demonstrators, who are young men entirely inexperienced in the art of teaching when they begin to teach, and who, as soon as they get up the ladder, are only too anxious to throw overboard the teaching of anatomy. I must add that that is not the case in all schools; in certain schools there is an eminent and experienced professor, who is attached specially and solely to the chair of anatomy.

4931. And that applies to physiology also, does it not?—Quite so. Then the case would be different as

regards those London schools, with which I am more particularly acquainted. There was, at University College, Professor Ellis; at St. Thomas's Hospital there was, for many years, Mr. Rainey, who is now a very old man, a fine old man, who devoted himself exclusively to the teaching of anatomy. His every-day life was in the dissecting room; and so it was with Professor Ellis; and at University College there is now Mr. Thane. But with these exceptions, anatomy, I think, is taught in a somewhat perfunctory manner; and it must be so; it cannot be otherwise unless the funds provided are considerable, so that a man may be paid at such a rate as will make it worth his while to give his whole time to its teaching.

4932. The same thing is even more true of physiology, is it not, which is a rapidly growing science, and requires complete devotion on the part of the persons who teach it, if they are to teach it thoroughly?—Quite so. At the same time I imagine the deficiency is less felt in physiology. It strikes me that one man can teach a large class in physiology, with the exception of the microscopical work. Of course that has to be done by one man, and even then a good man can teach a large class. I believe Professor Schaeffer, of University College, teaches well and thoroughly a very large class, and that by occasional meetings of two or three hours once or twice or three times a week.

4933. Professor Schaeffer is a gentleman who gives his whole time and attention to that subject, is he not?—He is.

4934. In the great majority of schools the man who teaches physiology is really an expectant for practice, is he not?—Yes. The science which I have particularly cultivated is anatomy. In anatomy there is the drudgery of dissecting for three or four hours daily under the direct superintendence of a man who knows the work; and it appears to me that in physiology there is not that drudgery. It is nice and agreeable work that the student does alone to a considerable extent, or in which supervision can be exercised by one man over a large body of men; there may be 20, 30, or 40 men working at the microscope, slicing off from one specimen. The teacher will be able to converse upon it with all of them, and can readily ascertain whether they see certain cells or not. If five or ten men say they see them the question is settled as far as they are concerned; but if they do not the professor can go to each man who does not, and assist him. My impression is that the teaching of physiology is far less onerous than that of anatomy, and is better conducted.

4935. Do you think, having regard to the advance of medical education, that the existing system in London of splitting up the teaching in the scientific branches of medicine among a great many schools is good?—I believe that it has its drawbacks, but that it has also its advantages. It is clear that in a small school the same amount of money cannot be spent as in a large one, especially in chemistry and physiology. The same apparatus can scarcely be obtained. At the same time I believe the small schools are of very great utility, and that it would be a great pity if the number of students were so disproportionate in the large schools as to bring about the downfall of the small schools. The small schools, I think, create a very wholesome competition. If this competition did not exist, and if the teaching were centered in two or three large schools, I do think we should have it more efficiently carried on as regards means and material, but possibly less efficiently as regards the teachers.

4936. Do you think that would apply to such studies as physiology, anatomy, and chemistry? Supposing that those subjects were centred in two or three bodies, would it not be probable that the students would obtain very much better instruction than they do? I am supposing the teaching of the practical matters to be still confided to the several hospital schools?—I should say not. At my small school, I have men coming from all the different schools of London, and, I may say, from all the schools in the kingdom, and I do not find that the men coming from the larger schools are better men than those coming from the smaller schools. Taking the requirements of the man who is to prepare for general practice, who is to have a good general knowledge of his profession, but who does not aim at the higher branches, that is, the more completely scientific branches of the profession, I find that the small schools do well; and if I had to advise a young man in whom I was directly interested, and who was not a particularly brilliant young man, I should certainly feel inclined to put him in a small school.

4937. That is because in the small school he has better opportunities for acquiring a knowledge of the practical parts of his profession, I presume?—As regards all the branches, he comes in closer contact with his teachers; and also in the smaller schools I think that a greater effort is made to push on the men, if only with the object to transform the small school into a large school. I belong myself to Westminster Hospital School, and I know we have a body of men who are anxious to communicate knowledge and do their best; and I think we do our best to a great extent with a view to becoming a larger school. I remember a time when in one year we had but five entries, and I know we set to and did our best with our five men; and last year I think we had 27 entries. That is relatively a small number, but still, as compared with the smaller number of five that we had one year, it is a satisfactory number. I believe in competition in teaching, and if I may allude again to my small school, I may say that my school only exists through the continuous effort to supply good teaching; and I think that in my small way my efforts react upon the other schools. If at the other schools they see that the men do not get on sufficiently well, they know they will go to "Cooke's"; and to keep them within their own walls I think that an effort is made to teach them well. This creating of competition is, I think, the function of the small schools. Free trade will necessarily lead to some institutions being successful as regards numbers, and to others being less successful; but those who are less successful at one time may become more successful at another.

4938. Do you find a very great inequality in value among the different examinations which have been passed by those legally qualified persons that come to you?—Yes, very great.

4939. A very wide difference?—A very wide difference.

4940. Does it happen to you to often find that persons who are legally qualified are exceedingly ignorant?—Exceedingly so.

4941. To a surprising extent, would you say?—Surprisingly so.

4942. And that applies to the state of things at this present time?—Yes.

4943. So that under the existing state of things it is quite possible that persons shall receive a licence to practise who are very much more likely, we will say, to kill than to cure?—Decidedly so; or if not to kill to lose the opportunity of curing, and to allow the patient to die.

4944. They will let die if they do not kill; that is what you mean?—Yes.

4945. That state of things, you think, might be remedied by the establishment of a central board or a single portal, in fact, for each of the divisions of the kingdom?—That state of things would be remedied by a measure less sweeping than that. That state of things would be remedied by exacting a qualification in surgery as well as a qualification in medicine, by demanding that a man before he is placed on the register should be examined all round; that would meet that point.

4946. Supposing it were required of every man who received a licence to practise that he should have passed an examination in medicine, surgery, and midwifery; do you think it would then be safe to leave it to the existing licensing bodies to give him that qualification; would that cure the state of things which at present exists?—I do not see any reason why it should not.

4947. Would you provide any means of inspecting or checking the examinations that go on at present by the various licensing bodies?—That is a question I should feel inclined to leave to those men who view matters from a higher standpoint than myself.

4948. Would you feel satisfied that that is all that is requisite in order to insure that no one should receive a licence to practise without being reasonably well qualified?—If in answering that question I were to take as my guide the imperial interests, the interests of the country at large, I should certainly not be satisfied at all with that arrangement, but I should say that that arrangement would make it most likely that men totally ignorant in any one branch of their profession would not be admitted to practise. I do not think that that arrangement would be at all conducive to the advancement of medicine or of the medical profession generally. I think that that would be a very lame measure, but at the same time that it would be a measure which would meet the most crying evil.

Mr. T. Cooke.

1 Aug. 1881.

4949. (*Professor Turner.*) Have you prepared many students for the examination of the boards of the Scottish Corporations to which you have referred?—A large proportion of my men go up for the Scottish examinations; but I think I may remark that I do not prepare men for any special examination. I teach anatomy, physiology, and surgery; and men going up for examinations in which anatomy, physiology, surgery, and operative surgery, are required, come to me. I leave it entirely to them as to what examinations they go up for. I simply do my best to teach good practical anatomy, physiology, surgery, and operations on the dead body; and, as I was saying, men come to me who are going up for one examination or another, or for no examination at all; advanced practitioners, Fellows of the College of Surgeons, come to me to acquire a more precise knowledge of subjects which they have partly forgotten.

4950. Then you do not say to one of your pupils, "you go to the College of Surgeons of England;" and to another of them "you go to to the College of Surgeons "of Edinburgh"?—Not as a rule; if advice is asked of me I may gauge the faculties and knowledge of a man, and say "I do not advise you to go up to the College "of Surgeons at present; I do not advise you to go up "for the Fellowship, I advise you rather to go to Scot- "land or the Apothecaries Hall," but that is merely personal advice. You will observe that my position as a teacher is not, at present anyhow, that of a recognised teacher. The various examining bodies require that a certain number of lectures should be taken out and dissections performed at recognised schools; and I often have felt it a hardship, although I leave it to my superiors to remedy that whenever they like, that men who, being rejected at an examination are required to dissect for three months, should dissect with me for three months, and those three months not count; but that the men should be compelled to go to one of the twelve other medical schools in London, or to one of the provincial schools, or one of the Scotch schools.

4951. That is not a matter that we have to do with here; that would lie with the medical authorities?—Except that it affects medical education to a certain extent. There is not that liberty of teaching which I might have wished for. Anyhow I simply make that remark with the object of showing that I do not prepare men for examinations specially. I do not grind or coach men for individual examinations. I simply teach practically on the dead body, anatomy, physiology, and operative surgery.

4952. Then you leave your pupils to select for themselves the examining board to which they will go?—Entirely so, and the time at which they will go up for examination.

4953. You used the expression that some of the pupils feared to face the examination here in London; at the College of Surgeons, I apprehend, you mean?—Yes.

4954. And then you said they went down to Scotland?—Yes.

4955. Did that mean that they had been rejected at the examinations here and then went down to Scotland, or that they dreaded that the examinations here might be too difficult for them?—The two things would be comprised in my statement. Some had been rejected, and some felt certain, and I may say those who knew them felt certain, and I myself felt certain, that they were not sufficiently prepared, and that they would probably be rejected.

4956. I suppose you know that the Royal College of Surgeons of Edinburgh and the Faculty of Physicians and Surgeons of Glasgow conduct an examination which covers a much more extensive range of subjects than the examination of the Royal College of Surgeons of England?—Quite so; you refer, I believe, to the double qualification, do you not?

4957. No, I refer to the examinations conducted by the College of Surgeons and the Faculty of Physicians and Surgeons in Glasgow for their ordinary diplomas?—I have known men very deficient in chemistry. That is one of the subjects required at Edinburgh, which is not required here. Men go to what they consider the trouble of getting up chemistry, in order to be able to present themselves at the Scotch examinations.

4958. With reference to the youths who have shown this fear of facing the examinations in London, are we to understand that they are in your judgment, so far as you have the means of knowing what their information is, persons who ought not to be admitted to the ranks of the profession?—No. I do not say that.

4959. In some respects I gathered that you hold that the examinations of the corporations in Scotland are conducted in a fairer and more judicious way than the examinations of the College of Surgeons of London?—In a more uniform and more reliable way as regards the results, that is the results of the pass and the pluck. I could feel much more sure that a man fairly well up in his work would pass at the Scotch examinations, than that the same man or even a more brilliant man would pass the English examinations.

4960. Because the examinations in Scotland, you think, are conducted in a less hurried way, and are better adapted to bring out the knowledge of the candidate?—I think so.

4961. We have been given to understand by a witness who preceded you, that there was a great uncertainty in the examinations of the College of Surgeons of London; that, at the same sitting, if a candidate went to one examiner he might get through, whereas, if that same candidate had gone to another examiner in the same room he might have been rejected, and that therefore the examination is an uncertain examination; what is your view upon that subject?—The examination is somewhat uncertain, but I should not like to say so much as that. I think the examination is conducted in a very fair manner, but I think it is somewhat hurried.

4962. Time is not taken in all cases really to bring out what amount of knowledge a candidate may have?—I think that is the case at times.

4963. You have referred to your experience in preparing certain candidates (men who have engaged in practice) for the examination for the degree of M.D. of the university of Saint Andrew's?—Quite so.

4964. Have you had any similiar experience in the way of preparing candidates for the corresponding examination of the university of Durham?—I have.

4965. Doubtless you know that the university of Durham has instituted an examination for practitioners of 15 years standing?—Yes.

4966. Have you had experience in preparing them for this examination?—As regards preparing for examinations I would repeat the remark I made before, that I do not prepare for any particular examination. Men come to me to learn anatomy, physiology, surgery, and the operations, who are going up for the examination at Durham; and remembering the one man, in particular, whom I noticed, and spoke of as going up for the M.D. of Saint Andrew's, I should say, the average of the men going up for the M.D. of Durham is certainly much higher than the average in that one case.

4967. You have only the experience of a single person or a single case, then, upon which to base your opinion as regards Saint Andrew's?—I was struck with that one case; as to the others I could not say. Very often I do not know in the least what examination a man is going up for, who comes to attend my classes; he is not bound to tell me, and I very often do not ask him.

4968. Still, as regards the university of Saint Andrew's, your view as to the imperfection of the examination is, I may say, based upon the particular case that you have related to us?—Mainly so. I have not had very much experience in reference to the university of Saint Andrew's. I must say I have known a certain number of men, possibly, I might say half a dozen, who have got the M.D. of Saint Andrew's, and who have appeared to me not to be very remarkably informed as regards medical subjects.

4969. You have not had very much experience of Saint Andrew's?—I have known a good many men who have gone up for the M.D. of Saint Andrew's, who certainly did not appear to me to know much of medicine or surgery, but the more pointed remarks that I have made had reference to the one case that struck me particularly.

4970. (*Chairman.*) With regard to the admission of foreign medical men to the register, has that question come under your consideration?—To a certain extent.

4971. But you have not thought of it particularly?—I think that the clause which was inserted in the bill of the late Government was a very fair one. It referred to the admission to the register of men holding good qualifications in their respective countries. I think that was a very fair clause. There is one point I have thought of, which has reference to medical education. I do not know whether I might mention it.

4972. Certainly.—It is this, that it appears desirable that the medical studies should be prolonged, that a

longer time should be granted with reference anyhow to that portion of medical studies which comes subsequent to the passing of the primary examination in anatomy and physiology. It happens now to a very great extent that men do not pass their examination in anatomy and physiology at the end of the second year; then they go on studying anatomy and physiology during their third year, and sometimes during their fourth year. The additional time that they have given to anatomy and physiology is taken off from the time they should give to medicine and surgery, as they are allowed to go up for final examination at the end of their fourth year whenever they may have passed their primary examination; then they cram up some knowledge of medicine and surgery, and pass at the end of the fourth year without having an adequate knowledge of their profession. I feel sure that, if men could enter upon their studies of medicine and surgery only after having passed their primary examination, that would be a very good arrangement. At present the men are compelled to attend the out-patient department during their first year. That is a regulation now in force at the College of Surgeons, and I think that is a most undesirable one. Men should get a good basis of anatomy and physiology before they begin to study the practical part of their subjects; and fully two years should be allotted to this practical part.

4973. (*Professor Huxley.*) What percentage of the young men who are students and who come under your hands ever receive the slightest tincture of education in any branch of physical science before they enter upon their medical studies; of course I ask for it quite roughly?—I have a good many men from the universities; I should think one in ten of my men come from the universities of Oxford or Cambridge.

4974. They having gone through their preliminary scientific studies there?—Yes. *Mr. T. Cooke,* 1 Aug. 1881.

4975. But I suppose a great many young men come to their medical education in London, not from the universities, but from the public schools or other schools?—The great majority do, and their education is deficient. It would be a very good thing for the medical profession if a better preliminary education were required.

4976. And that preliminary education urgently needs improvement, not merely by adding to it some little knowledge of physical science, but even in the matter of the knowledge of English?—Yes.

4977. It is quite within your experience, is it not, that a great number of the young men who have been at our public and other schools, are, when they begin their medical education, lamentably deficient in the ordinary branches of English education?—They are; they greatly want literary training; their minds are not sufficiently formed. Those men who have spent some time at the universities are decidedly far above the others.

4978. But the young men who come simply from the ordinary schools of the country, which the great majority of the medical practitioners do, are deficient?—Yes, they are certainly deficient in general culture; and that is what does not occur in France, or, I believe, in Germany. In order to get the M.D. of Paris, a man must first obtain the B.A. and the B.Sc.

4979. Apart from the qualifications required for the bachelor of arts degree, it is a matter of fact, is it not, that a vast number of the young men when they come to their medical studies cannot write a decent letter and have not a notion of English composition?—That is the case.

The witness withdrew.

Adjourned *sine die*.

EIGHTEENTH DAY.

Tuesday, 18th October 1881.

PRESENT:

THE EARL OF CAMPERDOWN IN THE CHAIR.

THE BISHOP OF PETERBOROUGH.
THE RIGHT HONOURABLE W. H. F. COGAN.
THE RIGHT HONOURABLE GEORGE SCLATER-BOOTH, M.P., F.R.S.
JOHN SIMON, ESQ., C.B., F.R.S.
PROFESSOR HUXLEY, F.R.S.
ROBERT MCDONNELL, ESQ., M.D., F.R.S.
PROFESSOR TURNER, M.B., F.R.S.
JOHN WHITE, ESQ., *Secretary.*

MR. NELSON HARDY, engaged as the first witness, was unable to attend through illness. He subsequently sent the following statement:—

STATEMENT made on behalf of the MEDICAL ALLIANCE ASSOCIATION by H. NELSON HARDY, F.R.C.S. Edin., President of the Medical Alliance. *Mr. N. Hardy.* 18 Oct. 1881.

Licensing, Education, &c.

More than 60 separate degrees and diplomas are at present issued by universities, colleges, &c. in the United Kingdom, and, as will be seen by referring to Appendix No. 3 to Special Report of Select Committee of the House of Commons on the Medical Act Amendment Bill, there is no one point either as regards the courses of education or examination on which these all agree. Neither as regards the payments and other conditions required do they agree, the fees for diplomas varying from 50 guineas to 10*s.*, and some colleges requiring evidence of moral character or testimonials from their candidates, while others require nothing of the kind. It is not too much to say that the skill and knowledge which such degrees, &c. (all of which are registrable) represent, varies as widely as that represented by foreign diplomas which are unregistrable in this country, some of which can be purchased for 5*l.* or 10*l.* without any examination, while others like the M.D. of Paris, require a lengthened and searching examination to be passed.

With regard to the courses of education the requirement by most licensing bodies of repeated courses of lectures involves considerable expense to the student without any corresponding benefit. In many cases the lectures are delivered by those who, however well they may know their subject, have no faculty for communicating their thoughts in a clear manner to others. In a few cases which have come within my personal knowledge gross ignorance has been displayed, as for instance, a lecturer on clinical medicine not knowing the appearance of a typhoid ulcer in the intestine, and an anatomical lecturer making mistakes in his descriptions of bones to his class. It has even been asserted by a high authority that there are not more than three teachers in London competent to teach physiology properly, though there are thirteen schools where it is taught by as many different lecturers.

As to the courses of examination I desire to draw attention to the financial results which have attended the voluntary establishment of a conjoint examination by the Colleges of Physicians and Surgeons of Edinburgh. I do so especially because I find it stated in a petition to the House of Lords from the Royal College of Surgeons of Edinburgh, that the system of conjoint boards will be found in operation to be complex, cumbrous, and expensive, if not impracticable; that even

Mr. N. Hardy.

18 Oct. 1881.

in England and Ireland such is very likely to be the case, but that in Scotland, from its peculiar local circumstances, if practicable at all, the conjoint system could only be carried out with enormous inconvenience and expense to all concerned, whether medical authorities, examiners, or students. From the report of the Finance Committee of the Edinburgh College of Surgeons for 1879–80, I find that during the past 19 years the number of double diplomas granted after conjoint examination has increased from 35 in 1862, to 164 in 1880, while the number of single diplomas has diminished from 88 in 1862, to 30 in 1880, and yet the surplus income of the college for the year has increased from 404*l.* in the former to 1,907*l.* in the latter year. As to the enormous inconvenience and expense to all concerned, I find that during the year ending 30th September 1878, the amount received from candidates for the double qualification was 4,473*l.*, of which 1,054*l.* was returned to unsuccessful candidates; 1,583*l.* was paid to examiners, and after paying expenses of printing, advertising, treasurer, &c., 1,700*l.* was divided in equal proportions between the two Colleges (Physicians and Surgeons), as their respective shares of the net proceeds. It is natural to ask whether the colleges can possibly find the granting of single diplomas very much more profitable than this, and a reference to their published accounts shows at once that they do not. On the contrary, out of 670*l.* paid by successful candidates for the single license of the College of Surgeons, less than one-fourth (129*l.*) net profit only remained after paying examiners' fees, printing, advertising, treasurer, &c.

By referring to Appendix No. 4 of the Report of the Select Committee, it will be found that of 460 students who received their diplomas from the Edinburgh College of Surgeons in 1876, 1877, and 1878, and whose place of education is stated, 216, or nearly one half, were educated entirely out of Scotland. In the same Appendix the returns of double qualifications from the Edinburgh colleges show that of 346, the place of education of 26 was not known, 158 were educated wholly out of Scotland, and 162 wholly or partially in Scotland. These facts show, I think, not only that a conjoint board scheme is practicable even in Scotland, but that it *pays*, and that as the College itself to its Fellows admits, "the facilities granted by the colleges "for obtaining a double qualification by one series of "examinations and at reduced cost, are readily taken "advantage of by entrants to the medical profession."

Modified Examinations.—The result of these has been known to be as follows:—

A candidate obtains the lowest possible qualification, that of the Apothecaries Company, he then applies to the Edinburgh College of Physicians, and gets admitted to a modified examination for their licence. He then purchases a higher step, and becomes a member, and shortly after purchases another step higher, and becomes a fellow of the said college, with really no more knowledge of his profession than that required to pass the modified examination at the Apothecaries' Hall.

Unqualified Practice.

The privileges of registered practitioners are the right to sue in courts of law, and to hold certain public appointments, give certificates, &c. But it should be observed that these were not conferred on medical men by the Act of 1858, but only restricted by it to those who registered, the Act being therefore as regards already properly qualified medical men only a disabling Act. On the other hand, as regards the quacks who prey on the public, who do not want to hold appointments or to sue in courts of law, their "privileges" or disabilities were unaffected by the Act. They can issue circulars calling themselves Doctor or M.D., and so long as they add "of the Metropolitan College of New York," or some other unregistrable qualification, they are safe from conviction.

The following extracts from quack circulars will show how little the Act of 1858 has succeeded in the object set forth in its preamble, "To enable persons "requiring medical advice to distinguish between "qualified and unqualified practitioners," all of those mentioned below being unqualified, though pretending the contrary. The first mentioned was summoned before the magistrate at Marlborough Street, who held that no offence had been committed against the Medical Act of 1858, and this decision was upheld on appeal.

NERVOUS DEBILITY,

By JOHN HAMILTON, M.D.,

Of the Metropolitan University College of Physicians, New York, Member of the Society of Chemists (England), Registered December 5th, 1870.

404, OXFORD STREET, LONDON, W.

[Copyright.—Entered at Stationers' Hall.]

The right of translation reserved.

(This circular is obscene and disgusting, advertising an immediate and unfailing mode of self-cure of infirmities of the generative system by using the Electric and Magnetic Self-adjusting Curative, &c., &c.)

DR. HARRISON, F.S.A.,

Member of the College of Physicians and Surgeons, N.Y., U.S.; De la Société de Médicine de Rouen; National Academy of Sciences; Fellow Institute of France; of England, &c., &c.

The following testimonials have been received from two eminent registered practitioners in praise of the Patent "Self-Restorer" Belt:—

MY DEAR SIR,— Dublin, January 90th.

HAVING since my first two or three trials of Dr. Bell's self-applicable "Restorer," discontinued the use of any other description of galvanic appliances for the cure of disease, I think it but fair to him to give my reason for appreciating its permanent superiority. * * * * * * In nervous affections, and all cases of failing powers, feeble circulation, and depressed energies, I found its action as certainly effectual as that of the genial warmth of the sun upon stagnant and drooping vegetation.

I am dear Sir, yours truly,
RICHARD MONTGOMERY,
M.D., M.R.C.S.I., &c., &c.

To Dr. A. Bell, Registered
175, Wardour Street,
Oxford Street, London.

29A, Howland Street,
Fitzroy Square, London,

SIR, March 17th, 1873.

In the interest of scientific therapeutics, I feel bound to convey to you my appreciation of the transcendent powers of the unassuming, but invaluable, "Self-Restorer." * * * * * * * * * * * * You have solved the great problem of medicine and surgery. Yours is the enviable distinction of having at length given to the world a perfect remedy. In many classes of painful and dangerous disorders it produces results unattainable by any other treatment, but in diseases of the enfeebling character specially indicated by me, it is to speak with all moderation, uniformly, invariably, and completely successful. To say this is to do bare justice to you.

Yours very faithfully,
F. W. PESKETT, M.R.C.S., England.

To Dr. Bell, Registered.
175, Wardour Street, W.

It may be necessary to state that no such persons as the above have any right to the titles assumed, nor are their names to be found in the Medical Register.

To show that the evil of unqualified practice is not confined to London, I here append an extract from the "Manchester Courier," of September 14th, 1881, showing that in that city 15 so-called dispensaries were carried on, in the absence of the proprietors who lived at Stockport, by totally unqualified persons, several of whom were drunken characters, and one who had treated a fatal case had no medical education whatever, and only three weeks' previous experience in a druggist's shop.

From "Manchester Courier," September 24th, 1881.

UNQUALIFIED MEDICAL PRACTITIONERS.

At an inquest held yesterday by Mr. Sidney Smelt, deputy coroner for the city of Manchester, some extraordinary statements were made in evidence by Walter Carden, an assistant to Dr. Goddard, who has a dis-

pensary at 129, Collyhurst Street, and others in different parts of the city. A woman named Bridget Dawson, 52 years of age, of 2, Kay's Yard, Oldham Road, being taken ill, the man Carden was called in, and he prescribed for her. The woman died a few hours later, and at the inquest yesterday morning Carden said he was an assistant to Dr. Goddard, who lived at Stockport, and had five dispensaries. Witness had no qualification whatever as an apothecary, or as a medical man; and there were assistants at the other dispensaries who were all likewise unqualified. He prescribed for the deceased in the absence of his employer, giving her a medicine composed of muriatic acid and tincture of opium, and also some purgative pills. He did not send for Dr. Goddard, and the next morning when he called he found the woman was dead. He charged 6*d.* for the medicine and 6*d.* for the visit. Dr. Goddard had had as many as 15 places, and he had had several assistants who to witness's knowledge had been very drunken. Witness had been with him for 13 months, having come from Grimsby where he had been for two or three weeks in a druggist's shop. Previous to that he had been employed for several months by a manufacturing chemist. He had before that been apprenticed to a grocer and druggist at Spilsby. Dr. Goddard never lived at the place in Collyhurst Street, and witness commenced to practice immediately on his arrival there.—The coroner in summing up the case to the jury pointed out that there was very little doubt the woman had died from natural causes. He thought it a most scandalous thing that people like Dr. Goddard should practice in that manner. According to the witness, Goddard had had 14 or 15 places at which unqualified assistants were employed, some of them of drunken habits; and the witness himself confessed to being an unqualified man. He came to Manchester to practice after only three weeks' experience in a druggist's shop, and he pretended to visit people and prescribe for them in cases very often involving life or death. He should disallow the expenses of the witness. The jury made some strong animadversions on the case, and the coroner added that he was surprised any medical man should lend himself to such deception. A verdict of "Death from natural causes" was returned.

In a second case, where a woman named Whewell died of apoplexy, it was deposed that a chemist was called to the house and that he made a charge of 1*s.* 6*d.*, demanding payment before he would make the visit, asserting that he had been "done" frequently.

In the Midland Counties, too, as will be seen by the following extracts from a pamphlet by Dr. David Edgar Flinn, Medical Officer of Health, Brownhills Urban Sanitary Authority, unqualified practice is carried on to a large extent. Dr. Flinn says that:

"It cannot, I think, be denied that the number of unqualified medical practitioners, not only in the midlands, but throughout England, is very much on the increase, and is daily growing a matter of deep concern to the general body of the medical profession. No doubt they find that they can ply their illegal calling very profitably in such districts as the Black Country, the Potteries, and other large mining and manufacturing districts, where the great majority of the population are of the lower order, and recognise no distinction between the qualified and unqualified practitioner."

"In the district where I am medical officer of health I believe I am under the mark when I state that over one fourth of the deaths returned to me by the registrars are attended by unqualified medical men."

As the provisions of the Act of 1858 extend to all Her Majesty's dominions (see section 31), it may be well also to quote the following circular and correspondence between the Queensland Medical Board and the other colonial authorities on the subject of the prosecution of unregistered practitioners who are practising in open defiance of the law. It seems to be admitted by the colonial officials that it is desirable the public should be protected, but, as at home, the responsibility is shifted from one body to another.

Queensland Medical Board, Brisbane,
Sir, 10th February 1881.

I DO myself the honour to enclose herewith certain correspondence which has passed between the Government and the Medical Board, having reference to the prosecution of unregistered practitioners. On reference to the Attorney-General's letter you will find that the Board are considered to be the proper channel through which initiatory steps are to be taken; on learning this the Board at once communicated with the Colonial Secretary and asked for "funds" to enable them to carry out the Attorney-General's suggestion; these, however, were refused.

In the opinion of the Board it is most desirable that the public, as well as the profession, should be protected, and that unregistered persons practising in open defiance of the laws should be punished; but as the Government are disinclined to provide the necessary funds, the Board have determined to appeal to the profession throughout the colony to support them. It is thought that a subscription of 1*l.* 1*s.* per annum from each practitioner will prove sufficient to meet the expenses, your support to that extent is therefore now solicited.

I have, &c.
K. CANNAN,
To Dr. —— President, Medical Board.

[QUEENSLAND.]

SECRETARY, MEDICAL BOARD to SECRETARY, CROWN LAW OFFICES.

Sir, Brisbane, 3rd December 1881.

I DO myself the honour, by direction of the Medical Board, to enclose copies of the "Courier" and "Telegraph" newspapers, dated 29th November last, in both of which appears a professional notice, marked in blue pencil, to the effect that "Dr. —— has resumed practice, &c."

It is a notorious fact that the person who thus advertises himself in the public press is unregistered, and has been practising in this city for many years in open defiance of the laws.

The Board are of opinion that the public should be protected, and that it is their duty to bring the matter under the notice of the Attorney-General, in order that he may take such steps as may put a stop to such barefaced misrepresentation.

It is hardly necessary to point out how much mischief may be done by unqualified persons to those of the public who unsuspectingly employ them, deeming them to be duly qualified medical men.

The 20th section of the "Medical Act of 1867," seems to the Board to meet the present case. Any one reading the advertisement would certainly be led to believe that the advertiser was a medical practitioner.

I have, &c.
CHARLES C. HORROCKS,
John Keane, Esq., Secretary, Secretary.
Crown Law Offices.

SECRETARY, CROWN LAW OFFICES, to SECRETARY, MEDICAL BOARD.

Crown Law Offices, Brisbane,
Sir, 4th December 1880.

IN reply to your letter of the 3rd instant, I am desired by the Honourable the Attorney-General, to state that it is not for him to direct any action to be taken against the gentleman referred to for a breach of the 20th section of the "Medical Act of 1867." It is open to the Medical Board, if they think that the gentleman mentioned has committed a breach of the law, to institute proceedings against him through yourself or otherwise.

I have, &c.
JOHN KEANE,
Secretary, C. L. O.
The Secretary to the Medical Board,
Brisbane.

The SECRETARY, MEDICAL BOARD, to the UNDER COLONIAL SECRETARY.

Sir, Brisbane, 14th January 1881.

I HAVE the honour, by direction of the Medical Board, to forward copies of correspondence which has passed between the Board and the Hon. Attorney-General relative to an advertisement which appeared in the "Courier" and "Telegraph" newspapers, in which it is intimated that "Dr. —— has resumed practice, &c."

The Board are of opinion that it is their duty to put a stop to unregistered persons misleading the public by such misrepresentations, they therefore communicated with the Attorney-General and requested him to take the necessary action, who however informed the Board that proceedings must be instituted by themselves.

Under the circumstances the Board desire you to be good enough to place at their disposal a sum of money for contingencies, say 50*l.*, to enable them to prosecute persons who infringe the provisions of the "Medical Act of 1867."

I have, &c.,
CHARLES C. HORROCKS,
The Under Colonial Secretary. Secretary.

Mr. N. Hardy.

18 Oct. 1881.

The UNDER COLONIAL SECRETARY to SECRETARY, MEDICAL BOARD.

Colonial Secretary's Office, Brisbane,
SIR, 2nd February 1881.

IN reply to your letter of the 14th ultimo, I have the honour, by direction, to inform you that the Colonial Secretary is unable to comply with the request of the Medical Board that funds may be placed at their disposal for the purpose of defraying the cost of prosecutions for infringements of the provisions of the "Medical Act of 1867."

I have, &c.,
ROBERT GRAY,
Under Colonial Secretary.

The Secretary, Medical Board,
Brisbane.

A point of very great importance to the public, especially to the poorer and more ignorant portion of it, seems to have been altogether lost sight of, both by the successive Governments which, during and since 1870, have proposed the amendment of the Medical Acts, and by the Medical Council in its discussions on those proposed amendments contained in the Government Bills of 1878 and 1879.

In the fourth schedule of the Government Bill of 1870 (which formed the groundwork of subsequent ones) containing Acts which it was proposed to repeal was included the 55 Geo. III. c. 194, (known as the Apothecaries Act of 1815), sections 9 to 24, both inclusive. Now, the repeal of the 20th or penal clause of this Act without the enactment of any equivalent, which was what these Bills proposed, would undoubtedly have thrown open the practice of medicine to the 14,000 chemists who now keep shops in England and Wales. The exact position of the matter, and the importance of the point under consideration, will best be understood by a perusal of the following extracts from speeches by Mr. Day, Q.C., and Sir Henry James, in an action brought in the year 1878 to try the right of chemists under the present law to practise as apothecaries—in fact to treat diseases as if they were qualified medical men.

A condensed report of the case (Apothecaries Society *v.* Shepperley) will be found in the Appendix.

Mr. Day, Q.C., opened the case as follows:—

May it please your Lordship, gentlemen of the jury.—This is an action brought in point of form by the Apothecaries' Company to recover a penalty against the defendant, Mr. Shepperley, who is a chemist and druggist, carrying on his business at Nottingham; although really the action is brought not to recover a penalty, but to test the question of right whether persons carrying on the business of a chemist and druggist are entitled to practise medicine or to act as apothecaries in the manner and under the circumstances under which Mr. Shepperley undoubtedly did act, and with respect to which he claims the right to act.

Mr. Shepperley claims the right to practise in the treatment of what he terms simple complaints, and the question which will have to be determined, either here to-day or hereafter by the court, is whether a chemist and druggist is entitled to treat that which Mr. Shepperley here terms simple complaints, or is not entitled so to do. Now, gentlemen, this is a question which really will not raise, I think, many very serious questions for your determination, because it does occur to me that it is a question of law, a question of law arising upon the construction of the statute of 55 George III., chap. 194, and a question which has already been determined in two or three cases which have been before the court.

Now, gentlemen, I should tell you, and very shortly, for the purpose of making the argument on this subject understood, what the state of medical practice was prior to the passing of the Act, 55 George III., a statute passed if I remember rightly, in the year 1815. Prior to the year 1815 there were three sets of persons, if I may say so, who were connected, to use a general term, with the administration or dealing in drugs. First of all there was the College of Physicians. The College of Physicians tested the qualification of persons who sought the position of physicians by examination. Some were admitted as members of the College, and others were licensed to practise, and those persons devoted themselves to the treatment of disease, but they were prohibited, as you may remember, from administering their own medicines. A physician used to prescribe either by writing or word of mouth—in modern time certainly always by writing—and say what drugs should be given to the patient, but he did not himself provide the drugs; he did not deal in drugs, he made no profit by drugs. He simply ordered drugs to be administered, said what drugs should be administered and in what quantities, and those drugs had to be provided either by the apothecary or by the chemists and druggists to whom I will next refer.

But first of all I must explain what the apothecary was. The apothecary also was a person licensed by a corporate body. The Apothecaries' Society had long been in existence; it existed by charter, I think more than one charter; these charters were renewed, and the powers of apothecaries, and also their liabilities and duties, were enforced by the statute of 55 George III. That statute contained numerous provisions, to some few of which I shall have to call your attention. The apothecaries had long existed. The apothecary was originally no doubt a person very inferior, I am now using the word in no offensive sense, in point of training. In point of rank and social position he was inferior to the physician, and probably, if I may draw any inference from the name which he assumed of apothecary, he was originally a person who kept a drug shop, which was I daresay also as we find in many places also a grocer's shop, and he sold spices and things of that sort. He was the person to whom the prescription, if I may so say, of the physician would be sent. But after a while he assumed to do that which Mr. Shepperley now assumes to do, namely, to treat disease, and we find apothecaries from a very early period advising as to disease, and also supplying drugs, that is to say, acting very much in the same way in which Mr. Shepperley claims to act. An apothecary, as we know, is what is ordinarily termed a general practitioner. He sees the patient, examines him, ascertains what is the matter with him, and then himself provides the drug, making, if he sees fit, a profit on the drug supplied. He, therefore, if I may use the expression in no offensive sense, combines the profession of physician with the trade of drug seller. That was the apothecary before the statute and that is the apothecary now.

But after a while it was found by the State that it was absolutely necessary that persons claiming to practise medicine should pass some well ascertained qualification. Apothecaries were required to pass an examination; an Apothecaries' Society was constituted which was chartered by the Crown and subsequently regulated by Act of Parliament, and persons seeking to practise as apothecaries were subjected to a strict examination.

Now, gentlemen, when the apothecaries had, if I may so say, gathered themselves together and become liable to these restrictions which were imposed upon them, another class of men sprang up who claimed to do that which apothecaries had previously done, only without examination, and the chemists and druggists who supplied the drugs which the physician ordered, after a while assumed to occupy the position which the old apothecaries had formerly occupied, limiting themselves, as Mr. Shepperley now does, to the treatment of simple complaints, a word about which I shall have something to say by and by. But this being the state of things when the statute was passed in 1815 and when the mischief of allowing, I will not say unqualified in the sense of not possessing sufficient ability, because it may be that a person who has not passed any examination, who carries on the business of a chemist and druggist, may be better qualified to treat disease than another person—that is not the question; if I use the term qualified I am using it in the sense of a legal qualification. It was deemed desirable then that all persons who claimed to treat disease, who laid themselves out to treat disease for money, should be persons whose qualification had been ascertained by a recognised examination. Therefore it was that the Legislature thought fit in the year 1815 to impose penalties on all persons practising as apothecaries who had not subjected themselves to the examination of the Apothecaries' Society and received due licence to practise after such an examination.

Now we are not here to consider whether it is desirable to have free trade in physic as in anything else. That is not the question we have to determine. Some people may think it reasonable that the State should require that persons claiming to treat the poor and ignorant should have passed some sort of qualifying examination, that their merits should be ascertained not by the poor and ignorant who are unable to test them, but that they should be tested and ascertained by some recognised body. The Legislature took that view in

1815, and we are not here to consider whether the Legislature was right in doing so or not. It may be that there are persons who think it would be better that anybody should be at liberty to treat anybody else for any remuneration he may get. Those gentlemen are fully entitled to retain their own opinions, but we must adopt for the purposes of to-day the views of the Legislature as expressed in the statute, whether the Legislature was right or not in requiring those who treat others for reward to have a licence of some qualified body or not. We have now only to consider whether the spirit and the letter of the statute has been infringed, and if so my clients will be entitled to your verdict.

Now, gentlemen, what is an apothecary? Because this Act provides by section 20 that no person shall practise as an apothecary, and it is important that you should ascertain what an apothecary is. I have given you very briefly the substantial history of the origin and rise of the apothecary, and the subsequent development of chemists and druggists, but I find in a case, to which I will refer presently, a definition given of apothecary by a very learned judge in a case similiar to the present. It is a definition which, I am sure, will commend itself to you; it is exceedingly clear, and puts in a few words the idea which we all have of an apothecary. This is what that learned judge, Mr. Justice Cresswell, says, in the case of the Apothecaries' Company *v.* Lotinga, 2nd Moody and Robinson: "The sole question," says Justice Cresswell, "that I should put to the jury is this: "whether the defendant had practised as an apothe- "cary, for it is not pretended that he had obtained any "certificate to authorise him to do so. Now, I appre- "hend that an apothecary is a person that professes "to judge of internal disease by its symptoms, and "applies himself to cure that disease by medicines; "and if you think the defendant has in either of the "cases brought before you acted in that way, I recom- "mend you to find your verdict for the plaintiffs." You see the learned judge uses the expression "judge "of internal disease by its symptoms." He distinguishes it therefore from surgery, and I have carefully avoided referring to the College of Surgeons, because a surgeon is supposed to apply himself to the treatment of outward disease, whilst a physician or an apothecary deals with internal disease by its symptoms and apply themselves to cure that disease by medicine.

Now, gentlemen, this view has been adopted by Mr. Justice Field in a very recent case of the Society of Apothecaries *v.*, Wiggins, which was decided, I think, in the month of May 1878. The learned judge says:— "I have before me the definition of an apothecary as I "find it laid down by those who have gone before me. "I should tell you that the duty of an apothecary is that "he is a person who professes to judge of internal dis- "ease, but internal here merely means as distinguished "from surgical, it is not intended to mean one particular "part of the body, to distinguish ailments such as "fevers; it would be difficult to find one word which "expresses it all, but you know the meaning of that, "'to judge of internal disease by its symptoms, and "'applies himself to cure the disease by medicine.'" He then refers to that being the definition laid down by a very learned judge, Mr. Justice Cresswell, in a case he left to the jury, as far back as 1845, and says, "I "adopt that and tell you that is the law. I take his "language, adopt that language, and tell you that a "person practises as an apothecary, if he does what "Mr. Justice Cresswell here says: 'If he professes to "'judge of internal disease by its symptoms, and applies "'himself to cure the disease by medicines.' I should "ask you to keep that definition in your minds when I "come to read you the evidence, and to see whether "or not what the defendant did here falls within that. "Then I find another definition some years before, in "which the learned Lord Chief Justice of the Queen's "Bench of that day was of opinion that a man who kept "no shop, but advised patients, and made up and sold "to them medicines which he himself ordered, did act "as an apothecary in the ordinary sense of the term, and "that it made no difference if he prescribed as well as "prepared the medicines; he was still acting as an "apothecary."

Now, having thus explained to you after reading the words of that learned judge, what an apothecary is, it may be as well just to consider two or three other sections of the Act with a view to ascertain the meaning of a section which will be relied on on behalf of the defendant. I find by section 5 of this statute it is recited, "Whereas it is the duty of every "person using or exercising the art and mystery of an "apothecary to prepare with exactness, and to dispense "such medicines as may be directed for the sick, by any "physician lawfully licensed to practice physic by the "president and commonalty of the Faculty of Physic, in "London, or by either of the two universities of Oxford "and Cambridge." That supports the view I was suggesting to you before, that the apothecary historically was nothing more than a man who kept his shop, as you would gather from his name; a person who kept a warehouse or shop where drugs were kept and stored for his use, and dispenses in accordance with the prescription of the physician. But he developed himself at last into practising on his own account, just as the chemist and druggist now seeks to develop himself. These apothecaries were chartered, and the statute of 1815 merely confirms the ancient charters which gave them certain privileges, required a certain examination, and prevented other persons practising in the same way. Then the Act recites that all apothecaries were bound to supply physicians' prescriptions. No doubt when the apothecary developed himself into a full-fledged practitioner, when he kept his carriage, or perhaps a carriage and pair, and drove about and saw people of position in the world, and associated on a footing of equality with what I may call the best people of the town, he would feel it rather a grievance to have brought to him, by a boy, a dirty piece of paper, with instructions to put together some rhubarb and magnesia, and supply it to somebody whom a physician desired him to supply it to. No doubt the apothecaries got to feel themselves quite independent of the physician, and became persons who only supplied medicines to their own patients. Many apothecaries did not keep open shops, but had their surgeries where they dispensed their goods; but every person who was a member of the Apothecaries' Society, practising as an apothecary, was bound, as the Act provides, to compound medicines, and dispense medicines in the sense of providing medicines required at the bidding of any physician. Now you will see what the true meaning of the 28th section is hereafter.

The defendant, Mr. Shepperley, says, I am entitled to deal with simple cases, because prior to the year 1815, other chemists and druggists used to deal with simple cases; and the statute says, I may do whatever was done before 1815. Let us see what foundation there is for that contention. The 28th section on which they rely is in these terms. "Provided always, and be it "further enacted, and nothing in this Act contained "shall extend, or be construed to extend to prejudice, "or in any way to affect the trade or business of a "chemist and druggist, in the buying, preparing, com- "pounding, dispensing and vending drugs, medicines, "and medicinable compounds, wholesale and retail; but "all persons using or exercising the said trade or busi- "ness, or who shall or may hereafter use or exercise the "same, shall and may use, exercise, and carry on the "same trade or business in such manner, and as fully "and amply to all intents and purposes, as the same "trade or business was used, exercised, or carried on by "chemists and druggists before the passing of this Act." Therefore it is said a chemist and druggist is now entitled since the Act to carry on his business as a chemist and druggist, as fully as he did before the passing of the Act; but it is the business of a chemist and druggist in particular ways, not generally. It is not that a chemist and druggist may do since the Act whatever he did before; that a chemist and druggist may carry on his business pure and simple since the Act as he did before; but it is limited strictly to the buying, preparing, compounding, dispensing, and vending drugs; things, gentlemen, which are prohibited by the 20th section, because the 20th section provided that a penalty should be incurred by practising as an apothecary or acting as an assistant to any apothecary, in compounding and dispensing medicines. Therefore the Act provided that if any person, except such as were then practising, should after the passing of the Act practise as an apothecary, he should for such an offence pay the sum of 20*l.*; and if any person, except his apprentice, should assist in compounding and dispensing medicines without having obtained such certificate, he shall for such offence forfeit and pay the sum of 5*l.*; but section 28 says he may still buy, sell, compound, and dispense, I think, drugs as fully as he did before. So he may. We do not question the right of the druggist to buy drugs, to sell drugs, to dispense drugs, to compound drugs. That is not the question. But what we do question is his right to prescribe drugs, to ascertain a particular disease by the examining of symptoms, and to advise medicines to be taken to cure

Mr. N. Hardy.

18 Oct. 1881.

such particular disease, because that is practising as an apothecary.

Now the 5th section of the Act provided, as I told you, that any person using and exercising the mystery of an apothecary who shall refuse to mix, compound, prepare, give, apply, or administer to any person any prescription of a physician would also incur a penalty. That, it was deemed might interfere with the business of a druggist, but section 28 says he may still compound drugs just as he did before. The only restriction is on his acting as a practitioner; that is advising in diseases, ascertaining internal disease by the examination of symptoms and advising drugs to be taken in consequence. Therefore reading these sections together, sections 5, 20, and 28, it is quite clear what was intended. A chemist and druggist may carry on the business of a chemist and druggist as distinguished from an apothecary's business, that is to say, as distinguished from advising and prescribing drugs, as fully as he did before, but he must not himself act as an apothecary; that is to say, ascertain the presence of internal disease by symptoms, or prescribe medicines for the treatment of such internal disease.

Now I want to say one word on another portion of this case; that is, where this gentleman claims the right to prescribe for what he terms simple diseases. In one case to which I shall call attention, as it will be a matter of form more than anything else to put before you two or three cases, because Mr. Shepperley claims the right to treat disease, and we are here not so much to recover a penalty as to try the general question of a right to practise for what they term simple complaints. I shall be prepared to show you with reference to these simple complaints, if I may so say, that they are as much within the meaning of the statute as any other complaints. A simple complaint is a term probably not well understood in the higher walks of the medical profession. Many diseases begin by a sore throat; it is a common form at the commencement of some of our worst diseases. I need not state them to you; they are innumerable, as you will be told, if need be, by doctors. There is no such thing as a simple internal complaint. A man may have a very small pain in his stomach, and it may be the beginning of inflammation of the intestines; he may have a very small pain anywhere. Some of the most serious diseases begin with very small pains, and require to be dealt with instantly. Therefore it is that there are no such things understood in medicine as simple complaints as Mr. Shepperley says. We are not dealing with surgical cases, cut fingers, and the like, the extent of which we can see and ascertain, but of internal disease, the existence and character of which is to be ascertained by its symptoms. It is idle to talk of simple complaints. Much mischief is done by neglecting persons who have simple complaints, or what they term simple complaints, which are very often truly serious, though they began with small symptoms, and if they had been dealt with in the first instance serious complaints would not have arisen; but the neglect of a disease in the early stage, or defective diagnosis, may lead to a fatal result. It is true that in this case Mr. Death was not suffering much. He was employed by the Apothecaries' Society to ascertain the extent to which Mr. Shepperley was practising, because he had not then acknowledged that he prescribed, prescribes still, and intends to prescribe, as he has now, defending the action with a view to defend that right. Therefore we have nothing really to do with the circumstances under which Mr. Death was treated. I only give you the sore throat which Mr. Death was suffering from at the time, and with respect to which Mr. Shepperley treated him, as an illustration of the folly of talking about slight or trifling complaints. It will be for you to say, when you have heard the little evidence that will be given on one side and the other, and the direction of my Lord, whether the defendant has or has not brought himself within the terms of this statute, within the letter of the statute and the spirit of the statute. My Lord will direct you on the subject on all questions of law that arise. I have no doubt we shall have, because I am told they are going to produce, an ancient apothecary, or an old chemist and druggist, or somebody who practised before 1815, and he will say that all and every chemist and druggist used to practice on anybody they could get who paid them. I readily believe it. I do not question for a moment that chemists and druggists then, as now, did what everybody else would do, make the best of their business, and extend it as far and as widely as possible, and as long as they were not interfering with the practice of apothecaries they may do so; but the Legislature says if they wish to practise let them pass the examination of the Apothecaries' Society. They are quite at liberty to go in and pass the examination, and then they can practise. But, no, they prefer to practise without examination; perhaps they deem it would be inconvenient to go in for an examination, and that is just what the Legislature wished to prevent—to prevent persons practising on the poor and ignorant who were not physicians, or had not passed the needful examination— it might be a needful examination of the Apothecaries' Society.

Before quoting from Sir Henry James' speech it may be as well to state that the claim which he makes on behalf of the chemists and druggists does not in the opinion of their leading organ, the "Pharmaceutical Journal," go far enough, since they claim in virtue of usage prior to the Apothecaries Act of 1815 the right to act as an apothecary in prescribing medicine for bodily ailments.

Sir Henry James: May it please your Lordship, gentlemen of the jury. I might submit to your Lordship that there is no case to go to the jury, but I do not purpose taking this course. Gentlemen, I have a difficulty, I must confess, in placing the complete answer to this case before you, because it is partly, it seems to me, a matter of law and partly a matter of fact very much mingled together, and much that I should have to address to my Lord, I am unwilling of course to address to you. I have on the other hand matters of fact to state to you which I submit to the learned judge must be determined by you alone. But I will endeavour to separate these two matters, the questions of law and the questions of fact, as much as I can, and as far as these are questions of fact, I will now invite you to arrive at certain conclusions which certainly according to my view will give the defendant the verdict in this case.

Now, gentlemen, in the first instance, this is a proceeding upon a penal statute. I am not as my learned friend suggested supporting any case on the part of my client by way of an evasion of that statute. As far as I can judge of this statute it was a wise and proper statute to be passed, not so much for the protection of apothecaries, but for the protection of the public principally, and even if it were not a wise and beneficial statute it would be unbecoming in me as the advocate for the defendant, for one moment to suggest that that statute should not be carried out. It is on the statute book, and, of course, the law is to be obeyed; but I thought it right to say this, which I am sure the learned judge will justify me in saying, that being a penal statute the evidence from which the penalty springs must be clearly and distinctly proved. Before, therefore, the defendant can be convicted (which is the proper term to apply) of the charge which is made against him of having broken this statute you must be satisfied that he has clearly infringed the provisions which the Legislature has imposed. Now, let us see if that is so. You have to find under the section which is relied on, first, that the defendant comes within the provisions of the penal section of this Act, viz., the 20th, and you have also to find that he does not come within the protection of the 28th section, which comes by way of proviso upon the 20th.

Gentlemen, I will now submit to you two answers to this attempted conviction of the defendant, first, that he has not infringed the penal clause at all, and secondly, that if he has infringed the 20th clause, if it stood alone he is protected by the proviso of the 28th; and I think I shall establish both those propositions to your entire satisfaction.

Now, gentlemen, let me remind you, for the words will pass from your memory, that under the 20th section the offence that he, the defendant, must be found to have committed before he is convicted is that he has practised as an apothecary without having obtained such a certificate, and that if he does practice as an apothecary he shall be liable to a penalty of 20*l*.

Now, gentlemen, I come upon that doubtful ground which I spoke of just now, where the questions of law and fact become mixed up together, and perhaps I may if my Lord will permit me to do so, to some extent address both him and you at the same time in what I am about to say as to the definition of the words, "practice as an apothecary." I am asking you to find that there has been no proof in this case that the defendant practised as an apothecary, and I agree with my learned friend that before you can come to a conclusion under the direction of the learned judge as to what constitutes the practising as an apothecary you

should look to find what apothecaries were at the time of the passing of this Act, in the year 1815. Now, gentlemen, I have been bothered very much from my learned friend's view of the proposition, not so much as to the practice of an apothecary, for I think that you and I will, probably, and I hope he also, be agreed on this, that his definition was not quite complete, at least in matter of detail. Apothecaries, I fancy he is right in saying, were at one time mere sellers of wares; that they culled their remedies from the fields; that they then sold them in shops, and they would be found to be classed with druggists or grocers, and we know they oftentimes were mentioned together, both being sellers of commodities of somewhat the same character; not the same, but somewhat the same. Time passed on, and there came to them a recognised status and position; and about the time of the charter of James I. they had certain privileges given to them, and they, probably, from time to time, began to be merged into the practice of a profession, rather than remaining as the mere sellers of drugs. They were distinct, no doubt, from the surgeon, who, in early times was more approximate to the barber, as we hear from time to time of barber-surgeons who dealt with wounds and ailments that were apparent to the eye. We cannot fix the exact time, but I think they did from a period, either within the reign of James I. or shortly afterwards, commence a profession distinct and entirely distinct from the mere selling of drugs in a shop; and we know this, that as time went on they did what they do now, they became the attendants on persons who were suffering from what one judge called not quite accurately "internal diseases." They became attendants on persons suffering from all diseases that did not require actual surgical treatment. They attended at the houses of patients, of course, and attended them at the severest moments of illness. They attended persons suffering from such diseases as fever, infectious and contagious diseases, and they attended persons in consumption, and persons suffering from any fatal disease; but they had to attend them not as mere sellers of wares, not as mere persons saying, "I have come to give you so much medicine to take," but they attended them so as to give them general advice as to the course which was to be taken in relation to their illness. For instance, the advice of an apothecary may be "Do not take any medicine at all." Perhaps, gentlemen, if they gave that advice oftener than they do it would be very good advice indeed. It may be their advice would be, "Seek fresh air, alter your diet, take another course of living, leave off this habit of smoking," or what not. "I give you this general advice; I am selling you no ware or drug, but telling you what you ought to do." Or it may be that he would find it was some mental ailment which nothing in the shape of medicine could cure, something which only the advice of a man of the world, apart from much medical skill, would be able to assist in removing. These were the duties of the apothecary as distinguished from the duty of a physician in this respect, that the physician did not up to a certain time certainly do more than prescribe the medicine; he did not furnish it; whilst the apothecary with his advice to the patient, given at the patient's own home, keeping himself, it may be, no shop for the purpose of carrying on his profession, did make up the medicine which he himself ordered the patient to take. Gentlemen, there was another incident too attaching to his duty, and here I think I may quote a case to my Lord, if it will be necessary so to do. I say that he did not charge for the medicine he supplied unless he liked. I can give my Lord the authority if he wishes it, to show that the apothecary was entitled to charge for his attendance; he could do just as he thought proper. He could say, I will charge for my attendance, that is, I have come twenty miles, it might be on a journey into some rural district to see you—I charge you nothing for that—I have only supplied you with medicine, which would not be worth half-a-crown, I charge you the attendance, but I charge you nothing for medicine. That is all he does. That it has been decided, an apothecary would be entitled to do. Now, gentlemen, there was another duty the apothecary had to perform. Very often of course, he had to make up the prescription of a physician. The physician first prescribed in writing that which he deemed the proper medical remedy for a patient to take. The patient would go with the written prescription to the apothecary, and the apothecary would make it up. There at once you come to that which is a part of the druggist's business to this day. And now I will call my Lord's attention, if he will allow me, to the question whether practising as an apothecary under the 20th section means that any person who does any part of that which was an apothecary's, I can hardly say duty, but that which was an apothecary's practice before the Act of 1815 means that the person so doing is to be convicted.

Mr. Baron Pollock: No: I think that is quite clear.

Sir Henry James: If that were so, every chemist and druggist must be convicted, because he clearly to this day makes up the prescriptions of physicians, and nobody complains of that. Mr. Death would not complain of that, and I daresay Mr. Hatherley would not complain of that, but that was what an apothecary did, therefore it cannot mean that it is an isolated portion of that which was the practice of an apothecary which will justify a conviction in this action. It must be that it is the substantially, the general practising as an apothecary, that is, the holding himself out as an apothecary, and as being such to any person who chooses to apply to him for medical advice. Gentlemen, I of course have no right to press my definition upon you too confidently, but it is this. Of course, as I have said, it is entirely for the learned judge to direct you upon, but I am asking you, consistently with every one of the cases which have been decided on this matter, as I think the learned judge will tell you, to say that under this 20th section you must do more than find the druggist has done any act which an apothecary would do. You must find that he has generally, in the ordinary sense of the word, held himself out as an apothecary to those who chose to seek advice. I have given you as an example a reason, and I hope you will allow me to repeat it, that inasmuch as the making up of drugs from the physician's prescription was always the act of an apothecary before 1815, and inasmuch as chemists and druggists are without doubt allowed to do that now, whilst they are doing therefore an act which was the practice of an apothecary before 1815, they cannot be convicted for it. And why? Because that is a thing which, whilst it was the duty of an apothecary, does not amount to a practising as such, which are the words of the statute.

Now, I have to call your attention to the facts of the case in relation to this 20th section, and to submit to you that the facts of this case do not bring Mr. Shepperley within its terms, and also with regard to the exemption in the 28th section, which will protect Mr. Shepperley and every chemist and druggist in this country from any penalty, if the course which has been pursued comes within the terms of the 20th section. My friend did read it, but let me remind you that that section was inserted for the purpose of allowing chemists and druggists to do as they had done before, and the section is very clear. My friend divided it into halves, and seemed to think that the first half was all that affected the question. With submission to him, I think both halves must equally apply. It says:—"All persons "using or exercising the said trade or business, or who "shall or may hereafter use or exercise the same, shall "and may use, exercise, and carry on the same trade or "business in such manner, and as fully and amply to "all intents and purposes, as the same trade or business "was used, exercised, or carried on by chemists and "druggists before the passing of this Act." It, therefore, becomes a question of fact, if chemists or druggists carried on the business, whether it was in the dispensing of medicine, as it says in the first part of the clause, or or whether it was generally as chemists and druggists, I say is immaterial. But however chemists and druggists carried on their business before 1815, they are entitled to carry it on after the passing of this Act, and therefore at the present time. Now, gentlemen, that is a question of fact. If my Lord will allow me to call his attention, partly in consequence of what fell from my friend Mr. Day, and partly affirmatively, I wish to do so, to the course taken by Mr. Justice Field in a previous case, and probably the view that learned judge took then will meet with his acquiescence, and I should not dissent from it. This case is the one probably which my friend, Mr. Day, had in his mind when he said this case had been previously determined. To that view I dissent as much as I could dissent to anything he could possibly say. In that case the chemist had attended three young children with most serious complaints; they all three died, and substantially died under his treatment; and, therefore, the cases are quite different. There Mr. Justice Field put this question. He said, "The second question is whether the com-"plaints under which the children were suffering, "were complaints of a character which it had been the "common practice to treat in the trade or business of "a chemist and druggist before 1815." Then, my Lord, the jury it seems found in terms, "My Lord, we "find that the defendant acted as an apothecary in

Mr. N. Hardy.

18 Oct. 1881.

" taking cases that were dangerous." That was the question that the learned judge put. Now, my Lord, you will see how that happened. Witnesses were called then to establish what was the practice of chemists and druggists before 1815, and their evidence was as matter of fact clearly and distinctly that chemists and druggists, of course, without running the risk of attending persons or giving medicines to persons who had serious illnesses, gave them medicine in cases of minor illness like sore throat, cold, or aught else. Then that being the evidence on the part of the defendant, the learned judge, if I may say with submission, most properly said, " Do you think these three cases of young children " suffering from convulsions, pneumonia, and scarlet " fever were minor diseases? Were they not serious " cases?" In fact they all three died. Therefore of course it was established that the diseases were serious, and leaving that to the jury you see that the jury found that it was acting as an apothecary, because the diseases were serious. I think that view is the view that I should wish to present to you. Now you have to find in this case before you convict, that Mr. Shepperley has attended persons with serious diseases. Of course in order to show to you what chemists and druggists did before the year 1815, I must call witnesses before you. In some of the cases which probably are in the mind of the learned judge, no evidence was called at all, but you see we have now these prosecutions following one another very quickly, established by means of these detective gentlemen. 1815 is a long time ago; sixty-three years have passed, and of course it is difficult to bring oral evidence before you of what was the practice before 1815. And these gentlemen know that year by year it will become more difficult, and the time will come in the course of nature when no living witness can be called to speak of what chemists and druggists did before 1815, and then, no doubt, we shall have more actions such as this, because they know this proviso cannot be utilised to protect chemists and druggists. But fortunately, gentlemen, time has spared some of these chemists and druggists who did practise before 1815. I will call several such elderly gentlemen before you—they must be old—and they will tell you that which the evidence given in Wiggins's case and in other cases showed, that in regard to minor diseases the universal habit of chemists and druggists was to do that which necessity demanded—I will not say charity required, but which necessity demanded—and that was to exercise discretion. There can be no evidence given to the contrary; there never has been, and there never will be. I fancy these gentlemen's evidence will be deemed by you to be true. They are persons whose testimony cannot be doubted, that in minor cases of disease, chemists and druggists did prescribe over the counter—it was called counter prescribing or counter dispensing, or counter practice—that they did before 1815 pursue that course, not in dangerous diseases where great skill was required, but that in common ordinary affairs of every day and every hour of a man's life, they did exercise that discretion, and to permit that to be continued to be done the Legislature in its discretion in 1815 inserted this proviso and allowed that course to be pursued. I will undertake now to call before you several witnesses, gentlemen of undoubted respectability and veracity, who will tell you what was the practice of that comparatively remote time before 1815. I will then show to you that now and then these things were done which these gentlemen, with the aid of their detective policeman, knowing that this testimony is rapidly passing away, are anxious to shut out by preventing effect being given to this proviso, in order that they may put this money into their pockets at the expense, not only of chemists and druggists, but of the persons whom they wish to bring into their own surgery. Gentlemen, the fact is they desire to convert an ordinary customer who purchases in a simple case a box of medicine which will cure him into a patient upon whom they may practise with far greater expense to the patient, without one atom of corresponding benefit to him. That is all I have to say to you with relation to the issues to be placed before you.

I submit below a proposed penal clause which if inserted in any Medical Act which may be passed as the result of the present investigation, would it is believed provide an effectual remedy against illegal medical practice.

Unregistered Persons.

26. If a person who is not for the time being registered in the Medical Register—

(1.) Takes or uses the designation of any medical diploma which entitles a person to be so registered (including any recognised medical diploma granted in a British possession or foreign country) or the designation of licentiate in or professor of medicine and surgery, or a branch of medicine or surgery, or any designation or description used to distinguish registered practitioners of medicine or surgery, or a branch of medicine or surgery, or any designation or description implying that he has obtained a qualifying certificate under this Act or is registered or entitled to be registered on the Medical Register; or

(2.) Where he practises for gain, or professes to practise or publishes his name as practising medicine or surgery, or a branch of medicine or surgery, or is engaged for gain or professes to be engaged or publishes his name as being engaged in the cure or treatment of diseases or injuries, takes or uses the designation of physician, surgeon, apothecary, or doctor, or of any medical diploma, or any designation or description used to distinguish registered practitioners of medicine or surgery, or of a branch of medicine or surgery or any medical or surgical designation or description implying that he is qualified to practise medicine or surgery or a branch of medicine or surgery; or

(3.) If for gain he attaches to his residence or place of business or otherwise uses such descriptions as provident dispensary, dispensary, medical or surgical dispensary or medical and surgical dispensary, consulting dispensary, medical hall, or any other medical or surgical description, such person shall for every such offence be liable on summary conviction to a fine not exceeding 20*l*.

Provided that a person shall not be liable to such fine—

(a.) If he shows that he is not ordinarily resident in the United Kingdom, and holds a medical diploma which entitles him to practise in a British possession or foreign country, and did not represent himself to be registered in the Medical Register; or

(b.) If he shows that he has been registered and continues to be entitled to be registered in the Medical Register, but that his name has been erased therefrom on the ground that he has ceased to practise.

(4.) If a person takes or uses the designation of any unregistrable medical or surgical diploma or of a diploma he does not possess, he shall for every such offence be liable on summary conviction to a fine not exceeding 20*l*.

(5.) If a person, for the purpose of effecting the registration of the cause of death of any deceased person, makes, fills up, or signs any certificate of the cause of such death, unless he personally attended such person up to the time of such death, and is duly registered in the Medical Register, he shall upon summary conviction for every such offence pay a fine not exceeding 20*l*.

(6.) In lieu of the penal clause of the Apothecaries Act of 1815, by this Act repealed, it is enacted: Any person not registered under this Act who for gain engages in the medical treatment of diseases shall for each offence be liable on summary conviction to a fine not exceeding 20*l*.

This section shall not interfere with the rights, privileges, or titles conferred on persons by registration under the Dentists Act of 1878,* nor with the rights, privileges, or titles conferred on persons by registration under the Pharmacy Act of 1852, or the Pharmacy Act of 1868.

It shall be no offence under this section for a person registered under this Act in both medicine and surgery, to prefix to his name the word " Doctor," but such person shall not use as an affix any other medical or surgical description than that belonging exclusively to his registered qualification or qualifications. And any person so offending shall for every such offence be liable on summary conviction to a fine not exceeding 20*l*.

Medical Council.

No better proof could be given of the defects in the constitution of the Medical Council than the fact that in the opinion of the entire profession it has proved an

---

* 41 & 42 Vict. c. 33.

utter failure. The want of representatives of the general body of practitioners of medicine and surgery on it, was pointed out as one cause of this failure, so long ago as the year 1870, in the Birmingham memorial, which was signed by 10,000 medical men, and it was declared so lately as last year by a conference representing all the bodies interested in promoting medical reform that no scheme of reform can be accepted by the profession which does not provide for its direct representation on the Medical Council.

Another source of weakness is the presence on it of representatives of such bodies as the Apothecaries' Society of London, the Apothecaries Hall of Ireland, and the Faculty of Physicians and Surgeons, Glasgow, all of whom could well be spared. Indeed, the principle of putting into the hands of representatives of effete institutions the power of stopping necessary reforms is an unwise one, and if what a late member of the Medical Council significantly called the "*battle of the shops*" is not to be renewed in that assembly, it will be necessary to counterbalance the votes of the licensing "shops" by an equal number of Crown representatives and direct representatives of the profession.

If, as seems likely, the establishment of conjoint boards should render necessary an enlargement of the powers of the Council there will be all the more need for a previous amendment of its constitution.

The members of the Medical Council have several times stated before the Select Committee of the House of Commons and elsewhere, that the sole duty assigned to them by Act of Parliament is to see medical education, examination, and registration carried out, and that as at present constituted they cannot go beyond this, nor do they desire to do so, nor to become in any shape or form a medical parliament.

Yet they have in the years 1878 and 1879 spent 21 days at a cost of over 4,000*l.* in fees to themselves, in discussing the Medical Bills before Parliament, for which duty certainly (if it be their duty) no provision was made in their Act; and the value of their discussions on this subject may be estimated by remembering that they either did not discover, or, at any rate, did not discuss, the effect of the repeal of the 20th clause of the Apothecaries' Act above referred to.

This same Council considers that it is not its function to prosecute offenders against the penal clauses of the Act, which, however, provide that it shall receive any penalty that may be recovered.

There cannot be a doubt that a truly representative Council, representative that is of the profession instead of the medical bodies, would take a different view.

Results of the Medical Act, 1858.

(A.) The creation at great expense to the profession of a Medical Council which, after 20 years' experience, is found to be powerless for any good.

(B.) Fixing a new tax (for registration) on those entering the profession without conferring any new privilege upon them.

(C.) Entire failure to carry out the professed object of the Act of 1858 as stated in its preamble, viz., to enable persons requiring medical aid to distinguish qualified from unqualified practitioners, this being as difficult now as before 1858; or the object named in its title, An Act to regulate the qualifications of practitioners in medicine and surgery.

(D.) Three Amendment Acts passed by the Legislature enabling as many English licensing bodies to take part in a conjoint board examination, which yet seems at the present time as far off as ever.

(E.) Delay in making the most urgently needed reforms in courses of education and examination, as in the case of the College of Surgeons of England and the University of Oxford, on the plea that the conjoint board was about to be established.

(F.) Agitation in the profession ever since 1858, likely to be continued until direct representation is granted.

It seems important to a right understanding of the present position of the whole subject that its past history should be a little referred to. Medical practitioners in this country were down to the time of Henry VIII. M.D.'s either of Oxford or Cambridge, or of some foreign university, those of Italy having considerable celebrity. Quackery abounding, and it being seen to be necessary to afford some protection to the public, the College of Physicians was established for purposes of medical education and examination, but soon becoming little better than a club for Oxford and Cambridge medical graduates, the apothecaries, who were originally merely chemists, became *de facto* the general practitioners of the nation, and at the beginning of the present century became also by the Act of 1815, *de jure* medical practitioners. It is not a little remarkable that this Act is now the only effective barrier against unqualified medical practice in England, and that if it were repealed, as has been proposed in most of the medical Bills presented to Parliament, without the re-enactment of its penal clause in some form, 14,000 chemists would at once become medical practitioners in the irregular way that the apothecaries did.

The College of Physicians has certainly failed to supply the country with a sufficient number of practitioners. The College of Surgeons' and Apothecaries' diplomas have never been more than half-diplomas, and the Medical Council has done nothing to remedy all this. The history of the past shows that the State ought not to trust to any or all of these bodies, as at present constituted, the examination or control of the future medical practitioner.

Appendix to Mr. Nelson Hardy's Evidence.

The Society of Apothecaries *v.* SheppERLEY.

This case was tried on Thursday, November 7, 1878, before Mr. Baron Pollock and a special jury.

Mr. Day, Q.C., Mr. Morgan Howard, Q.C., and Mr. Stanger appeared for the plaintiffs, Sir Henry James, Q.C., and Mr. Higgins for the defendant.

This was in form an action brought against a chemist and druggist to recover the penalty imposed by the 20th section of the Apothecaries Act 1815 for acting as an apothecary. In reality it was a test case (so far as the plaintiff Society was concerned) to try the right of a chemist and druggist to prescribe for customers coming to his shop, in simple cases, commonly known as "counter practice." The result of the case was unfortunate, inasmuch as the facts presented to the jury did not show with sufficient clearness whether the defendant treated the cases medically, *i.e.*, whether he formed opinions on the case and gave advice and medicine, or whether he merely sold medicines after some conversation with his customers incidental to the sale of his drugs. The principal undisputed facts of the case were as follows:—Mr. Death came to the defendant's shop and asked for something for a sore throat, the defendant looked at Mr. Death's throat, and said he did not see much amiss, and then sold him some medicine; the evidence was conflicting as to whether the defendant asked to look at Death's throat or whether Death showed him his throat without being asked. The plaintiff Society contended that the defendant by his mode of dealing with Death "acted or practised as an apothecary" within the meaning of the 20th section of the Apothecaries Act, 1815, "if any person . . . . shall after "the said 1st August 1815, act or practise as an apothe-"cary, . . . without having obtained such certificate "as aforesaid, every person so offending shall for every "such offence forfeit and pay the sum of 20*l.*"

The defendant contended, 1st, that he did not so act; 2ndly, that he was protected by the provisions of the 28th section of the same Act. "Provided always, and be it "further enacted and nothing in this Act contained "shall extend or be construed to extend to prejudice, or "in any way to affect the trade or business of a chemist "and druggist, in the buying, preparing, compounding, "dispensing and vending drugs, medicines, and medi-"cinable compounds, wholesale and retail; but all "persons using or exercising the said trade or business, "or who shall or may hereafter use or exercise the "same, shall and may use, exercise, and carry on the "same trade or business in such manner and as fully "and amply to all intents and purposes, as the same "trade or business was used, exercised, or carried on "by chemists and druggists before the passing of this "Act."

With reference to this 28th section the construction suggested by the defendant's counsel was that it provided that chemists and druggists since the Act might carry on the trade of a chemist and druggist to all intents and purposes as the trade was carried on before this Act, *i.e.*, before 1815. The learned Baron, however, ruled that "trade or business" in the latter part of the section meant the trade or business of a chemist and druggist *in the buying, preparing, compounding, dispensing, and vending drugs, &c.*

Mr. N. Hardy.

18 Oct. 1881.

Witnesses, as will be seen below, were called to prove the practice of chemists and druggists before 1815, in their trade or business in dispensing and vending drugs.

This evidence did not turn out to be very material, inasmuch as the witnesses simply gave evidence respecting the general practice of chemists and druggists before 1815, and were incapable of drawing a distinction between such general practice and their practice in relation to "the buying, preparing, com- " pounding, dispensing, and vending drugs." The learned Baron said this evidence reminded him of a case where a number of plumbers were called to give their opinion on the construction of the Waterworks Act.

The evidence is interesting only as tending to show what would be the effect of the repeal of the 20th section, with reference to medical practice by the chemists and druggists of to-day. They already, as will be seen, claim to practise over the counter in the same way as, it can be proved, chemists and druggists did practise prior to 1815, and in the event of the repeal of this section, the only legal obstacle to their practising as apothecaries in the fullest manner would be swept away.

Mr. Day, Q.C., opened the case (*his speech is given in Mr. Nelson Hardy's statement*):

Thomas Jolly Death (who was employed to procure evidence against the defendant) proved that he went into the shop of the defendant, a chemist and druggist at Nottingham, and complained to the defendant of his throat, of a difficulty in breathing, and tightness of the chest, more particularly the left side, the left lung, and sleeplessness; the defendant told him to face the light; the defendant came from behind the counter and told him to open his mouth; he did so, and the defendant looked at his throat and said, "I do not see much amiss with you." With respect to witness's chest the defendant said, "Is there a tightness there" indicating the spot; the defendant did not examine his chest at all. The defendant gave the witness a bottle of medicine, for which he charged one shilling, and said, "You will find " that will do you good. Come again in a few days " when you have used it." The defendant told him to leave off smoking for a few days. With respect to another man, Hubbard (who, being in America, could not be called as a witness), the defendant when under examination in a later part of the case admitted that this man came to his shop, having pimples on his face, he gave the defendant a long history of his having been under a club doctor in whose drugs he had little faith. The defendant told him he did not give advice, but that if he could tell him what he had been taking, he would endeavour to give him something like it. Ultimately, after some further conversation with Hubbard, with a view to ascertain what medicine he had been taking, the defendant gave him some medicine for which he charged about a shilling.

This was the plaintiff's case.

Sir Henry James, Q.C., opened the defendant's case (*the principal part of his speech is given in Mr. Nelson Hardy's statement*).

The evidence of the witnesses called to prove the practice of chemists and druggists in dispensing and vending drugs before 1815 is given below.

Mr. Francis Cupiss sworn. Examined by Mr. Higgins.

Do you reside at Diss, in Norfolk?—Yes.

I think you are 80 years of age?—Yes.

In 1814 did you go to Mr. Woolrych, a chemist and druggist?—Yes.

Where was that?—At Uttoxeter.

Where you bound to him for four years?—Yes, for four years.

Did you go down to Diss in the year 1823?—In 1823 on the 1st November I took possession of a drug business there.

Did you continue in business there until the end of the year 1876?—Yes, until the year 1874, which was fifty one years and two months. I left on the 31st of December.

You were carrying on the business of a chemist and druggist during the whole of that time?—During the whole of that time without intermission.

Now, during the time that you were with Mr. Woolrych, that is, during the year 1814, will you tell me what his practice was as regards supplying medicines?

Mr. Morgan Howard: I am anxious at this point to say once for all that I object to anything done by witnesses after the year 1815.

Mr. Baron Pollock: Yes, of course.

Mr. Morgan Howard: If my friend will confine himself to that I shall not object.

Mr. Baron Pollock: The question now asked is as to 1814.

Sir Henry James: Before that is determined I want to ask your Lordship to consider if that is so. I apprehend that what has taken place since 1815, if it goes to show that a certain practice was continuous or not with what took place before, I think it would be evidence.

Mr. Baron Pollock: The words of the Act are that they are to practise and act as chemists and druggists as fully and as amply to all intents and purposes as they did before the passing of the Act. Then you must take the Act to speak from the time of the passing of the Act.

Sir Henry James: The point is that that which occurs continuously afterwards is strong evidence of there being a custom before. The objection that my friend Mr. Morgan Howard takes now was taken by my friend before Mr. Justice Field, and Mr. Justice Field admitted the evidence.

Mr. Baron Pollock: Is that so?

Sir Henry James: Yes, my Lord. Your Lordship will find it is so if you refer to the evidence. [His lordship referred to the report of the Apothecaries Company *v.* Wiggins.] So the thing must exist from time immemorial, and you have the limit of 1815, if you prove that it existed in 1815 you prove that it existed before 1817. Supposing instead of our trying this case in 1878 we were trying it 50 years hence, and you got old witnesses to say it existed ever since they can remember. That might be some evidence that it existed before 1815.

Mr. Baron Pollock: At present I am against you, Sir Henry, and I think that evidence ought not to have been admitted by Mr. Justice Field as Mr. Howard objected.

Sir Henry James: I am going to put the question in another way.

Mr. Baron Pollock: Now you go on to prove that it was before 1815.

Sir Henry James: Perhaps you will allow me to ask one or two questions first, as this is very technical. [To the witness]. Will you bring your memory back to the time when you were at Uttoxeter: You told my friend that the date of your indentures was the 6th of July 1814?—Yes.

I believe you had been with the gentleman to whom you were apprenticed some months or two before. You went in May?—Yes. I went in May.

Bring your mind, if you please, to the first year that you were there. The date of the passing of the Act is the 12th of July 1815, and it was before the passing of this Act. You recollect the first year that you were with Mr. Woolrych?—Yes.

What was his practice as to selling or dispensing medicines across the counter?—Dispensing medicine, recommending the use of it, and protecting the public against any improper——

Mr. Higgins:—Before the question is answered I desire to submit it is very much following the observations made by the Bench already.

Mr. Baron Pollock: This gentleman is saying what Mr. Woolrych did before 1815.

Mr. Higgins: My friend put it, what was his practice as to dispensing.

Sir Henry James: And selling.

Mr. Baron Pollock: You should keep to the words of the section.

Sir Henry James: Those are the words that I rely on, with the exception of selling instead of vending. If you wish me to alter it I will. I am following the statute.

Mr. Baron Pollock: The words in the section are the " buying, preparing, compounding, dispensing, and " vending."

Sir Henry James: I have chosen to limit my question to the dispensing and vending. I can take it a word at a time if I like.

What was the practice of this gentleman as regards dispensing and vending?

Mr. Baron Pollock: I think you should take the two words together, Sir Henry.

That is what I am trying to do. Because dispensing and vending and selling it, or giving it to the patient, involve opinion as well. I did put the two things together and the learned counsel on the other side objected to it. Now explain what he did?—That is what he did.

What? Tell us what he did?—Making up the medicine; gave it to the individual with certain instructions, taking care that he had nothing that was injurious.

Mr. Baron Pollock: The practice was to make up the medicine; and give it to the patient or customers?—Yes.

Sir Henry James: Now, would he or would he not make inquiries of the customer as to what was the nature of his complaint?—If it were necessary to do so.

What do you mean by saying if it were necessary to do so? As to the complaint do you mean?—Necessary to know what to prepare.

He would make inquiries you say?

Mr. Baron Pollock: That is a further question. In what respect or how did he make inquiries of the patients as to what was required?

Sir Henry James: When you say as to what was required did he ask the patient what do you require, or would he ask the patient what was the matter and then determine what he required?—The individual might come in and say "I have got a cold."

Say a sore throat for example?—Yes, he would prescribe then.

Supposing he said he had a sore throat would he look at his throat?—I do not know that he would.

Supposing he said he had a cold?—He would ask him where it was because there are colds in their different stages. A common cold which is the general expression generally comes in the nose.

Mr. Baron Pollock: That is a good illustration. That is what you call a simple cold?—Then it may extend to the bronchial tubes.

Sir Henry James: If it extends to the bronchial tubes would he ask about that?—Yes, I daresay he would.

And some discretion would be brought to bear on the matter as to the medicines to be given?—Yes, the person prescribing would bring discretion to bear.

That is the chemist?—Yes, my master.

He brings his discretion to bear on the nature of the complaint. Do you know the difference between subjective and objective symptoms in a patient?—Yes.

Mr. Baron Pollock: They did not use those terms in those days.

Sir Henry James: I think they have come into existence since railway accidents.

Some diseases you can see, and some you cannot?—Yes.

Now take this case. Supposing a patient has got pimples on his face?—Well, you can see pimples.

And I suppose a chemist would look at them?—Yes.

And looking at them he would then exercise his discretion as to what kind of ointment or remedy he would give?—Yes.

Did your master do that?—Yes.

Mr. Baron Pollock: I think the fair result of this is that he would ask questions and bring his discretion to bear on what remedies were needed.

Sir Henry James: Yes, my Lord.

Mr. Baron Pollock: Without knowing what you call the diagnosis.

Sir Henry James: Now I am coming to the objective symptoms. Supposing a patient said he had got a cold, would he feel his pulse?—Yes: I should think he might.

Would he look at his tongue?—Yes, he might; and if the gentleman wished him, he would feel his pulse.

I see. Mr. Brown, the attorney, did wish. If he wished it, he would feel his pulse, and whether he wished it or not he would look at his tongue?—Yes.

You do not get as far as his throat, but you say he would look at his tongue?—Yes.

Supposing a patient asked him to look at his throat?—He would look at it if the patient asked him to look at his throat.

And he would exercise his discretion as to the medicine he would give him?—Exactly so.

Now, Mr. Cupiss, of course this was all done in his shop, and I suppose there was a shop kept as a chemist and druggist's with the ordinary sign over the door?—Yes.

I propose to ask this question. We have it on the notes that this gentleman acted as chemist and druggist down to the year 1874. Now, Mr. Cupiss, do not answer this question at present. What I propose asking him is a question which was admitted before Mr. Justice Field, whether that practice has existed from that time down to the time that he ceased to be in business. Of course, I must take your ruling, my Lord.

Mr. Baron Pollock: My note is that Mr. Morgan Howard objects to your proving the practice which existed subsequent to 1815. I shall not exclude any evidence before 1815.

Sir Henry James: That involves that we commenced this practice in 1815, but I should like to have it whether that practice, which this witness speaks of as having existed before 1815, did or did not exist down to the time that he left business in 1874.

Mr. Baron Pollock: Do not answer that question yet.

Mr. Morgan Howard: I renew my objection.

Mr. Baron Pollock: I reject that evidence. I see the force of what my learned brother said and what Mr. Morgan Howard said.

Sir Henry James: I think I may as well ask you this. If a person had come to a chemist with a dangerous disease such as scarlet fever or small pox or any other serious or dangerous disease, I suppose the chemist would not have treated him?—No; he would have sent him to a medical man.

He would send him to a surgeon of course?—Yes; or to a physician

He would send him to some medical man. My friend put the case of acute inflammation of the lungs. Of course a chemist would send that to a medical man?—I think you will see that I have said that since I have been in business I have treated people for inflammation of the lungs and most successfully too.

You have?—Yes, I have.

I will only advise you to keep out of Mr. Death's way.

Cross-examined by Mr. Morgan Howard.

It was only during the year 1814 that you continued at Uttoxeter?—Yes.

Were you four years at Uttoxeter?—Yes.

Did your master keep open shop?—Yes.

And you were acting as the apprentice?—As an apprentice.

As an apprentice. You are simply, Mr. Cupiss, a chemist and druggist?—And veterinary surgeon.

Be it so. You do not profess to be an apothecary?—No.

Still less to be a physician or surgeon?—Exactly.

You had no medical education, I believe?—Yes.

You know the sense in which I use that term?—Yes.

What?—I attended Dr. Harrison's materia medica lectures.

You had no course of education?—No.

You told me you had a course of education by attending a course of materia medica lectures?—Yes, and also Sir John Brodie on anatomy, and Dr. Bell on anatomy, and Dr. Abernethy on anatomy.

So that when you went into business you felt yourself a thoroughly qualified practitioner?—I felt myself capable of doing what I did.

I suppose that was the reason why you treated persons, as I understand you to say, to take the case of acute inflammation of the lungs, for instance?—Yes.

May I ask you to tell me what you were referring to. Can you refer me to a particular case of acute inflammation; can you remember it?—Yes, I can.

When was it, and where was it?—I cannot tell you the day: it was thirty years ago.

Mr. Baron Pollock: Are we not going out of the diagnosis? What this gentleman did thirty years ago cannot affect the question.

Mr. Morgan Howard: My friend attached no date to it.

Mr. Baron Pollock: We have it that he attended some one who was suffering from acute inflammation.

Mr. Morgan Howard: In 1815 you did not presume to be capable of treating acute inflammation of the lungs?—I was then under my master.

May I take it your master treated cases of acute inflammation of the lungs?—No.

In the year 1814, from your recollection, were persons in the habit then of coming into your shop and being prescribed for over the counter?—Yes.

You are speaking now with reference to your own personal recollection of individual cases?—Not of sixty years ago.

I am bound to ask you, it struck me it was improbable. Just tell me, are you able to give more than a general notion, as you have stated to day, or are you able to state particular cases?—I am able to tell you what the trade did at that time.

I think I must trouble you to answer this question in this form. Are you able to say it now to-day, on your oath, that you remember any individual cases in the year 1814 of chemists prescribing?—I would not say

Mr. N. Hardy.
18 Oct. 1881.

that I could—not individual cases,—but as a general practice and prescribing when asked to.

In many of the cases that you did observe at that time, were they cases which had been dealt with by physicians and surgeons who had been consulted in the matter?—Well, I suppose every physician has had a cold come under his notice, and every physician has had children to attend to.

Every physician has had a cold?—I do not say so. My learned friend misunderstood me. I wish you to understand, my Lord, that every physician has a cold to treat, and also other diseases during his lifetime—almost every disease that the human subject is liable to. That was the answer I wished to convey to that question.

You wished to convey that to your learned friend. I am very glad you should call me so, and I quite reciprocate the compliment?—I have not the pleasure of knowing your name.

Just tell me what your notion of the Act of Parliament was. When did you first make the acquaintance of the Act? when did you know its provisions?—When it was passed.

In the year 1815?—Yes.

I asked you this question before, and I will ask it again. Your idea is that you may examine patients, pronounce on the case, and give them medicines, so long as you do it within the four corners of your shop?—Yes.

Mr. Baron Pollock: That is not his idea as to what was done.

Mr. Morgan Howard: All I can say is that this question was put before, and he answered that question, "Yes, that is my idea, and I did it under the authority "of the Act."

Mr. Baron Pollock: You have excluded yourself evidence as to what was done under the Act. I have only on my note what chemists did before 1815.

Mr. Morgan Howard: I will put the question in this way: was it your idea in 1814 that you might examine patients and pronounce on the cases and supply the medicines to cure them so long as you did it within the four corners of your shop.

Sir Henry James: I object to that question.

Mr. Baron Pollock: Is it not a pity?

Sir Henry James: I cannot help it, my Lord.

Mr. Baron Pollock: I am rather suggesting it to Mr. Morgan Howard. It reminds me of a case some years ago where a number of plumbers were called to give their opinion on the construction of the Water Works Act.

Mr. Morgan Howard: Your Lordship sees how I put it. The chemists and druggists, I assume for the purposes of my argument, formed their opinion in the year 1815 as what they were entitled to do. This gentleman says he considered he was entitled to do certain things.

Mr. Baron Pollock: But that does not affect this question. I shall tell the jury, and I think they will follow me in that, and will be bound by what I tell them; they will act on what I have already laid down as the guiding point as to what was done before 1815, therefore the opinion of this gentleman as to the construction of the Act is perfectly immaterial. He might have attended a case of pneumonia or anything else as a doctor. I do not know the one question takes it further than the other.

Mr. Morgan Howard: I am quite willing to take it so, but I will frame the question thus. In the year 1814 are you able to say one way or the other whether your masters did examine patients, pronounce on their cases, and supply them with medicines to cure them, in their own shops?—Yes, I have answered that.

That is in the year 1814?—Yes, that is in the year 1814.

Mr. Baron Pollock: That is higher than we have had it at present?

Sir Henry James: Yes, my Lord; he pronounces on their cases.

Mr. Morgan Howard: I will ask you this. In your judgment, is that dispensing medicines?—It belonged to the drug trade, I considered.

Your opinion is that the doing of that belonged to the drug trade?—Yes.

In your opinion was that dispensing medicines?—Yes; and so long as I did not go out visiting I considered I was within the bounds of the Act, but——

Sir Henry James: It was before the Act?—But the Act now protects us.

Mr. Baron Pollock: At the time of the Act you were only 16 years old. You are speaking now of what was done in the year 1814; surely what you considered as a boy of 16 is hardly material?—The gentleman asked me——

Mr. Morgan Howard: I will limit my question to the year 1814.

Sir Henry James: Oblige me by not saying anything after the Act, but before the Act.

Mr. Baron Pollock (to the jury): Now see, gentlemen, these gentlemen will prescribe for each other.

Mr. Morgan Howard: Now as far as you can bring your recollection back do you recollect your master giving any particular thing to any particular person?—I cannot recollect any particular thing.

You cannot recollect any particular class of disease?—No, it is 60 years ago. I cannot charge my memory.

Mr. Baron Pollock: Even the very names have changed. We have not the same diseases by name now.

Mr. Parsons sworn. Examined by Sir Henry James.

Do you live near Loughborough in Leicestershire?—Yes.

I think you are upwards of 85 years of age?—Yes, last August.

In the year 1809 were you apprenticed to Messrs. Blews, Chemists and Druggists, in Worcester?—Yes, that was for seven years.

I believe, like Mr. Cupiss, you have preserved your indentures?—Yes, I have.

You are now, I believe, a Freeman of the City of Worcester?—Yes.

How long did you remain with them?—At Worcester? Yes?—For seven years.

Where did you go then following?—I went to London, to Alcheston, Stead, and Brodon.

Did you afterwards go to Leicester?—I settled at Leicester.

And I believe you remained in Leicester as a chemist and druggist until 1872?—Yes.

Will you bring your mind back please to what was the practice of the Messrs. Blews, of Worcester, whilst you were apprenticed there? You stopped there for seven years. That would take you from 1809 to 1816?—Yes.

What was the habit in relation to the dispensing and the vending of drugs in their shop? How did they carry on their business in relation to dispensing and vending their drugs?—In a general way, as a druggist dispensing and prescribing.

Dispensing and prescribing?—Yes.

What do you mean by prescribing?—Any cases that were brought into the shop were treated and prescribed for.

Persons, I think you said, who were brought into the shop, were treated and prescribed for?—Yes, if required.

Would the chemist ask what was the nature of the complaint?—The patient coming into the shop, as far as I can recollect, would explain the nature of the case so far as he was able.

The patient coming into the shop would explain the nature of the case as far as he was able, and then what would the chemist do? What would happen then?—He would prescribe and order medicine for the cure of the patient as far as he was able. If it was a serious case it would be put into the hands of the head partner of the firm.

Was this called counter prescribing, or was there any name given to it at all? Was it called counter dispensing?—I do not know that there was any term of the kind given to it. It was not so much prescribing in that establishment, for that was a wholesale business as well.

Now when the chemist in this way gave the patient, as you term the customer, the medicine, did he charge for the medicine that he gave him?—Yes, certainly.

Did he charge anything for what a surgeon would call "advice," or did he only charge for the medicine?—He charged only for the medicine, for nothing more.

Which, I suppose, he would make up according to his discretion and sell it to the customer in such quantities as he thought right?—Quite so.

Would he or would he not give directions as to the doses in which the medicine should be taken, and the times at which the medicine was to be taken?—Proper directions would be given.

Now just answer this question, yes or no. Did you leave business in 1872; I think you told me it was 1872 or was it 1862, which was it?—It was earlier than that; I have been away from business 20 years or more.

I think the date was 1862, my Lord. Now just tell me this, only say yes or no—is your memory as to what took place before 1815 assisted by the course that you have pursued since. Only answer that yes or no as to whether it is or is not?—I have a perfect recollection of what took place at that time.

Is your recollection clear as to what took place up to the year 1815, whilst you were at Worcester?—The conducting of the business I perfectly recollect.

I will only ask you this. As far as you know, however far that may be, was the course that your masters pursued the same as the course pursued by other chemists and druggists? Was there anything peculiar about your masters, or did other chemists and druggists, as far as you saw, practise the same course?—It was not different from any other.

Mr. George Godden sworn. Examined by Mr. Higgins.

Do you live at Arthur Street, Plumstead?—I do.

Are you eighty-two years of age?—Eighty-three.

Were you apprenticed in July 1812 to Mr. Phillipson, of Chichester, a chemist?—I was.

Did you remain with him for five years?—Yes.

A Juror: My Lord, the jury think it is thoroughly established as to what took place in 1814. It is no use going further into the case.

Mr. Baron Pollock: Very well.

A Juror: It is an unnecessary waste of time.

Sir Henry James: We were very fortunate in finding so many of these gentlemen alive.

A Juror: Have you many more?

Sir Henry James: I think we have four on this point, but I shall not call any more, but I will now call Mr. Shepperley, the defendant.

The defendant Shepperley was then called. His version of what passed at the interview with the witness Death was as follows: Witness was standing at the principal counter of his shop when Death came straight up to him, telling him he had a cold, and pointing to his throat, which he said was sore. Death said "Will you look at it," and thereupon opened his mouth; the defendant did look at it, and told him he saw nothing the matter with him. Death said "Will you give me something for it." The defendant said "Perhaps a saline mixture might answer your purpose." Death said "Yes." The defendant then gave him a saline mixture for which he charged a shilling. The defendant denied that anything was said about tightness of the chest, or that he asked Death to call again, or that he told him to leave off smoking.

Mr. Frederick Shepperley, nephew, and apprenticed to the defendant, confirmed his uncle's evidence.

This was the defendant's case.

After speeches by Sir Henry James for the defendant and Mr. Morgan Howard for the plaintiff Society the learned Baron summed up as follows:—

Gentlemen, we have now come to the conclusion of the case so far as the evidence and the observations of counsel are concerned, and it is a case certainly of a most important character; not of so much importance in consequence of the penalty which it is sought to recover from the defendant, because that penalty is small in amount, but it is an important case in consequence of the fact which is obvious on the face of it, that this case has been made a test action, and therefore on the part of the Society it is a test action to obtain the opinion, as far as they can, of the court and the jury upon a question which is of considerable importance to the medical profession and the public at large, and inasmuch as the decisions and verdicts of juries from time to time, have, and always ought to have a considerable effect, when they are disseminated throughout the country on these different matters, which are apparently tinged with questions of law, it does become a very important question. And therefore it was that yesterday, although I was quite sure you appreciated all the evidence which was given yesterday, and the remarks made by the learned counsel, I thought it was very desirable you should not, at the close of the day, proceed to give a verdict which possibly might be open to observations hereafter, and certainly would be canvassed—I do not mean merely canvassed in public—but which would become very likely a matter of discussion in the court above.

Now, gentlemen this action is brought by the Apothecaries' Company to recover from Mr. Shepperley, the defendant, two several penalties, and those penalties are sought to be recovered from him in respect of two cases, one the case of Thomas Jolly Death, and the other case is the case of the man Daniel Hubbard, as to both of which it is said and alleged that he has infringed the law as laid down by the Act of Parliament of 1815. Of course it will be open to you and to me to consider both those cases, inasmuch as in each case the penalty is severable. If he has infringed the law in both of those cases, he would be liable to both penalties; but if he did not infringe the law in either case, he would be liable to neither; but if you think he infringed the law in one case and not in the other, then in respect of that particular case you will say he is liable.

Mr. N. Hardy.

18 Oct. 1881.

Now this is no new law; it is law which was passed so far back as the year 1815, therefore it is a law which not only was then considered and passed, but which has likewise governed and controlled the conduct and actions of mankind, so far as they relate to this subject matter, ever since. As it is a law which governs a matter of considerable importance to the profession and the public at large, it is well that you should carefully see what is the real intention of the Act of Parliament. I am sure I need hardly say more to you, but in looking at the Act of Parliament, and in acting on it, we must be guided by what are the terms of the Act of Parliament and not by what seems to us to be or by what ought to be the terms, or by what might seem to us to be the better course to regulate the matter. There is a very old maxim, which is founded on sound good sense, as well as on sound law, which is that no man shall be wiser than the law. I suppose there are a very few of us who have not had occasion to see the great kindliness, and the great attention and unselfish care which is bestowed, not only by members of the medical profession, but by chemist and druggists, on the poor when they are in need of their assistance. I suppose there are very few of us who have not needed, ourselves, to resort in cases of emergency to the very same sources of assistance, and I am sure we have never found them unwilling to give us the assistance we have needed. But that is not the question, or the foundation upon which we can decide this case.

Then, again, nothing is more dangerous in cases of this kind than being governed by extreme cases. Extreme cases may be put on the one side and on the other. It may be said, what is a man to do in the case of some immediate danger? a man is taken with a fit in the street, or the man meets with a street accident. Where life is in peril, is no man to put forward the knowledge he possesses to save life or prevent serious illness? That of course is an observation which might be made, not only with regard to the Act of Parliament, but with regard to any one of us who might be present on such an occasion, and who possesses any knowledge on the subject. Again the case might be put, which has been put, how unreasonable it seems to put in the hands of uneducated, or partly educated men that which it was intended should only be done by persons of the highest education, who have received proper diplomas for the purpose. There are extreme cases on the one hand and on the other, and it is extremely unwise, if I may be permitted to say so, to let those cases weigh in our minds either the one way or the other when you have the plain words of the Act of Parliament to meet. Now the section under which this penalty is sought to be recovered is this, "If any person shall after the 1st day "of August, 1815, act or practice as an apothecary "without having obtained a certain certificate which is "mentioned, then every person so offending shall for "every such offence forfeit and pay the sum of 20*l*." Therefore the question is, Did the defendant upon one or either of those occasions act or practise as an apothecary? The difficulty which arises is rather in seeing what is the acting or the practising as an apothecary.

Now some observations have been made by the learned counsel in this case in referring to what was said by learned judges before as to what is the proper definition of the word apothecary. It is no part of my duty, nor is it the duty of any learned judge to define what is the meaning of the word apothecary. The word apothecary is no word of legal art, but a word in common use in the English language which is to be properly understood and appreciated, having a particular meaning attributed to it by the world at large, and in this particular case by you, the jury, whose duty it is to apply the law in this particular case. But I am far from quarrelling with what has been said by the learned judges who preceded me, especially with what was said by so distinguished a judge, as Mr. Justice Cresswell, when he said that an apothecary is a person who would judge of internal disease by its symptoms, and apply certain

Mr N. Hardy.

18 Oct. 1881.

medicines to the cure of it. I do not suppose he meant by internal disease as opposed to external—in the sense of a man having a sore or an eruption on his outward skin which was produced by some disordered condition of the body—that would not in the least be less a disease, and it would apply to that if he could have judged of it by its symptoms and applied medicine to the cure of that body. It would equally apply to the case of a man who attempted to cure a diseased condition of the body brought about by indigestion or the diseased condition of the lungs, or anything which had to do with the throat, or anything which might affect a man's condition internally. But we are not, and you are not, without assistance as to what an apothecary is, because there can be no rule of construction so plain and so useful as regards Acts of Parliament and documents as to see, when you are looking at a word which is used in a statute or in a document, that you have reference to the other words, which are of a complex nature, in the other part of the statute. Now, we find this statute, which was passed in the year 1815, assumes the existence of apothecaries, and from the mode in which it speaks of them, and deals with them, it tells you very plainly what the duty of the apothecary was, as distinguished from the duty of a chemist and druggist. We find the Act is passed in consequence of what is said to be a deficiency in the clause of the charter granted so far back as the reign of James I., to the Company of Apothecaries, and it then deals from time to time and creates a system by which the apothecaries are to be examined, and by which certificates are to be given to them, and it then deals with the different duties which the Legislature put upon them with regard to their conduct under this Act. For instance in the 5th section it says, "It is the duty of every person using "or exercising the art and mystery of an apothecary to "prepare with exactness and to dispense such medicines "as may be directed for the sick by any physician law-"fully licensed to practise physic by the President and "Commonalty of the Faculty of Physic." That shows that it clearly was their duty before the passing of this Act to dispense and prepare medicine in the cases where the physician had written a prescription, so that in that case the apothecary would merely mean a man following up and carrying out what was ordered by the physician, and he would be merely doing what is done by a chemist and druggist. Now you will find from different parts of the Act it is perfectly clear that he had not only prepared the medicine prescribed by others, but that he did see persons, and act on his judgment, and give the medicines without any written prescriptions. Preparing these medicines and selling them, and prescribing them, are part of his business. Now the Act goes on, and we find in several of the sections that the same sort of assistance may be gained by reference to them. For instance, in section 14 we find this, where it is said that no apothecary is to practise without an examination. It says that there is to be a Court of Examiners appointed, and so forth, and they are hereby authorised and required to examine all persons applying to them for the purpose of ascertaining the skill and abilities of such person or persons. In what? Not in the mere compounding and dispensing of the medicine, but, "in the science and practice of medicine." Therefore, it shows that the apothecary was a person who is to be skilled in the science and practice of medicine and the examination was to test his fitness or qualification to practise as an apothecary. Therefore the fitness to practise as an apothecary involves that examination and involves that certificate which shows the person to have skill and ability sufficient according to those examiners to enable him to practise in the science and practice of medicine. That clearly shows that the apothecary is a different person from a chemist and druggist.

Then you have that section which I read to you, the 20th section, upon which the penalty is now sought to be recovered for practising as an apothecary; and then, last of all, for fear there should be any doubt upon the subject, or whether they were putting a penalty upon chemists and druggists for what they had properly done before, you have the 28th section. "Nothing in this "Act contained shall extend or be construed to extend "to prejudice or in any way to affect the trade or "business of a chemist and druggist in the buying, "preparing, compounding, dispensing, and vending "drugs, medicines and medicinable compounds, whole-"sale and retail; but all persons using or exercising "the said trade or business or who shall or may here-"after use or exercise the same, shall and may use, "exercise, and carry on the same trade or business in "such manner, and as fully and amply to all intents "and purposes, as the same trade or business was "used, exercised, or carried on by chemists and drug-"gists before the passing of this Act." I mean to say the trade and business of a chemist or druggist is the buying, preparing, compounding, dispensing, and vending of drugs, medicines, &c., and if witnesses could be called in court to say that before the year 1815 there were chemists and druggists who acted as surgeons, or who acted as physicians, of course the obvious answer would be this, that they were doing that which was illegal, they were doing that which was not contemplated by this section, and the fact that they did it then can in no way assist those who seek to do it now if it be contrary to law, and contrary to the spirit of this exception in this Act. Therefore we get rid of all the questions of what they did in fact, excepting in so far as what they did in fact was in conformity with this section. As I said before, it is quite distinct that the buying, preparing, compounding, vending, and dispensing of drugs and medicines is not that duty of the apothecary which is contemplated by this Act to require the person to be skilled in the science and practice of medicine. Now, gentlemen, that being so, let us now see what were the facts of this particular case, and to what extent the defendant has acted as an apothecary in either of the cases in which it is sought to make him chargeable with the penalties—what has been done, and what has been done with reference to the statute. With reference to some of the observations made by the learned counsel which are often made in cases of this kind, that it is a penal statute, I can only say for myself, although I can understand with the jury when it is said that it is sought to take money out of the man's pocket, that they would see that the facts are clearly and properly proved; but I for myself can make no distinction between a statute which is passed for one purpose and a statute which is passed for another, so far as the construction of the statute is concerned, whether it is a remedial Act of a very slight nature, or whether it is an Act which sentences, or enables the Court to sentence, a man to a very severe punishment—the same rule of construction must be observed in either case.

Again, I should make this one observation with regard to the language that was used in making the plea. I cannot myself at all assist you, nor can I see the proper value of that language which is used in the plea, as far as it refers to the matters, which it states are of a simple nature. It has been said that these were simple cases. But when is a case of a serious nature, and when is it of a simple nature? We can say what is simple and what is serious. There are symptoms, as we know, which to a skilled mind will show without examination that death is stamped upon the man's face, and there are symptoms again which the merest examination will lead to the conclusion on the part of the medical attendant that the symptoms are of the most alarming and serious character. But on the other hand, there are some things which may seem to be very alarming and very serious, and often are to the patient distressed with them, and which may excite in his mind the gravest foreboding, yet really those symptoms are sometimes symptoms pressing on a nervous imagination, and are of very little consequence at all in testing what is the matter with the man. I cannot deal with that. I cannot tell you anything about serious or simple cases. The question is, Did the defendant act as an apothecary? With regard to that, I have already given you as much assistance as I can.

Now then comes the question, What is the evidence upon which it is said he acted as an apothecary? Of course in dealing with that part of the case it is really for you; you must, inasmuch as there is some conflict, not a very great conflict, but still there is some conflict in this case, between the account given by Death, the principal witness in the plaintiff's case, and the defendant, Mr. Shepperley, apply your mind fairly to the facts, as you would do in any case where there was a conflict of facts, either great or small, and it is for you to say what you believe to be the real state of the facts. There may be a little want of memory, or there may be a little feeling on the one side or on the other, or there may be, of course, a little aberration from the actual truth on the one side or the other; but I do not think it would be fair to make the remark which the learned counsel has suggested, that there was an absolute attempt on the one side or the other to mislead you; still the facts of the case and what is passing through their mind at the time the thing is taking place in-

fluences them when they come to give their evidence hereafter.

Now before you form an opinion on that I would only make one other observation with regard to the evidence, and that is what has been said on both sides with regard to the sort of impossibility of a man selling medicines without in some way or other expressing an opinion with regard to those medicines, or with regard to the mode in which those medicines should be taken. This is a matter, not for me, but for you; it is only a matter which passed through my mind, and what I suggest to you is this. It may very well be that a conversation may have taken place, and an opinion may have been expressed as to the articles sold, without in any way intrenching on the duties of the apothecary, that is, forming an opinion of the case, and then advising and giving medicines in consequence of that opinion. There may be such a case as this. Take the case of a poor man or an aged man who goes into a shop and says, "I "want some pills for constipation or because I do not "sleep well." The chemist may say, "This is a well-"known remedy, I will sell you this box of pills." That really could not be said to be an infringement of the Act; but it may also be that he might go further, and the man might say, "Very well, I will take six of "these when I go to bed to-night." The chemist might, in common charity, say, "No, sir, you cannot "take six pills; if you look at the box you will find you "should only take one or two"; and if there was nothing on the box, he might say, "This is a strong "medicine, and you must only take so much." It might be said that that would be giving advice with regard to the medicine, and of course, with regard to the body with reference to which the medicine is taken; but that would be very far from bringing a man within the scope and intention of the Act of Parliament, which was intended to prevent people from prescribing in the case of what they themselves consider to be the cause of the condition of the patient. It is only fair to make that observation, because anything which takes place in that way cannot be said to be acting and practising as an apothecary. You may dismiss, therefore, from your consideration all cases of that kind, as not giving you any real assistance.

Now, let us see what are the real facts of the case, and apply your mind to those facts fairly and reasonably, and then say to yourselves, first, what the real facts were, and then, having ascertained what the real facts were, you will say from the facts, Did the defendant act as an apothecary in either of those two cases within the true intention and meaning of this statute? Now, the first witness, Mr. Thomas Jolly Death, says this—it is admitted he went there for the express purpose of seeing how far the defendant would go. As far as I can judge the remarks which the learned counsel made for the defendant, he was perfectly entitled to make, and you will say how far you think they were worthy of your attention. The witness says, "I went "to the defendant's shop on the 26th of August 1877. "I complained to him of a sore throat and a difficulty "of breathing and of a tightness of the chest and of "sleeping badly. He asked me to open my mouth and "I did so. He looked at my throat, and he said, 'I do "'not see much amiss with you.'" When you heard Mr. Death's cross-examination you heard what it was. He said he really could not say there was anything the matter with him. That is beside the question, because if it had been an absolute fiction on the part of Mr. Death it would not prevent that which the defendant did from being a breach of the statute. He said "He gave me a "bottle of mixture, and said, 'You will find that will "'do you good; come again in a few days when you "'have used it.' He told me to keep off smoking for "a few days." That seems to me to be in the nature of advice. "I gave him a shilling for the medicine, and "did not go to him again." I should tell you the learned counsel for the plaintiff is quite right in telling you that the fact that the defendant did not charge for the advice has nothing whatever to do with the question. Whether it was gratuitous or not, or whether it was included in the price of the medicine or not, is perfectly immaterial. The question is, Did the defendant practise as an apothecary within the meaning of the Act? He was cross-examined on that, and he gave us an account of what he had the matter with him. He had no tightness of the chest, but he had a slight sore throat, but really none for which he wished for any advice or for which he would have gone to a doctor at all.

Now the account which was given by Mr. Shepperley, the defendant, is this, "I remember Mr. Death coming to my shop. He said, 'I have a cold and a sore throat, and he leant over the counter and he said, 'Will you look at it.'" The difference here seems to be this, that Death says he was asked to show his throat, and the defendant says that he, Mr. Death, volunteered himself, over the counter to show his throat. What Mr. Shepperley, the defendant, said was this: "When Death came in he said he had a cold, and he pointed to his throat, which he said was sore. He said 'Will you look at it,' opening his mouth. I looked at it, and I said I saw nothing the matter. He said, 'would you give me something for it?' I said perhaps a saline mixture might answer. He said, 'would you give me one?' I did; and I charged him a shilling. Nothing was said about the tightness of the chest, and nothing was charged for except the medicine. I did not tell him to call again." Mr. Frederick Shepperley's evidence is in confirmation of that. Then, on cross-examination, the defendant says this: "I called what I did counter prescribing. I examined Death's throat to verify his statement, and to form a conclusion as to whether he had or had not a sore throat." That certainly looks very like the examination of a man to see what is the matter with him. A person very often says, I have got this and that the matter with me, and it often turns out although the person thinks himself ill and affected in a particular manner, it is not so. He says I did not select the medicine. But it really is not like a man saying give me a bottle of medicine, or a box of pills, but here the defendant selected the medicine, put it in a bottle, and put a label on the bottle. The quantity that was to be taken was two tablespoonsful three times a day. "I did not tap him, or ask him whether he had anything the matter with his chest." That is the case as far as Death's case is concerned on both sides. It is for you to say whether that is a compounding, dispensing, or vending of the medicines, or whether it was acting as an apothecary within the definition that you have heard is fairly applicable to that word.

Now Hubbard's case varies slightly, and the evidence we have was got principally from the defendant himself. Hubbard, he says, was an *employé* of Death. "He came some months after Death came, and he asked for something for some pimples on his face. He had some pimples on his face. He said he had been under a club doctor. I told him I did not give advice, but if he could tell me what he had taken before, I said I would give him something like it. He said he thought it was potash, and it was something that left a disagreeable taste in his mouth. He said it was brown. I said was there sarsaparilla in it? He said, probably. I gave him potash and sarsaparilla and I charged him one shilling for it, I charged only for this. Then he was cross-examined on that, and he said, I did not come to the conclusion that Hubbard's pimples wanted treatment. I gave him the mixture on questions and suggestions, I formed no opinion of what had been the cause of the pimples. I considered myself as competent as any chemist to form my opinion. I gave him iodide of potassium and sarsaparilla, and supposed he was suffering from a disordered state of the stomach. A saline mixture is frequently prescribed by physicians in such cases." I suppose he would put more of the sarsaparilla and less of the iodide of potassium, or *vice versâ*, according to what he considered was the condition of the blood, and therefore in that sense he does exercise a discretion. He does not give to one man a mixture which he would give to another under different circumstances, but he exercises his discretion as to what was the cause, or what produced those pimples.

Now one other piece of evidence which is important is this, which Death gave in his evidence with reference to a later conversation. That was given in order to show the spirit in which the thing was done, to show that there really was an exercising of the art of an apothecary by the defendant on those occasions. What he says is this, "On the 28th of November, on being near the defendant's shop, the defendant came out and asked me about it." He said that being a nervous man, at first he had sent a woman to a doctor who gave her a prescription, and charged her five shillings for it, and that she came back with it, and that he made up it and charged two shillings, and she complained and said all this might have been done for one shilling by you." That is a remark to show the convenience of the system, but of course it cannot have any real effect. He said, "Yes, this is what the doctors are doing for poor people, and they are about prosecuting me for prescribing." He said he had taken the advice of his friends in the trade, and the matter had been discussed in the

Mr. N. Hardy.
18 Oct. 1881.

journals of the trade, and he had resolved to fight the matter. He said, "I have been prescribing, I shall go on prescribing and fight the matter from the County Court to the highest court."

Sir Henry James: The defendant denies that on his oath.

Mr. Baron Pollock: Quite so; I am coming to that. Then when Mr. Shepperley is called, he says this. "I did not say anything of what Mr. Death states I said on the 28th of November.

Now the first question for you to say is, which you believe. What one man says in the affirmative, although it may be contradicted, you may sometimes think more favourably of; that is, what a man says was said, than what another man says he did not say. But the first thing for you to decide is, was that said or not, and then even if it was said, has it any material bearing? You would always remember what is said afterwards in the course of a discussion, and it is hardly probable to alter the view which you may have taken with regard to the facts which have occurred before; there it is for what it is worth; the object of it is to show that he intended to fight this question, and to fight it on the point whether he might prescribe or not. I think, however, that is a point which you must rather discard, and not give any very great effect to it, and you must rather act on what you think took place on the other occasions when Death and Hubbard went into the shop and received a mixture from the defendant.

Now, gentlemen, those are the facts of this case. You have had called before you men whom it is pleasant to see after a long life in a very interesting business who have come here to speak with zeal, as was done by Mr. Cupiss and the other gentlemen who came, as to what was the practice which you yourselves were perfectly satisfied of before the year 1815. What they tell you is beyond all doubt that before 1815, to take the case that Mr. Cupiss gives of Mr. Woolrych, in the dispensing and vending of medicine the practice was to make up the medicine, and give it to customers, taking care that there was nothing injurious, and making inquiries of the patient as to what was required. He would not look at the throat of a man if he said he had a sore throat, but he would ask him questions and bring his discretion to bear on what remedies should be used. He said he would feel the pulse if the customer wished it, or he would look at the tongue, and at the throat if he was asked to do so, and the money was paid for the medicine. You were perfectly satisfied, and there could be no doubt on what was done, and the only observation to be made is one that was made in the course of the case, namely that because it was done then will be immaterial, because if it was done in fact, but was not done within the meaning of the 28th section, then you must lay it aside altogether, just as if a man had said that before the year 1815 apothecaries were in the habit of cutting people's legs off. That must be laid aside. If you think what was done then and what is done now, fairly comes within the spirit of this statute as to "dispensing and vending drugs, medicines, and medicinable compounds, wholesale and retail," then of course the defendant is entitled to your verdict.

Gentlemen, I think those are all the remarks which are pertinent to this case which I have the power to make to you. I shall leave the whole of the evidence which I called your attention to, but if you think there is any part of it which has any bearing on it in the course of your consideration, or if you wish to refer to any particular part, I shall be most happy to refer to it. It is for you to say whether you think in one or either or both of these cases the defendant has brought himself within the meaning of this statute under which they are seeking for this penalty. Of course the law must be obeyed, and these people must be stopped if it is unlawful. If he has not brought himself within the meaning of this statute, then in that case your verdict will be for the defendant.

The Jury found for the defendant.

Judgment for the defendant, with costs.

Mr. J. K. Barton, M.D.
18 Oct. 1881.

MR. JOHN K. BARTON, M.D., examined.

4980. (*Dr. McDonnell.*) You are a fellow of the Royal College of Surgeons in Ireland?—I am.

4981. You are vice-president of that college at present?—Yes.

4982. And you come here, in fact, as the representative of the College of Surgeons of Ireland?—Yes.

4983. You are also, I think, a graduate of Trinity College, Dublin?—I am.

4984. You have handed in, have you not, a paper expressive of the views of your corporation upon the subject on which the Commission is inquiring?—Yes; the Council has sent replies to the queries which the Commission sent them, and their answers are embodied the paper which they have requested me to hand in, and which is as follows:

ROYAL COLLEGE OF SURGEONS IN IRELAND.

SIR, July 22, 1881.

I AM directed by the President and Council of this College to forward you the expression of their opinion in the form of written replies to the following questions put to them by the Royal Medical Acts Commissioners.

I have, &c.
J. STANNUS HUGHES,
Secretary of Council.

John White, Esq.,
Secretary.

QUERY NO. 1.

The Licensing System.

(*a.*) In the opinion of the College, is any alteration of the present licensing system required?

(*b.*) If alteration of that system be deemed requisite, what changes therein would, in the opinion of your College, be most likely to prove beneficial to the public and profession?

REPLIES.

(*a.*) The College is of opinion that changes are required in the present licensing system.

(*b.*) The College holds that an alteration in the licensing system is desirable in the direction that no party should have their name inserted on the Medical Register who has not passed before independent Boards, examinations in medicine, surgery, and midwifery conducted under the strict supervision of visitors appointed by the General Medical Council.

QUERY NO. 2.

The General Medical Council.

Do the present constitution, power and functions of the General Medical Council, appear to your College satisfactory?

If these or any of them appear to need modification, what changes therein would, in the opinion of your College, be most likely to prove advantageous either by enlarging the usefulness of the Council, or increasing the confidence in it of the profession or public?

REPLIES.

This College, while recognising the services rendered to the profession by the General Medical Council in the publication of a register, the issue of a National Pharmacopœia, and the occasional visitation of Examinations, is nevertheless of opinion that the General Medical Council has not discharged all its functions satisfactorily, that it ought to some extent be reconstructed and its powers extended.

The Medical Council has, in the opinion of this College, failed in the performance of its functions in the following respects:—

(*a.*) That the visitation of examinations has not been sufficiently frequent.

(*b.*) That it has not taken sufficient steps to prevent the assumption of medical titles by unqualified persons.

(*c.*) That it has not on many occasions exercised its powers to bring all the licensing bodies into conformity with its recommendations.

This College is of opinion that certain of the Licensing bodies, not being by the nature of their

functions, their constitution, or the place they take in the examining of Candidates for admission to the profession, reasonably entitled to take part in the deliberations of the General Medical Council, ought therefore cease to send representatives thereto.

This College is further of opinion that the Crown should assume the appointment of representatives instead of those at present appointed by certain licensing bodies who ought, in the opinion of this College, to have no representation.

In the opinion of this College the representative of each licensing body should be elected by the Medical Corporative votes of such body.

In conclusion, the College beg leave to furnish the Commissioners, according to their request, with the following returns:—

	Year ending 5 April 1877.	Year ending 5 April 1878.	Year ending 5 April 1879.	Year ending 5 April 1880.	Year ending 5 April 1881.
1st Query.					
Number of Fellows admitted	13	5	6	15	14
Letters Testimonial granted to	97	99	106	122	103
Licentiates in Midwifery	11	8	10	9	10
2nd Query.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Fees received from Fellows	367 10 0	273 0 0	147 0 0	466 4 0	409 10 0
" " " Licentiates	2,546 5 0	2,598 15 0	2,782 10 0	3,202 10 0	2,705 15 0
" " " Midwifery	11 11 0	8 8 0	10 10 0	9 9 0	10 10 0
3rd Query.					
Interests and Dividends	569 1 9	489 18 6	417 18 7	416 2 6	416 2 6
Fees from Dental Candidates	—	—	1,527 15 0	320 5 0	1,454 5 0

4985. The first question asked is, "In the opinion of "the College of Surgeons of Ireland, is any alteration "of the present licensing system required; and if "alteration of that system be deemed requisite, what "changes therein would, in the opinion of your college, "be most likely to prove beneficial to the public and "the profession?" Do you yourself think that any changes are requisite?—I do.

4986. What are the chief grounds upon which you base that opinion?—I think that the want of uniformity is a loss to the public and to the profession. The exceeding difference that there is in the curriculum, in the mode of examination, and in the fees prevents it from being at all a perfect system; and I think that that is the chief direction in which the necessity for legislation or improvement exists.

4987. If I understand you rightly, you would be in favour of a more uniform system as regards fees, curricula, and examinations?—Yes, certainly; but I may add, perhaps, that whilst I think that those things warrant the answer that there ought to be changes, yet upon consideration it appears to me that greater evil would be done in getting those changes than good would be accomplished, unless the condition and status and effect of the present corporations, as they now exist, be taken into consideration, because if legislation were to take place which would destroy, or partly cripple, those corporations, I myself think that that would do more harm in the end than leaving things just as they are would do.

4988. In the reply of your college it is stated that you think that the name of no person should be inserted upon the Medical Register who has not passed, before independent boards, examinations in medicine, surgery, and midwifery conducted under the strict supervision of visitors appointed by the General Medical Council. Do you think that the same board should be allowed to conduct the examinations in medicine, surgery, and midwifery, or do you think that there should be a distinct board for each of those subjects?—I think that there ought to be a distinct board, most decidedly. I think that if one corporation or licensing body gives more than one examination the others would be perfunctory and almost a sham. Practically one will be done well, but as for the others, if they are given they will be very frequently given without any sufficient examination.

4989. Do you think that the examination should be limited to surgery, midwifery, and medicine because medicine is now divided into a great many subjects, and do you think that those three great divisions embrace them all?—Yes, I think so.

4990. You would not desire a special kind of examination?—No; if they are begun to be split up in that way every speciality would have to be represented, and I think that examination in these three would take in all the subjects.

4991. You say you are a graduate of Trinity College; are you a graduate in medicine, midwifery, and surgery?—I am a graduate in medicine only in Trinity College.

4992. In order to obtain your degree did you take a degree in arts?—Yes.

4993. Was the degree of surgery at that time existing in Ireland?—I think not when I took my degree. I think it is only of late years that they have added that.

4994. I believe they now give a degree in midwifery in the university?—Yes, I think they do.

4995. When you took your degree did the Queen's University in Ireland give a degree in surgery?—No, not at the time that I took my degree in 1854.

4996. So that the degree in surgery is rather a novel thing in Ireland as given by the university?—Yes; it is quite a recent affair.

4997. What was the reason of the university and the corporations giving degrees in surgery?—When I was a student, I think there was a feud existing between the University of Dublin and the College of Surgeons, and the cause of that feud, or difference of opinion about certificates, was I may say a reprisal. The university issued forms of certificate as to lectures given, and their cerificates were not received by the College of Surgeons; and because of this private dispute, as one may call it, it was that the university instituted the degree in surgery, as they had a right to do, I suppose, under their charter.

4998. Was that the sole motive which induced the Queen's University to grant the degree, or was it an interested motive?—I think that they began with a surgical as well as with a medical qualification.

4999. With regard to the General Medical Council, your corporation also propose some alterations. Do you think that the General Medical Council now has sufficient power, or do you think that their powers should be enlarged or restricted, or what is your view upon the subject?—My personal view, and that of the majority of the council of the college which I represent, is that the powers of the Medical Council ought to be largely increased. If there is to be any good done in Ireland by the Medical Council, its powers ought to be largely increased. We trace a great deal of the confusion which has existed latterly to recommendations of the Medical Council which have not been followed by any practical result, and we think that the Medical Council ought to be directed by legislation as to the course that they are to take, and that they ought to be granted ample powers to carry out what they recommend, because nothing else will do. It is impossible for the licensing bodies in Ireland, or elsewhere either, ever to agree about a complete and conjoint scheme of their own. In the very nature of things that cannot be expected unless there is a power outside them to regulate and order the manner in which it should be done.

5000. You spoke about the Medical Council making recommendations which they are not empowered to carry out; do you on the whole approve of the recommendations which they have made?—Yes, I do personally.

Mr. J. K. Barton, M.D.

18 Oct. 1881.

5001. Could you instance any recommendations that your college would approve of, but which have never been carried out, or have been very slow in being carried out?—They have been very slow with reference to the recommendation about the preliminary examination, and the number of years' study. These are points on which I think we are all agreed that the Medical Council are quite right, but the college have been very slow in carrying them out. They now form part of the regulations of our college, but for a considerable number of years they were in abeyance; and at the present moment there are other things in the recommendations of the Medical Council which have not been fully carried out as yet I believe.

5002. As regards the mode of appointing the members of the Medical Council, is your college satisfied with the present mode?—The College of Surgeons in reply to the queries of this Commission has said that they think that some of the bodies which send representatives might with advantage cease to do so, as, for instance, the Apothecaries' Hall of Ireland. Personally I cannot say much upon that subject, but that is what the college have said, and they think that the Crown should nominate any extra members that are available or possible to be named. They almost all unanimously object to the idea of the popular representation of the profession on the Council. For myself I decidedly do so. I think it would be asking the general body of practitioners to do what from their education, their pursuits, and the objects of their life generally they are peculiarly unfitted to do, namely, to regulate medical education.

5003. The representatives on the Medical Council from your college are elected by the Council, are they not?—Yes, and we say that we think that in future they ought to be elected by the votes of the corporate body, that is to say, of the fellows.

5004. Do you think that that would be yielding sufficiently to those who wish for direct representation?—Yes.

5005. But you would not be in favour of direct representation?—No, I would not.

5006. Do you think that you would not get better men on the Council by direct representation?—I feel convinced that we should get a different class of men, but by no means men so well qualified to direct medical education.

5007. Do you think that a feeling for direct representation is rather strong at present on the part of the medical associations?—I think that in the case of some of them it is.

5008. If that feeling was not to some extent yielded to, do you think that any legislative measure might come to grief as already one has come to grief upon that particular point?—I could not venture to give an opinion upon that, but I think that the opinion on the other side is so very strong amongst the circles with which I am more familiar that I think there would be a very strong feeling of opposition to any measure which had direct representation for its object.

5009. In fact you feel tolerably clear that direct representation would not give you a better Council than you have at present?—Decidedly. I have no doubt upon that personally.

5010. You have got a very good museum connected with your college, have you not?—Yes; and perhaps I may be permitted to say that that is one of the reasons why I think it would be a very serious loss if through any legislation that were to take place the College of Surgeons, which I represent (and I may say the same of other corporate bodies in that respect), were injured. By means of the fees of those who take our licentiateship and fellowship we have been enabled to create and to support a very fine museum, a museum not only of anatomy and physiology, but also of pathology. This museum is open to all medical practitioners and students in Ireland, and it is availed of to a large extent; and it could not be kept up in efficiency unless we had funds. We have also a very fine library which is very largely used by the students and the practitioners as a class.

5011. And you have also a laboratory available for practitioners?—Yes, a chemical laboratory.

5012. You have been, have you not, at the Hunterian Museum?—Certainly.

5013. Comparing great things with small would you say that for Ireland the museum of the Royal College of Surgeons of Ireland is almost as fine a one as that?—I think it compares favourably considering the resources at our command. I may say that we are improving it year by year.

5014. Would you say that probably it is quite as useful a thing for Ireland to the public through our profession as the Hunterian Museum is to the English public through the English branch of the profession?—I should think it was. I think it is an exceedingly useful and valuable means of instruction to the profession.

5015. What would you say were the principal advantages which arise to the public through having an institution such as the College of Surgeons in Ireland maintained as it is?—I think that it exerts a very wide influence in this way. The public are interested in having an independent profession; that is to say, the profession of surgery and medicine composed of independent gentlemen, and the rank and prestige of the profession is of importance to the public. I believe that this rank and prestige is maintained by corporations such as the Irish College of Surgeons. Men are anxious to get upon its Council, and they would not be elected there if their conduct had not been in all respects before their confrères and colleagues highly respectable and approved of. When they get there they are in some degree of position and importance and note, and they are naturally anxious to become Vice-President and President of the College of Surgeons, and secretary, and so on. Those hold in the Irish medical profession a sort of rank which gives the profession a help, I think. It gives a status to a man which is greatly wanting in the medical profession. Unlike the legal profession it has not various ranks and grades of senior and junior practitioners in it, and in this way I think it gives a wholesome and healthy professional tone which would otherwise be lost to a great extent, because merely depending upon a man's success in public is a faulty and false standard, and perhaps there would be nothing but that, if the corporations were lowered, and therefore I think it would be a great loss to the profession and simultaneously through them to the public.

5016. Was not it the case that some years ago your college in common with several other bodies in Ireland drew out a scheme for a conjoint examination for Ireland, and that scheme was adopted by the University of Dublin, the King and Queen's College of Physicians in Ireland, the Royal College of Surgeons in Ireland, and the Apothecaries' Hall, and was sanctioned by the General Medical Council?—Yes.

5017. Would your college still be favourable to such an idea as this, or do you think that they would now with the additional time for consideration given to the subject, desire some modification of that scheme?—I think that the college would be unanimous in favour of that scheme if it was a scheme to be adopted throughout the United Kingdom, but I believe that a great majority would oppose it if it was only put forward as it was before, merely as a scheme for Ireland. Their strong feeling is that there should be reciprocity and uniformity through the three kingdoms. If there was I believe myself, and I think I speak the almost unanimous opinion of the college, that that would be the wisest direction that legislation could take, because it would give the colleges still work to do, and a place in the examination, and yet the great object of uniformity would be gained.

5018. You have also heard the idea of a State examination spoken of; do you think that it would be possible for the Medical Council to organise a State examination in which the examining boards should be as it were tripartite, one for Scotland, one for England, and one for Ireland, and yet worked upon the whole with tolerable uniformity so as to escape some of the evils of this great inequality which exists at present?—I am afraid that any State examination, supposing it to be independent of the present examinations that are held by the college, must come in either before or after. It must presuppose an examination at the various colleges or it must ignore them altogether. If it ignores them altogether it does away with them except as regards the higher degrees. If, on the other hand, it comes in after them it intensifies all the present evils, for this reason, that the candidates would undoubtedly seek the easiest portal, and in presenting themselves to the State examination will take the lowest and the cheapest, and there will be a strong and immediate tendency given to what always has been an evil prevalent amongst us, that is to say, to downward competition. There would be a strong competition to endeavour to

get as many students to pass as possible in order to support their college, and I look upon either of those projects as highly objectionable.

5019. A member of the Commission has several times put a question something to this effect: Supposing that you leave the present existing bodies, the universities, and the corporations precisely as they are, and that you interfere with them not at all, but that over and above them you have what we will call for the moment a State examination in order to get upon the Medical Register, and that no young man can get his name upon the register in England without that examination, but that in order to present himself to the State examination he has to bring with him a qualification such as would at present enable him to get upon the Medical Register, that is to say, the present qualification from a university or one of the existing corporations, what do you think would be the effect of such a system as that? You will observe there is to be no change, except this State examination, the qualification for admission thereto being a diploma, say, from the University of London, or the Apothecaries' Company, from any university or corporation?—It was in reference to this proposal that I said that I thought it intensified and increased all the existing evils; because it is quite evident to me that in order to go up for the State examination the student will not concern himself in the least with regard to the college which is to grant his diploma, it would be nothing to him. The State examination would be everything, the character and éclat of any particular college would be nothing; all that would be necessary would be for him to supply himself with the necessary qualification from some place, and therefore he would seek that college or corporation where it would be the easiest and the cheapest to obtain it.

5020. Do you think that those observations would apply to university graduates?—I do not think that they would nearly so much, because the A.B. degree would always in after life be of advantage to him, so I do not think it would tell so much against the universities.

5021. So that you would not then be in favour of a scheme such as that which I have drawn out, because you fear that it would make the qualifying diploma of the lower bodies more prized than the qualifying diploma of the higher bodies? — Yes, I think it would be striking a serious blow at all medical education. It would entirely depend upon the character of the State examination as to what kind of men would be placed upon the register, and, as I say, it would strike a serious blow at the character of the qualifying diploma.

5022. (*Chairman.*) A new education scheme has been for a considerable time, has it not, occupying the attention of your college?—Yes.

5023. (*Mr. Cogan.*) Will you describe that scheme to the Commission?—I may say that its origin was a recommendation from the General Medical Council conveyed to us some years ago with regard to the necessity of having at least two examinations at intervals for the student during his course, and also other minor recommendations; but the general idea which we had in commencing the framing of the new scheme was that we should have sessional examinations, and in those examinations making it necessary for the student to pass before he would go from his first to his second year, and from his second year to his third year, and from his third year to his fourth year, and that each year, something upon the university system, he should be obliged to pass an examination which would show that he had been working during that year at the subjects of the year, and had attained some degree of efficiency enabling him to get up to the higher year. This has never been done fully in medical education. It has been partly done by what is called the half-examination or the preliminary examination; but in our college this has been only very often a few months before the final examination. That was the main idea of the new scheme, the chief thing in which is that it provides at the end of the first year a first professional examination, at the end of the second year a second professional examination, at the end of the third year a third professional examination, and at the end of the fourth year the final examination.

5024. Do I understand that you contemplate that there should be a first preliminary examination before a student enters?—Yes, certainly

5025. And that there should be three examinations before the final one?—Yes, that is four professional examinations; that there should be one at the end of each year, and then the final, which is at the end of the fourth year. It was, however, necessary to provide that if a man failed at one of those examinations, which he might do without much culpability, he should have a chance of getting on to the second year, and therefore we adopted the plan that there should be two examinations, one held in June or July and the other in October, so that a man might have three months, if he failed in June or July, to go in again in October. But supposing that he failed at the October examination, there was no possibility of a man then going on to a second year except from special circumstances, such as illness or other cause which should be submitted to the Council and adjudged upon by them; he would be obliged to recommence if he failed in those two trials, unless he had any explanation to offer of sufficient weight for his failure. This was the main feature of the scheme that it provided for four complete years of medical study, it endeavoured also by the details of the scheme to make anatomy and physiology to come in the first or early part of the student's education, and to leave the latter two years freer for practical matters, hospital work especially. It required three years of hospital study, but those three were to be three last years. The other special points in the scheme were these: we reduced to a certain extent (for we found it exceedingly difficult to do it more completely) the Irish curriculum of study, which has always been rather excessive and expensive, and we endeavoured to reduce it to some extent. We took off one course of physiology and one course of surgery and we took away botany altogether, but we had to put on practical surgery and practical physiology and ophthalmic surgery; so that so far as expense goes it leaves it very much where it was before.

5026. Would you mention the reasons for the delay in introducing the scheme?—The scheme was elaborated in about a year or a year and a half. Then it was necessary, according to our charter, that it should receive the sanction of the Home Secretary; but we had come to the conclusion that it was an exceedingly bad arrangement to have our education rules, which must in the necessary advance of medical education be changed from time to time (for we did not pretend that this new scheme was perfect, and we wished to make the changes in it which might be necessary from time to time), to have them fixed in the form of byelaws. We therefore went to the Home Secretary to ask him to allow the old byelaws which were antagonistic to the scheme to be abrogated and to leave the education rules as regulations and not as byelaws. The reason why the scheme is not already in working order is that the Home Secretary has not signified his assent to it as yet, for not having returned to town, and having been informed that there was some opposition from some of the Fellows, he hesitated. That is the reason why this session has begun without this scheme being in practice; so that it is not absolutely in work, although it is completed.

5027. The Medical Council, I think, has recommended formerly to the corporations that there should be two professional examinations before the final one, but I am not aware that in any case they have recommended that there should be three?—That is quite so.

5028. May I ask why your college thought it necessary to adopt a more stringent mode of examination?—We thought that it was the legitimate logical conclusion from the reasons which made two examinations desirable. The only reason why the Medical Council had not recommended four examinations was, we understood, that they would find it difficult to induce the corporations to adopt them; but the principle was precisely the same, and we were, in fact, in advance of the other corporations in making this change.

5029. Supposing that any new legislation would result in having a conjoint board for each portion of the United Kingdom for the purpose of the registration of medical practitioners, do you think that that board should be formed of representatives from the present licensing corporations in each part of the United Kingdom?—I do.

5030. You would disfranchise none?—I would not. With regard to the Irish Apothecaries' Hall, it is open to question, I think; but it might do good service in this way. I think that the chief objection to the Hall is that by their examination they put men on the register with a sort of flimsy examination on two important subjects, but I consider that on their own particular subject their examination is peculiarly valuable; and if they took up the examination in pharmacy and

Mr. J. K. Barton, M.D.

18 Oct. 1881.

materia medica it might add strength to the general examination.

5031. Would you have any objection to have on the conjoint board, in addition to the licensing bodies, persons appointed directly by the Crown?—I see no objection to that at all; but I would very strongly advocate the licensing bodies having the election of certain examiners to examine in their own departments; the College of Surgeons to keep up the examination in surgery, and the universities and the College of Physicians to keep up the examination in medicine, and so forth. And I might add that I think those examiners ought to be elected annually or biennially, that they should not be in continuance, or for life, or for any great length of time.

5032. You think that advantage might be gained by having an interchange of examiners between the different parts of the kingdom?—I think that a decided advantage might be gained thereby. Men's views vary to a certain extent, and they would be very well represented in the different sections of the country.

5033. You would like to prevent the profession running into any special grooves?—Yes, I think that that would be a great advantage—it would give width and breadth to the profession.

5034. Do you believe that there is at present any marked distinction with regard to practice in the different parts of the United Kingdom; because we have had some evidence given to us by some witnesses who seem to think that there are some peculiarities, and that they differ very much in England, Ireland, and Scotland in certain points of practice; do you believe that to be the case?—I do not think that they differ materially in principle, but I think that in detail there is a great deal of difference; and there is a groove, as you say, in which men's minds run. I think there is just that much difference that one would be advantaged by being represented in the other country, and seeing what each was doing and representing the advance of surgery in each country.

5035. So that it would be especially an advantage to the public that the examinations should be so far uniform that a practitioner in any one part of the United Kingdom would be quite fit to practise in any other part of the United Kingdom without danger?—I think so.

5036. (*Mr. Sclater-Booth.*) I understand that you do not attach any value to the claim which is made for what is called "direct representation"?—I do not.

5037. You consider that the claim is founded upon a false analogy of the relation of the Medical Council to the profession?—I do.

5038. That analogy being the relation as between the Medical Council and the profession, and the relation between Parliament and the country?—Yes.

5039. (*Professor Turner.*) Would you kindly explain a little more fully an expression which is used in the replies given by your college to the questions addressed to them by this Commission; it is in reply to query No. 1, where they say, "The college hold that an "alteration in the licensing system is desirable in the "direction that no party should have their name inserted on the Medical Register who has not passed "before independent boards, examinations in medicine, "surgery, and midwifery." In what sense do your use the expression "independent board?"—I think the meaning which the Council had in using the words was that the same licensing body should not grant one license in medicine, surgery, and midwifery, that these three qualifications should not emanate from the same body; that it is not advisable that the same body should license practitioners in each branch, but rather that each should hold their own branch separately.

5040. Are we to understand that in the opinion of your college, the examining boards in Ireland should not be combined into one board, which should give a complete qualification in medicine, surgery, and midwifery?—I am glad to explain that that is not their view; this reply is not intended to bear upon that point. It is intended rather to convey that existing corporations should not grant numerous qualifications, but if legislation comes in to make a joint board of examiners, and examiners are taken from the various corporations, each qualified specially in their own branch, that would be what we would wish and what we would think to be the best direction which legislation could take, that there should be one conjoint board guided and governed by the Medical Council, the examiners of which should be elected from the various corporations.

5041. There is another expression of which I should be glad of a little additional explanation. Your College uses the expression, "examinations in medicine, surgery, "and midwifery conducted under the strict supervi- "sion of visitors appointed by the General Medical "Council." Do you use the term supervision there to signify that at every examination of your College visitors appointed by the General Medical Council should be present?—I think not. When those words were added I think the intention was to convey that more frequent supervision might be advantageous to all licensing bodies; and that an improvement could be made, even supposing there was no conjoint scheme or central board nominated, if there was greater supervision by a central body, like the General Medical Council.

5042. Say that visitors should be sent each year?—Yes, each year, and at uncertain times when the board was not specially got ready for them.

5043. At how many periods in the year does your College conduct its examinations?—I think it is three examinations in the year.

5044. Are those three examinations for the final examination?—Yes.

5045. And how many examinations for its earlier anatomical examination?—Three also.

5046. Does your College find that three examinations in the year are sufficient to meet the wants of the students of the schools in Ireland?—Yes.

5047. You would not propose to increase your number of examination periods?—I think not, unless there was a greater pressure of numbers.

5048. Did I rightly understand you to say that certain recommendations which had been put forward by the General Medical Council have been in abeyance as regards your College?—For some time they were held in abeyance; it was difficult to carry them out.

5049. We had a witness before us early in the summer who told us that it was a matter of notoriety in Ireland that as regards some of the bodies (he did not mention any names) instead of four years being occupied in medical study, two years and nine months were occupied, and that some of the bodies admitted candidates to examination for the license, and conferred the license on those who were not aged 21. When you say then that some of the recommendations of the Medical Council have been in abeyance as regards the Irish College of Surgeons, are we to understand that these which I have just referred to have been in abeyance?—With regard to the question of the preliminary examination being necessarily passed before students could get credit for any professional lectures, that is now part of the regulations of the Irish colleges, but for a considerable time after it was recommended by the Council it had not become so, and until it had, of course it was quite possible for a student to pass in a shorter time than the four years.

5050. Supposing that a student did not pass his preliminary examination at the commencement or before the commencement of his medical study, but passed it during the time that his medical studies were going on, are we to understand that he only spent two years and nine months in medical study?—He could pass at the end of three winter sessions—there was nothing to prevent him, because the number of certificates required could be taken out in that time. There was no regulation which would come in to prevent his passing, at least if he had his certificates he could come forward with them and go up, without any question as to when his education began.

5051. Is it the practice of your College to admit men to their diploma before they are 21 years of age?—It certainly is not the practice; whether it may have been done in the past, I am not prepared to say, but I believe that now it could not be done.

5052. Has it been done up to a recent period?—I think it may have been done lately, but in future it cannot be done, as our rule in our new scheme forbids it. With regard to the preliminary examination it has now been made absolutely essential before the commencement of attendance on lectures.

5053. Still you are aware that the Medical Council has for many years advised that no one should be allowed

to obtain his diploma until he is 21 years of age; you are aware that that has long been a regulation of the Council?—I am not sure that the Irish College ever have admitted anyone of that age. As a matter of fact it very rarely ever happens that any student presents himself at that age.

5054. You referred to the mode of electing the representatives of your College on the General Medical Council; and I think that you indicated a wish that the electoral body should no longer continue to be merely the Council of the College?—Yes, we thought it better to widen the basis of election.

5055. Would you propose to extend them to Licentiates?—No; the Fellows would make the electoral body.

5056. Do you think that if you restrict the electoral power to the Fellows that that would satisfy the Licentiates, of whom I suppose there are a considerable number in Ireland?—There are a very large number in Ireland, but they have no corporate position whatever and never had any. It would be quite an innovation giving them the election of the representatives on the Medical Council, but it would meet the general views of the Fellows who form the College and who meet once every year to elect the Council, and they could then elect the representative on the Medical Council.

5057. Do we understand that your Licentiates take no active part at all in conducting the affairs of your College?—None whatever; they have nothing to do with it.

5058. A license is merely something which they receive which enables them to go on the Medical Register, but with no other privilege as regards your College?—No, they have no other privilege except so far as standing to go up for a Fellowship by examination.

5059. They have no power as regards the general working of the College?—No.

5060. In this scheme for a conjoint examination board for Ireland which Dr. McDonnell has referred to, in the list of bodies in Ireland that have adopted it I miss that of a very important body, namely, the Queen's University. Has the Queen's University ever given in its adhesion to this scheme?—I think not; I think they declined.

5061. Do you know the reasons why they declined?—I could not tell.

5062. Still it was not a scheme which met with the approval of the whole of the licensing authorities in Ireland?—I may say that when it came up to be confirmed by the general body of the College of Surgeons—that is to say the Fellows—it was condemned, but the reason that it was offensive was because it was only in Ireland. The Scotch bodies especially refused to form any conjoint scheme, and the Fellows of the Irish College consequently looked upon it as a suicidal act. It was very good in itself, as a scheme for the future, if it could have been carried out in each division of the kingdom, but as this was not the case, they said, this is suicidal; you will destroy your College; and therefore the Fellows of the College of Surgeons put it down.

5063. (*Professor Huxley.*) There are a large number of Licentiates and Fellows of the Royal College of Surgeons, Ireland, are there not?—Yes, there are.

5064. Is the membership a distinction which is largely sought at present by the medical men of Ireland?—Yes, the Fellowship of the College is looked upon as the highest surgical status that a man can get.

5065. Membership not only implies a high professional status, but it also confers privileges in the way of the use of the library, museum, and so forth?—Yes, certainly.

5066. Under such circumstances, supposing such a thing were instituted as a State examination, quite irrespective of all the existing examinations, which should be left exactly as they are, and supposing that every person who desired to follow the medical profession was compelled to pass the State examination for the sole purpose of putting his name upon the Register, supposing that the examination should confer no title of any kind, but simply give him the right of having his name on the Register, under those circumstances are you of opinion that the existence of such examination would diminish the number of candidates for membership of the Royal College of Surgeons of Ireland?—I am. I think that it would diminish it very largely.

5067. Would it not then be desirable as ever it was that gentlemen practising in Ireland should have the status and privileges which are now valued so highly?—A certain minority existing in large towns would seek the higher diploma, which is the Fellowship; they would go in for a Fellowship directly. I believe there would be scarcely any going in for a license simply because the license would not confer the right to be put upon the Register, nor any right to compete for appointments. It would have no money value whatever, some men of course would seek the higher diploma, therefore we might hope to have a few more Fellows perhaps than we have now. But I believe, as these reports show, the income of the College mainly depends upon its Licentiates, and that would certainly cease. I do not believe that the honour and distinction would be put against the State examination, or, at least, that it would weigh much in the scale; the State examination conferring large privileges and powers would be looked upon as the thing to get, and the other would be valueless, or nearly so.

5068. Is there any other way open in Ireland at present to a gentleman who wishes to become what is understood as a general practitioner in this country, of obtaining a license to practice except through your College?—Yes, he may become a Licentiate of the Apothecaries' Company. He can practise under that, or he can become, if he wishes it; the license of the College of Physicians places him upon the Register and he can practise upon that.

5069. He can practice all the branches of medicine with either of those two last licenses?—He can be put upon the Register, and whatever position that confers he gets without any further question.

5070. So that at this present time there is no absolute necessity for a man to pass your College or become a member of it?—It is just one of several, and the one most largely availed of.

5071. Supposing your argument holds good that if a man had passed the Government examination and got his name upon the Register he would think that sufficient, why does not he think it sufficient now? Why does not he get the easiest pass that he can find and not pass through your College?—In Ireland the Poor Law Board requires a double qualification. It will not give a man an appointment to a dispensary unless he has a license in medicine, midwifery, and surgery, and he therefore takes his license in medicine and midwifery in one college, and in surgery in another; he gets these from the College of Physicians and the College of Surgeons.

5072. That is why I ask you whether the license of the College of Physicians and the license of the Apothecaries' Company conferred the right to practice surgery?—It does confer the right to practice but not to obtain a Poor Law appointment. This is a special regulation of the Poor Law Board. Every young man naturally seeks for it, if he intends to go to the public services, and therefore must be provided with it. When you were asking about the qualification I was thinking about private practice. He has a right to practice, but not to get those appointments.

5073. So that in point of fact that which causes the present demand for the membership of the Royal College of Surgeons in Dublin is not the status that it gives or the privileges which it confers, but the fact that the Poor Law Board requires that the persons who hold employment under it shall have that particular qualification?—I think so. They must have certain qualifications, of which that is one.

5074. There is a paragraph in this document which you have been kind enough to place before us, which says, "In the opinion of this college the representatives "of each licensing body should be elected by the "Medical Corporative votes of such body;" what is meant by the Medical Corporative votes?—I believe what is meant by that expression is that they should be elected by the body corporate, that is by the Fellows instead of by the Council. At present it is the Council that elects. The Council, of course, is elected by the Fellows, but they think that it should go direct to the body of Fellows.

5075. Enlarging the franchise, in fact?—Yes.

5076. (*Chairman.*) Your suggestion was that they should be elected by the members?—I meant the Fellows, because the Fellows are the College.

5077. (*Mr. Simon.*) There is one of the regulations of the Royal College of Surgeons of Ireland, to which I

Mr. J. K. Barton, M.D.
18 Oct. 1881.

should like to direct your attention, as being one which might influence the College of Surgeons in any future scheme. I observe that you require of each candidate for license that he should have attended three courses of lectures on anatomy and physiology, three courses of lectures on the Theory and Practice of Surgery, &c. Are you aware of this recommendation of the General Medical Council "it is undesirable that any teaching "or licensing body should insist on a student taking "more than one course of lectures on any one sub-"ject"?—I am very well aware of that recommendation, and in order to meet it so far as we could get unanimity on the subject in the new scheme it is two courses in each subject. We have not been able to come down to one course as yet, but at present it stands as two courses and a practical course of surgery, to be absolutely operative surgery performed by the student upon the body under the direction of a competent teacher; and the physiology to be laboratory, and practical physiology performed by himself or under the direction of a professor.

5078. But the courses on systematic surgery are three?—Yes, they are to be two.

5079. And those are substantially identical courses, are they not?—By no means, they form two distinct courses. Some professors or lecturers have striven to make it three, but I think I may say that as a general rule there are two, we never go over the same subjects sooner than in two years. 24 months from the time they begin upon any one subject would be as soon as that subject would be again treated of before the class.

5080. (*Chairman.*) I gather from your evidence that every person who is admitted to the Register ought to have passed a complete examination in medicine, surgery, and midwifery?—I think so.

5081. And that those examinations should have been conducted by independent boards in each case?—I think so certainly.

5082. And by a central independent board?—I wish to explain that, that is if the system remains as at present, but if there is a conjoint board formed by examiners sent up from each particular corporation, that is a different thing, which would fall in with my ideas of what would be in advance of the present state of things.

5083. Do you prefer a conjoint board of examiners or a board of examiners composed of persons sent up by each of the universities and the corporations?—I think that the best conjoint board would be made up of elected examiners from each university and corporation, and that if there was a conjoint board made up of such examiners so elected they would give the corporations still an important part in the great work of the examination and they would form the most efficient board that could be made.

5084. May I assume then that what you propose is that individual universities and corporations should form as it were a kind of committee of reference which would nominate a certain board of examiners from each of those universities and corporations?—Yes, I think that they would form an electing body. The College of Surgeons for instance to send up examiners on anatomy and surgery, and that they could select men who would understand the examination upon those subjects and conduct it in the best possible manner, and similarly that each corporation should send up its own examiners.

5085. Would you propose that all the examiners in anatomy should be sent up by the College of Surgeons or would you give the universities a share in nominating the examiners generally, without specifying in what particular subjects they should examine?—I think that the most efficient examiners would be sent up in the subjects which the College specially represents, and that all the Colleges of Surgeons in the United Kingdom should examine in surgery, and in anatomy as leading up to surgery; and in the same way the universities who grant medical degrees (because the universities of Oxford and Cambridge give no other, and the University of Dublin for many years gave no other, and is essentially a medical corporation) should examine in medicine and the allied sciences that lead up to it.

5086. Where would you draw the distinction, say, between the University of Dublin and the Royal College of Physicians?—I do not think it is easy to draw any distinction between them; the one gives the university M.D. the other gives a license to practice. The one gives a higher title than the other, but both are in medicine.

5087. Then you propose that in the case of medicine the examiners should be nominated both by the University of Dublin and by Queen's College?—Yes, I think so. I think that there could be an amicable arrangement made in which they could each take different parts of the examination.

5088. Would you propose that those examinations should be supervised by the General Medical Council?—I would. I think that they ought to be in fact the governing body directing them, and seeing that they were efficient, and over them all, and responsible for them.

5089. Would you make them directly responsible for them, or would you give them merely the power of reporting that the examinations were or were not sufficient?—I think it very important that the Medical Council should hold in its hands the power to see that the standard of examination is held high; and I think that if they did that, there would be a rivalry amongst the corporate bodies who elect the examiners to send up efficient men who would reflect credit upon their colleges. And at the same time the Medical Council would be in a position to prevent them drifting into too theoretic or dilettanti examinations, and they would be the best body to keep it practical and at the same time efficient.

5090. You have told us that in some instances the recommendations of the General Medical Council have been disregarded by individual corporations, and instances have been pointed out in the course of your examination in which that has been the case; have those instances been frequent and general with reference to Ireland?—I do not think they have. So far as I know, I think that we have obeyed them as well as other parts of the United Kingdom; but I think that there have been recommendations by the General Medical Council which have not been followed by any, except perhaps by the English colleges.

5091. Do you see no other remedy for that except to give to the General Medical Council more power to enforce its recommendations?—I think that they ought to have power to enforce what they have decided upon as advantageous.

5092. With reference to the constitution of the General Medical Council itself, it is stated in the reply of the College of Surgeons that they are of opinion that certain of the licensing bodies which now send representatives to the General Medical Council ought to cease to send representatives?—It is with reference to the Apothecaries' Company of Ireland that they make that statement.

5093. Do you consider that it is essential that the members of the General Medical Council should represent individual institutions, or do you think that it is possible with advantage that the members might be chosen as representing classes of institutions, namely, the universities or corporations as distinct from the University of Dublin or from the Royal College of Surgeons?—I think that a great deal of the difficulty in the Medical Council, acting as the independent body that we would wish it to be, has arisen from its construction; from the representatives of each corporation as a rule going there to fight the battle of their constituents, as one may say, and to get the best terms that they can for their own friends; and if it could be in any way happily constituted so that each would not represent a special corporation I think it would be better.

5094. If it were possible that the universities should nominate a certain number of representatives, and that the aggregate corporations should nominate a certain number on the Medical Council, you would apparently prefer that method of representation to the present, which represents individual corporations?—I think that might perhaps be better. Certainly I think that any thing that would prevent the present antagonism of interests on the Council would be an improvement.

5095. With regard to the preliminary examination, do you think that the present system by which the examination by certain other bodies is recognised by the Royal College of Surgeons is the best system?—I do not. I think it would be better to have the preliminary examination conducted by bodies specially calculated and fitted for it, who are engaged in arts education, and not to have the preliminary examination held by professional bodies such as ours. Although we have striven to make the preliminary examination a *bonâ fide*

thing, I think it would be much better if it was out of our hands altogether, and in the hands of those who are engaged in general education, that is to say, the universities for instance, or perhaps the Intermediate Education Board in Ireland might do.

5096. But you would be in favour of prohibiting the corporations from conducting the preliminary examination?—If you make efficient arrangements for the students getting the preliminary examination as easily and as thoroughly in the other bodies, I would; but I would not think it well to force every one to enter a university, that is to say, to force all students, for instance, to pass through their first year at a university.

5097. You would, however, be in favour of entrusting that preliminary examination to a university rather than to a corporation?—I would.

5098. (*Mr. Simon.*) Supposing the conjoint board system to be established, so that you had a divisional board representing all the medical authorities of Ireland, and it were thought desirable to diminish the bulk of the General Medical Council, what would you think of the plan, that (instead of the individual authorities continuing to send their separate representatives) the divisional board should send a certain number of joint representatives, all the institutions having a voice in the appointment?—That appears to me to be a good idea, and it might answer the purpose.

5099. (*Mr. Cogan.*) I see in the paper which states that the emoluments which the College derives from fees that there are fees drawn from dental candidates which form rather a large item in the income of the College; and that in 1869 they amounted to 1,527*l.*; that was the first year, was it not, in which the dental title were given?—Yes.

5100. The amount fell in the next year to 320*l.*, and in 1881 it reached 1,454*l.*; can you explain why there is that great falling off from 1879 to 1880?—I cannot explain it. I fancy that the examinations were held more frequently in 1879; but it is altogether of a temporary character. The right to come in under certain conditions was granted temporarily, and by-and-by it will cease. I think I am right in saying that it ceases this year.

5101. The first year I think in which there was the power of giving this title was in 1879 under the Dentistry Act?—Yes.

5102. And there must have been a vast number admitted that year?—Yes, because there was what was called a "time of grace," that is to say, men were allowed to come in without any preliminary curricula of study which existed at that time if they wanted to pass the examination to qualify them to get on the Dental Registry.

5103. Are you aware of charges having been made that in that year the College admitted to the dental title a vast number of persons who by no means ought to have got it?—I think that very likely such charges were made, but I think they were made unfairly and unfoundedly, because the College took every possible care that they could, and the dentists that were admitted were to all appearance, as far as we could judge, men of respectability, and men that came up to the terms of the Act, which were that they should be vouched for by two respectable members of society, I think, and one well-known dentist, and that they were also those who were not engaged in advertising. These rules were carefully kept to, and whilst, I daresay, some may have got in under false pretences, I believe that the majority were respectable and proper persons to be examined.

5104. I recollect that there was evidence given before the Committee of 1879 impugning very seriously the qualifications of a vast number of persons who were so admitted. I do not immediately recollect in what part of the evidence it was given, so that I cannot refer to it now, but I distinctly remember that it was stated that a number of persons who had no professional claim whatever were admitted to the title of dentists in that year; could you give us any information upon that subject?—I know that such a charge was made, but I am also aware that the Irish College of Surgeons took all the care in their power to prevent anything of the kind occurring, and that when those charges were brought forward there was inquiry made into them, and we could not find out that any cases had been admitted that could have been reasonably objected to.

5105. Have you any course of instruction in dentistry in the College?—No; we do not undertake it; we have only an examination.

5106. Is there any professor of dental surgery in the College?—No, there is none now; there were some at first. I forget how it was, but there are not any now; we do not undertake to teach it.

The witness withdrew.

MR. WILLIAM STOKER, A.B., T.C.D., F.R.C.S.I., M.K., Q.C.P.I., examined.

5107. (*Dr. McDonnell.*) You are a Fellow, are you not, of the College of Surgeons, Ireland?—I am.

5108. A member of the King and Queen's College of Physicians and a graduate of the University of Dublin?—Yes.

5109. Have you ever yourself held any office of examiner anywhere?—Yes, for four years in the Queen's University.

5110. During that period, I take for granted that you did not prepare pupils for that examination?—No, not in subjects in which I examined.

5111. You are one of the surgeons, are you not, to the Jervis Street Hospital?—Yes.

5112. Do you hold any other public position as teacher?—Yes, I am lecturer in surgery in the Ledwich School of Medicine.

5113. How many years have you been engaged as a private teacher?—I think for about 12 or 14 years as a private teacher in medical subjects. My earlier training was as a teacher in subjects other than medical.

5114. In fact you prepare your pupils for examinations which admit them to the Medical Register?—I do.

5115. How many pupils have you prepared for those various examinations say during last year, 1880?—I can only say that I have prepared over 184. I have 184 names on my book.

5116. Could you from your notes give us any idea of the number that you have prepared for the different examinations in the united kingdom?—I have taken down a note of 56 that I have prepared for the Royal College of Surgeons in Ireland, 48 for the Queen's University, 32 for the King and Queen's College of Physicians in Ireland, 26 for the Scottish licenses, 13 for the Royal College of Surgeons, England, about 5 for the London University, 3 for the London College of Physicians, and I think about 9 for the Apothecaries' Hall in Dublin; and many of those would be repetitions of the names of the 26, prepared for the Scottish licenses.

5117. Do they finish in Scotland?—All my men would; I would not take a man for the Apothecaries' Hall.

5118. Except to begin there and finish in Scotland?—Precisely, I would take them for the Scottish license, and might send him for the half of the Apothecaries' Hall examination in Dublin.

5119. Why do you send them for the first half to the Apothecaries' Hall in Dublin and the second to the license in Scotland?—For two reasons, expense and easiness of the examination.

5120. Do you think that it is the cheapest and easiest mode of getting a person on the Register for him to go to the Apothecaries' Hall in Ireland for the previous examination, and to pass him for the second part in Scotland?—Easiest, yes; cheapest, no.

5121. Why not the cheapest?—The Queen's University would be cheaper; but it is much cheaper for the Irish Student to take the half of the Apothecaries' Hall than it is for him to go over to Edinburgh or Glasgow.

5122. You take the expense of travelling into account?—I do. 16*s.* is the diploma fee of Apothecaries' Hall, and you could not get a return ticket to Edinburgh for that.

5123. What determines those men apparently is the easiness of that mode of getting upon the Medical Register?—One of the factors in the case is the facility; another is the expense.

5124. Do I understand you to say that it is more expensive than the Queen's University?—Yes. The Scottish Licenses are somewhat more expensive than the degrees of the Queen's University.

Mr. W. Stoker.
18 Oct. 1881.

5125. You used the expression "facility," will you explain what you mean by that?—Facility of passing. I mean the easiness of the examination.

5126. A less degree of knowledge, in fact?—Yes. There are two factors in it. The simple one is that the examination is much easier; and the second factor is that a man can utilise his knowledge doubly. The subject considered most important in the examination of the Apothecaries' Hall is *materia medica*. This is there a part of the First Half. In Edinburgh, on the other hand, it forms part of the Final examination. If, then, a candidate know *materia medica* well, it serves him doubly, balancing weakness in the scientific subjects in Dublin, and in the practical subjects in Edinburgh. I mean the licenses of the Scottish corporations as contrasted with the degrees.

5127. Do you think that there is a very marked inequality amongst the various examinations which admit young men to the Medical Register?—A very marked inequality indeed.

5128. Have you any objection to say which you consider to be the most difficult examination, and which you consider to be the easiest—admitting that there is a very great inequality, which examination would you put at the top, and which would you put at the bottom of the list?—I have no objection to answer the first part of that question. I would put the London University first as the most difficult.

5129. (*Mr. Sclater-Booth.*) Do you consider that it is always the best, and that the two terms are convertible? I believe the two terms not to be convertible. I think the most difficult examination is the London examination, and I would put the Queen's University, Ireland, second.

5130. (*Dr. McDonnell.*) Do you mean in point of difficulty, or in point of good sound practical subjects of examination?—Certainly, in point of difficulty; and, again, I think it is as good as any in practical subjects.

5131. You, as a private teacher, make it the study of your life, I presume, to get your pupils through those examinations?—I do. It is my one aim.

5132. Your duty is to prepare them, and your contract with them is to enable them to pass an examination which will put them on the Register?—Yes.

5133. And you charge a fee for preparing your pupil for an examination which will put him upon the Register?—I do.

5134. What fee would you charge for putting a young man into the London University?—Thirty guineas.

5135. Apart altogether from his education, your private teacher's fee would be 30 guineas?—Yes.

5136. What would be the cheapest rate at which you could prepare a pupil to pass one of the inferior examinations to get his name upon the Register?—Ten guineas. It would be more profitable to pass men for the easier examinations at 10 guineas than London University at 30.

5137. You stated that there are very marked inequalities amongst the various examinations which give admission to the Medical Register. I ask you which you consider the most difficult, and which you consider the easiest?—I consider the London University examination to be the most difficult.

5138. Which do you consider the easiest?—I think that of the Apothecaries' Hall of Dublin is the easiest.

5139. Does the cost very greatly differ?—It does; the cost varies very considerably.

5140. Will you give the Commission some information upon that subject?—The cost divides itself into the cost of the diploma fee, and the cost of certificates. The diploma fee varies between 16*s.* and 28*l.* The cost of certificates varies from 45*l.* to 150*l.* By certificates I mean the certificates of attendance on lectures and clinical instruction at hospitals required from candidates by all licensing bodies prior to their admission to examination. This variation in cost results in part from the great differences in curriculum among our licensing bodies, but also from the difference in cost of the same certificate at different schools. Thus at some London schools the certificates needed for the M.R.C.S.E. cost 150*l.*, at other London schools they may be had for 90*l.*, and at provincial schools and in Scotland for far less.

5141. What curriculum would be covered by 45*l.*?—That of the Queen's University of Ireland, if taken out at Belfast, Cork, or Galway, would cost about that sum. If the same curriculum were taken out in Dublin it would cost at least twice as much. The Chairs at the Queen's Colleges being endowed by the State permits of the certificates being issued at much lower fees than is possible in Dublin.

5142. With regard to the examinations, do you think that the examinations can ever be very efficient, and at the same time inexpensive?—I do not. I think it is impossible for an efficient examination not to be expensive. The candidate may not pay for it, but somebody must. For instance, I have told you, I think, that the Queen's University examination is a very efficient one, and it is a cheap one.

5143. Why is it cheap?— The cost is not paid by the candidate; the candidate only pays 5 guineas.

5144. Who pays the cost?—The Treasury, I believe, pay the cost of it.

5145. Can you give me any instance of an examination, for instance, in anatomy, which is very cheap and which is inefficient on account of the attempt to make it cheap by not having a fee to pay for subjects?—I do not think it possible for the Apothecaries' Hall of Dublin to examine men for 16*s.* I have heard men connected with the Hall complain of the low fee, and state that they simply examined *pro bono publico*. They cannot afford to expend much money on the examination.

5146. Could you provide subjects for the examination of candidates in anatomy for that?—Two guineas is the cost of a subject; but of course one subject would do for more than one candidate. Very few candidates present themselves for this examination, the Pharmaceutical Society examination takes its place in great part.

5147. Is there much variation in the time required by the various licensing bodies in order to obtain degrees?—Very great variation. Some licenses are obtainable in a minimum time of two years and five months. In some the Medical Council's suggestion of four years is, I believe, rigidly carried out. The ideal time in most of them is four years. I say "ideal" because in some cases the modes recognized as the commencement of medical work, are so numerous and elastic under slight strain as to be practically valueless.

5148. Would you yourself personally think it a good thing for medical education that that suggestion of the Medical Council with respect to the four years should be carried out?—In some respects, yes, subject to the proviso that means were taken to secure the candidate working for the greater portion of that four years. Personally I do not like time restrictions. I would like the time restriction limited to the period between the passing of the candidate's previous examination and the passing of his final; but I would let a man pass his previous examination (the First half) as quickly as might be.

5149. You have made it the business of your life, I may say for a good many years, to study the difficulty and the variation of the degrees of difficulty?—Yes, an accurate appreciation of the degree of variation is the very essence of the grinder's business; the necessary ground work of his business. His contract with his pupil is to teach him just so much above the standard of the examination he is required to pass as may obviate the possible ill effects of chance.

5150. Can you give to us first an idea of that difference?—First, there is the variation of my grinder's fee. In some cases I demand three times the fee that I do in others. I believe that it would be easier made money working at the lower than the higher rate. I would desire likewise to say that this average is open to many disturbing causes. I mean so far open that it is not applicable to an individual case.

5151. Do you think that it is open to a candidate to select the place where he passes his primary examination?—Certainly; a candidate may select for his primary examination that place where it is easiest, and then he may go for his Final examination to a place at which that was easiest.

5152. As a private teacher it is your business to study the peculiarities of examiners, if I may say so?—Yes, the peculiarities of examinations and of examiners.

5153. If an examiner is a good long time on a Court of Examiners, you make a study of his questions?—I do; and a very close study.

5154. Do you think that examination is good, where an examiner remains for a very long time in the court?—In one respect, it is rendered less perfect and in one respect it is slightly improved. It is rendered less perfect in this respect, that candidates have very

unequal opportunities of arriving at the probable questions set by examiners, and the answers the examiners wish for; improved, as experience benefits the examiner.

5155. Not looking at it from the point of view of a private teacher, but looking at it from the view of the public, if I may ask you to do so, do you think it a desirable thing that an examiner should be a very long time on the Board of Examiners?—I think not, but the number of good examiners is very limited indeed. I do not think it sufficient to provide a rapid rotation even if all competent men were willing to act.

5156. Are there any examiners on the various boards for which you prepare your men, nearly all of whose questions you know?—There is one examiner, I think, all of whose questions I know.

5157. You make it a study to try and find out as many of their questions as you can?—I do; that is the great object of my life.

5158. Will you tell us how you set about it?—I closely watch the whole business. I have two things to find out, first the questions and next the answers. As regards the questions I examine the man's previous papers very closely. I exclude the questions which have recently been asked by this gentleman. I very carefully consider the questions which he has asked for a considerable interval. That is my ordinary custom. There are some cases however of gentlemen who never repeat themselves, and I need hardly say that when I arrive at that conclusion I exclude all the things that they have previously asked. I could give you extreme cases of each of those phases.

5159. You adopt the negative and positive mode in fact of ascertaining the information?—Yes, I could give you cases both ways. You asked me, did I know of any case of rapid repetition; and I may say that there is one respected gentleman who happens to be alive, I am glad to say, and his number of questions is something under 50. The students all say 40, but that is not accurate. He repeats those 50 questions; that is to say, he takes a section of those 50 questions from time to time; he does not repeat the previous paper.

5160. Are those written questions or are they generally oral?—I think they include the whole of this gentleman's questions. The written questions are used for *viva voce* at the next examination, and *vice versâ*. Examiners have an enormous inclination towards that. If I hear that a man has given *viva voce* at any given place this time, that *viva voce* is very carefully considered for his next paper. I am pretty sure that in his subsequent examination he starts with a few fresh subjects, and then when he is tired, towards the end of the day, he will have got over his first selection, and he will think of what he will ask, and the probability is that he will drop on to the last examination paper because he has considered it deeply and has brooded over the answers.

5161. Will you now tell us the negative method by which you arrive at it?—The negative method is by no means equally applicable. There is one gentleman, an examiner, whose examinations have extended, I think, over 16 years. I have a *précis* of 14 years of his examinations, and the total of his repetitions is under a dozen. I speak in this case of printed papers.

5162. Therefore you exclude those subjects with him?—Yes, certainly, I am perfectly safe in doing so. Sometimes I have made mistakes in that respect; for instance, a question was asked at an army examination, and it was asked the next time. It was the general rule not to do so, and I believe the candidates were bitterly disappointed at it; we were perfectly astonished at it.

5163. You will admit that it is difficult for any examiner who has been long at the work to avoid getting into a special style of questions?—Almost impossible.

5164. Do you yourself personally approve of the professors themselves examining their own pupils, and how do you deal in those cases?—I do not approve of the professors examining their own pupils; such an examination is never a fair one. The members of a professor's class have exceptional opportunities of calculating the questions which are most probable, they further have opportunities of learning the answers which this professor requires. If, then, a stranger go in for that examination, to secure complete credit for his answer it would be necessary for him to give all possible answers to the question. This would not be possible, there would not be time. There are often many equally truthful answers to a question, especially in practical subjects. Practical medicine differs from the exact sciences very greatly in that respect. The professor's own pupil, on the other hand, will get full credit if he give what the professor has taught him.

5165. Have you thought of any mode of meeting the case of examiners examining their own pupils? You are aware that almost all examining bodies now have what I may call a local examiner combined with an outside or extraneous examiner; have you thought of any mode of neutralising the evils which in your mind arise from a professor examining?—Yes. I would suggest that the questions should be set by one examiner and adjudicated on by the other.

5166. What do you think would be the advantage of that?—It would primarily induce the examiner to set questions which were easily comprehensible. Secondly, it would secure fair credit being attached to fair answers to them, apart from the examiner's own special views. I think it would be unusual for the two examiners to have a hobby on the same subject.

5167. You are aware, of course, that the Medical Council has taken a great deal of trouble and done a good deal in the way of having examinations visited and reported upon, do you think that the visitation effected by the Medical Council has been productive of good results?—The only results that it can have produced tend towards good; but the results are but temporary.

5168. From your point of view, as the preparer of young men for these examinations, what do you think the principal effect of visitation has been upon your own pupils?—The rejection rate has been much higher.

5169. Do you mean higher on the average, or higher at those examinations where visitation has taken place?—The rejection rate has been very much higher at that examination at which the visitation took place.

5170. Has it continued, do you think, to exercise the same influence?—It has not. The next examination was unaltered.

5171. In fact, where the visitation is going on, the examination becomes more difficult, and where the visitation is not going on, it sinks to its normal standard, is that what you mean?—To a limited extent, yes. The rejection rate is very much higher at the visited examination, and the students all believe the sole reason for that is the increased difficulty in the examination. So much is that true, that a number of men withdraw when even the rumour of a Medical Council visitation reaches the place. If it were known in sufficient time beforehand that such visitation would take place, the class presenting themselves would be enormously reduced. In fact, none save the very confident would present themselves—the well-informed and the fool-hardy—often the most ignorant.

5172. The visitation therefore seems to make the element of chance enter more largely into the examination?—It would be a temporary element of disturbance. I may add that the nervous excitement of the candidates bears a part in this result, they think they will be slaughtered. I am perfectly satisfied that the examiners are not themselves conscious of any change in the mode of examination.

5173. What in your opinion are the things which in the minds of a student or of his parents chiefly determine the selection of the mode of getting on the Medical Register?—First, the things which influence all are prestige, cost, and difficulty. The difficulty, I think, comes both last and least. Locality acts as a constituent of all three ideas, the father hears most of the home college and it costs him least, and the teacher afterwards tells him that it is less difficult for his son than for a stranger. He naturally too likes to keep the boy near home. The three persons who settle the question are the father, the candidate, and the teacher. On the question of prestige all three are agreed, they want the best license they can get. The father or son may possibly get into his head the mistaken notion that as all licenses admit to the Register and qualify for appointments they are all equally desirable. This mistaken notion is however not difficult to set right. With regard to the cost, the father is not affluent, the medical is rarely selected as an ornamental profession, he appreciates very clearly the question of cost, and on that point he is likely to assert himself, save under very exceptional circumstances. Now as to the difficulty, the father thinks his son's capacity over the average, the son believes that if he work he can do what his fellows have done, the teacher, the only one who appreciates it,

Mr. W. Stoker.

18 Oct. 1881.

will not, unless compelled, advise the easy gap, his sympathies are all the other way. An ignorant ex-pupil disgraces him just as much as the College that licensed him; and his profits too depend on the character of his pupils.

5174. Of your own pupils educated in Ireland do many of them go to Scotland to pass?—Yes, a fair number do.

5175. Do many of them go to Scotland after having been rejected in Ireland?—Yes.

5176. From what body?—From the Queen's University.

5177. Where do they go to?—To Edinburgh.

5178. Do they prefer Edinburgh or Glasgow?—Edinburgh.

5179. Of your own pupils do a large majority of those rejected at the Queen's University go to Edinburgh to pass?—All who do not remain to re-present themselves for examination at the Queen's University.

5180. They do not as a rule try any of the corporations in Ireland?—No, they could not do so.

5181. Why is it that young gentlemen rejected at the Queen's University do not present themselves to our College of Surgeons or to our College of Physicians?—They have not the necessary certificates to do so.

5182. The curriculum of the Queen's University suits them in fact for Edinburgh, but would not suit them for Dublin?—Yes, that is so. The previous examination of the Queen's University is one of those accepted by Edinburgh in lieu of their own previous examination; but the College of Surgeons of Ireland will not accept any previous examination in lieu of their own. Thus a disappointed Queen's University candidate, disappointed either through having presented himself and being rejected, or disappointed from being informed that he has no chance of passing, goes to Edinburgh, where he simply has to pass the final examination of the corporations, he having already passed the previous examination at the Queen's University.

5183. I wish to understand distinctly — is it on account of the curricula rather than on account of the examination that those candidates go to Edinburgh?—Yes, that is so.

5184. You are aware, are you not, that some corporations require that the candidate before presenting himself shall sign an engagement that he has not been rejected at any place else for three months before?—I am.

5185. That regulation would lead most persons to understand that a pupil cannot be rejected in one place and very soon afterwards go and pass in another. Have you ever known any cases in which that regulation has been evaded?—I have.

5186. Can you tell the Commission how it is evaded?—A candidate, dreading the result of the examination to which he has presented himself, or to which he is about to present himself, would send in an application to the other licensing body to be admitted to examination. He says, "I am in for one examination; I am "afraid I shall be rejected, and I now send in an appli-"cation to another licensing body, which may make "this restriction, and I state that I have not been "rejected for the past three months by any licensing "body."

5187. Therefore that pupil tries his hand at the first examination?—Yes.

5188. And having been rejected he goes to the other?—Yes.

5189. Do you know of your own personal knowledge of that having occurred?—Yes, clearly.

5190. (*Mr. Simon.*) You clearly have had a great deal of experience in the preparation of men for examinations, and of observing the results, and have a pretty good notion of your own of what a good and honest examiner would consider a fair and proper standard of admission to the medical profession?—Yes.

5191. Is it your experience, for I have seemed to gather this from the things you have said, but I should like explicitly to ask you, is it your experience that by certain portals men pass on to the Register with very imperfect qualifications?—It is my belief.

5192. Does that apply to both sections of the examination, that they pass their scientific examination with very imperfect scientific qualifications, and their practical examination with very imperfect practical qualifications?—It applies more markedly to the scientific examinations than it does to the practical examinations.

5193. And I believe I gather rightly that it is your experience that candidates, with advice, can dodge in particular sections of an examination, so as to get off very easily in them at particular portals?—Yes.

5194. (*Professor Turner.*) You have told us that you are a private teacher, do I understand that you are not connected with any of the schools of medicine as a teacher; or, are you a private teacher and also a teacher in a Dublin school?—I am a private teacher and am connected with Dublin schools. I was connected with one Dublin school and am now going into connexion with another.

5195. Is it compatible in Dublin for a man to be a private teacher and also a public teacher in a school?—Certainly.

5196. There is nothing in the custom of Dublin to prevent it?—The demonstrators in the schools (and it was in that sense that I said I had been connected with Dublin schools) are the private teachers.

5197. That is to say, to use a current expression, they are the men who coach the students for the different examining boards?—They are called "grinders" in Ireland, university coaches and *privat-docenten* elsewhere.

5198. In preparing students for the examining boards, on how many subjects do you undertake to prepare them?—On all the subjects of examination I undertake to teach as a private tutor, not as a class grinder.

5199. You know the subjects of examination which any given board examines upon?—Yes, a competent knowledge.

5200. May I ask if in Dublin it is the practice of the students before presenting themselves for examination to go to yourself, or to some other gentleman acting as you do as a private teacher?—All save the poorest of them do.

5201. Take the College of Surgeons of Ireland, for instance, would any student present himself for examination before that body on the result of his own study and attendance on lectures and on hospital practice without going to a private coach?—Yes, but very few. I would say about one in six or eight.

5202. You have given us a good deal of extremely interesting information about the variations in the cost of education and the variations in the cost of examination; in giving us those statistics are we to understand that you consider that the price of education should be made uniform in the different divisions of the Kingdom; or that there should be variations in the cost of education?—I think I would admit of variations in the cost of education, but variations within the limits of efficiency.

5203. But as regards that question of efficiency, if an education conducted by any establishment is an inefficient education is it at all likely that students would resort to that establishment when there are efficient establishments in close proximity to it? Is it not the efficiency of an educational institution which draws to it its students?—Of an educational institution, certainly.

5204. You have brought two points before us with regard to the difference of cost—the difference of cost of the certificates, which is the educational cost, and the difference in the cost of examinations. I am now taking the education entirely. So long as an institution can impart an efficient education for a moderate sum, is there any reason why it should make the cost of its education much higher so as to make it extravagant to the students and their parents?—Assuredly not.

5205. With regard to the cost of the examinations, there are differences ranging from 16*s.* to 28*l.*; clearly a fee of 16*s.* paid by a candidate for an examination cannot properly defray the expenses of that examination?—It cannot.

5206. Have you any reason to suppose that the institution which charges only 16*s.* supplements its examination expenses by a grant from its own funds?—I cannot say.

5207. You have referred to the difference in the fee paid to you as a private teacher by candidates who are under your tuition in preparation for the various examining boards, and you have named, I think, the fee of 30*l.* as paid to you by candidates for the University of London, and you attach, I think, a certain value to the proportion between the fee paid to you and the stringency of the examination?—Yes, there is a certain

relationship and a strict relationship in so far as the person presenting himself to me is concerned.

5208. I presume you would not at all assume that the general examination throughout the country for admission to the Register should be put on the same high standard as the examination of the University of London?—I do not.

5209. So that when you say that candidates come to you for preparation for one of the "easier" examinations as you have called them, do you by that wish the Commission to infer that those easier examinations are necessarily inefficient ones?—I think the easiest of them are inefficient.

5210. You give that as your definite opinion?—Yes, that the easiest of them are inefficient.

5211. Still you would not propose that these easy examinations should be raised to the standard of the University of London?—Not at all. I would desire them to be raised to the medium.

5212. With regard to the system, of which you have evidently had so much experience, of candidates passing say the early examination at one board, and then going to a second board for the final examination, do you think that that system is one which leads to much abuse?—I do.

5213. Because as the examining boards do not all have the same standard for their first examination a candidate can pick out the easiest one, and then, having got through that, he can go on to the final examination of another board, perhaps, which gives a more reputable diploma?—You are taking things as convertible in truth which are only nominally convertible.

5214. So that a candidate may appear with the diploma of a particular body when he has not gone through the whole series of examinations of that body?—Yes, and he frequently does so.

5215. You look upon a system of that kind as not a good system?—It is open to abuses, but it is a very convenient system; and where equal things replace each other there is no objection to it in the world.

5216. That is to say, if the first examination of each body, or of all the bodies, was on the same platform, then there would be no objection to it?—Not the slightest, rather great advantage.

5217. But your objection is based upon the circumstance that the first examination is not on the same level?—It is based on the abuse I may say, and not on the use; for instance, the College of Physicians of Dublin accepts the previous examination of the College of Surgeons as a substitute for its own, and I am not aware of any disadvantage arising from it.

5218. Because you hold that the first examination of the College of Surgeons is a good one?—Because I hold that the two examinations are practically equivalent.

5219. You have referred to various candidates who have been educated at the Queen's Colleges in Ireland under the system of education required for graduation in the Queen's University in Ireland, who go to the Scottish Corporation, in order to obtain a surgical and medical qualification. Are we to understand that one great reason of those gentlemen going to Scotland is because the curriculum of the Scottish corporations closely approximates to that of the Queen's Colleges?—Yes.

5220. And that therefore a course of study pursued in the Queen's Colleges fits a man for examination at the Scottish corporations when it does not fit him for examination before the Irish College of Surgeons?—Yes.

5221. And do you look upon this then as one great reason why a number of young men educated in Ireland do go to Scotland?—I hold it to be the reason that disappointed Queen's University candidates go to Scotland. Irish candidates who go to Scotland mainly are made up—First of Belfast students; with them the qualification of the Scottish corporations is often a primary choice. The communications between Belfast and Edinburgh are at least as close as those between Belfast and Dublin. Thus the Edinburgh qualification for a Belfast student may be put almost as a home qualification for him. It is as much a home qualification for him as Dublin is.

5222. The population of the north of Ireland, I suppose, being to a large extent of Scottish descent, and the association between the north of Ireland and Scotland therefore being considerable?—I presume that to be true, but then I say that as regards material communication, railway transition, it is cheaper for men to go there. Throughout all my statements I hold that cost is a grand moving power in the selection of an examination. The difficulty of the distance is a mere nothing. It is easy for a Belfast man, and it costs him less to go and live in Edinburgh for a sufficient time for examination than to come up to Dublin and live there; so that an Edinburgh qualification may be regarded as a home qualification. The second class would be the rejected Queen's University candidates. The third, Queen's University aspirants who are advised not to present themselves for examination. These two last classes go to Edinburgh as a secondary choice. They go because their certificates will not admit them to examination elsewhere. The fourth class are poor Dublin students who cannot afford the extra cost of the Royal College of Surgeons, the certificates required by Edinburgh being much less costly than those required by Dublin

5223. What is your experience of the result of the examination of those young Irishmen belonging to one or other of the classes you refer to, who go from Ireland to Scotland for the purpose of obtaining corporation diplomas? I suppose they report to you on their return whether they have passed or not?—They do.

5224. What is the result of your experience as regards the passing of the Scottish corporation examinations by those gentlemen?—Those who have presented themselves with any reason to the Queen's University examination usually succeed.

5225. Have you any reason to suppose that the examinations conducted by the Scottish corporations are inefficient examinations?—I have not. I consider that their practical, or final examination, is remarkably good.

5226. With reference to this question of preparing students, I suppose you cannot lay down any rules to guide your pupils as to their clinical examination; you cannot say I presume to any candidate that such and such an examiner will give you a particular question; or have you any means of getting what I believe are called "tips" on the question of clinical examinations?—Very rarely. For Scotch clinical examinations as now conducted a "tip" would be useless.

5227. And impossible, I suppose?—Useless, is my point, it would be useless. The clinical examination in Scotland is remarkably good. The clinical in Scotland is usually an examination as to the mode of conducting the examination of a patient rather than of attaching any essential value to the candidate's judgment on the case. The object is to see if he knows how to handle a case.

5228. You have expressed a certain opinion on the question of professors examining their own pupils, but I suppose from what you have said you would have no objection to the combination of a professor examining his pupil along with an examiner appointed from without so that the two may act as a check on each other?—I look at that as frequently beneficial for the reason I have stated, namely, that there is a great deal of chance in examinations, and I have known a great deal of good come from information possessed by a professor in reference to men obtained otherwise than by means of the examination.

5229. You have referred to the visitation of examinations by visitors appointed by the General Medical Council, have you any reason to think that the standard of examination has on the whole been improved by that system of visitation?—I do not know of its being influenced by it permanently.

5230. Excepting at the particular examination at which the visitors happen to be present?—Yes. I believe there is an increased difficulty in the examination at the time of that particular examination. I further believe that that increased difficulty is not so great as the students universally believe it to be. I believe the rejection rate to be increased by the fact that average students do not present themselves, and by the nervous excitement of those who do, as well as by the increased difficulty; and I further again desire to add, that I believe any increase of difficulty is not believed in by the examiners.

5231. That is to say the examiners do not purposely make an examination which is being visited more difficult than an ordinary examination?—No, they do not. It is naturally a very sore point with the examiners when any suggestion of that kind is made. It is perfectly unconscious on their part, and I know that many of them are incapable of doing so purposely.

Mr W. Stoker.
18 Oct. 1881.

5232. (*Chairman.*) After your long experience of medical education and medical examination, have you thought out the question of what is the best constitution of the examining board in order to obtain uniformity of examination?—I have not. I have never desired complete uniformity of examination.

5233. You would desire, however, would you not, that at all events there should be a minimum of examination below which no Body should fall? — Certainly.

5234. How would you propose to attain that minimum?—I would give increased powers to the Medical Council.

5235. With regard to the body of examiners itself, should you propose that, as now, the examiners should be selected in the different bodies by the different universities and corporations, or are you in favour of having a central body of examiners appointed by one central board?—I am in favour of an improvement of the present system instead of a thorough subversal of it as that would be.

5236. How do you propose to improve it?—By giving increased power to the Medical Council; and I would equalise the fees to some degree. I would equalise them in such a degree as would leave prestige, which I think would very fairly be the measure of efficiency, the sole reason for the selection of a qualification.

5237. Your proposal would then be to place the controlling power which would be necessary for the equalisation of the fees, and the equalisation of the examinations, in the hands of the General Medical Council?—I would think so. A single examination, I might add, could not be anything like an equal one. An Irish student prepared for a London examination, and passing it, would be a far better man so far as examination could determine it than a London student.

5238. You would however leave the examinations as they are at present conducted at the various centres of education, and to the various corporations, and you would not have two or three places at which alone examinations would be conducted?—The sole action that I would take would be to give greater power to the Medical Council, and I believe that if the Medical Council were empowered to secure efficient examination, and if the fees were made equal this multiple portal system would die a natural death of itself. It would be a case of the survival of the fittest, there would be no reason for its remaining. Prestige and locality would be the sole determining factors in the selection of an examination; and those which are incorrigibly bad may be blotted out by the Medical Council. The candidates would themselves starve out the list of those outside the necessary number.

5239. In order to exercise the necessary control it would be necessary, would it not, for the Medical Council to visit the examinations very much more frequently than they do at present?—I am really not competent to state anything that would be worth this Commission listening to on this subject; it is outside any special information that I may happen to possess.

5240. But you are able to tell us that up to the present time the controlling power, or even the power of having its recommendations carried out which has hitherto been exercised by the General Medical Council, has not been sufficient?—I am not aware that they have any powers. I think it is now first suggested that they have any power. I think that their recommendations as a rule are desirable ones, in my mind, but I never viewed them as powers.

5241. The General Medical Council has no power in the proper acceptation of the term, and it is also quite true that their recommendations have in many instances not been carried out by the bodies to which they were made; you would now propose that we should give the Medical Council that power?—I would. There should be a controlling power. I prefer the expansion of the present existing powers rather than the creation of new ones.

The witness withdrew.

Adjourned to to-morrow at 12 o'clock.

NINETEENTH DAY.

Wednesday, October 19th, 1881.

PRESENT:

THE EARL OF CAMPERDOWN IN THE CHAIR.

THE BISHOP OF PETERBOROUGH.
THE RIGHT HON. W. H. F. COGAN.
THE RIGHT HON. GEORGE SCLATER-BOOTH, M.P.
JOHN SIMON, ESQ., C.B., F.R.S.
PROFESSOR HUXLEY, F.R.S.
ROBERT MCDONNELL, ESQ., M.D., F.R.S.
PROFESSOR TURNER, M.B., F.R.S.

JOHN WHITE, ESQ., *Secretary.*

Mr. J. M. Finny, M.D.
19 Oct. 1881.

JOHN MAGEE FINNY, M.D., examined.

5242. (*Dr. McDonnell.*) What are your medical qualifications?—I am a Doctor of Medicine of the University of Dublin, a Fellow of King and Queen's College of Physicians, Ireland, of 1868, a Licentiate of the Royal College of Surgeons, of Ireland, and Licentiate in Midwifery of 1864; Bachelor of Arts of University of Dublin, and Ex-Medical Scholar. I was also connected with the School of Physic as Demonstrator of Anatomy, and Medical Tutor for 15 years. I was also a private tutor, and Physician to and Lecturer on Clinical Medicine in the City of Dublin Hospital, and I have been Registrar of the King and Queen's College of Physicians in Ireland since 1871.

5243. You are authorised, are you not, to submit the views of the College of Physicians in Ireland on certain points to the Commission?—Yes, I am authorised on the part of the King and Queen's College of Physicians, in Ireland, to give evidence as to (1) the action of the college with reference to Medical legislation; (2) their views, on (*a.*) the constitution and reform of the General Medical Council, and (*b*) the conjoint examination scheme; and (3) their efforts towards the improvement of examinations and the advance of medical education.

5244. Your college is both an educational and a licensing corporation?—Yes, the college is the oldest medical corporation in Ireland. It was founded in 1660 by Dr. John Stearne; was incorporated by Royal Charter of King Charles II., A.D. 1667, as "The College of Physicians, Dublin;" re-incorporated by their Majesties King William and Queen Mary, A.D. 1692, under its present title, "The King and Queen's College of Physicians in Ireland," and in 1878 it obtained a supplemental charter. Under the authority of these charters the college was empowered to create licentiates in medicine and midwifery, members, and fellows. The president and fellows of the college constitute "The College." There is no other executive body.

5245. In what respect has your college any direct influence in education?—Sir Patrick Dunn, Kt., left estates in 1786, founding a school of medicine under the control of the college. By the 2nd George I.; 15th George II., chapter 42; 25th, 31st, and 40th George III., chapter 84, and by the statute of the 30th Victoria, chapter 9, "The School of Physic in Ireland" was formed by an amalgamation of the school of the college, and that of Trinity College, Dublin; and this

"School of Physic" is governed jointly by the provost and senior fellows of Trinity College, and by the president and fellows of the College of Physicians. The teaching staff of the school consists of five professors appointed by the college, and four professors and one lecturer appointed by Trinity College; those appointed by the College of Physicians are the King's Professor of Institutes of Medicine, the King's Professor of Practice of Medicine, the King's Professor of Materia Medica and Pharmacy, the King's Professor of Midwifery, and the Professor of Medical Jurisprudence; those appointed by Trinity College are the Professor of Anatomy and Chirurgery, the Professor of Chemistry, the Professor of Botany, the Professor of Surgery, and the University Anatomist. Of the five professors appointed by the College of Physicians, the four King's professors, by virtue of their office, are clinical teachers in Sir Patrick Dun's hospital.

5246. Are the King's professors necessarily fellows of the college?—No.

5247. Is there any salary attached to the chair?—The King's professors are elected by the college, and are not necessarily fellows, members, or licentiates of the college. Each chair is endowed with 100*l.*, late Irish currency, out of Sir Patrick Dun's estate. For this estate the college are trustees, and with the exception of the above endowments, the salary of a librarian, and 36*l.* 6*s.* 0*d.* annually towards the maintenance of the library, the entire proceeds of the estate go to the support of the Hospital.

5248. What connexion exists between the college and Sir Patrick Dun's hospital?—The college by its president and four censors are *ex officio* governors of the hospital, and have a voice in all matters connected with it.

5249. Of what does the body corporate of the College consist?—The body corporate of the College consists of the president, vice-president, and fellows, the number of the latter at present being 53.

5250. How are the censors appointed?—The college annually elect from among the fellows four censors (who are distinct from the professors) to conduct the examinations for the license in medicine.

5251. How is their representative on the General Medical Council appointed?—He is elected annually by the vote of the whole body corporate, and we believe that we are the only body in Ireland which returns a representative by a direct vote of the members of the corporation.

5252. How are your fellows made—by examination or election?—The fellows are elected by ballot by a majority of votes, the members of the college being alone eligible. There is no examination for the fellowship, the qualifications requisite being high professional character and education. With the exception of a small number, twelve, all the present fellows have obtained the degree in arts as well as in medicine, of the University of Dublin, and of the twelve, eight hold the degree of doctor of medicine from universities which require no arts degree; four of Edinburgh, two of the Queen's University in Ireland, and two of St. Andrews.

5253. In what does the membership of your college consist, and is it a higher title?—It is a higher grade placed between the fellows and licentiates, and is intended for those licentiates who desire to practise as physicians as distinguished from general practitioners.

5254. Are your licenses considered to stand high in a professional point of view?—They are. The licenses are highly esteemed, and several persons seek them who already are fully qualified, both as physicians and surgeons. Among the fellows, members, and licentiates are to be numbered leading men in all branches of the profession in Dublin and throughout the United Kingdom, while they are also to be found occupying high positions in the public services and in the Colonies.

5255. Have you any honorary degree, and upon whom is it conferred?—Yes, the honorary fellowship of the college we have the right by charter to confer. It is reserved for those medical men who have distinguished themselves in literature, the sciences, and in the public services. There are 22 such at present. I may mention the late Joseph Skoda and Trousseau as examples of foreigners; and Sir Thomas Watson and Thomas Spencer Wells as of the United Kingdom; and of the Army Medical Department, Surgeons-Major Blackley, C.B., and Reynolds, V.C. I may add that only yesterday Professor Helmholz, of Berlin, had the honorary fellowship conferred upon him.

5256. What is the number of your licentiates and members at present?—The number of members created under the Supplemental Charter of December the 12th 1878 is 160. The number of living licentiates in medicine on the college roll is 1712, and the number of licentiates in midwifery 1070.

5257. Of the licentiates how many are admitted each year, and what is the proportion rejected at the examinations?—The number of licentiates annually enrolled on the average of the six years (1875–1880) equals 88·6. The results of the examinations may be seen by the following table:

Year.	License in Medicine. Final Examination.			License in Midwifery.		
	Examined.	Passed.	Rejected.	Examined.	Passed.	Rejected.
1875 - -	83	67	16	77	76	1
1876 - -	130	108	22	102	99	3
1877 - -	107	86	21	91	89	2
1878 - -	107	78	29	80	79	1
1879 - -	122	88	34	84	76	8
1880 - -	119	105	14	86	78	8
Total for six years	668	532	136	520	497	23
Average for six years, 1875–1880.	111·3	88·6	22·6 or 20·3%	86·6	82·8	3·8 or 4·4%.

5258. To what do you attribute this percentage of rejections?—The cause of the rejections in the table is not due to undue severity on the part of the examiners, or in the scope of the subjects for examination, but is owing to the education of the candidates being superficial, and also, perhaps, to their paying too much attention to surgery, to the exclusion of medicine. This probability seems confirmed by the fact that the greater number of those rejected have already obtained a surgical qualification after an examination into which medicine entered as one of the subjects. For example: There were 54 candidates rejected for the license in medicine during the three years 1875–6–7. Of this number 39, or 72·2 per cent., had already obtained a registrable surgical qualification; 15 were unqualified.

5259. Is the curriculum of study required by your college extensive?—The college have endeavoured to carry out its functions as a licensing body by instituting a highly practical examination, and requiring a sufficiently extensive curriculum of study. The curriculum of study includes two courses of practical anatomy, and one course of each of the following: physiology, chemistry, practical chemistry, materia medica, medical jurisprudence, practice of medicine and medical pathology, surgery, and midwifery; hospital attendance for three years, of nine months each year, at a clinical medico-chirurgical hospital, in which there are separate wards for the treatment of fevers (or a special certificate of daily records of five fever cases), and six months attendance at a lying-in hospital or maternity, with attendance on 20 labours; the college also require a vaccination certificate. This curriculum of four years study is the minimum which should be required of any one who seeks to practise physic and midwifery.

5260. Is any inquiry made into the moral character of those who seek the licence?—In addition to complying with the above curriculum of study, every candidate for the examinations of the college must further satisfy the college as to his having passed an examination in general education, and as to good moral character, by the testimony of one of the fellows, or of two registered medical practitioners.

5261. Has your college taken any steps to secure *bonâ fide* attendance on the courses of lectures which you have now detailed?—The college, in addition to the above curriculum, used its influence over medical education by directing its professors, on November 3, 1865, to institute a roll-call at the lectures delivered by them in the School of Physic (General Medical Council minutes, Vol. XVII., page 142); and in 1876, February 4th, by passing a resolution in favour of the certificates presented by all candidates being *bonâ fide*; and in 1880, that each certificate shall state the number of lectures attended. On several occasions it has been my duty as registrar

Mr. J. M. Finny, M.D.

19 Oct. 1881.

to communicate with lecturers and professors of schools from which candidates presented certificates, as to the genuineness of the attendances, and of the certificates.

5262. Will you describe the examination conducted by your college; is it practical in its nature?—In the opinion of the college, the examination is not of such a nature as to exclude candidates who seek general practice, and candidates rejected at the college examination are not fit to practise medicine or midwifery. The examination is thorough and practical in medicine and midwifery; it does not include surgery, as by the charter of Charles II. the powers were limited to examining all persons "desirous to practise physic, "and to test their several abilities and qualifications "requisite for that faculty," (charter section XXVI., page 28), and "to examine all persons who desire to practise midwifery" (section XXV., page 31), and to issuing letters testimonial to those persons approved of.

5263. When you say that it does not include surgery among the subjects of examination, is not this an omission which ought to be remedied?—The college are, on the contrary, of opinion, that were surgery to be included in the examination as an accessory subject, it would not prove an advantage. After the experience of many years of examination of candidates who possess a surgical qualification and who are supposed to have been examined in medicine, they believe that to prove efficient as tests of education and professional skill, there ought to be a separate practical examination in medicine, in surgery, and in midwifery, conducted by persons specially conversant with these branches of the profession.

5264. How many examinations are conducted by your college?—The examinations conducted by the college are (1) the first professional; and (2) the final examination for the license in medicine; (3) the examination for the license in midwifery; (4) the examination for membership; and (5) examination for midwives and nursetenders.

5265. Does not your college examine into the general education of the candidates, or in other words, does not it hold a preliminary examination?—Owing to the representations of the General Medical Council in 1865 and 1867, the college, in 1867, approved the recommendation of the Medical Council, "that the examination in general "education be left to the universities, and such other "bodies engaged in general education and examination "as may from time to time be approved by the General "Medical Council;" and although the preliminary examination of the college was higher than that required by the General Medical Council, including Greek, Latin, English, and mathematics (students of one year's arts in the University of Dublin being alone exempted), the college have discontinued holding a preliminary examination since July 5th 1867.

5266. Are the examinations conducted openly?—The examinations are open to the fellows, members, and licentiates of the college, and are conducted by the vice-president and censors, the additional examiners, and the examiners in midwifery respectively.

5267. Will you describe briefly the examination?—With regard to the first professional for the license in medicine, the examination is held quarterly, the subjects being anatomy (descriptive and practical); physiology, chemistry (theoretical and practical); and materia medica; and is conducted by (1.) Four papers, six questions in each, time given for answering six hours. (2.) Practical examination on anatomy by dissections; in chemical analysis in the laboratory; and on specimens of materia medica. (3.) Oral questions on each subject. Candidates are not admitted to the first professional examination before the end of the second year.

5268. What are the subjects of the second or final professional examination?—The examinations are held monthly during 10 months in each year. The subjects are:—Medicine, clinical medicine, medical pathology, therapeutics, midwifery, hygiene, and medical jurisprudence. (1.) Four printed papers are given with questions relating to separate subjects; six questions on medicine and midwifery, and three on each of the other subjects. An hour and a half is allotted to each paper, the candidates being placed at separate tables. (2.) There is a clinical examination by the two clinical examiners on two or more cases in one of the hospitals; and (3.) Oral examination; each candidate being examined separately by each of the four censors, at separate tables. The candidates are further tested in the use of the microscope by pathological specimens, and in urinary analyses.

5269. Do you admit women to your license?—On October the 6th, 1876, women were first admitted to the examinations for the licenses, as, after Mr. Russell Gurney's Act, the college in its corporate capacity considered it politic to open their doors for the admission of women to their license. There have been 23 admitted up to May 1881.

5270. After a candidate has passed the examination for the license is there any pledge taken of him as to his future conduct and allegiance to the college?—Yes, each candidate, after satisfying the censors and examiners, is required to make and subscribe a declaration of allegiance to the college, to uphold its dignity and observe its byelaws; and authorising the college to erase his name from the list of licentiates should he keep open shop for the sale of medicines.

5271. Does your college consider this a matter of importance?—Yes, most decidedly. The college ever afterwards takes an interest in the candidate's progress, and the candidate can look to the college for advice and assistance in difficulties.

5272. With regard to the examination for the special license in midwifery, is that conducted in a similarly careful manner?—The examination consists of three hours written examination on midwifery and diseases of women; and, secondly, oral examination, including use of instruments, operations on a phantom, &c. The examination is conducted in the same careful manner as that for the license to practise medicine, the examiners being selected from fellows who are specialists in that department.

5273. Is this license in midwifery registrable, and upon whom is it conferred?—It is a registrable qualification, and can be obtained only by candidates who have already a registrable diploma in medicine or surgery.

5274. Has your college any examination for women who wish to become midwives?—In addition to the foregoing licenses, which are registrable under the Act of 1858, a license as a midwife and nursetender was instituted by the College on the 4th of April 1874, which is open to women who have undergone a six months' course of practical training as midwives. Eighteen women have passed the examination.

5275. Your college has of course been inspected by the visitors of the General Medical Council, will you mention how often, and whether their report has been favourable or otherwise?—The inspection of the examinations of the college by the General Medical Council has been but twice in 23 years; first in 1865 by Dr. Hargreave and Dr. Apjohn (who was a member of the General Medical Council, as well as a Fellow of the college which he had to inspect). Dr. Hargreave's report was made on an examination conducted on June the 6th 1866, and Dr. Apjohn's on those held in December 1867, and April 1868; these gentlemen were selected by the Irish Branch Council [Minutes, General Medical Council, Volume V., page 173, and Volume VI., page 135]; and a second time, in April 1875, by Dr., now Sir Risdon, Bennett, a member of the Council, and Surgeon William Stokes, visitors appointed by the General Medical Council. The reports of the visitors were mostly favourable: *Vide* Volume V., page 173 (Dr. Hargrave); Volume VI., page 139 (Dr. Apjohn); and Volume XII., pages 156, 161-2 (Drs. Bennett and Stokes).

5276. Leaving the subject of examinations, I will ask your views upon the subject of the influence of the Medical Act of 1858 upon medical education and examination as the Act has been carried out by the General Medical Council?—The college, whilst they acknowledge that the education and examination of candidates for general practice have improved within the last 23 years—an improvement as much due to the general advance in education and scientific knowledge as to the moral influence of the recommendations of the General Medical Council—cannot but recognise the fact that the primary objects for which the Medical Act of 1858 was introduced and the General Medical Council created, have not been successfully attained, and in the opinion of this college, the present constitution, powers, and functions of the General Medical Council are not satisfactory.

5277. Has not the Council discharged its functions as defined by the Act?—"The essential functions" of the Council, as Mr. Simon puts it (in Appendix No. 2 to the report of the Select Committee on the Medical Act Amendment (No. 3) Bill [Lords], 1879, page 332), are

those "of maintaining a sufficient standard of qualifica- "tion for persons to be legally recognised as medical "practitioners," and "of seeing to the sufficiency of "the educational tests." That these have not been satisfactorily discharged, the Council itself, in 1870 (page 323, Appendix No. 1), has acknowledged by stating "that the present system of medical examination "entitling to registration required amendment."

5278. To what do you attribute the failure of the Act; is it to defects in the Act, or in its administration? —The cause of this acknowledged failure of the Act of 1858, as regards education and examination, is twofold, and is due to (1) Defects in the Act; and, (2), Defects in its administration.

5279. Would you specify those defects which you consider to exist in the Act?—The defects in the Act include (1) The formation of a Council which has not the sympathy or confidence of the profession at large—a defect which the Government Bill of 1880 would perpetuate; (2) The admitting to the register persons who had obtained but one qualification in either medicine or surgery, instead of requiring that every person before being registered, shall possess qualifications in medicine, in surgery, and in midwifery; and (3) Entrusting the Council with powers which were to a great extent but nominal.

5280. In what way do you consider the administration of the Act to be defective?—The administration of the Act has been defective; for while the duties of the Council, as defined by Section XX. of the Act, are, that "if it shall "appear to the General Medical Council that the course "of study and examination to be gone through in "order to obtain any qualification from any college or "body are not such as to secure the possession by per- "sons obtaining such qualification of the requisite "knowledge and skill for the efficient practice of their "profession, it shall be lawful for such General Council "to represent the same to Her Majesty's Most Honorable "Privy Council," the General Medical Council have "never once exercised their powers in 23 years.

5281. Has the extent of their powers been defined?—The extent of their powers was defined in 1862, when the Council submitted a case based on that section to eminent counsel (Roundell Palmer, C. J. Selwyn, and F. Vaughan Hawkins) and received the following opinion which is given in the minutes of the General Medical Council, volume II., page 249, "That they were unre- "stricted in their powers of reporting cases in which "the course of study and examinations, whether in "general knowledge or in strictly professional studies, "is inadequate to secure the possession of the requisite "knowledge and skill for the efficient practice of any "grade whatever of the medical profession generally." Moreover, in a report of a committee of the General Medical Council, in 1879 (volume XVI., page 22), the functions are acknowledged to be limited to "the re- "quiring information respecting courses of study and "examination to be gone through before admission to "the Register" and "to representing insufficiency in "these to the Privy Council."

5282. Does not it seem strange that the Council should have expressed themselves dissatisfied with the present system of examination without having first exercised their power to report defaulting examining bodies, and to what do you attribute this neglect?—Since no report has been ever made in 23 years, it must be due to one of the following causes, either (1.) There is no licensing body defaulting in either curriculum or examination, or (2.) The General Medical Council have not been made aware of the deficiency in the courses of study or examinations; or, lastly (3.) If aware, they were prevented reporting the body from some cause which does not appear on the surface.

5283. What do you consider the chief causes of this failure to carry out the provisions of the Act?—The college attributes this failure of administration to two principal causes: (1.) The imperfect system of visitation of examination; having regard to selection of visitors, and to the very long intervals between visitations, so that the Council had no knowledge if improvement followed inspection. (2.) That the Medical Council is composed chiefly (equal to three-fourths of their number) of the representatives of the very bodies whose action in the matter of examinations it is their duty to control—a system contrary to general custom and to the dictates of common sense; and that thus, as the majority of the Council consists of reciprocally balancing forces, its *vis viva* is destroyed, and a *vis inertiæ* results (*vide* page 73, vol. XVI. of the General Medical Council).

Mr. J. M. Finny, M.D.

19 Oct. 1881.

5284. What suggestions have your College to make as to remedying this defect, first as to visitation?—On the first of these causes the college considers (1) That the visitation of any examination is incomplete which is not conducted by an expert in medicine, in surgery, and in midwifery; (2) That visitations ought to be much more frequent, and should extend to schools as well as examinations, as thereby a more direct influence may be brought to bear on education, as recommended by Dr. Humphry in 1877 (page 385 Appendix, No. 11, to Report from Select Committee, 1879).

5285. What do your college suggest secondly, as to the reconstitution of the General Medical Council?—Their suggestion is that the General Medical Council should be so reformed as to be brought into closer bonds of sympathy with the profession, and thereby to increase the confidence of the profession and the public in it. This reformation might be effected in the following methods: (*a.*) That some of the members of the General Medical Council should be elected by the direct vote of the registered members of the medical profession; (*b.*) That the representation of the universities and medical Corporations shall be increased, so that the holders of higher degrees in the medical faculty and members of the bodies corporate shall elect their representatives.

5286. In making these suggestions as to the Council, is your college influenced by any desire for a more extended constituency for their own representative?—No. It is a fact which should be noted, that, with the exception of a few of the corporate bodies, the majority of the 17 corporate representatives are not elected by their professional brethren, but by either a mixed body of laymen and the profession, or by laymen altogether, *e.g.*, 10 representatives who are elected by laymen altogether, or by laymen and medical men in the proportion of 40 to 1. (1.) The University of Oxford; (2.) Cambridge; (3.) Durham; (4.) London; (5.) University of Edinburgh; (6.) University of Aberdeen; (7.) University of Glasgow and St. Andrew's; (8.) University of Dublin; (9.) Queen's University, Ireland; and (10.) Apothecaries' Hall, Dublin. The King and Queen's College of Physicians, Ireland, is the only body in Ireland which returns a representative by a direct vote of the members of the corporation. Thus, the total constituency of Irish medical authorities who return five representatives is less than 120, and of that number only 74 are *necessarily* registered physicians or surgeons (53 for the King and Queen's College of Physicians, Ireland, and 21 for the Royal College of Surgeons); and yet the profession in Ireland numbers about 2,427 (Appendix No. 3, page 340).

5287. Has the college always entertained similar views as to the representatives on the Medical Council?—The college have consistently expressed their dissatisfaction with any Medical Council into which independent representation did not enter, and are of opinion that independence among the members cannot be attained without introducing an element distinct from that of corporate interests. In 1855 the college petitioned in favour of Mr. Headlam's Bill, as it proposed a Council of 19 members, eight representatives of the profession at large, seven of the corporations, and four of the universities. They took a similar course in 1856, and they opposed the Medical Act, 1858, petitioning against it in June 1858, until further opposition was useless. In 1863 they approved Mr. Headlam's Bill, as it endeavoured to introduce six independent members elected by universal suffrage. In 1870 they were again in favour of reform of the Council, and they opposed the Lord President's Bill, for the reason that it omitted to deal with this question. In 1879 they objected to the Lord President's Bill for the same reason, while they approved of Mr. Mill's Bill (No. 2).

5288. Mr. Mill's bill of 1879 was that put forward by the British Medical Association; did not it propose the enlargement of the Council, and how does your college consider it in that point of view?—Mr. Mill's bill, No. 2 (1879) would increase the number on the Council to thirty members. This, the college consider, is not too large; but if 30 be unduly large, then the number of corporate representatives might be diminished by extending the process of grouping Corporations and Universities, and by striking out some of the present representatives. Of those bodies whose representatives might be dispensed with, the college would suggest the Faculty of Physicians and Surgeons, Glasgow; the Apothecaries' Society of London, and the Apothecaries' Hall of Dublin. The question of the Crown nominees needs reconsideration, as the original intention of the Act of 1858 seemed to be that they should represent the

Mr. J. M. Finny, M.D.
19 Oct. 1881.

profession at large; and the college would not disapprove of an increase in such nominees by four, as suggested by the executive committee of the General Medical Council (Vol. XVI., page 29).

5289. After all you have said as to reforming the General Medical Council, has your college expressed any decided views as to the functions which such a Council should discharge?—The college have no desire to place upon the reformed Medical Council duties other than those now imposed by the Medical Act, 1858, with respect to education and examination, except so far as relates to the direct recognition and supervision of the method of teaching in Medical schools.

5290. Medical legislation has for many years been directed towards, *inter alia*, making a change in the examinations and towards forming conjoint examining boards; does your college consider this the best way of securing for the public, especially the poor, well educated and superior medical men?—With respect to the Medical Act, 1858, Amendment Bill (Lords) the college do not admit that having respect to the imperfect way in which the General Medical Council have executed the powers entrusted to them by the Act of 1858, there is any absolute necessity for enforcing the formation of a Conjoint Examining Board in the three divisions of the kingdom, whose certificate shall be indispensable for registration. The college believe that were the suggested changes effected in the General Medical Council, and the powers entrusted to them by the Act of 1858 put in operation, and the system of visitation more efficiently carried out, including that of Medical schools, much of the proposed legislative changes would be quite unnecessary.

5291. Does your college admit that there is some defect in the licensing system?—Yes; we believe that there is a very great defect in the licensing system at present in existence in the United Kingdom, inasmuch as it recognizes 19 different methods of conferring licenses to practice, and thereby of admitting to the register the holders of any one of these licenses. We consider that unsatisfactory. For example, a candidate may obtain a diploma in medicine without having been examined, or having obtained a diploma in surgery and midwifery, and *vice versâ*, and yet he is at once entitled to be registered, and is thereby legally pronounced competent to undertake and treat all cases of disease, whether they relate to medicine, surgery, or midwifery.

5292. How then should the licensing system be improved?—The college believe that nothing would prove so beneficial to the public and the profession as the establishment of a licensing system which would secure the following essential provisions:—(1.) That all candidates should reach a uniform minimal standard of general education; (2.) That all candidates should have passed through a uniform minimal curriculum of professional education; (3.) That the standard of examination at all licensing bodies should be up to a uniform minimum; (4.) That no person be registered until he have obtained diplomas in medicine, surgery, and midwifery; and (5.) That the total fees for diplomas in medicine, surgery, and midwifery should have a uniform minimum in each division of the kingdom. As to how best to carry out these suggestions, the college would look to a reformed General Medical Council.

5293. Would not the Conjoint Examination Scheme as proposed by the [Lords] Bill carry out these suggestions?—We hardly think that it would, we do not consider it the very best means of carrying them out, or what we would believe to be the best method.

5294. Have you any authoritative proposition to make on this subject?—I am instructed to state that our college would be prepared to accept Legislation which would be based upon the following lines: (1.) That no person shall be allowed to hold a public appointment until he shall have passed a public examination conducted under the authority of the Government; (2.) That no candidate shall be admitted to such public examination without the production of diplomas in medicine, surgery, and midwifery, from bodies authorised to confer the same. This Examining Board to be formed of representatives of each division of the United Kingdom who shall hold examinations at times and places to be fixed by the General Medical Council.

5295. With regard to the fee, what is your view?—We consider that the fee, which should only be sufficient to defray the expenses of the examinations, should not be a tax upon the candidate, but should either be paid by the Treasury entirely, or partly by the Treasury and partly by the qualifying bodies whose diploma the candidate presents.

5296. What are the advantages which you claim for this plan over the Conjoint Examination Scheme?—The advantages of this proposal are (1.), That we consider that the chartered rights and beneficial functions of the corporations would be infringed to the very smallest extent by this change; (2.) The tendency of such a board would be to elevate the standard of examination of the weak bodies, and to the natural decline of such bodies as failed to maintain a sufficiently high and practical tone of examinations; (3.) It would guarantee the public against inferior and ill-educated medical officers; (4.) while it is probable, that in a short time, the majority of students would seek to pass such an examination soon after being registered, it would remain optional to those who intend to enter upon private and consulting practice or upon purely scientific studies to pass it or not, (5) The universities and corporations alike would be free from all interference in their curriculum and examinations, and (6) The important functions of control, guidance and supervision by the corporations over their licentiates would be maintained.

5297. Does not the Medical Council at present exercise control over registered practitioners, and might it not equally do so were the Conjoint Examining Boards, as proposed in the Government Bill, to supersede the Corporations?—No. The General Medical Council themselves state in their Report (Vol, XVI. Page 29) that, "It is no part of the design of the Medical Act, 1858, that "persons once admitted and registered as members of "the 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 'that the profession should be allowed to "'manage its own affairs, and promote its own in-"'terests in any way that it may think best, and with "'complete independence of a Council necessarily sub-"'ject to the supervision of Government.'"

5298. Are there any other advantages to the public derived from maintaining the corporations?—Yes, we consider that the professional and public benefits which are at present derivable from the various libraries, museums, lectureships, and societies, which are supported by the corporations from funds derived largely from the fees for examinations, would by that means be maintained, and that the public would thereby derive great benefit; and further we think that if this system be adopted the sources will not be crippled, nor the prestige damaged of corporations who have not been proved unworthy of their chartered privileges nor incompetent to discharge the duties hitherto imposed on them by the charter.

5299. Reverting to the question of the conjoint examining boards, should such be thought the more feasible plan of reform, would your college view the scheme favourably or otherwise?—Should a compulsory conjoint examination scheme be decided upon as the best way to meet the supposed present evils of the licensing corporations, the college would much prefer that such scheme should be limited to the practical subjects of the final examination—medicine, surgery, and midwifery; leaving the so-called scientific subjects to be passed at the colleges and universities as heretofore. In fact, this is the bearing of the scheme for a conjoint board in Ireland which was submitted to and adopted by the General Medical Council in 1873, so far as relates to the University of Dublin. University students who had passed the first professional examination in their own university were admissible to the conjoint examining board, and examined only in the second half of the subjects, that is, in medicine, surgery, and midwifery; and the fee was reduced to them to the small sum of five guineas. My college would now be prepared to adopt a scheme on these lines, already set forth, on the understanding that strict equality, as regards "curriculum of study, examinations and standard," as well as fee, shall be enforced by the General Medical Council in the three divisions of the United Kingdom.

5300. Has your college taken any steps towards forming a conjoint board with other bodies?—Yes, we have, almost ever since the passing of the Medical Act of 1858, made several attempts to carry out the spirit of the 19th section of the Medical Act, 1858; first in 1859 with the Royal College of Surgeons, Ireland; and secondly in 1866 also, but the Royal College of Surgeons did not go on with it; thirdly in 1869,

which attempt also fell through because the College of Surgeons objected to equality of fee; and fourthly in 1870, on the occasion of Sir John Gray's bill, but it fell through when the Lord President's bill was brought in, we then had a meeting on the 9th of December 1870 with the University of Dublin, the Queen's University, and the Royal College of Surgeons on the Lord President's Bill, and we came to certain conclusions which however fell through again in consequence of one of the bodies, the College of Surgeons, not quite agreeing with them; those recommendations are similar to what I referred to before as the plan now proposed by the college (Q 5294). The only difference between them and the present suggestions of the college is, that in them the examining board was to be prior to registration; the college now take a very different view, they consider that the registration of the three diplomas of medicine, midwifery, and surgery should be prior to that of the qualifiying examining board. I should like to mention that the college in 1872–3 drew up a conjoint examination scheme between the three bodies, the University of Dublin, ourselves, and the College of Surgeons. The General Medical Council thought it well that the Apothecaries' Hall should be admitted, and we accordingly admitted the Apothecaries' Hall into the scheme. The General Medical Council disapproved of one point only in our scheme, and that was simply that we made Greek a compulsory subject of the preliminary examination. After the Apothecaries' Hall had been joined with us, at the suggestion of the General Medical Council, in June 1873 the president of the General Medical Council was asked to convene a special meeting to sanction the scheme, but no meeting was summoned, nor was the subject again taken up by the General Medical Council for a whole year. However, the General Medical Council in their proceedings, in Volume 16, p. 21, have referred to that scheme as having been already approved of by the Council. Again in 1876 and 1877 the college made further efforts to form a joint examination with the College of Surgeons, but unfortunately without success. We have not taken any further steps, but it will be evident the college has done its very best upon that subject.

5301. Did your college take any interest in the Government Bill as it passed through the Lords?—Yes, the college took very active steps in connexion with it from the very beginning. In 1878 we petitioned the House of Lords against the Bill in the state in which it was on the first occasion, in which the universities were exempted from the provisions dealing with a conjoint examining board for each part of the United Kingdom, and we asked then that the universities should be brought into the scheme.

5302. As the Bill reached the House of Commons did it meet with the approval of your college?—As it came down from the House of Lords in 1879 it was amended considerably in the direction of the views of the college, but, as well as being defective in not dealing with reform of the General Medical Council, it was open to one or two objections on the point with regard to the want of uniformity in the curriculum of study, examinations, and standard. We think that uniformity in this respect ought to be made compulsory throughout the United Kingdom, as well as uniformity of fee. We cannot see any reason if the fee for conjoint examinations shall be uniform throughout the United Kingdom, as provided in clause 19, why the same uniformity as regards curriculum of study, examinations and standard, should not obtain, inasmuch as the sole responsibility of framing such rules for study, standard, and examination is to be imposed upon the General Medical Council (clauses 15 and 19), and as the main object of the Bill is to provide that the public shall have the security of knowing that every registered practitioner shall have passed the *minimum* examination. The migration of weak candidates which now exists would thus be checked, and under-selling in standard, &c. would no longer obtain. We object, however, to the proposed admission to the register of a new title of licentiate in medicine, in surgery, and in midwifery of the medical authorities for several reasons. First, we object to it on principle, because we do not think that our college and other colleges upon which have been conferred certain privileges by Royal Charter should lose the power of conferring registrable licenses. Again, we think that the title "L.M.S.M. of the Medical Authorities" is misleading, as, under the usual acceptation of the word "licentiate" is understood to mean a holder of a license granted by some medical corporation, and implies that the holder of such license is closely connected with that body, bound by its regulations, and in the enjoyment of all the rights and privileges appertaining thereto. Under clause 5 of the Bill this is not the meaning; on the contrary, it is exactly the *reverse*:—(1.) For it is the title to be applied to students who have passed an examination by a Board of Examiners, the rules and conditions of such examination having been formed entirely independent of any of the medical authorities; since the General Medical Council is the sole body to arrange all such matters. (2). It is the only title contemplated in the Bill for those candidates who, after examination, may be refused attachment to any of the medical authorities. Thus it implies intimate connexion with the universities and corporations which were represented by examiners on the examining boards; while the truth may be that the holder of this title has been refused by the medical authorities their lowest qualification. For these reasons the college desires to amend the Bill so that (1) No person shall be registered who has not obtained diplomas in medicine, surgery, and midwifery from one or more of the medical authorities, after passing the Conjoint Board; (2) That these diplomas only shall be the registrable documents; (3) That the qualifying certificate of the examining board shall not be a registrable instrument.

5303. Then I understand the essence of your evidence to be this, that your College would be disposed to fall in with the legislation, but that it would desire that there should be no broad line of distinction made between you and the universities, or other bodies similar to yourselves?—Certainly; they think it of the utmost importance that the universities and the corporations should both unite in any scheme.

5304. You think that your corporation has done very well for the public, and you do not see any reason why you should be dealt with in any scheme in a different way from others?—Exactly so. We believe that our standard of examination which I have submitted to the Commission, is so high and has been of such a good character from the very beginning of the corporation that we should greatly object to be treated differently from others.

5305. (*Mr. Simon.*) In the plan of examination which you propose in the evidence which you have given, your expectation would be that candidates fulfilling the conditions there stated would be fully competent for practising all departments of their profession?—Exactly so.

5306. And yet you propose in your following answer that they should not be allowed to hold any public appointment without undergoing a further examination?—Our idea is this, that for medical employment in the Public Civil Service, as unions, ships, gaols, &c., similarly exactly as for the Army and Navy, the Government should see that the candidate for such a position is sufficiently educated to a point which they consider right, and that point should be determined by such a board of examiners.

5307. But your proposal, as it stands, ignores absolutely the fact that the candidate has already passed an examination in medicine, surgery, and midwifery, and also in the preparatory sciences, before bodies already expressly constituted for conducting such examinations?—Yes; we believe that if there are any evils existing at present in the licensing system, those evils could be remedied by the present licensing and examining bodies giving a uniform minimal examination, and by restricting registration to those who held licenses in medicine, surgery and midwifery. If the Public Civil Service require men specially competent to treat the poor, just as for the Army and Navy, then, prior to appointment, the candidate should pass a Government test examination; but that does not in the least interfere with men who were not intending to take those public appointments. They can subject themselves to examination for those appointments if they wish, but it is not compulsory upon them that they should pass the Government examination.

5308. But your proposal, as I understand it, is not (if I may take for the sake of illustration the Poor Law) that in things which are special to the poor law service, if there are any such, a man should be examined by the Government Board before his poor law appointment is sanctioned, but that he should be examined altogether as to his professional competency. Is it not a very tremendous addition to make to the existing system, that you would preserve the existing system as it

Mr. J. M. Finny, M.D.

19 Oct. 1881.

stands, but would let no man pass into any of those appointments without undergoing a re-examination which in its main points must repeat the examinations he has already passed?—It is possible to put such a construction on it, but if the first portion of our recommendation was carried out, namely, a uniform system of minimal examination, &c., throughout the United Kingdom, the examinations made by the Government might deal with the practical portions of examination only, and that would not be a severe addition. On considering the whole subject, we do not believe this would be a very great addition, and we do consider that this scheme would prove better than any other. I would just say about the Army and Navy that candidates are now required to produce both a license in surgery and a license in medicine, which must be registered before they can be admitted to examination; therefore, for the Army at present, there is required what we suggest should be required by the Government for Civil Service appointments.

5309. There is one other point on which I would like rather to press you, if you will allow me. You have stated in your evidence that your college proposes that, as regards the total amount of fees to be paid for diplomas in medicine, surgery, and midwifery, a uniform minimum should be fixed for the three divisions of the Kingdom. Of course I need not say that I recognise the necessity of having a minimum standard of knowledge; but as regards the uniformity of fee, do you think that important?—I am sorry to say we do. We think it very important. We believe that if there was not that uniformity of fee the same system of under-selling would go on as we believe goes on now.

5310. Let me put this case to you. Supposing that Scotland were able to provide a system of examinations, say for 20*l*., and that Ireland could not provide examinations for less than 30*l*., would it be reasonable as regards the Scottish student that he should be taxed the additional 10*l*. for the sake of uniformity?—We hardly think it a tax. Every student will have to get certain registrable qualifications—a divisional qualification in surgery, medicine, and midwifery—and why should that be considered of a lower money value when obtained in Scotland than it would be in England or in Ireland? Why should a Scotchman go forward saying, I have got a qualification at a lower standard in price altogether than you have. What must the upshot of this be but that the students of other parts will in a very short time congregate together in Scotland to get those cheap qualifying licenses or diplomas.

5311. (*Chairman*). Then you would have an identical minimum in each division of the Kingdom?—Yes, certainly. It is the Government scheme that we are adopting, for the Government Bill (1879), clause 19, provides a uniformity of fee for each division of the United Kingdom.

5312. (*Mr. Simon.*) Have your college considered what the minimum fee should be?—We have not come to any positive opinion. We would think that a point which the General Medical Council should decide. We wish to place, as the Bill does place, on the General Medical Council the duties of framing all the examination rules and dealing with all the details. We believe that the General Medical Council, or such a Council as we think it should be when reformed, would be the most competent body to say what should be the minimum fee. We have, however, in our scheme for Ireland (1873) fixed upon 30*l*.

5313. You apparently think it desirable that students should not be under a temptation to go to any other tribunal for examination than what I may call their natural tribunal, namely, the tribunal of the district in which they have been educated?—We think that there should be no money temptation of that sort. Of course we consider that they are perfectly right, if they think well, to go and get an English instead of an Irish qualification, they may do so if they wish, but they should not do so upon the principle of paying less either in the standard of examination or in the curriculum of study.

5314. But if it is desirable as a general principle to provide that students shall not dodge particular examining boards, going to one division of the Kingdom to get a qualification when they have been educated in another, if it is well to guard against that, would not it be better to guard against it by express enactment that a student should be examined in that part of the United Kingdom in which he has been educated, or in which he had had (say) the last two years of his education, than to deal with the question as one of fees?—I do not know that there would be any advantage in that. If the standard of examination be the same, I cannot see any advantage in his being asked to take out a qualification where he studied; but I think perhaps it might be advisable.

5315. Apparently you wish to secure that object, and to secure it partly by an artificial scale of fees?—I do not agree that is our object at all. We have no desire to limit a student's choice of examinations. Our object is that a man shall not get upon the Register for a lower standard either in fee or in examination, or in course of study, than what we believe to be the right one.

5316. (*Professor Turner.*) With reference to the point just referred to by Mr. Simon in his last question, supposing some very renowned teacher, we will say, being in Dublin, who attracted a considerable number of students from Scotland; or from England, for the purpose of being under this eminent teacher, and therefore receiving their education in Dublin; but those gentlemen intending ultimately to practise either in England or in Scotland; would you consider it right that they should obtain their qualifications in Dublin?—No, as I have already stated, I do not think it at all necessary that they should do so. There might be very good educational schools in one part of the kingdom, but the examining bodies in that part of the kingdom might be of a much lower standard, since the educational bodies and the schools are perfectly distinct from the licensing corporations. The college has not expressed any opinion upon the subject; I do not think it ever came before them, but I am pretty sure that the college would agree with me, that we do not at all wish to tie a student to pass an examination in the division of the kingdom in which he has studied.

5317. With reference to this question of uniformity of fee, although you say your college has not come to any decision as to the sum yet, I suppose we may take it for granted that you would not consider that a very high fee should be imposed for examination purposes?—No, we do not wish to make it a very high fee.

5318. Could you give a limit as to which you think that the fee should not go beyond?—I would refer to what the College has done upon that point. In 1873 we introduced a scheme for Ireland, which scheme was that the fee should be 30 guineas, which would be, compared with our present three fees for surgery, medicine, and midwifery in Dublin, a low fee.

5319. What is the present amount of the examination fee to obtain a qualification in surgery, medicine, and midwifery in Dublin?—About 43 guineas. If they take the examinations at the same time they get a reduction of two guineas. I might say that about 45 guineas is the usual fee.

5320. That is a very much higher fee than prevails in Scotland, and I am under the impression that it is a very much higher fee than prevails in England also. Could you give us any reason why in Ireland so large an examination fee is exacted from candidates in order that they may obtain those qualifications?—I think the fee of 30 guineas is the same as that of the English conjoint scheme. Our present fee is 15 guineas for the licence in medicine. We consider that a very low fee, and it is the same, I think, as that of the College of Physicians of London.

5321. I am speaking now of the sum of 43 guineas; does not that strike you as a high fee to exact from candidates in order to obtain those qualifications?—I do not think it is so myself. I think personally that the fees are very low for our profession. The total amount of the fees for medical education and diplomas is lower perhaps than in any other profession, so much so that men flock to it on that account. The College of Surgeons of Ireland would be better able to say why their fee is 11 guineas more than at the College of Physicians.

5322. Judging from my experience of what the fees are for examination purposes, would not this high fee be to some extent due to the fact that the examiners of the corporations are paid at a considerable rate for the work that they do?—I should hardly think it is. The fees of the examiners are a great deal less than what the candidate produces. The object of the fee being 15 guineas, is for the purpose of keeping up our libraries, museums and lecture rooms, and for the maintenance of the College buildings, matters of no small public advantage and importance. We have lately had to expend

2,000*l.* in improving our premises to give us all the accommodation which we need, and this has been paid off by the college out of the fees of candidates.

5323. Can you tell us what fee the examiners receive for conducting examinations?—Yes. At our college each examiner receives half a guinea for each candidate; and there are four examiners. It is a very small amount considering that they have three days of hard work.

5324. Each candidate pays out of his fee of 15 guineas, I think you said, two guineas to the examiners?—Half a guinea to each examiner, and there are four examiners. Then the clinical examiners get half a guinea extra for their extra work, so that it is really three guineas. Hence if a candidate is rejected, three guineas is stopped from him before he can go in for another examination.

5325. In each succeeding examination is a fee of three guineas required for the payment of the examiners?—Yes.

5326. And the rest goes into the college funds?—Yes, into the college funds for all expenses connected with the maintenance of the college.

5327. I gather from the evidence that you have given that you seem rather to object to laymen taking a part in the election of representatives on the General Medical Council?—Not to laymen merely as such, but we think that the profession should be themselves the electors of their representatives. We think that in the present system of corporate representatives the great majority of the electors are really in no way necessarily connected with medicine. If they are to be representative at at all they ought to be representatives of medical men forming the bodies, and not simply of the governing bodies. The university of Dublin has happened to have got a most excellent representative in Rev. Dr. Haughton, who is one of the senior fellows himself. But it might happen that the representative of that university who is elected by eight clergymen would not have any knowledge really on medical matters, or be competent to represent the graduates in medicine of that university. Our college has always been in favour, I may say, of direct representation on the Council. Of course we know that there are many difficulties connected with carrying it out, but we think that it would be well to appoint a certain number from the general medical profession, and, as I suggested, to increase the constituency of the medical authorities so as to give the graduates in medicine of the universities an opportunity of electing their own medical representatives, and in the same way with the corporations. With regard to laymen being on the Council, I myself think that it would be of some advantage. I think that the Crown nominees might possibly be those laymen.

5328. You recollect that in the Medical Act it is provided that the representatives of the universities are not necessarily to be registered practitioners?—Yes, I am aware of that.

5329. Do not you think that in the election of representatives by a body like a university, which is not a mere medical corporation, but which contains men of other professions and conversant with education generally, the lay element is a useful element, as it gives greater breadth to the election, and removes from it a certain professional narrowness?—The function of the General Medical Council is to deal with medical education and not with general education on all subjects; and as the very purport of the Act is that they should deal chiefly and primarily with medical education, I think, therefore, the persons who are the most competent to know what are the requirements of medical education are those who ought to have the power to say whom they wish to be their representative.

5330. Is it not advisable that the representative sent, say by a university, should be practically acquainted with the working of the educational system of that University?—That would be an advantage.

5331. And that a graduate who has been removed from his university for many years, and who has been engaged in practice perhaps in some part of the country remote from the university seat, can scarcely be expected to be as well acquainted with the actual working of the educational system as a person engaged in the working of that system?—Certainly. I have no doubt that if our idea was adopted the persons selected would be from among those who would be on the spot, and who would be in daily conversance with the university work, and with the needs of the profession.

5332. You think that those who are elected by the universities should be persons who are practically conversant with the working of the universities?—Yes; and particularly of course with the medical faculty of the universities.

5333. (*Bishop of Peterborough.*) I think you say on the the part of your college that they do not think that the conjoint examination scheme seems to be the best mode of managing the licensing system. Would you tell us what are the objections which your college entertain in that point of view to the conjoint board scheme, and in what respect you think it defective?—We consider that the scheme proposed by the Government Bill, and which requires representatives in each division of the kingdom to examine all candidates prior to registration is bad, inasmuch as this examining body will supersede practically all the corporations. The license, or the qualifying certificate, given by that conjoint board in each division of the kingdom, is intended to be the registrable document. We therefore see that the candidate who must take that which is the step towards registration, and the only road to all professional appointments, may look upon it, in respect of the future, thus, "I wish to seek an appointment, and for that "purpose I must pass this supposed one portal or three "portal system. I must pass this examination. This "examining body gives a certificate and that certificate "is registrable. I am then perfectly free from all cor-"porate control the moment I take that certificate." My belief is that the effect upon the candidate would be bad—that he would lose all the advantages of the control and supervision which our college, as well as other colleges, maintain over their alumni. We have, in fact, on several occasions had men writing up to us for advice as to what steps they ought to take; and when they have acted as we believe not in a manner to advance the dignity of the profession, or acted in some way which we thought not right, we have written to them and we have been able to advise them, and to correct any matter that was wrong. We believe that to be a matter of very great importance.

5334. Your main objection to the conjoint examination scheme is that it would liberate medical students, and the medical profession from the salutary control which the medical bodies now exercise over them?—Yes, that is one of our great objections.

5335. You prefer to that the suggestions which you have already made, which were to the effect that there should be practically what is called a Staats examen for all candidates for public appointments?—Yes, practically so, we call it a Government examination.

5336. If I understand you rightly, that examination would not take place at the time of the student's candidature, but might be passed at any time previous?—At any time previous, leaving it optional to him to present himself for it at any time he liked; we also desire not to make it compulsory on all.

5337. It would be a general qualifying examination for all persons who were seeking or who thought they might hereafter be candidates for the public service?—Yes, leaving it perfectly free to others to submit themselves to the examination or not.

5338. Then the effect of that would be to elevate the standard of examination of this body?—Yes, in this way. When a candidate has taken a license in medicine, surgery, and midwifery of one or other of the present 19 licensing bodies, and proceeds to this qualifying or Staats examen or public examination, and fails in passing it creditably, that college to which he is attached and from which he has taken his diploma will of course see that it is their interest that their licentiates shall in future pass, and that would of necessity tend to elevate the character of their examination.

5339. Then weak bodies must either improve their examinations or die out?—Yes, that, we conceive, will be the result.

5340. That would indirectly be the great effect of this Staats examen for the public services?—Yes, without upsetting the present system.

5341. You also think that in all probability the majority of the students would seek to pass such an examination soon after being registered?—It would have that effect probably.

5342. The practical result of that would be that the majority of the students would go in for this Staats examen with the view of ultimately getting appointed to public offices?—Yes.

Mr. J. M. Finny, M.D.

19 Oct. 1881.

5343. And that you think would have no injurious effect, or the least possible injurious effect upon the corporations and the existing bodies?—I think so.

5344. And you further think that it would be a guarantee to the public against inferior medical officers?—Yes, that is my view.

5345. May I put to you the objection which has been put to me with respect to this proposal, that it would tend to lower the professional standard in this way, that the candidates for public offices, who practically are the majority of the profession, as you say, knowing that they will have to pass this examination, and that they must first pass the examination of some Body or other, would naturally go to the weaker and cheaper body in order that the law may be complied with; and therefore the tendency of your scheme would be to throw the bulk of the education and examination into the hands of the weaker bodies to the serious injury of the higher and better bodies, would that objection strike you?—I should think that that objection is more in theory than in practice. It is quite plain that such a thing exists in the present day. The Apothecaries' Hall of Dublin gives a license and a standard of examination which we consider very low, it is even lower, I think, than that of some of the Scottish bodies. So far as the examination fee is concerned, it is 10*s*., late Irish currency; this admits them to the diploma of the Hall, and the Medical Register. At present men, when they are going to the army or the public services, do not seek the very lowest and cheapest body, but they seek such a body as the College of Physicians of Ireland, because they know that its qualification is a pretty good guarantee that they will be able to get into the army. I had a letter last year from a candidate saying, "I am sorry to see "that one of your licentiates was rejected at the army "examination. I always thought it was a sure thing if "he passed the College of Physicians that he would "pass for the army." I wrote to him and explained that that was not a matter which was under our control. But such is the feeling amongst students and candidates that our college examination is a sufficiently good test for men about entering the army.

5346. Then it is your opinion that the indirect influence of this Staats examen would be generally to elevate the standard of the profession?—To elevate the standard of the examining bodies.

5347. And to guarantee the public against inferior and ill-educated medical officers?—Yes, an additional guarantee to that of the Register.

5348. In any case in which that Staats examen is not resorted to, the public would not have the same guarantee?—Exactly so.

5349. Do not you think that as regards the minority of the profession which would be left on your plan, the public should have the benefit of that guarantee in their case also?—Hardly; I think the well-to-do public need no such guarantee, they can choose their medical adviser for themselves, and it is well known that they very often prefer to have men who have not passed any proper examination at all, otherwise bone-setters, herbalists, and others who practise so largely would not reap the advantage that they do at present. It is only for the poor and for the public services that we consider it proper that the State should require a further guarantee.

5350. Then the minority against whom the public would not be guaranteed, or who might be inferior and uneducated men would be persons who had not passed the Staats examen?—Precisely so; but the public would have it in their power to select, when they liked, men holding the best posts.

5351. Would you see any injury to the corporations or universities in requiring this minority to pass the Staats examen also; because your theory is that the majority of the candidates for the profession would before long pass the Staats examen; and I want to know whether, speaking in the interest of the medical bodies alone, and not in that of the public, there would be any injury to them incurred in requiring the minority also to pass the Staats examen?—Speaking for myself, I do not think that there would be any injury to them.

5352. Practically then, in so far as the interests of the college, the body that you represent is concerned, you see no objection to this Staats examen being extended to the whole of the profession?—Under the conditions I have already stated, namely that this Staats examen shall not be prior to registration, and that all candidates for it must have already obtained diplomas in medicine, surgery, and midwifery from the existing corporations, I, speaking for myself, see no objection to this suggestion. The College has given me no instructions with respect to it.

5353. The only gain, as I gather from you, of allowing the minority not to pass it is that the public would still have the privilege of obtaining the services of imperfectly qualified practitioners if they preferred them?—Yes, but they need not be imperfectly qualified at all; on the contrary, they may have paid special attention to certain branches of study; there would also be this gain, that those of the profession who wished not to subject themselves to this examination would be at liberty to practise without having to undergo this ordeal. That would equally be for the advantage of those who, having passed the examining bodies and got the minimum qualification, never wished to go higher than that minimum qualification, as of those who wished to reach a higher position in the different grades of their college as consultants, &c.

5354. I think you suggest that the standard of examination of the licensing bodies should be up to a uniform minimum; do you think that would practically secure uniformity of admission to the profession, or do not you think that practically that depends very much more upon the examiner than upon the programme of the examinations, or what the conditions of entrance are?—There must necessarily be variations, as the men will differ who examine; but so far as the General Medical Council is concerned, to whom we would look to see that it was carried out, they should use their best efforts, and see that there was uniformity of standard of examination.

5355. You decidedly propose a uniform minimum fee everywhere, and I think you say that you object to underselling?—Yes.

5356. May I ask why, assuming that the article sold in each case is of equal value, a student should not be allowed to get an equally good article in the cheapest market?—If the article is equally good, it is worth the same money wherever it is got.

5357. We are assuming that your scheme is so worked as to elevate the profession and make a uniform standard of admission, that being so, why should not a student get admission on cheaper terms if he can get it?—That would destroy what our object is, namely, that there should be uniformity in the three divisions of the kingdom, and that students should not run from one part to the other for the purpose of obtaining the necessary qualifications, at lower fees.

5358. In fact you prefer the uniformity of protection to the diversity of free trade?—I think that is a political question on which I am not competent to give an opinion.

5359. Your system is protection pure and simple, is it not, as distinguished from free trade?—Fair trade between different parts of the kingdom certainly.

5360. You suggest that there should be a fee which should be sufficient to defray the expenses of the Staats examen, but you propose that it should not be paid by the candidate; may I ask, why not?—I do not think that a candidate paying a further fee would be carrying out our idea that there should be a uniform minimal fee which shall meet the case of the Scotch students as well as that of the poor Irish students, and we think that students should not be asked, in order to get a Government appointment, to pay for a test which the Government imposed for the purpose of procuring proper officers. It is their interest to get proper officers, and I think that they ought to pay for that extra test which they may wish to impose.

5361. Have you calculated what might be the cost of this Staats examen?—We have hardly considered that. I think that five guineas would be plenty.

5362. Would you say that 8*l*. or 9*l*. from each student would not amply cover it?—I think it would.

5363. It would be money paid once for all in a man's career?—Yes, once for all.

5364. Would you consider it an extravagant addition to the cost of examination, that a man should pay once in his life 5*l*.?—Certainly not, especially if, as we suggest, there was a certain uniform minimum fee for the three Kingdoms.

5365. I think I am right in saying that the education and the admission to the medical profession costs less

than the education and admission to any other profession?—Certainly.

5366. Therefore it would not be an unreasonable addition to that cost to put on 5*l.*?—Not an unreasonable addition certainly.

5367. Your objection is not to the amount, but to the principle that the examination being a Government requisition, the Government should pay the cost?—Yes, I think we throw out the suggestion that even the licensing bodies whose candidates got the advantage should contribute towards the expense.

5368. You think that there would not be much to complain of in the requirement of an extra 5*l.*?—No, although the present outcry (with whom it has originated I do not know, but which has certainly not originated with the students), is that they are already overtaxed.

5369. The maximum sum being 5*l.*, it is not your opinion that that would be an unreasonable addition to the students' present expenses?—I should think not.

5370. It has been objected to any form of Staats examen that it would unduly burden the student, but I gather that that is not your opinion?—That is not my opinion certainly.

5371. (*Mr. Sclater-Booth.*) I understood you to say as regards this question of the minimum fee that you do not hold that the student pays in proportion to the benefits received or to the cost of the examination which he submits to, but that he may reasonably be expected to pay for the support of the great corporations and institutions of the medical profession throughout the United Kingdom. You do not charge a student 15*l.* because it cost you that to examine him, but because you think it is reasonable that a person entering the medical profession should in some way or other contribute towards the support of the corporation?—We consider that the expenses of the profession must be met in some way.

5372. Therefore the professional objection is hardly in point. Take the analogy of a college, it does not tax the student of the college in proportion to the benefits received, or in proportion to the expense to which he puts the college, but it makes him pay for the establishment and for the maintenance of the college for all time?—I believe that the college must be maintained and upheld, directly for the general benefit of the profession on which he is entering and in which he may afterwards rise to a high position, and indirectly for the good of the public.

5373. You think also that where a student wants to be placed upon the Register, that is a specific advantage for which a uniform fee might be charged throughout the kingdom?—Yes, and that without in the least interfering with the fees chargeable for higher titles.

5374. Upon the subject of majorities and minorities, the Bishop of Peterborough assumed that the majority of students, in his opinion, would, if there was a Staats examen, submit themselves to it; but have you considered what is the proportion of public appointments, as you call them, to the number of medical practitioners on the Register; are the public appointments given to the majority or the minority, or in what proportion?—I may say that most of the medical men in practice in Ireland always seek some public appointment before they can get into a locality in which to begin practice.

5375. Is that done to a larger extent in Ireland than in England?—I have no evidence before me as to what is the case in England; but in Ireland I think there are 1,059 practitioners holding appointments under the Poor Law Service out of a total of 2,400, and this does not include those who hold all other kinds of appointments outside the Irish Poor Law Service, such as men appointed to voluntary charitable institutions and hospitals in Dublin, and other places.

5376. Do you think that that proportion holds good in England?—I should think it does.

5377. When you call an appointment a public appointment you mean one in which the Government have a right to interfere and require a qualification?—With regard to its being a public appointment I consider all those civil appointments in which the services of a medical officer are required for the welfare of those who are placed under his control by the Government, such as ships, jails, prisons, asylums, and all Poor Law appointments in workhouses, unions, and dispensaries, and so on, are public appointments;—in fact those set forth in clause 2 of the Medical Appointments Qualifications Bill, introduced in 1878 by Mr. Errington.

5378. Then you mean the term to have reference to the origin from which the pay proceeds?—Yes, and the appointment.

5379. All appointments as to which the pay proceeds from the public taxes in fact?—Exactly so.

5380. The salaries of the appointments to hospitals and to asylums do not come out of the public taxes, do they?—I believe that in the public asylums they do, but not in private asylums, or private hospitals supported by private contributions.

5381. But the ratepayers appointed to serve an institution would naturally feel themselves aggrieved if they were to be ousted from their choice of what they think to be the right man, because the State had precluded him from holding a particular qualification, although he might have other qualifications which they preferred; do not you see that there would be some difficulty there?—I am afraid I do not see the point.

5382. You spoke of a public appointment as one with which the public, that is to say, the central Government have a right to interfere, because they pay the salary; but supposing that a local body paid the salary out of the rates and taxes, what is there in the shape of control that remains with the Government in such a case?—When we speak of public appointments I mean those which we support out of the public money, out of the county rate and the borough rates, and the taxes of towns. Such appointments we consider public appointments, and all others where the poor are placed under medical charge.

5383. Are you not aware that in England the public authorities who have the right to make appointments are very jealous of any interference with the conditions of the appointment?—But they are under the power of the Local Government Board who have to give their sanction to appointments in England, in fact to every civil appointment; and therefore you may say that they are literally, by the Government giving them sanction, considered public appointments.

5384. No doubt that is so, but that would be an additional requirement in the way of a free choice on the part of the appointing body.—But it would be an additional guarantee that you are getting a good officer; and in that way we consider it would be a matter for the advantage of the public, and for the poor particularly over whom the gentleman would preside.

5385. (*Bishop of Peterborough.*) Is it not clear that if this Staats examen is to elevate the qualification of the profession generally, it can only do so if the majority of the profession go in for it?—Certainly, and we presume that the majority will go in for it.

5386. (*Dr. McDonnell.*) With regard to the question of free trade in different parts of the United Kingdom, the Right Hon. gentleman, Mr. Sclater-Booth, I think, has dealt with that correctly, but I should like to get your opinion more clearly; it is not a question of free trade so much as a question of a certain monopoly being given to the licensing bodies, you think that there should be an equality in each part of the United Kingdom with regard to that monopoly?—Yes.

5387. Your idea, if I gather it correctly, is this, that while you would leave it perfectly free to a young man to seek his qualification wherever he likes, you would be opposed to any unworthy inducement or temptation being offered to him to go to one part of the United Kingdom rather than to another to obtain it?—Yes, that is the view of my College.

5388. What do you think would be the effect of one part of the United Kingdom giving its examination upon much cheaper terms than another?—The effect certainly would be to induce students to leave the other parts, and to go to that portion of the kingdom, in fact to give both a monopoly to the licensing bodies of that portion of the kingdom, and an unfair advantage over the other portions of the kingdom, as it is quite well known that in the case of a number of students, they will go wherever the fee is lowest.

5389. The Bishop of Peterborough asked you one or two questions with reference to the Staats examen, which I think of great importance, and I should like to get your opinion upon that subject a little more clearly. He put before you the case of a State examination over and above the examination of the existing bodies, and you seem to think that the majority of the young men would pass that State examination, going first for the licenses of the better class of corporations, and that that would not give any very great advantage to the in-

Mr. J. M. Finny, M.D.

19 Oct. 1881.

ferior class of qualifying bodies?—I would just wish to qualify that. I did not use the word State examination, but the Bishop of Peterborough did, and suggested that everybody should pass it. Our scheme is an examination for public appointments, which is not necessarily pressed upon every student.

5390. You think that in order to pass that superadded examination the examination of the corporate body, or university, should be passed first?—Yes, certainly, in order to get upon the Register; a matter quite distinct from the other.

5391. You think that in order to present himself for examination, the candidate should already have passed an examination in surgery, medicine, and midwifery?—Yes.

5392. And that in order to hold any civil or military appointment he certainly should pass this superadded examination?—Yes.

5393. And you think that the qualification for that examination should be his previous qualification in medicine, in surgery, and also in midwifery?—Precisely so.

5394. You are aware that it is a comparatively recent time since the universities began to give a qualification in surgery at all. Do you think that, in the case of those bodies that have in recent times commenced to give diplomas in surgery and medicine together, a good guarantee is given to the public as to the real efficiency of these examinations in medicine and in surgery?—I consider that it is a better guarantee to the public that they should be examined by separate bodies by those who are experts in the separate subjects of medicine, surgery, and midwifery.

5395. What would you say to this proposal, that in order to pass the State examination each candidate should present a diploma in surgery, in medicine, or in midwifery, but that no two of them should be given by the same body?—I think the college would hardly agree to that, as we give a license in midwifery as well as in medicine, having specialists appointed for that purpose, but I imagine they would agree to it, as regards surgery and medicine.

5396. What would you say to the proposal that nobody should present himself for the State examination who shall not have a qualification in surgery or in medicine each given by a distinct body?—I cannot answer for my college, but for myself I should say that there was no objection to it. In fact it would be a very advisable thing if the corporations could be combined and form a conjoint examining board, the same as in other parts of the Kingdom where the College of Surgeons and the College of Physicians give a conjoint examination.

5397. It comes to this, that you think that a conjoint examination is a very good thing; do you think that if the College of Surgeons and the College of Physicians in your own country were united their examination would be as good a guarantee to the public as if a young man had to pass the surgical part in the one and the medical part in the other?—I think I would keep the parts of the conjoint examination separate. I would say that the College of Surgeons should examine in surgery, and that we should examine in medicine; that there should be two separate examinations, the surgeons examining in surgery and the physicians in medicine.

5398. But it should be a *bonâ fide* examination in each?—Yes, in each.

5399. (*Professor Turner.*) With regard to this last point, which Dr. McDonnell has raised, that the examinations in medicine and the examinations in surgery should be conducted by separate bodies and not by the same body; I would like to ask you if in the case of a university which has a complete faculty, that faculty embracing medicine and surgery, and the allied sciences, as for instance is the case with the University of London, have you any reason to think that the examinations in surgery conducted by the University of London are not as entirely satisfactory as the examinations in surgery conducted by the College of Surgeons of England?—I should suppose that they ought to be equal.

5400. Have you any reason to think that they are not equal?—I have no knowledge upon the subject at all.

5401. Would you imagine that they are at all likely to be of an inferior standard?—I should think not from the high character of the London University.

5402. Then when a University has a complete faculty in all departments, is it not likely that the examinations in surgery would be quite as efficient as the examinations in medicine?—It is very possible and most likely that they would be, so long as the examiners are selected with regard to their special knowledge in these subjects, and are thoroughly competent examiners.

5403. (*Chairman.*) First of all I should like to ask you a question or two with reference to the public examination, of which you have spoken; you say that you would limit the necessity of passing a public examination to those persons who desire to hold public appointments. You would not make the passing of a public examination essential for obtaining admission to the Register?—No. It is a perfectly distinct matter. I should make the diplomas necessary for admission to the Register, and the examination alone as a step to public appointments.

5404. You say that the reason for making that distinction is not the interest of any medical corporation or of any university, but the interest of the public, in order that the public may be able to obtain the services of persons who would not be able, or who would not desire to pass the public examination?—Probably there are those who would not desire to pass such an examination, wishing to devote themselves to some special branches of the profession. We will suppose, as has occurred frequently in metropolitan appointments, that a man is specially gifted in one subject—say chemistry or anatomy, and he wishes to seek a professorship in one of those; he has no desire to pass the public examination; he does not want a public appointment; he would rather be free from having to pass such an examination, so that he may give himself entirely to his special subject. In the same way consulting physicians may wish to take a particular line, and they do not want to pass this examination in midwifery and surgery; they have passed their own colleges and got on the Register, and they prefer to give themselves to practising a special class of medicine.

5405. Is then the convenience of the public your sole objection to making it compulsory upon every one to pass this public examination?—Partly it is, but it will also be for the convenience of the medical profession who wish not to be subject to it. We consider that those who wish not to seek public appointments should be given the liberty of striking out for themselves a line under the supervision of their own colleges.

5406. As regards the convenience of the public, supposing you made it compulsory upon every one to pass a public examination, would not it still be open to the public to employ any physician that they chose, even supposing he had not passed a public examination?—But you say that it should be compulsory on every one to pass it.

5407. I will take the case of Herbalists, and I will suppose that you have made it obligatory on every registered person to pass a public examination, would the public not still be able, if they thought it convenient and desirable, to employ Herbalists?—Perfectly.

5408. Then does not the convenience of the public *pro tanto* fall to the ground?—Hardly, I think. The public will be free to choose whom they like, and will not need an additional guarantee that a man has passed a qualifying examination, they are quite satisfied with finding his name upon the Register. They wish to have a registered practitioner, they are quite content with that legal evidence of competency, they do not want a man who has necessarily passed an examination for a public appointment. As I stated before, it will free the candidate who has got upon the Register from all trammels of having to pass this examination which would be necessary if he were seeking an appointment, but who has made up his mind that he is not going in for a public appointment and is giving himself up to one particular branch.

5409. Then you hold that qualifications are necessary for holding a public appointment which are not essentially necessary for being a registered practitioner?—Yes, or rather I hold that the Government ought to have some additional test of the professional knowledge of those who hold public appointments. As Dr. McDonnell has already stated, each one can now choose whether he be registered or not registered; but the whole pressure which is placed upon him to be registered, is that the public should have some guarantee for looking to him as a properly qualified person. What I think the Government ought to see after is this, that they should be able to say that such a person has those qualifications which they think to be the minimum necessary for candidates who present themselves for public appointments.

5410. You say that you would make it compulsory upon all persons desirous to hold a public appointment to pass this examination, even supposing that they hold the diploma of any university or of any corporation?—Certainly; their being registered is the first step, and to be registered, as we contend, they must hold a diploma in medicine, in surgery, and in midwifery.

5411. Do you not think that it might be considered a hardship both by the universities and by the persons who study at the universities or corporations, to be obliged to pass through this additional examination?—Our object in leaving it optional is that it is not compulsory on all to pass such an examination unless they wished for certain appointments. If University students wished to compete for them they would be aware that they were not passing a higher examination, as your Lordship's question supposes, but that they subjected themselves to this qualifying examination for the purpose of guaranteeing that they possess sufficient skill.

5412. (*Mr. Sclater-Booth.*) It is the fact, is it not, as is suggested, that you really desire to set up the Staats examen as a means of escaping from the difficulty of uniformity of examination throughout the three Kingdoms?—Not as a means of escaping from that, but with the hope of substituting for the conjoint scheme a much better thing; for, (Q. 5292), we desire first of all a uniform minimum examination throughout the three divisions of the kingdom, and after that, this public qualifying examination.

5413. (*Chairman.*) With reference to the point raised by Dr. McDonnell as to limiting the giving of medical degrees to one portion of the medical degree only, do you think there would be any hardship, for instance, in limiting the universities and the purely medical corporations to giving degrees in medicine, and the surgical corporations to giving degrees in surgery?—I really think that there would be very little hardship in it at all. The fact is that it is the practice with the College of Surgeons in Dublin that they only give one license in surgery, they give none in medicine. The College of Physicians in England, I believe, is the only body that by the terms of their charter give a double license both to practise surgery and medicine; therefore all the corporations practically carry out what your Lordship suggests, as they at present only give a qualification in either medicine or surgery. And as to the universities resigning the right to give additional qulifications in surgery, I think that that might be arranged without much hardship, and that the university should be confined to giving one license only. That, however, is a matter which the university representatives would be better able to speak of. But where, like the University of Dublin, their surgical qualification could only be given to those who had already obtained their medical qualification, which qualification could only be obtained after the arts course, and the arts examination, there would be no such objection to such a university giving a license both in medicine and surgery, or a degree; but where universities require no arts education or examination, but are literally competing with the medical corporations in giving licenses or diplomas, I think it would be no hardship if they were asked or required to give but the one qualification instead of giving all the qualifications.

Mr. J. M. Finny, M.D.

19 Oct. 1881.

5414. Can you tell me as a matter of fact whether the College of Physicians in London itself examines in surgery, or does it send the candidates for examination elsewhere, and accept the result of that examination?—I cannot answer that question positively. I think they do not themselves examine, but, as I understand, they do it by a co-operative examination.

5415. Can you tell me whether your university itself examines in surgery?—Yes, the University of Dublin examines by the university professors in the School of Physic. It examines by its own professors, and the university anatomist, who are all surgeons connected with Sir Patrick Dun's hospital, which is their own hospital.

5416. And the practical examination is actually conducted in a hospital connected with the university?—No, the practical examination is not conducted in that hospital, it is conducted in the Royal Military Hospital, but the examiners are the same as the professors in the School of Physic. The examiners are the surgeons appointed to Sir Patrick Dun's hospital.

5417. So far as the University of Dublin is concerned you are of opinion that it would not be considered by them a hardship if their degree giving power were limited to giving degrees in medicine?—I think that they would object considerably to that, because they limit the surgical qualification to their own bachelors or doctors in medicine. It is not an open examination to all comers. The only candidates that can come before them are men who have passed a certain examination in medicine, which examination has already been preceded by a four years Arts course, therefore they restrict the surgical license to men who have gone through a long curriculum of study, and a high class examination.

5418. Then if I may sum up your opinion shortly, it is this, that the university would not object to give up the power of giving surgical degrees generally, but that they would object very much to give up the power of giving surgical degrees to those who have taken degrees in medicine at the university?—They have only the power to confer it upon the one class—their bachelors of medicine—and I think that my university would object to give up this power.

5419. Do you know any university which gives degrees in surgery to persons who have not received a degree from that university, in medicine?—I cannot remember. I am not sure whether the London University gives a separate degree. The University of Edinburgh, I believe, gives it only to its own licentiates, limiting it to their own graduates. I am informed that the Scottish universities only give their degrees in surgery to graduates in medicine, and that it is not an open degree there to anybody, nor is it in my university; but I consider there is a very marked difference between a university like the University of Dublin or Cambridge, and a university like the Queens' University in Ireland or the University of Edinburgh, as the latter are but competing with the licensing corporations.

The witness withdrew.

MR. JOHN WILLIAM MOORE, M.D., examined.

Mr. J. W. Moore, M.D.

5420. (*Dr. McDonnell.*) You are Honorary Secretary, are you not, to the Council of the Irish Medical Association?—I was formerly.

5421. And you are now chairman of the Council of the Association?—Last year I was chairman of the Council; at present I am not.

5422. I think you are now vice-president of the College of Physicians in Dublin?—I am.

5423. You are a Doctor of Medicine, and Master in Surgery of the University of Dublin?—Yes.

5424. A Fellow of the King and Queen's College of Physicians in Ireland; Bachelor of Arts of the University of Dublin, and Ex-Scholar of Trinity College, Dublin; Physician to the Meath Hospital and to Cork Street Fever Hospital, Dublin; Lecturer on the Practice of Medicine in the Carmichael College of Medicine; Examiner in Materia Medica in the Queen's University in Ireland, and you have been 13 years in practice as a physician?—Yes.

5425. The evidence which you are prepared to give expresses, I take for granted, the views of the Association which you represent?—It does fully, and those views have been endorsed at several successive annual meetings of the Association.

5426. When was the Irish Medical Association founded?—In the year 1839.

5427. What are the objects of the Irish Medical Association?—Their objects are (1.) To unite the members of the medical profession in Ireland, and so form a body competent to exercise influence in sanitary and medical affairs for the public benefit; and to protect and promote the interests of the medical profession. (2.) To watch the proceedings of Parliament upon matters affecting the interests of the medical profession, and to take action with regard to same, with the object of promulgating their views amongst the Members of Parliament. (3.) To inform the members of the Association, as occasion may require, of all matters affecting the interests of the profession, and so afford them an opportunity of expressing their opinions, and offering any information or suggestions they think fit. (4.) To obtain, when considered necessary, legal advice as to the interpretation of the law upon matters involving the

Mr. J. W. Moore, M.D.

19 Oct. 1881.

interests of the profession, and, as it may seem expedient, to institute legal proceedings for the purpose of obtaining judicial decisions thereon. (5.) To arbitrate in disputes between individual members of the profession, when such arbitration may be requested. (6.) To do all such lawful things as are, or may be incidental or conducive to the attainment of the above objects, or any of them.

5428. How is the Association administered?—The administration of the Association is vested in a Council consisting of the president of the Association, the four vice-presidents, each representing one of the provinces of Ireland, the president and vice-president for the time being of the College of Physicians, the president and vice-president for the time being of the College of Surgeons, together with the 32 members elected at the annual general meeting held on the first Monday in June in each year.

5429. What is the number of medical practitioners on the Register for Ireland?—Their number is about 2,500. Of these only about 1,800 are resident and in practice. Of these 1800, one third are Members of the Irish Medical Association, which also includes nearly all the leading physicians and surgeons throughout the country. The Association may therefore be taken as fairly representing both the leaders and the rank and file of the profession.

5430. Has the Irish Medical Association studied the question of Medical Reform?—Yes, it has studied that question long and carefully, and after mature deliberation it has come to the conclusion that any proposals to alter, amend, or supplement the existing laws must of necessity take cognizance of the following matters:—1st. The education of persons seeking admission to the profession. 2nd. The tests of fitness for admission to the practice of the profession. 3rd. The constitution of the authority which is to control the education and testing of candidates for admission to the profession, and which is to regulate generally the conduct of the teaching and examining bodies, as well as of the members of the profession. 4th. The powers and privileges of existing medical colleges and corporations, and their relations, on the one hand, to candidates for entry to the profession; and on the other, to the controlling authority. I may say that the Council of the Irish Medical Association recognize that all the above matters require to be dealt with by a comprehensive scheme of legislation.

5431. Will you give the view of the Association first with regard to the education of persons seeking admission to the profession?—The education of persons seeking admission to the profession may be considered under two heads, viz.:—Preliminary education in arts, and Professional education. As regards preliminary education in arts, the Council of the Irish Medical Association are aware that it is in most cases defective where the medical student does not graduate in arts in a university. In Ireland four bodies examine such student in general or preliminary education, viz.:—The University of Dublin, the Queen's University in Ireland, the Royal College of Surgeons, and the Apothecaries' Hall. (*a.*) In the University of Dublin, the public entrance examination may be regarded as a fair pass examination. A private entrance examination cannot be so regarded under any circumstances. (*See Minutes of the General Medical Council for* 1877 *page* 145, *et seq.*). (*b.*) In the Queen's University, every candidate for the degrees of doctor of medicine, and master in surgery is required to have passed in one of the Queen's Colleges an entrance examination in arts, and to have attended in one of the colleges a six months' course of lectures on one modern continental language, and on natural philosophy. Notwithstanding, the spelling of the candidates for the final professional examinations is sometimes very bad. (*c.*) The Royal College of Surgeons holds quarterly preliminary examinations in arts, which are far from satisfactory, judging by the bad spelling and composition of many of the candidates for the licenses of the King and Queen's College of Physicians, which corporation does not itself examine in preliminary education, but accepts all the arts examinations which are recognised by the General Medical Council. (*d.*) The "preliminary examination in arts" at the Apothecaries' Hall, Dublin, is in itself good as regards curriculum, but the answering in Latin composition and in Greek is very bad as a rule. The standard for passing has of late years been raised considerably.

5432. Have you been until lately an examiner in arts at the Apothecaries' Hall of Ireland?—Yes, I was so from 1869 to 1879, so that I speak on this subject from personal knowledge and experience gained there and at the professional examinations in the Queen's University and King and Queen's College of Physicians.

5433. What is your view with respect to the professional education of candidates for the medical profession?—Although it has improved of late, the professional education of candidates is far from perfect. The regulations as to attendance on lectures are notoriously vague and differ widely in the various schools. Thus in the School of Physic of the University of Dublin, and in the Carmichael College of Medicine attendance on the professors' lectures is compulsory; in other schools it is permissive; and in others it is notorious that is not required at all. The lecturer simply enters the students' names, credit is in many instances given, and the lecturer perhaps never sees them until they come to claim their certificates for attendance on his lectures. The moral effect of this system is necessarily bad on both teachers and pupils. "Grinding" or what is too often a pernicious system of "cramming" takes the place of the slower and surer education by lectures, reading, and sessional examinations.

5434. Are the tests for fitness to enter the profession unequal and irregularly applied?—The Council of the Irish Medical Association are fully aware that the tests for fitness to enter the profession are so unequal, and so irregularly applied that candidates rejected by one licensing body can obtain diplomas to practise from another; and that candidates who have successfully passed examinations for diplomas in medicine are rejected at examinations for diplomas in surgery, and *vice versâ*. It has happened (see Lord Emly's speech on the Lord President's Medical Act, 1858, Amendment Bill, delivered in the House of Lords on March 20th 1879) that the rejected of the King and Queen's College of Physicians have crossed the water and come back in a few weeks from Scotland as full fledged doctors or licentiates. On this point see also "reports of the "visitors of examinations deputed by the General "Medical Council, 1873," page 213.

5435. Do the standards for passing, and the amount of fees payable for medical or surgical qualifications vary?—Yes, they vary extensively in the different licensing bodies; for example, the Apothecaries' Hall of Ireland gives its license to practise medicine for 10*s.* (late Irish currency), the Queen's University confers its doctorate of medicine for 5*l.*, the King and Queen's College of Physicians charges 15 guineas for its license in medicine, and the Royal College of Surgeons is the most expensive of all, charging 25 guineas. The Royal University of Ireland also proposes to give its degrees at a relatively low figure.

5436. What have you to state with regard to the curriculum required for the different qualifications?—The curriculum required for the different qualifications varies considerably; for example, the Royal College of Surgeons in Ireland requires certificates of attendance on three courses of lectures on anatomy and physiology, and on the theory and practice of surgery, whereas the College of Physicians is satisfied with two courses of lectures in these subjects. Still more serious is the difference which exists in the curriculum as regards hospital attendance. Thus, the Irish College of Physicians requires 27 months clinical attendance; the College of Physicians of London 18 months; the College of Physicians of Edinburgh, the Queen's University in Ireland, and the Royal College of Surgeons of England 24 months. The King and Queen's College of Physicians requires evidence of attendance on 20 cases of labour, whereas the Edinburgh College is satisfied with attendance on six cases.

5437. What is the opinion of the Council of the Irish Medical Association with respect to the conduct of the existing universities and medical corporations?—They are of opinion that the conduct of the existing universities and medical corporations is not, and has not been such as to entitle them to be continued in the unrestricted exercise of their present privileges in relation to the admission of candidates to the profession. The competition going on at present between the various licensing bodies tends to lower the standards of education and examination to such a degree, that the admission of unsuitable persons to the profession, through the portals of some of the licensing bodies, is a matter of not uncommon occurrence.

5438. What are the views of the Council of the Association with regard to the constitution of the General Medical Council?—The Council of the Association

believe that a complete alteration of the constitution of the General Medical Council, now the controlling authority of the education and examination of candidates, is essential; inasmuch as the defects in education and examination which have been above pointed out, could not have been continued during the whole 20 years of the existence of the General Medical Council had that body been a properly constituted, vigilant, and influential authority. The General Medical Council has clearly failed to perform the functions for which it was constituted—otherwise the proposed legislation would be unnecessary.

5439. What are the defects in the constitution of the General Medical Council?—The General Medical Council has many defects, the principal of which are: 1st. That it represents chiefly the licensing bodies, which it is its principal duty to control, and usually only the executives of those bodies; 2nd. That it to a very slight degree represents the medical profession; 3rd. That there is little or no relation between the amount of representation and the professional importance of the bodies represented.

5440. Have you any statement to show the want of true professional representation in the General Medical Council?—The want of true professional representation in the General Medical Council is shown by the following statement, extracted from a paper by Mr. Simon, published in the report of the medical officer of the Privy Council, dated March 31, 1871.

—	By whom Elected.	No. of Electors.	No. Medical Electors.
College of Physicians, London	Fellows	235	235
College of Surgeons, England	Council	24	24
Apothecaries' Society, London	Masters, Wardens and Assistants.	24	24
University, Oxford	Convocation	4,323	*
University, Cambridge	Senate	5,500	*
University, Durham	Convocation	280	*
University, London	Senate	36	10
College of Physicians, Edinburgh	Fellows	61	61
College of Surgeons, Edinburgh	Fellows	250	250
Faculty of Physicians and Surgeons, Glasgow.	Fellows	110	110
University, Edinburgh	Senate, 34	56	10
University, Aberdeen	Senate, 22		
University, Glasgow	Senate, 25	39	17
University, St. Andrew's	Senate, 14		
College of Physicians, Ireland	Fellows	47	47
College of Surgeons, Ireland	Council	21	21
Apothecaries' Hall, Ireland	Council	35	35
University, Dublin	Board of Trinity College.	8	1
Queen's University, Ireland	Senate	25	4
	Totals	11,674	849

* Number of Medical Electors not accurately known.

From the foregoing list, compiled in 1871, it is manifest that the number of members of the medical profession who had a voice in the election of members of the General Medical Council was, at that time, not above 1,000, and that at four only of the Medical Corporations, namely, the College of Physicians of London, Edinburgh, and Dublin, and the College of Surgeons of Edinburgh, do the members of the corporations possess votes for their representatives on the General Medical Council. At Oxford and Cambridge the masters and doctors have votes, but few exercise their privileges. In all the Universities the medical votes are completely overpowered by those of the graduates in arts, law, and divinity. Thus, there is only a true representation of medical interests at four of the Licensing Corporations; at four others there is a partial representation through councils elected by the members. There is not even a semblance of representation of the great body of the profession.

5441. Are the Council of your Association in favour of the direct representation of the profession on the General Medical Council?—If it be admitted that adequate representation of professional interests in the General Medical Council is desirable, it is clear that the method of election to that body must be changed and the constituencies widened. The Council are of opinion that each member of the body corporate of each medical corporation should have a vote for the representative of that corporation, and that those who do not possess such a vote should be directly represented on the General Medical Council; such representation being the best means by which the General Medical Council could obtain correct information as to the opinions and desires of the great majority of the medical practitioners throughout the United Kingdom.

5442. What is their view with regard to the reduction of existing seats, and the reconstruction of the General Medical Council?—It has been urged as an objection to the proposal for direct representation, that it would unduly increase the number of the councillors, which is by many considered to be already too large, and to meet this objection the Council suggest that the number of existing seats might be reduced with advantage. The work done by the University of Durham, as a licensing body, is quite insignificant, and might therefore be fully represented if conjoined with the University of London. It does not appear probable that the Apothecaries' Company of London will long continue as a licensing corporation, and its representation in the Medical Council might therefore be dispensed with; while the Apothecaries' Hall of Ireland cannot be considered to be, or ever to have been, anything more than a body for the licensing of pharmaceutists, and for this reason has no more claim than the Pharmaceutical Society of Ireland to be represented on the General Medical Council. The Faculty of Physicians and Surgeons of Glasgow might be fairly grouped for representative purposes with one of the groups of the Scottish universities, and in this way direct representatives of the profession might easily be admitted without unduly increasing the number of the General Medical Council.

5443. In whom should the control of professional education and examination be vested?—The absolute control of professional education and examination should be vested in the newly constituted General Medical Council, subject of course to an appeal to the Privy Council in case any regulation issued by it seemed to be improper or oppressive.

5444. Would the Council of the Irish Medical Association think it advisable to extinguish or diminish the beneficial influence of medical corporations upon the profession?—With respect to alterations in the power and privileges of the licensing corporations, the Council are of opinion that, while it is inadvisable either to extinguish or diminish the beneficial influence which the medical corporations exercise upon the profession, yet it is essential that such corporations should cease from the downward competition which at present exists amongst them.

5445. In what respect do the medical corporations exercise a beneficial influence upon the profession?—First, by the moral control which they possess over their licentiates or members; secondly, by their power of expelling unworthy members, and so enabling the General Medical Council to erase from the Medical Register the names of such persons; thirdly, by the maintenance of libraries, assembly halls, and museums; and fourthly, by the foundation of lectureships in the higher branches of medical science.

5446. What is the opinion of the Association with regard to conjoint examinations?—They consider that a judiciously devised scheme of conjoint examinations for each division of the United Kingdom would be sufficient to terminate this injurious competition; but such a scheme would prove inefficient unless it provided for absolute uniformity amongst the three proposed conjoint examining boards in standard of examination, in extent of curriculum, and in amount of fees.

5447. Should such conjoint boards under any circumstances be licensing bodies?—They should not, but the persons who have passed examinations conducted by such boards should be required, as heretofore, to obtain their qualification for practice from the existing licensing authorities; for the Council of the Association believe that it would be most disastrous to the public welfare if the members of the medical profession were removed from the moral control which licensing corporations are capable of exercising.

5448. Will you recapitulate the recommendations which the Council of the Irish Medical Association have made?—They recommend that any legislative measures which may be enacted should include:—1. A revision of the constitution of the General Medical Council. (*a.*) By a more equitable distribution of seats amongst the licensing authorities; (*b.*) By widening the constituencies which elect the representatives of several of those bodies; (*c.*) By a more direct representation of the general body of the profession. 2. The grant to the Medical Council of complete control over the education and examination of candidates for admission to the profession. 3. The compulsory establishment of a single conjoint examination for each division of the United Kingdom, which examination should be essential for admission to the license or degrees of any of the

Mr. J. W. Moore, M.D.

19 Oct. 1881.

medical authorities. 4. The enforcement of absolute uniformity in standard of examination, extent of curriculum, and amount of fees payable required by each and all of the conjoint examining bodies. The Council of the Irish Medical Association believe that if the above principles be adopted in the measures which may come before Parliament, they will receive the general support of the profession and the public. I may state that the foregoing views were unanimously endorsed by the Annual General Meetings of the Irish Medical Association, held on Monday June 2nd 1879, June 7th 1880, and June 6th 1881.

5449. What do you mean by a more equitable distribution of seats amongst the licensing authorities?—It is felt that some licensing bodies are represented at present in the General Medical Council whose representation really has no *raison d'être* in the opinion of the Irish Medical Association, and they propose to disfranchise those authorities. They say, "It does not "appear probable that the Apothecaries' Company of "London will long continue as a licensing corporation, "and its representation in the Medical Council might "therefore be dispensed with; while the Apothecaries' "Hall of Ireland cannot be considered to be, or ever "to have been, anything more than a body for the "licensing of pharmaceutists, and for this reason has "no more claim than the Pharmaceutical Society of "Ireland to be represented on the General Medical "Council." Other bodies, they seem to think, are unduly represented in the General Medical Council. Those bodies are the University of Durham, which as a licensing body is thought to be quite insignificant, and might, therefore, be fully represented if conjoined with the University of London; and the Faculty of Physicians and Surgeons of Glasgow which might fairly be grouped for representative purposes with one of the groups of Scottish Universities.

5450. How do you propose to widen the constituencies which elect the representatives of several of those bodies?—The Council of the Irish Medical Association are of opinion that each member of the body corporate of each medical corporation should have a vote for the representative of that corporation.

5451. In the case of Trinity College, Dublin, for instance, how would you propose to modify that constituency?—In some such way as I have mentioned.

5452. Who represents them?—Only the Board of Trinity College, and this Board numbers but eight members, and of those eight members but one is a member of the medical profession, and he is only so in name, he is not a practising physician; so that there is practically no medical representation of Trinity College on the Board. It happens at the present time that Professor Haughton is a member of the medical profession. It is proposed to give a vote to every doctor of medicine and to every master in surgery on the roll of the University of Dublin, in other words, to every holder of one of the higher degrees in the faculty of Medicine. I am not sure that the Irish Medical Association would not go as far as to give a vote to every graduate in medicine or surgery, even to the holders of the lower degrees.

5453. (*Chairman*). Would they object to give a vote to every graduate?—Yes; because they think that the representation should be confined as far as possible to the medical profession.

5454. Why?—They consider that the General Medical Council should be composed solely of men elected by members of the profession.

5455. And that no person connected with the University of Dublin ought to have a voice in the nomination of the members of the General Medical Council outside those who are actually devoted to the medical profession?—That I believe is their opinion.

5456. (*Dr. McDonnell.*) Would you propose, for instance, to widen the constituency of the College of Surgeons in your part of the United Kingdom?—At present the Council only have the election in their hands, and the Irish Medical Association would suggest that at all events every Fellow of the College should have a direct vote. The Fellows of the College number several hundreds.

5457. When you say that you propose a more direct representation of the general body of the profession have you ever thought how that could be best carried out?—I do not think that the Council have arrived at any conclusion with regard to details, but they are satisfied that those who do not possess a vote in connexion with one of the medical corporations should still be directly represented on the General Medical Council. The question of details, I think, they have left to legislation to decide. It is no doubt a very difficult question.

5458. Is your Association of opinion that recommendations (*a*) and (*b*) (Q. 5448) would not sufficiently meet the desire for direct representation, but that it would be necessary to give a more direct representation to the general body of the profession than would be done by either a more equitable distribution of seats or widening of the constituencies which elect the representatives of those bodies?—That certainly is the opinion of the Executive of the Association.

5459. And you think that if that were not attended to there would be a difficulty in carrying out any enactment because they would be displeased by it and would raise various obstacles?—Yes, I do, and I have no hesitation in saying so. I may state, as a matter of individual opinion, that I do not altogether personally hold that view, but that is distinctly the state of opinion of the Association.

5460. Would you give the Commission your own individual opinion?—My individual opinion is this, that by a re-distribution of seats of the General Medical Council and by enlarging the existing constituencies, we could have a very good Council indeed without direct representation. I think it is a point which is attended with great difficulties how to carry out direct representation.

5461. In fact, you do not think that you would get better representatives by direct representation than you have got already?—No, I do not think we should. I would just like to say that the great argument of the Association in favour of direct representation on the General Medical Council is that the existing General Medical Council has to control the very bodies whom it represents, and it is felt that the introduction of an independent element into the Council would enable the new Council to exercise their control with greater efficiency. That is really the great argument which is advanced by the Association, and I myself quite recognise the force of that argument.

5462. Do you think that the Medical Council has not at the present moment sufficient control over the education and examination of candidates for admission to the profession?—The feeling is that, notwithstanding some glaring defects, the General Medical Council has not, during the many years that it has been in existence, apparently exercised that control which it ought to have done.

5463. Do you think that they have power if they exercised it, or should your Association desire that they should be armed with even greater power than they have already?—I believe that they have the power if they chose to exercise it.

5464. The proposal of your Association is the compulsory establishment of a single conjoint examination for each division of the United Kingdom which examination should be essential for admission to the license or the degree of any medical authorities; why do you think that that scheme would be better than a conjoint scheme after examination by one of the medical authorities?—Before I answer that question I wish again to state that I am rather at a divergence of opinion with the Irish Medical Association upon that point, but they are very strong upon the point. I would ask permission to read this letter which I received from the Assistant Secretary when the likelihood of my evidence being tendered was spoken of last July: "Irish Medical Association, "Royal College of Surgeons, Dublin, 12th day of July "1881.—To Dr. J. W. Moore.—Dear Sir, I am requested "to inform you that the Association strongly disap- "proves of any proposition to admit to medical practice "or to registration under any circumstances, a person "whose competency had not been proved by passing "a conjoint or state examination; and that this view, "on behalf of the Association, be strongly pressed in "your evidence before the Royal Commission on "Medical Bills.—I am, Dear Sir, yours faithfully, "THOMAS GICK, Assistant Secretary.

5465. That however is perfectly consistent with that examination being subsequent to and not precedent to the examination of the individual authority?—Yes, it is.

5466. One question with regard to the scheme of having an examination previous to obtaining a license for a degree from the authority: do you not think that the medical public would resent very much, after having

passed a trying examination which gave them practically all that they wanted so far as knowledge is concerned, namely, admission to the Medical Register, being compelled to go with a large fee to a corporation for a degree which would be practically speaking of no use to them?—What we feel is this, that they ought to be obliged to do this in order to be brought into direct communication with one of the licensing bodies so as to be controlled in their future professional career. Perhaps I might mention an instance in which this control was of the greatest possible importance. This occurred under my own knowledge in connexion with a licentiate of King and Queen's College of Physicians some years ago. He was actually accused of murder and convicted of murder, and the General Medical Council had no power to remove the man's name from the register, but when the matter was brought under the notice of the licensing bodies from whom he had obtained the qualification to practise, they moved in the matter, and the result of their action was that the General Medical Council removed his name from the register. It is a very well known case which occurred not very long ago. The man was expelled by the King and Queen's College of Physicians by the public vote of the College, and then having been expelled the General Medical Council were able to erase his name from the register.

5467. Your Association seem to think of great importance the enforcement of uniformity in the standard of examination, the extent of curriculum and the amount of fees required by each of the conjoint examining bodies, do you think that the matter of fees is of as much importance as the equality of examination, and the equality of curriculum?—It is felt that unless there is uniformity in these three particulars, the present system of underselling, which undoubtedly exists, will to a certain extent continue. One of the great blots on the present licensing system is the great inequality of the fee charged for the different licenses; for instance, the Apothecaries' Hall of Ireland gives its license to practise medicine for 10*s*., and not even 10*s*. of existing money, but of late Irish currency. The Queen's University confers its degrees in medicine for 5*l*.; the King and Queen's College of Physicians' charge is 15 guineas for its license in medicine, and the charge of the Royal College of Surgeons is 25 guineas; the Royal Irish University proposes to give its degrees of M.D. and M.Ch. for a moderate fee.

5468. (*Bishop of Peterborough.*) Then the plan recommended by your association is that all the candidates for registration should first pass the examination of a conjoint body, and subsequently become affiliated to some one of the existing medical bodies?—That is the proposed plan.

5469. I think we understood you to say that the only special advantage that you contemplated as resulting from that was the power of control by those bodies over their members?—That is quite true.

5470. May I ask whether that control would not be quite as efficiently exercised supposing that this examination followed instead of preceding the affiliation?—I should think it would, I do not myself individually see very much difference.

5471. So far as regards this desirable control, in your opinion it would be quite as well secured whether the examination took place before or after the affiliation?—Yes, I do not think it matters much.

5472. Supposing that the examination takes place before the affiliation, would not this be the effect, that inasmuch as the person examined might have to choose any one of the 19 bodies in order to affiliate himself he would naturally run to the cheapest body, and the body that let him in the easiest?—That is quite true; but it is also proposed by the Association that there should be a uniformity of fee.

5473. But it is not possible to compel a uniformity of standard, inasmuch as the less competent body will give a feebler examination than the more competent body?—It will probably not be possible to obtain uniformity of fee from 19 different licensing bodies. The fee will be uniform in each conjoint board, but not in each of the 19 licensing bodies; it is quite true that the tendency of candidates might possibly be to go to the licensing body which would give them the qualification at the lowest rate.

5474. Supposing that the fee were uniform, still the body that gave its qualification most easily would get the greatest number of those uniform fees, would it not?—It would amongst those who were merely satisfied with affiliating themselves to any Body.

5475. The tendency would rather be, would it not by this scheme, to give the inferior body an advantage as compared with the superior body, and therefore the tendency upon the whole would be rather to lower the standard of the profession than to raise it?—There is no doubt that that is true.

5476. Have you considered what would be the effect of just reversing that, namely, making the affiliation in all cases compulsory, but making the conjoint examination succeed the affiliation, so that it would not be open to that objection which I have stated, but on the contrary would it not rather test the value of each license and diploma?—This is again my individual opinion, I think it would raise the minimal standard of examination amongst the different licensing bodies, in fact, that it would raise the whole system of examinations.

5477. Then, of the two plans, the one which proposes that the conjoint examination should precede the affiliation, and the other, which proposes that it should succeed the affiliation, both would give equal moral control, but the latter would give an indirect elevation to the whole standard, which the former would not?—I think so.

5478. (*Professor Huxley.*) With respect to the question of moral control, I presume in the case which you have cited, which is a very striking case, you do not mean to suggest that the expulsion of a man who was convicted of murder would tend to check homicidal tendencies on the part of the rest of the profession from that time forward?—No, but I know this at all events, that every fellow of the College of Physicians felt it a great disgrace to have such an unworthy member, and we were very anxious to get rid of him.

5479. But there are matters in which the medical corporations might by possibility exert a very powerful control, and those are matters of what may be called the honour of the profession. I mean improper practices on the part of professional men. Have you ever known of a man being expelled from any one of the corporations in Ireland on those grounds. Take, for example, what is often very much objected to, namely, advertising, or any of those things which do not come within the reach of the law, and which do come within the reach of what one may call professional opinion. Have you known anybody dealt with on grounds of that kind by a corporation?—I could not say that I know of any licentiate of the College of Physicians having been expelled for such an offence. But I know this, that within the last few years, in several instances, a very strong remonstrance on the part of the College of Physicians has decidedly checked such practices. Sometimes licentiates complain of their fellow-licentiates in different parts of England, and those complaints are often followed up by the college. We consider the case most anxiously, and the registrar is directed at once to remonstrate with the offender; and in several instances the results have been most satisfactory. Advertising is one of the things that we are exceedingly careful about.

5480. Have the corporations any legal power to expel a man for a practice that falls short of criminality?—I think they have the power of expelling a man who breaks his declaration. There is a very solemn declaration taken by each licentiate.

5481. It is very general in its terms, is it not?—I do not know it off by heart, but it is a very solemn declaration, that every licentiate will in all things uphold the honour and dignity of the college.

5482. Do you think that a court of law would sustain a corporation which expelled a member upon grounds of what you may call sentiment?—I cannot answer that question.

5483. You do not know of such a case ever having been brought forward?—I do not.

5484. Granting that a certain amount of control, such as you have described, is exercised by such a body as the College of Physicians, should you think that it is exercised by corporate bodies of less importance; have you ever thought of that fact?—No, I am not prepared to say that it is. I can speak for my own body and not for others.

5485. Have you any objection to express your own opinion upon the matter?—It is simply the same answer, that I really am not aware of any such case. I would like just to state that in addition to this moral control which the medical corporations exercise over the members of the profession, the Irish Medical Association wish stress to be laid on their usefulness in the maintenance

Mr. J. W. Moore, M.D.

19 Oct. 1881.

of laboratories, assembly halls and museums, and in the foundation of lectureships in the higher branches of medical science as a *raison d'être* for their maintenance under any new scheme of medical examination. It is not merely a question of moral control.

5486. As a question of general principle do you see any reason why the State should exact from a man anything further than evidence that he is fit to practise?—That is to say, that there should be just a minimal examination.

5487. I will not say whether minimal or maximal; but supposing it were proposed to establish a State examination which should be of such a character as to certify that a man was fit for practice, or at any rate not unfit for practice, is there anything else that the State can fairly require of a man beyond that; is it any business of the State whether he passes a university degree or is a member of a corporation?—I should say that the State should require every member of the medical profession to produce evidence of having received a thorough preliminary education.

5488. That might be a part of the State examination, might it not?—Yes.

5489. But supposing, for example, that there were no such thing in existence as the Medical Corporations, would you create them, and oblige every medical man to belong to them on grounds of public policy?—Supposing they were not in existence, I do not think that I would create them, but now that they are in existence I think a great deal is to be said in favour of their maintenance.

5490. Would not you draw a very considerable distinction between what could be said for some and what could be said for others?—Indeed I would.

5491. Do you think it would be desirable to do anything which would perpetuate the existence of those which probably you would not care to exist?—I do not.

5492. There are several of those, I presume, which you would like to see abolished as quickly as possible?—There are some at all events.

5493. So that any measure which would tend to perpetuate those weaker brethren amongst the corporations would have a considerable element of evil in it?—That is my opinion.

5494. (*Professor Turner.*) I understand you to tell us that in the opinion of the Irish Medical Association the members of the General Medical Council should be elected by the profession; and you object, I think, to the mode of the election of the representative of Trinity College, Dublin, inasmuch as he is elected by a lay element?—Yes, the Board of Trinity College may be so designated.

5495. Have you looked into the Medical Act for 1858 to see what the qualifications of a member of the Medical Council are to be?—I know that they are not necessarily members of the profession.

5496. Do you not know that the only members of the Medical Council who are required to be members of the profession are those that are returned by the Medical Corporations?—I did not know that.

5497. Did not you know that the Government reserves to itself the right of nominating laymen on the Medical Council?—Yes.

5498. And that the universities are not required to return members of the medical profession?—No; that was a point which I did not know. My idea was that the Crown nominees might be laymen, but I did not think it was left open for the universities not to have medical representatives.

5499. Section 7 of the Medical Act prescribes that members of the General Council representing the Medical Corporations must be qualified to be registered under this Act, but it leaves the university representation quite free, and it leaves also the Crown nomination quite free does it not?—Yes, I know that it leaves the Crown nomination quite free.

5500. Does not it strike you that there must have been some good reason in the mind of the Government at the time for giving a certain measure of latitude in this respect both to the Crown and also to the universities?—No doubt the idea was that there were two parties whose interests were to be taken care of, on the one hand the medical profession and on the other hand the general public.

5501. Do not you think that the interests of the general public are in this manner better secured than if they had a Medical Council elected entirely by the profession or composed entirely by members of the profession?—I am not prepared to say that, because really the matters which come under the cognizance of the General Medical Council are almost purely medical and almost purely bear upon the relations of the medical profession to the public; and I would say that there is really no occasion for lay representation on such a Council. I think it ceases to be a General Medical Council if there is at all a large lay element in it.

5502. It is not likely that a large lay element would be in it, but surely there could be no objection if a portion of the representative element were to be chosen from, non-medical persons who, as you very properly say, would represent the general public?—The point which would perhaps require the presence of lay representatives on the General Medical Council is the question of preliminary education, I would say.

5503. And that is a question which the Medical Council has to consider?—Undoubtedly, and what the Irish Medical Association proposes is that it should consider it even more fully than it does at present.

5504. Are we to consider that those resolutions which you have read to us as the resolutions of the Irish Medical Association are unanimous on the part of the Council of that Association?—Not only unanimous on the part of the Council of the Association but unanimously endorsed by the general meetings of the Association after being submitted by the Council to general meetings which are usually largely attended.

5505. One resolution which the Irish Medical Association has come to is that there should be a compulsory establishment of a conjoint examining board in each of the three countries, England, Scotland, and Ireland, and you have told us that one of the members of the Council of your Association is the President of the College of Physicians, and another member is the Vice-President of the College of Physicians, are we to understand that the President and the Vice-President of the College of Physicians in Ireland have agreed to this resolution?—No, I do not think that that follows at all.

5506. Are we to understand that the College of Physicians as a body agreed to it?—With regard to this term unanimous it is quite true that it is unanimous only so far as the attendants at the Council meetings, and only so far as the attendants at the general meetings were concerned, but if the President of the College of Physicians held opposite views and had been there, I suppose he would have expressed them.

5507. But we have a document before us which was handed in this morning by the registrar of the King and Queen's College of Physicians of Ireland, in which there is a decided expression of opinion against a conjoint scheme, and there is another scheme advanced by that college?—I know that document very well.

5508. I want you to reconcile that document which we have had handed in this morning with the opinion which you tell us is the unanimous opinion of the Irish Medical Association, because they are not reconcilable to my mind?—It is an unanimous opinion in this way, that in the case of our general meetings every member of the Association gets a summons to the meetings, but it is quite another thing whether every member of the Association attends or not. On the occasion in question those who did attend were unanimous, and therefore I hold that the executive of the Association was justified in inserting the word unanimous.

5509. I think you told us that the Association is a body consisting of about 600 members, how many of those 600 were present when this unanimous resolution was come to?—There is usually an attendance at the annual meetings of between 60 and 70 members.

5510. Then this unanimity expresses the opinion of about 10 per cent. of the entire Association, and the Association itself comprises only one-third of the practitioners in Ireland?—Yes; it so happens that at the last annual meeting, held on June 6th 1881, there were more than 80 members present.

5511. There is another point upon which your Association insists very strongly, and they employ the expression, I think, which you used, namely, that there should be absolute uniformity in the standard of examination; will you tell us what you mean by absolute uniformity in the standard of examination?—That as nearly as possible in each of the three Kingdoms the scope of the examination and the nature of the questions put should be uniform.

5512. When you say the nature of the questions put, do you mean that there should be a conference amongst the conjoint boards as to the questions which are to be put in each division of the Kingdom?—No, I do not think that that is intended. I think it is simply that the questions should be as far as possible of the same style and of the same searching character.

5513. Then how would you regulate that those questions should be of the same style and of the same searching character? — I think that the Association would intend that there should be a very strict inspection of the three conjoint examinations by the General Medical Council, that is to say, a very strict visitation of the examinations, and that it would be the duty of the General Medical Council to see that there was practically no difference in the value of the test applied in the three examinations.

5514. Would you tell us how that is to be brought about, so that we may understand how this absolute uniformity of standard is to be assured?—I think the intention is that there should be a much stricter visitation of the examinations than at present exists.

5515. Would you propose that this visitation should be every year?—Yes, very frequently; at every examination, and that the moment any one of the three examining boards fell away from the supposed standard of excellence a complaint should be made to the General Medical Council and the General Medical Council should interfere.

5516. Have you considered at all what the cost of a visitation of every examination would be?—It would be very dear, I know.

5517. There would probably require to be three or four visitations in the year, have you considered how the cost of them is to be provided?—At present, if I am not mistaken, a very large sum has accumulated to the credit of the General Medical Council, and it is believed that at all events that annual surplus should be spent in this way, and that if necessary some means should be devised of raising funds to meet the necessary and increasing expenses.

5518. Have you any suggestion to make as to how those necessary funds should be raised?—I have not; that is again a matter of detail which I would rather not venture upon. I have not considered it.

5519. I understood you to say that in the opinion of the Association—I do not know whether it was your own opinion,—but that in the opinion of the Association the General Medical Council have not done all that it might have done in the way of supervising the existing examining bodies and remedying their faults. There was some expression of that kind, was there not?—What the Association say on that subject is this: the Council of the Irish Medical Association believe that a complete alteration of the constitution of the General Medical Council, now the controlling authority of the education and examination of candidates, is essential, inasmuch as the defects in education and examination which have been already pointed out could not have continued during the whole 23 years of the existence of the General Medical Council, had that body been a properly constituted, vigilant, and influential authority. The General Medical Council has clearly failed to perform the functions for which it was constituted, otherwise the proposed legislation would be unnecessary.

5520. Would you tell us in what respect the General Medical Council has not been vigilant?—That has been pointed out at length in my evidence with regard to preliminary education, and with regard to the professional education of the candidates for the medical profession.

5521. You say in one part of your evidence that the General Medical Council have powers in the way of supervision if they choose to exercise them. Would you tell us what those powers are?—They have powers of control over the conduct of the different licensing bodies with regard to the qualifications for their licenses, and those powers have been, in the opinion of the Association, in abeyance for 23 years; and that they think is proved by the fact that on no occasion has the General Medical Council made a report to the Privy Council of a defaulting licensing body.

5522. Are you not aware that the General Medical Council has remonstrated with defaulting bodies, and by remonstrance with them has caused them to bring their arrangements into conformity with the recommendations of the Council?—I believe that those remonstrances have been made; but, again, the Association does not think that they were followed up.

5523. But is that assumption consistent with all the facts of the case?—I think it is.

5524. (*Mr. Simon.*) Continuing the questions which Professor Turner was asking you, and taking up the matter just at the point at which he has left it, the Irish Medical Association, consisting of 600 or 700 members, have been of opinion that the Medical Council has not taken the part which it ought to have taken where wrong was proved, to redress the wrong, by representing the bodies to the Privy Council?—Yes, that is so.

5525. A body so large as the Association could hardly, I presume, have formed an opinion of its own without the assistance, say of a committee?—Precisely so.

5526. Are you aware whether any committee has ever reported to the Irish Medical Association any specific neglect on the part of the General Medical Council to make a representation to the Privy Council?—I do not know that any specific cases have been reported, but the Executive of the Association has for years back held this same view which is now put forward in their evidence.

5527. Although I am but recently myself a member of the General Medical Council, I can have no doubt that the very eminent persons who have longer been members of the Council would feel greatly aggrieved by an accusation, coming from 600 or 700 members of their profession, that they had not fulfilled their obligations, and this must be my excuse for pressing you on the point. Can you suggest to the Commission any specific case in which the Medical Council ought to have made a representation to the Privy Council?—The Association do think that representation should have been made with regard to the professional education of candidates for the medical profession. Its regulations as to attendance on lectures, for instance, are notoriously vague, and differ widely in the various schools. I have stated several of those variances in the evidence which I have given. I have stated that the education of persons seeking admission to the profession may be considered under two heads, preliminary education in arts and professional education. As regards preliminary education in arts, the Council of the Irish Medical Association are aware that it is in most cases defective where the medical student does not graduate in arts in a university—that is one point in which we think that the General Medical Council has failed—in not insisting that the standard of preliminary education in arts should be raised, and its deficiencies remedied.

5528. (*Professor Turner.*) Would you propose that every candidate for the medical profession should obtain the degree in arts of a university? Is that what your Association proposes?—No, but that their preliminary education should be equivalent to it, or should at all events be satisfactory. I am able to say a good deal on this subject myself, for I have been an examiner in connexion with the three bodies—the King and Queen's College of Physicians, the Queen's University in Ireland, and the Apothecaries' Hall of Ireland. For instance, take the case of spelling, the spelling of candidates coming up for their final examinations in the College of Physicians, and in the Queen's University, Ireland, has been often so outrageously bad that although it was no part of our business we felt bound to report those students to the authorities of the bodies. As I have already said, the professional education of candidates for the medical profession, although improved of late years, is far from perfect, especially as regards attendance on lectures.

5529. (*Mr. Simon.*) Do the Irish Medical Association then think that it was the duty of the General Medical Council to bring a body for disfranchisement before the Privy Council because they did not order the compulsory registration of attendances on lectures? Would that be their view?—It would not be quite so strong as that, but they do think that the General Medical Council should have brought pressure to bear on the licensing bodies, and through them on the schools with regard to this very question of attendance on lectures.

5530. Have you any reason to suppose that the General Medical Council was aware of the facts which have been stated in your evidence upon the point?—I do not know whether they were aware or not, but I think that the Irish Medical Association hold that it was their duty to make themselves aware.

5531. Has the General Medical Council any authority to visit or examine the schools of medicine, and to inquire as to what goes on in the schools?—Indirectly I

Mr. J. W. Moore, M.D.

19 Oct. 1881.

maintain that they have, because they have full control over the licensing bodies, and if they have not their functions are incomplete and should be reformed; but I hold that they have full control over the licensing corporations, and if they have that control they should see what the regulations of those licensing corporations are in connexion with the certificates required for their licenses, so that indirectly the General Medical Council have power over the schools. If the General Medical Council said to-morrow to any of the existing licensing bodies: You must do so-and-so with regard to the certificates of attendance on lectures, the licensing body would be obliged to enforce this attendance, and the General Medical Council could in that way bring pressure to bear on any school.

5532. May I draw your attention to what might be a difficulty in working a principle of that kind with anything like strictness in relation to the bodies. There is a difference of opinion, you will no doubt admit, as to the value of attendance on lectures?—Yes, there is indeed.

5533. There is, above all, great difference of opinion as to the value of repeated attendances on identical courses of lectures?—Certainly.

5534. You are aware that, for instance, the Royal College of Surgeons, Dublin, requires that a man shall have attended three courses of lectures on anatomy and physiology, and I think also three on surgery?—Yes: that I have stated in my evidence.

5535. Supposing that the general principle which you were suggesting were acted on, that the licensing bodies should insist strictly and literally upon the corporeal attendance of students at all those lectures, do you think it would be very easy to enforce that rule?—Your question raises one or two very important points. First of all comes the general question, whether lectures are of any use at all or not; but what we do feel is this, that so long as the licensing bodies have courses of lectures the attendance on those courses of lectures should be *bonâ fide*, otherwise the moral effect on the lecturer and on his class is most unfortunate. It is a falsehood, the whole thing from beginning to end. The lecturer enters the names of a number of gentlemen, and gives them their certificates, and those certificates are worded, "Mr. "So-and-so has attended, or has diligently attended, those "lectures." I am a lecturer myself, and I positively refused to sign my name to any such document as that, and my colleagues did the same, so that the result of the action of myself and my colleagues has been to insist upon an absolute *bonâ fide* attendance at our lectures in the Carmichael College of Medicine. The required attendance amounts only to half the course, but it is better to have that than none at all, if the lectures are to remain obligatory.

5536. You are aware, of course, that the Medical Council has no power to make a rule on the subject?—I suppose not with regard to the schools.

5537. Nor with respect to the licensing bodies has it any power of regulation, as you are aware?—Yes.

5538. Regarding your Association as a body entitled to be very respectfully listened to in regard of its members, will you yet allow me to suggest to you whether some of those opinions which have been entertained by your Association have not been formed upon rather insufficient grounds?—On the point with regard to attendance on lectures, and the point with regard to the curriculum which you mentioned just now, we think not. The curricula of the different bodies vary very much. Thus the College of Surgeons requires a certificate of attendance on three courses of lectures, on anatomy and physiology, and on the theory and practice of surgery; whereas the College of Physicians is satisfied with two courses of lectures; and the Council of the Irish Medical Association sums it up in this way:—"We are of opinion that the conduct of the existing "universities and medical corporations is not and has "not been such as to entitle them to be continued in "the unrestricted exercise of their present privileges in "relation to the admission of candidates to the profes-"sion. The competition going on at present between "the various licensing bodies tends to lower the "standard of education and examination to such a "degree that the admission of unsuitable persons to the "profession through the portals of some of the licens-"ing bodies, it is a matter of very common occurrence." It is quite as much against the corporations themselves that they bring this charge as against the General Medical Council. They do, however, think that the General Medical Council might have reformed the whole matter by bringing extra pressure to bear on the corporations, that is really the drift of the argument.

5539. The point to which I was particularly wanting to draw your attention is that they have two powers—a power of recommendation, and a power of bringing bodies which they consider criminally neglectful before the Privy Council. Recommendations, you are no doubt aware, they have made?—Certainly.

5540. And for many years past, they have been following up those recommendations, have they not?—Several of the reforms in the College of Physicians I admit have been in consequence of recommendations made by the Council.

5541. And in the College of Surgeons also?—I cannot speak with authority upon that point.

5542. So that if it were contended on the side of the Medical Council that no case had arisen of a sufficient gravity for them to be entitled to take a corporation before the Privy Council, should you resist that contention, should you say that a case of such gravity had arisen?—I confess that I am unable at the present moment to point out any such case.

5543. You advocate a system of conjoint examination or control in each division of the United Kingdom?—Yes.

5544. And that each division of the United Kingdom should have one board regulating its examinations?—Certainly.

5545. Should you consider it anything of a breach of that principle if the one board having control in the one division had two or three centres of examination. Supposing, for instance, that the English board thought it desirable to have an examination in Manchester as well as in London, should you consider that a breach of the principle?—I do not think so.

5546. Or in Scotland, supposing the same thing in regard to Glasgow or Aberdeen?—I do not think so; I wish just to say in connexion with that, that it would get over one difficulty which has been brought against this conjoint system, namely, the difficulty of the expense to which candidates would be put. For instance, if an examination were held in Aberdeen, they would not be put to the expense of coming up to Edinburgh or to Glasgow, as the case may be. I should like this answer to be put down as my own individual answer.

5547. Your association evidently attaches great importance to the exercise of a moral control over the members of the medical profession, and it thinks that that is exercised at present through the corporations?—It does.

5548. Supposing that the corporations were acting together as a conjoint board with the universities for the purpose of admission to the medical profession, is there any reason why they should not exercise that moral influence conjointly instead of separately?—I do not think there is. I do not see any except this, that it is not at all proposed that there should be a conjoint licensing body; in fact that is quite contrary to the intention of the Association. The moral control is at present exercised by those bodies who place the names of gentlemen on their rolls as licentiates or members, as the case may be, but it is not proposed or contemplated at all that there should be a conjoint licensing corporation which should have such rolls.

5549. May I draw your attention to the distinction between two sorts of cases. There is the case of an offence against the law of the land, a felony, say, and for that the General Medical Council strikes a man off the Register, and there is an end of him as a medical practitioner?—Yes; but the General Medical Council, I believe, cannot do it until he is expelled by the bodies to which he is attached.

5550. Any man who has committed a criminal offence can be struck off the Register of the General Medical Council?—Yes.

5551. As regards this power of striking off a person who has committed a felony or a misdemeanour, that power being exercised by the General Medical Council, is there any reason why the corporations should in addition exercise it?—Yes, I think, for all lesser offences, but as regards capital offences, or felony, or misdemeanour, I think it is very desirable that the corporations should mark their sense of the unworthy conduct of their member or licentiate by punishing him.

Mr. J. W. Moore, M.D.

19 Oct. 1881.

5552. But as affecting the moral control of the profession, if the General Medical Council has the power of removing absolutely from the profession a man who has committed certain offences, nothing more in regard of those offences can be wanted with regard to that man?—I would feel it a far greater punishment to be expelled by the College of Surgeons than to be censured by the General Medical Council and to have my name erased. I think that the punishment of expulsion by the corporations is more deterrent, at least that is the way in which I look at it.

5553. Are you not a little confounding two classes of cases, first those of grave felonies and misdemeanours on the one hand, and secondly those professional improprieties of which a corporation would take cognizance?—I do not know that I am. I think in either case expulsion from the body would be a severe punishment.

5554. (*Mr. Cogan.*) You are of opinion, I understand from your evidence, that the General Medical Council ought to have the power and ought to exercise the power of visitation of the medical schools?—I do think so. I think that would be most desirable.

5555. Do you think that it would be an advantage in medical education if there was a compulsory examination on the lectures required besides mere attendance on lectures?—Sessional examinations would be most desirable.

5556. And a certificate of examination would be required as well as a certificate of attendance?—Exactly so.

5557. (*Chairman.*) You yourself are in favour of conjoint examination, are you not?—I am.

5558. What is your opinion as to its following and not preceding any examination by a corporation or a university?—I have already expressed my individual opinion that it would be better to have it follow.

5559. Do you see no possible hardship to any university or corporation in this examination being instituted and following their examination?—I do not; there may be the hardship of sentiment being hurt, but beyond that, I do not think there would be any. I think it would raise the general tone of the examinations. There would be an upward competition. Those different bodies would be anxious to send forward the best men, and there would be a judicious rivalry amongst them like that which has so admirably succeeded in the case of the Army examinations at Netley. Every gentleman who enters the Army as a medical officer has to undergo a further examination at Netley, and there is the greatest possible competition amongst university men and licentiates of the College of Physicians going in for that examination.

5560. And you think that such an examination following the corporation examination would be for the public advantage?—I do certainly.

5561. (*Dr. McDonnell.*) Professor Turner examined you rather strictly about an expression that you used, namely, "absolute uniformity of standard of examination." I presume you do not think that it is possible to have what you call absolute uniformity in a scientific and precise sense?—No, I must say that I think the word "absolute" is too strong an expression.

5562. But what you would desire, if I understand you rightly, is reasonable uniformity so far as it can be attained in things of this kind?—The words used by the College of Physicians and always put forward by them were, as well as I remember, "Uniformity as far as possible"; and that is what I would desire.

The witness withdrew.

MR. BENJAMIN WARD RICHARDSON, M.D., F.R.S., examined.

Mr. B. W. Richardson, M.D.

5563. (*Chairman.*) You appear, I believe, on the part of the British Medical Defence Association?—I do.

5564. You are a Doctor of Medicine of St. Andrew's, a Fellow of the Royal College of Physicians, London, and a Fellow of the Faculty of Physicians and Surgeons of Glasgow?—Yes.

5565. And you have written many treatises on medicine?—Yes.

5566. Will you state to the Commission, briefly, the objects of the Association which you represent?—We are an Association for the suppression of the worst forms of irregular medical practice, whether they occur from men who are unqualified or not. We consist of a body of gentlemen with a Council elected from a large number of medical men, and we meet several times in the course of the year. We receive at our meetings from say 8 to 12 reports of cases of irregular practice which have been occurring in different parts of the kingdom; and if any cases are extremely bad, and our means permit, we prosecute. We retain a very skilful solicitor, Mr. Pridham, who has conducted a great many prosecutions for us, and I think we have stopped a great deal of the worst and most indecent forms of quackery.

5567. Where are the meetings of the Association held?—At Mr. Pridham's offices, No. 6, John Street, Bedford Row, which are the offices of the Association.

5568. What is the qualification for membership?—The qualification is simply this. The Society is composed of respectable medical men who are warranted by three others from personal knowledge and three from general knowledge.

5569. What is the number of your Society?—We are a comparatively small Society. We are 324 in number.

5570. Speaking generally, what sort of attendance is there at your meetings?—At the Council meetings there is a very good attendance indeed.

5571. Of how many does the Council consist?—About 12 usually meet, but the Council consists of a larger number than that, about 18 to 20 would be the number of the Council.

5572. How long has the Association been in existence?—Seven years.

5573. You say that the object of the Association is to correct certain faults in medical practice which arise out of the defects in the Medical Acts?—Yes, that is our object.

5574. Will you point out in what respects the Medical Acts are defective?—I had better say that we have conducted prosecutions under various Acts; the Apothecaries' Act of 1815, the Medical Act of 1858, and the Births and Deaths Registration Act of 1874, when we have acted upon the request of the Registrar-General. Dr. Farr originally submitted to us that a great many certificates were coming into the Registrar-General's office not signed by duly qualified men, and therefore the falsification of the registration at Somerset House was very considerable. We thereupon, under the Act of 1874 prosecuted several persons for giving false certificates in this way. A medical man will be qualified himself, and he may have as many as six or seven dispensaries or "surgeries," or "Provident Dispensaries," or "Medical Halls," as he may call them, and he may have in every one of them an unqualified practitioner, or anybody, it does not matter whether he has had a medical education of any kind or not. Then one of these persons will attend a child or a person suffering from illness, and the person will die, and the medical man who has never seen the case will sign the death certificate. We have prosecuted in these cases with success. We have prosecuted also at a request or suggestion from Scotland Yard, under Lord Campbell's Act for the circulation of obscene medical publications; we have had two prosecutions of that kind, when several thousand of the most disgusting papers and advertisements were seized under an order made by Mr. Bridges, and on the prosecution they were destroyed. In that way one of the most objectionable quacks of London was turned out of his place altogether, and has not been seen since. The above are the four Acts under which we have proceeded. When we have prosecuted for illegal practice, apart from the assumption of title, we have proceeded under the Apothecaries Act. There are men who practise but who do not assume to be doctors at all, and they come under the Apothecaries Act. We have prosecuted a considerable number of flagrant cases in this way, for we take none but the worst, but we find that the prosecution is very difficult indeed to carry out. In the first place, the Apothecaries' Company object almost always to prosecution; then they require an indemnity for the expenses. In addition to this the working of the Act is extremely cumbersome, and we can only carry out those prosecutions through the county court which gives a judgment for 20*l.*, and leaves the prosecutor to enforce the penalty. Sometimes it occurs that there is nothing to enforce upon, and it is quite impossible to enforce the

Mr. B. W. Richardson, M.D.

19 Oct. 1881.

penalty. In most cases, however, even where they are very flagrant, the men pay the 20*l.* and go on as before. We consider, therefore, that the Apothecaries Act of 1815 is a dead letter, and that it will never be of much service in stopping those men who have no kind of qualification. Many of these men advertise largely; they are the worst types of advertising charlatans, and there is no remedy against them. They make a great deal of money and they pay the fine. Lately we have not seen much use in prosecuting under the Act, as it is of so little service.

5575. You spoke just now of illegal practice as apart from the assumption of medical title, will you state exactly what you mean by illegal practice?—We consider attendance for gain without any qualification illegal practice.

5576. Is it not competent then for a person to ask any one to attend on him?—Not for gain.

5577. You mean as apart from enforcing the payment of fees?—Yes, as apart from that.

5578. Have you obtained convictions for illegal practice?—Yes, we have obtained several, but it is a county court business, and we are left to enforce the penalty of 20*l.*

5579. You say that the Apothecaries' Society object to these prosecutions; what is the reason for that objection?—I do not know, but they have always objected, they have given way to us several times, and we have prosecuted successfully; but there has always been an objection raised by the Society. I cannot answer for those who do it.

5580. Are prosecutions for illegal practice ever raised by any other body besides your Society?—They can be, anybody can ask the Apothecaries' Society to prosecute any individual; but to my knowledge there has been no such prosecution of late. There is another society, called the Medical Alliance Association, kindred to ours, and it may have done so; but I am not aware myself whether it has or not.

5581. You stated just now that your own Society undertakes certain prosecutions for the registrar of deaths; in those cases was the cost defrayed by your Society or by the Registrar-General?—By our Society; we take all the responsibility, but the costs come from the defendants, or they have done so far, but, if they have not, if there has been a failure, the costs have come from us.

5582. Then does it mean this: that the Registrar-General did not himself undertake the case but persuaded you to undertake it for him?—Yes. The last Registrar-General, Major Graham, or I believe it was Dr. Farr, requested us to undertake it. The present Registrar-General has tried one case himself this last week, and I believe successfully, but up to that time we undertook them all.

5583. Can you tell me from what source your fund are derived?—Purely from our own subscriptions and donations. We pay a sum of money ourselves per year, and other of the members of the profession have sent sums to assist the Society although they were not members of it.

5584. During the last seven years, speaking roughly, what number of prosecutions have you instituted?—We have instituted, I should say, from six to eight a year. Then I should say, if you will permit me, that we have also prosecuted under the Medical Act of 1858, for the assumption of title apart from practice, and I should add that there we have been foiled, so that a very important change requires to be made in the law. We prosecuted a man called Hamilton for assuming the title of doctor of medicine, and he beat us by putting the letters "N.Y." after the "M.D.," he said that he was a Doctor of Medicine of New York. Mr. Knox in 1876 said that that rendered our action inoperative, and we lost the case. We then carried it to a higher court, and the decision of the magistrate was upheld by Mr. Baron Cleasby and Mr. Justice Hawkins on appeal. So that really and truly the Act of 1858 is practically useless against assumption of medical title.

5585. How do you propose to remedy that?—We propose to remedy it in this way, that no person shall take a medical title for the purpose of gain unless entitled so to do by a qualification which must also be registered. That, we think, would be the kind of wording which would prevent the assumption altogether.

5586. We will suppose that this title of M.D. of New York were registered, what then?—We suppose that it would not be allowed to be registered.

5587. It would not at present, but I dare say you are aware that a claim has been made that foreign titles should be registered?—Yes, and I am prepared to give you our view on that point. We are quite in favour of the registration of all respectable foreign practitioners who have diplomas, and we would make those diplomas registrable. We would do that on the ground that the owners of them had passed an examination which was equivalent to any State examination here that might be decided upon and that would admit to the Register, but we would keep those who were registered in that way within their original status; I mean we would not give them an English qualification, because we might by this qualify them for some other place; we think it best to keep them on their original status; and in that way we think it would be advisable to register all respectable foreigners for the time they are in this country.

5588. How would you propose to ascertain whether the degree was a respectable one?—I think that would be a detail which would lie with the Medical Council or whatever other governing body would afterwards spring up.

5589. Would it not happen, supposing the arrangement you have just mentioned were to come in force, that the Doctor of Medicine of New York, of whom you spoke just now, would still take in the British public?—No, I think not. I think that then the central body here would make the proper inquiries, and he would not get on the register.

5590. Not if the New York title was a registrable title?—Then we would admit him on the register.

5591. He would call himself M.D., N.Y., but he would still be not an English Doctor of Medicine?—He would not be registered, and therefore he would come under the Act. The man Hamilton we knew quite well and proved definitively, was not a New York Doctor of Medicine, by virtue of holding a University degree; the mere matter of putting the letters was quite sufficient.

5592. Is there any further defect which you wish to point to in any of the Acts, and which your Society take cognizance of?—Yes, the present Act permits persons who have been removed from the register for misconduct still to practise, and we think that that should be amended. We would not say that a person who had been removed from the register should never be permitted to enter on the register again. We feel that that would be undesirable, but we think that he should not immediately, as is the case now, go on to practise as before. We think that such a person should be considered as not being fit to practise in a profession like ours, until by an acknowledged amendment he were permitted again to be on the register.

5593. When a medical man's name has been removed from the Register, if he continues to practise he can no longer continue, can he, to use the former title which he held?—Yes he can; he can call himself a Member of the College of Surgeons, or whatever he may be, and you cannot prosecute him for his assuming the title, so that he practises just the same as before, although he is not on the Register; he could not give evidence as a registered practitioner, and he could not have the privileges of being on the Register, but in all other respects he would be the same as before.

5594. Would not the College of Surgeons, or the College of Physicians remove from their list a man whose name had been removed from the Register?—They have not done so in some cases.

5595. Still the remedy is in their own hands if they choose to exercise it?—I believe with regard to the College of Surgeons (I speak under correction), that they felt that they had not the power.

5596. But if they had not the power, or did not choose to use it, does it not follow that it would be impossible to prevent a man from practising after his name had been removed from the Register?—Yes, it might be, but I think that the amendment in the clause that I read a moment ago would cover that; namely, that no person shall take a medical title for the purpose of gain unless entitled to do so by a qualification which must also be registered. I think that would meet the case.

5597. Is there anything further that you would like to add upon this point?—We think it most important that whatever examination may be hereafter adopted, that examination should include medicine, surgery, and obstetrics, in order to prevent what is at the present time a very considerable difficulty, that is to say, a man with one qualification practising everything and giving

certificates for everything, although he may not actually be legally qualified in the full sense of the word. We have had difficulties of that sort to contend with and we therefore think that the future examination should include all the necessary requirements for general practice.

5598. You meap a triple qualification?—Yes, a triple qualification. There is a detail also which I have omitted and which is a very obstructive one with regard to our work in London, viz., the operation of the Police Act against the recovery of penalties by the treasurer of the General Medical Council when we prosecute for assumption of titles. At the present time all the penalties that we have gained in that way have been taken by the Receiver of Police. By the 2nd and 3rd Victoria (Police Act) we are embarrassed with respect to the reception of penalties. That is quite an exceptional Act belonging to the Metropolitan district, and we think it wrong. We propose that to the 42nd section of the Medical Act of 1858, in an amended Act these words relating to the recovery of penalties should be added: "Notwithstanding anything to the contrary in any Act "passed before the Medical Act, 1858."

5599. Then the object of that amendment is that the penalties which have been recovered through your agency should be received by you, and no longer be received by the Receiver of the Police?—That they should be received by the Medical Council, our functions ceasing altogether, and the Medical Council becoming masters of the whole position. Then we propose that the penalties which were recoverable, and which would, if those words were not introduced, go to Receiver of the Police, should go to the Council.

5600. Would you propose to make the Medical Council a prosecuting functionary?—Yes, we are of opinion that that should be one of the duties of the Medical Council.

5601. And a duty which they should very carefully discharge?—Yes; we think that that would be the justest and fairest plan.

5602. Does that close all that you have to say upon that point?—Yes. I may sum it up in this way: We propose that the various prosecutions in virtue of isolated acts, all of which I have named, such as the registration of death, the assumption of titles, practice for gain and practising without qualifiation should be provided for by one process in the future Medical Act, and we propose that whatever the penalty should be for acting illegally, it should be for each offence a summary conviction. We are of opinion that the mere matter of monetary penalty would not meet the necessities of the case.

5603. Perhaps you will explain what you mean by summary conviction, do you mean that that is to be followed by imprisonment?—Yes, it might be followed by imprisonment if the magistrate determined it. There are many instances where we could have stopped some very bad proceedings indeed, and where we have failed altogether because we have not had that power.

5604. With regard to the licensing system has your Association formally considered the question of the licensing system?—Very many times; we have had several committees upon it during the past seven years and have discussed it very frequently.

5605. Without going into the merits or defects of the present licensing system, what form of licensing system does your Association consider the best?—We think that an independent examining board would be the best.

5606. You would diminish, would you not, the number of examining bodies?—We would; we would have three, one for each division of the Kingdom.

5607. And you would make the license or certificate obtained after examination before one of those boards in each division of the Kingdom the sole access to the register?—We would.

5608. You would therefore do away with the privilege which now attaches to the examinations of the present 19 licensing bodies?—We would. We would wish that they should continue their functions as usual, but that the degrees or the diplomas which they should confer should be purely honorary.

5609. How do you propose that those joint examining boards should be appointed?—In our opinion they should be appointed by the General Medical Council, presuming always that the General Medical Council is constituted in the way which we think would be best for the profession and for the public.

5610. You would be prepared to put that power into the hands of the Medical Council?—We would be if the Council was perfectly representative.

5611. Should you place no power whatsoever in the hands of any of the existing licensing bodies?—If we placed any power at all in their hands it would be merely that of supervising the examination. It has occurred to some of us that we might ask the present examining boards to inspect the examinations that are being held by the board which is appointed by the General Council, but that is a point which we are somewhat in doubt about just now, and it is not a point that we make very much of. We should be inclined rather to trust the board of examiners appointed by the Medical Council.

5612. Should you be disposed to trust the board of examiners appointed by the Medical Council so fully as to do without supervision altogether?—We think that the supervision should be exercised by the Medical Council itself. We presume that the Medical Council would have but one object in view, that of conducting a fair examination; and we assume that the members would not appoint themselves to examine, but would appoint independent examiners, and then they ought to take the supervision of the examination and all the responsibility of it.

5613. Then virtually you would supersede the present licensing bodies altogether, and you would place them in the position, I presume, of associations which could give their own degrees and honorary titles, but which would have no public authority whatsoever?—Yes; we would in fact put the license given by the Medical Council in the same position practically as the license so long held by the Apothecaries' Hall, which gave all the qualifications for a long time, namely, from 1815 up to the Medical Act of 1858, for that was really the only legal qualification in England, the others being merely honorary. The degree which a man then had was an honorary degree, and he took it for the purpose of having a degree. We think it would be the same very much again, and that there would be as much work for the examining bodies as ever if the one State license were permitted.

5614. Have you considered what the effect of this system would be upon the present licensing authorities?—I think it would do no harm to them whatever, that it would not affect them.

5615. How would it do them no harm?—The license which qualified would, we presume, be given on a moderate examination—it would be efficient and no more. Then we think that the other examining boards of the Universities and Corporations, would, like the great Medical Societies, offer temptations to men to pass their examinations. We think that they would compete one with another in raising the status of the men who belonged to them, and that in such a way many would join them as they do now.

5616. But do you think that when a young man had once obtained access to the register, and was able to practise, he would continue to have the same desire which he at present has for the degrees and licenses of the present medical authorities, which are now the means of putting him upon the register?—I think so, it would become a proof of greater ability and position; in fact for centuries, when there was no qualification at all, the best men went to the universities and took degrees, and when they came to practise they were considered better practitioners in consequence. All our great men of the last centuries were qualified in that way, and that was the distinguishing mark which made them differ from others.

5617. Might it not be contended, we will say, by the universities that their examinations being, as you say, higher examinations than the conjoint examination, they might very safely be entrusted with the privilege of passing young men on to the register, without the addition of another and inferior examination?—That might very fairly be stated, I think, on their part; but we do not admit that it is correct in a public point of view. You see we are obliged to look at the profession of medicine as a very numerous body who have not come from the more educated classes of society as yet, I mean rather from the higher classes of society, and we are obliged to take them as they come, in order to provide for the necessities of the public, efficient medical attendance; if, therefore, you were merely to make a competitive examination amongst the universities, giving each university the power to confer a license, I believe that it would be lapsing again into the old system, that there would not be a competition upwards at

Mr. B. W. Richardson, M.D.

19 Oct. 1881.

all, but a competition downwards. That is the view which I individually would take without pledging my colleagues to it; and so I think it would be better to have one common and fair examination with which everyone in this country ought to be satisfied.

5618. Has it been proved, or is it to your knowledge the fact, that any of the universities at the present time have a lower standard of examination than that which prevails elsewhere or than that standard which is a fit and fair public standard?—I do not wish to say a word bearing upon the relative positions of the universities, except this, that I am quite sure that there is great inequality.

5619. With regard to the General Medical Council, you are prepared to place very large powers in the hands of the Medical Council if properly constituted. Would you explain to the Commission what you think would be the proper constitution of the Medical Council?—Our view would be not to remove from the present universities and corporations the right of sitting on the Medical Council; but we think that there ought to be an infusion into the Medical Council of a considerable element from the medical profession at large. We think that that is but justice, and we believe that it would be better for the public interest. My own impression would be that the corporations and examining bodies should send 12 representatives to the General Council; that the profession of England and Wales should send six; the profession of Scotland, three; the profession of Ireland, three; and the Crown, six. That would give a Council of 30, which would, I believe, be a very good and effective Council.

5620. Are you in favour of the members of the Medical Council continuing to represent, as they do now, individual universities and individual corporations, or, would you prefer that the members should represent aggregates and not single corporations?—My view would be that there should be some kind of combination between them. I think that Oxford and Cambridge should send one. I think Durham and London should send one in the same way that Edinburgh and St. Andrew's, and Glasgow and Aberdeen, send one at present. I think that the two Apothecaries' Companies might be left out altogether. I do not see any necessity for a representation from them at all. The other bodies, the Dublin University, the Queen's University, Ireland, should each send one; the Faculty of Physicians and Surgeons of Glasgow, combined with the College of Physicians of Edinburgh should send one; the College of Surgeons, Edinburgh, one; the King and Queen's College Physicians in Ireland, one; the College of Surgeons in Ireland, one; the College of Surgeons of England, one; and the College of Physicians of London, one. That constitutes 12 representatives. The combination would give four representatives from the Universities and Corporations of each part of the kingdom, England, Ireland, Scotland.

5621. Then you are in favour of the members continuing to represent individual corporations and universities?—So far as I have named, I am.

5622. Have you considered the question of the universities which may hereafter obtain charters?—Yes.

5623. Would you propose to exclude them from all representation on the Medical Council?—I think that there should be some provision made for their admission. When they are doing a sufficient amount of work and producing a sufficient number of graduates or performing a sufficient amount of education, or educating a sufficient number of men going up for the State license, then there should be a provision made by the Medical Council itself for their admission.

5624. The Medical Council then would have the power to alter its own numbers?—You must excuse me answering that at this moment; it is a new thought, and I have not considered it sufficiently.

5625. Roughly speaking, you would in the case of universities newly chartered becoming important medical educating bodies, propose to add additional numbers to the Medical Council by some agency or other?—Yes, I would.

5626. What would be the functions of the Medical Council? You have told us that one of their functions would be to prosecute?—Yes, but that I would not consider a very important function.

5627. And another would be the care of the Register?—Yes. The appointment of examiners on the examining board, the care of the Register, and the general supervision of medical education.

5628. Have you anything further to state to the Commission which you think would be of importance to their inquiry?—There is only one point, which perhaps would be somewhat irrelevant, I mean as regards the medical education. My own view is that the curriculum of medical education should be revised by permitting one or two years study under individual private practitioners of medicine to rank as one or two years of education; but I presume that is a question of detail.

5629. I presume, however, that such a question as the curriculum you would include within the function and the duties of the Medical Council?—Yes.

5630. (*Professor Turner.*) May I ask whether the Association which you represent here confine its operations to London?—No.

5631. Do you take in the whole of England?—We take in the whole of England and Scotland too, we have branches in Sunderland, North of England, Shropshire, Mid Wales, Forest of Dean, and Cornwall, as well as in the London district.

5632. In fact it is an Association that operates in the three divisions of the Kingdom?—Yes. One of the recent prosecutions which we undertook was that of a woman in Warrington, who came there with a large van, almost like a cheap-jack, and practised for many weeks, taking a large sum of money. The local men could not remove her; but when Mr. Pridham went down to prosecute she went away directly.

5633. Have you ever had a case of this kind where a registered medical practitioner assumes a title which he has no right to assume?—Yes, over and over again.

5634. Do you prosecute in those cases?—You cannot prosecute for the assumption of the title of doctor.

5635. Supposing a man who is a member of the College of Surgeons takes the title of Doctor of Medicine, would you consider that there should be any addition to the Medical Act which would enable the prosecution of a registered medical practitioner for assuming such a title as a Doctor of Medicine, that is to say, putting M.D. after his name, when he does not possess it?—I think that the title amendment which I have read would cover that. (Q. 5585.)

5636. May I understand that you are of opinion that it is an advisable thing that a person assuming the title of Doctor of Medicine who is not a Doctor of Medicine, although he is a registered medical practitioner, should be prosecuted for assuming that which does not belong to him?—Yes, I think that that would be only just.

5637. Did I correctly understand you that the question of prosecution is to be confined to persons who are practising for gain, or would you think of prosecuting, say, the Lady Bountiful of a village who sends out a box of salve to an old woman with a bad leg?—No, we have always kept to the words "for gain."

5638. I would like to ask you one question upon the constitution of the Medical Council. The scheme which you have given us was a scheme of combination in some instances, and of non-combination in other instances. On what principle was that scheme of yours framed?—As near as I could arrive at it on the number of persons constituting the body at the present time. Of course it is only approximative, but we have thought that there are certain cases in which two licensing bodies are not greater than one with regard to the number of persons qualified by them.

5639. I see that you would give to Trinity College, Dublin, a representative all to itself. Why would you give Trinity College, Dublin, one representative and only give half a representative to the University of Edinburgh or to the University of London?—I know that there is this difficulty, but I can see nothing that Trinity College, Dublin, could be united with, it is so distinctive in itself; whereas, in the Universities of St. Andrew's and Edinburgh, and Aberdeen and Glasgow we have a larger university and a smaller one.

5640. Edinburgh being the largest medical school in the country, and graduating more persons than any other university in the country, and many more than Trinity College, Dublin, why do you suggest that it should have only half a representative?—The division is simply approximative. I do not think we should hesitate to increase quite fairly the number of representatives of the corporations, supposing that the representation of the profession at large was relatively increased.

5641. Would you consider that the university element in the Medical Council was a beneficial element, or the reverse?—Beneficial.

5642. Would you consider that the university element was a more beneficial or a less beneficial element than the corporation element?—I should put them alike. I cannot see any material distinction between them. I think that the corporations have done very great service.

5643. Would you consider that the element derived from the direct representation of the profession which you have advocated, was a more beneficial element in the constitution of the General Medical Council than the university element?—Not more so.

5644. Would you consider it as beneficial?—I think it is necessary.

5645. But would you consider it as beneficial as the university element?—Yes; not in a scholarly point of view, but quite as beneficial in a social point of view.

5646. But in what way would you consider the element derived from direct representation as beneficial as the university element in the constitution of the Medical Council?—In the first place, it would very much raise the position of the medical profession altogether, and that would be beneficial. It would bring forward men in the profession of medicine to perform important duties, who would be competent to perform them, and who would be raised in position, and who would therefore raise the tone of the whole medical body; and in that way it would be very beneficial. Then it would implant in the minds of the profession generally a sense of justice, that each man has a certain voice in the management of his own professional affairs, and of the profession altogether. That is another very important matter. I believe too that it would have a good influence on medical education, and would do the universities no injury whatever, but rather make them anxious to compete one with the other for a higher class of graduates than would be the case if every one were granting licenses.

5647. We will just examine each of these points. In the first instance, I will ask you how would the direct representation of the profession upon the General Medical Council raise the position of the medical profession, seeing that the medical profession through the universities, and the corporations, and the Crown nominees constitute the Medical Council at this moment?—It would be a different agency that would be at work. You would then have gentlemen elected for those posts, and the whole of the profession of medicine in a district would rise to support one of its members for these important posts. It would create a spirit and a feeling amongst the members of the profession on one side, to render themselves worthy of the distinction, and on the other side, to recognise the man that was worthy of it. Both would have a very wholesome influence upon those who are in the profession of medicine. I believe that it would be a very fine stimulus to the profession of medicine all through the Kingdom.

5648. It has been represented to us by various witnesses that this process of general election to which you have referred would be an injurious process for the profession, and not a beneficial one?—That may be so. I only tell you my own opinion about it, which I think is a fair expression of professional opinion.

5649. You have given, I think, as another reason why there should be this direct representation, that the profession would be trained in the management of medical affairs?—Yes, I think that it would take a much more living interest in the management of medical affairs generally.

5650. What medical affairs would you propose that the Medical Council should undertake except those of education, registration, the pharmacopœia, and the prosecutions, which you have already referred to?—No more, and I consider them all-sufficient. At present the profession of medicine does not take that living interest in these points which it should take; but, if it felt that it had an influential voice in them I believe that the greatest interest would be taken.

5651. You have told us that the profession, if it were represented in the General Medical Council, would exercise an influence on medical education, will you explain to us what particular kind of influence on medical education you think would be exercised by those elected gentlemen, whose case you advocate?—I believe that when persons in the profession of medicine, throughout the kingdom, felt that they were to vote for a representative on a board, which board was going to elect an examining board, they would look more carefully at medical education generally than they do, in order to prepare themselves for that election, and that more general interest in the profession altogether would be taken in relation to its education.

5652. You have told us that those elected members would exercise a beneficial influence on medical education, what influence do you refer to, and in what direction would they exercise this influence?—In the direction of taking a greater interest in education than they do at the present time, when without their will the whole power of framing medical education is kept away from them. The influence would be this, that they would take more part in every educational scheme; they would watch the progress of the examinations and watch the progress of the change that takes place in the course of the examinations, and be more deeply interested in the whole subject than they are at the present time.

5653. Am I to understand that the beneficial influence on medical education to be exercised by these gentlemen would be that the profession generally would take a deeper interest in the subject?—I think they would take a deeper interest than they do at present in the Arts qualification and in the teaching, and in the mode in which the examinations were being conducted, and in the mode in which the licensing board did its work, and in which the General Council did its work in supervising the education. For instance, if the General Council were to appoint an examining board, and that examining board fixed a course of education which was inferior in its character, I believe that the whole profession would be interested in the subject, and would insist that it should not be carried on, or would insist upon its improvement. They would speak with a more authoritative voice, and that I think would be better than a voice which came simply from individual colleges or universities.

5654. Have you sufficiently taken into consideration in sketching out your scheme that the Crown is already represented by its nominees on the Medical Council, and that the representatives of the Crown are entirely independent either of the universities or of the corporations?—Yes, and I think it important that they should remain so, I think it would be very bad policy indeed to remove the representatives of the Crown.

5655. Would the representatives introduced by this direct action of the profession exercise any more beneficial influence on the deliberations and actions of the Medical Council than the Crown nominees now exercise?—I cannot say.

5656. In what respect would the influence be beneficial?—I think it would be an additional influence, inasmuch as there would be a numerical strength imported into the Council which does not exist now, and which would represent the professional mind generally. The Crown nominees may or may not know the precise wants of the profession of medicine, and what its views are on this or that matter. They may or they may not, but here you would have the profession itself speaking, and then every interest would be represented.

5657. (*Professor Huxley.*) Did I understand you to say that your Association desires to see every description of practice for gain by persons who are not on the register prohibited?—Yes, I think that would be the tenour of their wish.

5658. Is your Association desirous of seeing everything that is now known as counter practice stopped?—That is a matter which is before us very frequently, and we differ in opinion upon it. I differ from the rest of my colleagues very much upon that point. I am inclined to think that the Apothecaries' Company should take up the whole of that part of medicine, and that as a certain portion of counter practice is absolutely necessary in the State, therefore there should be a certain recognition of it. That is my view, but my colleagues are not at one with me upon it; and therefore I did not bring it forward.

5659. Then we understand that so far as the opinion of the Association goes, they do desire to stop what is called counter practice?—Yes, I think the majority of them do. I will not pledge myself upon the matter, but I think the majority would join with the rest of the profession of medicine upon that point. It is the general professional sentiment, and they would possibly go with it.

5660. The practical result would be that a servant maid could not go into a chemist's shop and get something for an attack of spasms, because to supply it would be illegal. That would be the result of such

Mr. B. W. Richardson, M.D.

19 Oct. 1881.

legislation as appears to your Association to be just?—The extent of counter practice is very great, and I think must be legislated for specially.

5661. May I ask for the reasons why you differ from certain gentlemen in your profession who think it desirable to tie the hands of the lieges in that way?—Because I am quite sure that nothing can possibly prevent a certain amount of counter practice.

5662. In the first place the thing is not possible, and in the second place it is not desirable, is it?—No, that is my individual opinion.

5663. But there is very strong feeling, is there not, upon the part of the very large body of the profession that it is both desirable and possible?—Yes, no doubt there is, and I gave great offence some time ago for proposing that there should be a limited legal power given for counter practice.

5664. Does not it strike you that if this direct representation about which there is so much talk were granted, and the universal suffrage of the medical profession came into play, this question of counter practice might very soon come into the region of practical politics on the Medical Council?—Yes I think it would, but no harm would come from it because very soon the Council would be obliged to seek for legislation to meet the case. You must understand that at the present moment, in a political point of view, the chemists and druggists of England are quite as potent as the medical profession. They have a Pharmaceutical Society conducting itself uncommonly well in the matter, and with such authority that politically they are outbidding the profession of medicine; the very best course I submit would therefore be to allow a certain limited measure of counter practice. I would say that no man who was merely a member of the Pharmaceutical Society should be allowed to go and visit patients, or to give a certificate of any sort, for instance a certificate of death, or a medical certificate of any kind.

5665. He cannot give a certificate of death at present, can he?—No, he cannot, and as you deprive him of that power he should be allowed to exercise counter practice. He does so now in fact, and I think that we ought to legislate for it, because he visits also, and does, I believe, a great deal more than he would do if he were restrained to counter practice.

5666. Let us take the case of visiting patients which is all very well here in London or in a large city, but I daresay you know that there are some parts of the country where the local doctor, whatever his abilities may be, is a person whose habits are not altogether favourable to clearness of head, and where it may very possibly be that the local druggist, whoever he is, is very capable of giving a good opinion; in a case of sudden illness would you prevent anybody who was so inclined from calling in the druggist and saying, what in the world am I to do, will not you give me a dose of medicine for this ailment?—The case would be a great deal stronger if the doctor could not go at all, but it is a very difficult point to settle.

5667. It would be a very strong thing to enact that a person should not get what help he might choose to have under those circumstances?—It would be, I am quite at one with you on that.

5668. It is hardly a power which the House of Commons is very likely to give to any one, is it?—Speaking from my own point of view I quite agree with you.

5669. Does not it strike you that the function of the State in this matter is to give people some sort of guarantee that those who attend them possess a certain qualification?—Yes.

5670. As defining the persons from whom it will receive, and from whom it will not receive certificates?—Yes, I think that would quite define my own feeling in the matter.

5671. (*Bishop of Peterborough.*) You say it is the opinion of your Association that the examination which is to fit a candidate for the Register should be conducted by an independent board. Will you explain the exact meaning which you attach to the word "independent"?—I mean the individual board in each Kingdom—of course nominated in every case by the General Medical Council.

5672. You do not mean what is commonly called a conjoint board?—No; I do not.

5673. You mean in point of fact a Staats examen Board, the members of which are to be appointed by the Medical Council?—I do.

5674. As regards the examination by this Board, I understand you to propose that their examination should at once admit to the Register, quite irrespective of the candidate having obtained a license or a diploma from any medical body?—Yes.

5675. Would you propose that this Board should require from a candidate for examination evidence of previous medical training and education, or would you allow any person to pass that board who merely passes the examination at the moment?—That would be a detail for the General Medical Council. I am very much in doubt in my own mind as to what I should recommend on that point. I believe that a certain curriculum is good in many ways, and I think it is unfair in other ways. Too severe a curriculum, I am quite sure, shuts out many very good men from examination, but I think that perhaps a moderate curriculum in medicine is, on the whole, possibly best.

5676. You would certainly require evidence of clinical culture?—Yes, of course that could be obtained by examination. Examination could decide that quite well.

5677. Would you require that the candidate should show that he had passed a certain time in studying his profession practically, or merely that he should show that he is able to answer a certain number of questions which he might be crammed for?—I think that on the whole it would be best to have a certain curriculum, so that he should show that he really has been in practice; but I believe that an examination of a clinical kind would meet the difficulty in every case as regards practice.

5678. Supposing you required him to produce evidence of his having passed a certain curriculum, might it not be required that a candidate before he passes the Staats examen should also produce a diploma from the Bodies, or any one of them?—I think that that would never be satisfactory to the profession.

5679. And you therefore think that if all candidates were required to pass this examination, which admitted them into the register, the bulk of them would still be willing to go for those honorary degrees to some one or other of those bodies?—I think so. I think that everything that is historical in medicine points to that.

5680. And that the State examination would not interfere with in your opinion?—Not the least.

5681. (*Mr. Simon.*) Has the difficulty come before your Association of the uncertain use of the word doctor, and the conflict that there is between the popular meaning and the technical meaning of the word?—Yes.

5682. Are you aware of much discontent in England about the difficulty of obtaining the degree and title of Doctor of Medicine in its strict sense?—Yes, I know that that is constantly the case.

5683. What would you think of a proposal that any holder of a higher title of a corporation should be legally at liberty to use the title of Doctor?—That would bring us to a very important part of the question as to what title you would give to a licentiate who is qualified as a licentiate through a State board, such as we have been considering.

5684. For the sake of argument, will you consider that the common title would be that of Licentiate in Medicine and Surgery. That being the case, what would you think of a provision that any one holding a higher title of a Medical Corporation should, just as if he were a university graduate, be entitled to call himself doctor if he saw fit?—I confess I do not see the relationship between them.

5685. Taking, for instance, the membership or fellowship of the College of Physicians of London to mean higher proficiency in medicine, ought that, or ought it not, to give to the holder the right of calling himself doctor?—I think that is really a question to be settled between the corporations and the universities. I do not see that it applies to our present business at all.

5686. (*Professor Turner.*) Is not that a question for the Crown?—I think it lies outside our province to discuss what will have to be done on that point in any future medical bill.

The witness withdrew.

Adjourned to to-morrow at 12 o'clock.

TWENTIETH DAY.

Thursday, 20th October, 1881.

PRESENT:

THE EARL OF CAMPERDOWN IN THE CHAIR.

THE BISHOP OF PETERBOROUGH.
THE RIGHT HON. W. H. F. COGAN.
THE RIGHT HON. GEORGE SCLATER-BOOTH, M.P.
JOHN SIMON, ESQ., C.B., F.R.S.
PROFESSOR HUXLEY, F.R.S.
ROBERT MCDONNELL, ESQ., M.D., F.R.S.
PROFESSOR TURNER, M.B., F.R.S.
JOHN WHITE, ESQ., *Secretary.*

MR. THOMAS COLLINS, M.R.C.S., England, examined. *Mr. T. Collins.*

20 Oct. 1881.

5687. (*Chairman.*) You are a member of the Royal College of Surgeons, England, and a licentiate of the Apothecaries' Hall, Dublin?—I am.

5688. You are also Governor of the Apothecaries' Hall, Dublin?—Yes, I am for the present year.

5689. And you have been deputed by the Society of Apothecaries' to lay before us their opinions?—I have.

5690. You have been so good as to prepare a digest of the history, status, and rights of the Irish Apothecaries?—Yes.

5691. Have you any objection to that paper being put in as part of your evidence?—I intended it to be so, and it is as follows:—

DIGEST OF THE HISTORY, STATUS, AND RIGHTS OF THE IRISH APOTHECARIES.

In Ireland apothecaries have practised medicine and pharmacy for several centuries. In the reign of Queen Elizabeth they were incorporated with the barber-surgeons. In the reign of George II. separate charters were granted to the surgeons and apothecaries, "both "of whom acted as general practitioners; the surgeons "practising physic and surgery, and compounding for "their own patients; while the apothecaries, in addi-"tion to practising physic, kept open shop." In Scotland, the surgeons acted in the twofold capacity, the diploma of the Royal College of Surgeons being a license to practise both surgery and pharmacy.*

Several efforts were made by the Dublin College of Physicians to induce the Irish Parliament to confine the practice of medicine to physicians, but always unsuccessfully; and since the union all similar attempts to deprive the licentiates of the Hall of their legal rights as medical practitioners have failed. These rights are fully recognised by all the public boards of the United Kingdom—Naval, Military, and Poor Law; and annexed are references to several enactments of the Irish and of the Imperial Legislature to the same effect.

After 300 years of corporate existence, unconnected with any general drug establishment, it was considered desirable, in consequence of the difficulty of procuring pure medicines, that the Corporation of Apothecaries should be empowered to provide and superintend a National Institution for the preparation and sale of reliable medicines, in addition to their functions of "regulating the profession of an apothecary throughout "the Kingdom of Ireland." For these two purposes the present Apothecaries Act was passed by the Irish Legislature in 1791. By it the Corporation was limited to sixty apothecaries practising in Dublin or its vicinity; and no person, other than a licentiate apothecary, is entitled to take any part in the regulation or government of the profession. It is noteworthy, however, that petitions were at the same time presented to Parliament, praying that physicians and surgeons might be permitted to hold shares in the company. The statements, therefore, of Mr. Simon, that the Apothecaries' Hall of Ireland "was a Druggists' Company," and that it is "incon-"testable that the company, under its Act of Incorpo-"tion, is constituted solely for the purpose of examining "and licensing druggists,"† are serious and unaccountable mistakes.

The curriculum of education, both preliminary and professional, of the Irish Hall is equal to that of any of the other licensing bodies, and is in accordance with the recommendations of the General Medical Council; by whom also its examinations have been inspected and favourably reported on.

I believe I am correct in stating that there are in Ireland about 2,450 registered medical practitioners, a large proportion of whom have qualifications in both medicine and surgery; that between 1,000 to 1,100 are connected, as licentiates or fellows, with the Irish College of Surgeons; between 600 and 700 with the College of Physicians; 300 to 400 with the Dublin University; 200 to 300 with the Queens University; and 900 to 1,000 with the Irish Apothecaries' Hall. One-third, therefore, of the medical pratitioners of Ireland are licentiates of the Irish Hall.

There are 800 dispensary medical officers in Ireland, whose duty it is, with few exceptions, to order, judge the quality of, and compound as well as prescribe the medicines. By a recent order of the Prisons' Board their medical officers have also to fulfil similar duties, the pharmaceutical portion of which, however, some of these officers have declared themselves incompetent to discharge.

I respectfully submit that, under these circumstances, the Corporation of the Apothecaries' Hall has an equally strong and just claim with the other medical institutions of Ireland to send a representative to the General Medical Council, and to take a part in any scheme of conjoint examination, which has for its main object the granting of a license, which will qualify its holder to discharge the duties of a general medical practitioner throughout the United Kingdom.

I am authorised to state that the Council of the Hall approve, generally, of the Bill introduced by the Lord President of the Privy Council; and of the conjoint system of examination as being less expensive and burdensome to candidates; as being calculated to promote a more uniform, practical, and higher standard of examination; and also as affording greater facilities of supervision by inspectors under the General Medical Council.

The following named STATUTES, IRISH and IMPERIAL, are some of those which prove the right of the IRISH APOTHECARY to rank and hold office as a "MEDICAL PRACTITIONER."

IRISH ACTS.

The 3rd Geo. III., cap. 28, empowers the minister or curate to visit the prisoners in the jail; and in cases of sickness "to employ a physician, apothecary, or surgeon, "and to pay for such medicines as shall be by them, or "either of them prescribed."

The 17th and 18th Geo. III., cap. 28, authorises "justices of the peace to appoint an experienced "surgeon or apothecary, at a stated salary, to attend "each jail or prison where malignant fever prevails; "who is to report to said justices, at each quarter "sessions, the state of health of the prisoners under his "care."

The 26th Geo. III., cap. 14, authorises the Grand Jury of Dublin to present sums "for the apothecary, "for his attending prisoners, and providing medicine "for them."

IMPERIAL ACTS.

The 58th Geo. III., cap. 47, relates to the establishment of fever hospitals, into which infected persons may be admitted "upon the certificate of any physician, "apothecary, or surgeon."

* "Moore's History of Pharmacy in Ireland," in *Dublin Quarterly Journal of Medical Science* for August, 1848.

† Blue Book Medical Evidence Report, 1879, page 59, reply to question 29, and page 307 foot note.

Mr. T. Collins.

20 Oct. 1881.

The 4th Geo. IV., cap. 43, specifies the "physician "or surgeon, or apothecary," under the head "medical "officers of prisons."

The 6th and 7th Wm. IV., cap. 116, entitles apothecaries attending inquests to fees as "medical witnesses."

The 5th and 6th Vict., cap. 123, provides that no person shall be received into, or detained in any lunatic asylum, without "a medical certificate of two physicians, "surgeons, or apothecaries."

The 5th and 6th Vict., cap. 107, also 12th and 13th, cap. 23, enact that no ship, carrying a certain number of passengers, is to proceed on her voyage without having on board a physician, surgeon, or apothecary.

The 21st and 22nd Vict., cap. 90 (Medical Act, 1858).

5692. It is stated in that paper that nearly one-third of the medical practitioners in Ireland are licentiates of the Irish Apothecaries' Hall?—Yes, we have about 927 apothecaries practising in Ireland.

5693. Your Society numbers nearly as many licentiates as the Irish College of Surgeons, and far more than any other body?—We are under the College of Surgeons and rather over the College of Physicians so far as I could make out from the directories and any sources that were in my power; and considerably over the other bodies.

5694. Is it the case that a large number of your licentiates who are not connected with the universities or with the Colleges of Surgeons or Physicians, are medical practitioners, and practise as such?—That is pure apothecaries, who are only apothecaries. I am an apothecary myself; I commenced my medical life as an apprentice to a surgeon-apothecary in the country, and I never knew an apothecary who did not practise medicine, with two exceptions. I think I can say with positive certainty that apothecaries have always practised medicine, and generally kept open shop, although not always. Latterly, the generality of our licentiates take out a second diploma, or perhaps a third, but persons with an apothecaries' license alone are entitled to practise medicine, and have always done so in Ireland. I know two or three men who did not practise medicine, and some of our licentiates for some years past have become what are called the proprietors of medical halls, and they generally confine themselves to pharmacy, but the vast body of apothecaries always practise medicine.

5695. Are the pure apothecaries empowered to practise medicine, and to recover debts for attendance by Act of Parliament?—They are.

5696. Would you name the Acts under which that power is given?—You will find the Acts referred to in the digest which I have handed in.

5697. I wish now to ask you a few questions with reference to the manner in which the Apothecaries' Hall of Ireland has exercised those powers as a licensing body; and first will you state to the Commission the manner in which the examiners who preside at those examinations are selected by the Apothecaries' Hall?—We have 31 members, licentiate apothecaries in the city of Dublin, and within the immediate precincts. Those 31 elect the Court of Directors, composed of a governor, a deputy-governor, and 13 directors; and this board of 15, including the governor and deputy-governor, elect the examiners.

5698. By what process are the examiners chosen?—They are simply nominated. The directors nominate them, in fact the examiners are part and parcel of the directory. It is the members of the directory who act as examiners. We are not actually strictly bound to that, but the examiners are generally selected from the directors.

5699. Do the directors select examiners generally from among their own body?—We do generally, almost invariably.

5700. The body of directors consists of 31 members, how many examiners have you generally?—The electing body consists of 31, and we have, I think, 11 examiners altogether.

5701. And are those examiners chosen with reference to their special fitness in any particular subject?—Yes, they are always. Perhaps it is right to say, that the gentlemen who examine in the literary part of the examination are not members of our board; we select them from outside our own body, they are generally scholars of Trinity College, or graduates of literary ability.

5702. Then the examiners who examine in arts are selected from persons outside. Does the Apothecaries' Hall accept the examination in arts of any other body as equivalent to its own?—We do. When the candidates for our license produce a certificate of having passed the College of Surgeons or College of Physicians, or any of the five bodies, or in fact, any of the 19 bodies, we accept it.

5703. Would you state to us the average number of licenses which were given by the Apothecaries' Hall during the last five years?—You will find the answer to this question in a letter written by Dr. Charles Leet to the commission dated July the 21st, 1881, in reply to a circular letter of the commission dated July the 8th, 1881. The number in 1876 was 22; in 1877, 24; in 1878, 23; in 1879, 34; and in 1880, 42.

5704. Turning to the question of licensing generally, and especially referring to the answer which the Apothecaries' Society have been so good as to send in reply to our circular letter of July the 8th, the Society informs us that in their opinion licenses to practise medicine should be given only to candidates who have had their competency guaranteed by a board of examiners to be composed of representatives of the licensing authorities of each division of the kingdom. Will you explain to me in detail what is meant by a board of examiners composed of representatives of the licensing authorities in each division of the kingdom, does the Society mean that each of the five licensing authorities in Ireland, taking the case of Ireland, should send representatives to a joint board of examiners, or what is their meaning exactly?—Yes. We had a conjoint scheme of examination in view. We thought that the Medical Council should make out a compulsory scheme and leave it to the five licensing bodies in Ireland to carry out that scheme; each of the five bodies to select and send representatives to that examining board. In Ireland we had a scheme made out which was agreed upon, and then from some differences between the College of Surgeons and the College of Physicians it did not come to maturity, or was not carried out, but it was agreed on.

5705. The idea of your Society then would appear to be that joint examinations should be held by examiners appointed conjointly by the various licensing authorities and the examinations held under the supervision of the General Medical Council?—That is our opinion.

5706. Is it your idea that all the professional examinations, the scientific examination as well as the final practical examination, should be conducted by those conjoint examiners?—We had a strong wish that the literary part of the examination, the examination in Arts, should be handed over to the universities or be conducted by special examiners under the conjoint scheme.

5707. Your Society would have no objection to hand over that examination altogether?—We would not, the literary part, we think it ought to be. And then we have in view latterly that the middle class examinations now held in Ireland might be accepted, if the Commissioners instituted examinations in Greek, Latin, and French, and in such other subjects as ought to be required from a candidate for the medical profession.

5708. Coming now to the professional examinations, which, for argument's sake, I will divide into two: first, the scientific examination, and secondly, the practical examination; you would propose that both of those examinations should be conducted by the conjoint examiners and under the authority of the Medical Council?—Yes, under the authority of the Medical Council as a compulsory scheme. It should be carried out in the three kingdoms, equalising, as much as possible, the fees and the examinations, and leaving it to the five bodies in Ireland to appoint examiners, and to carry out the scheme.

5709. With regard to the license, should you propose that a license should be given by the General Medical Council, or would you propose that each licensing authority should issue its licenses as now?—No, what we thought would probably be the better arrangement would be for this conjoint scheme of examiners to give the certificates, or perhaps the Branch Executive Councils to issue licenses to those who passed.

5710. What part do you propose to retain for the Apothecaries' Society in the matter if they are not to give the license?—In that conjoint scheme of examination agreed to, you see that we have examiners in three subjects, while the College of Surgeons and the College of Physicians have six examiners each.

5711. Then your Society would be content, provided

they were allowed to contribute a certain number to the examiners?—Yes. We agreed to it in that conjoint scheme.

5712. At the present time does the Apothecaries' Society derive any benefit from the licenses which it issues?—No; we rather lose on account of the very small fees that we get for our licenses. We are 90 years in existence. The education of an apothecary in 1791 consisted entirely in a seven years apprenticeship like that of the surgeons. The examination fee was very small then, and we have had no separate Act since 1791. We often tried to get the fee increased to five guineas, or to be equivalent to the Apothecaries' Hall of London, but no good opportunity offered for it. The small loss is made up by the commercial department.

5713. May I take it that the Society of Apothecaries is prepared to fall in with the conjoint scheme of examination provided that all other licensing Medical Authorities are comprehended also?—We are heartily prepared for it, we consider it for several reasons to be the best arrangement that could be made.

5714. With regard to the constitution of the General Medical Council the Apothecaries' Society state in Dr. Leet's letter that direct representation ought to be given to the mass of the profession, what have you to say with regard to that?—We have no objection to that arrangement. Our opinion is that the Medical Council could not have a better representation of the different bodies than they have at present; but in order to meet the wishes of the general body of the profession we think it would be probably judicious to have, say three representatives from the body of the profession appointed. I could tell the Commission how we would advise that to be done. In my own opinion as there are six members of the Medical Council nominated by the Crown it would be a good arrangement, without increasing the number of the Medical Council, if the Crown would allow the whole of the profession to nominate a certain number of candidates, six or a dozen names, and then select three of these candidates to represent the general profession. I think that the eminent men of the profession would be sufficiently represented by three representatives, who would be generally selected from the *élite* of the profession, one from each division of the kingdom; it should be competent for the general body of the profession to return a certain number of names from England, Scotland, and Ireland, in order that the Crown might select one from each division of the kingdom out of these names.

5715. Am I correct in gathering from the answers which you have been so kind as to give me, that while the Apothecaries' Society is prepared to fall in with the conjoint system of examination, it attaches the very greatest importance to the Society being included among the bodies which are to select the examining board?—We think it absolutely necessary that they should, else the institution collapses, and we consider that this would be a great national loss on educational and commercial grounds.

5716. Would you point out in detail, supposing the name of the Society to be omitted from among the number of those bodies who are to select the examiners, how the Society would lose?—We would lose in this way, that we should be considered then a degraded body. The Apothecaries of Dublin and its vicinity would not take our shares, and the entire institution, commercial and professional, would become extinct. We could not get Apothecaries to buy our shares, and of course then the Hall would, after a short time, fall into the hands of representatives or private persons, and the institution, together with the Council, would die out.

5717. Would not the Society maintain the eminence which it at present possesses in all matters of trade and business?—I do not consider that it would, for if it ceases to be a licensing body the Hall becomes degraded in the eyes of candidates for the profession, who would not join us then, and without Apothecaries the institution falls.

5718. You said that the Apothecaries would not take the shares of the Society, will you explain exactly the meaning of that remark?—In 1791, when I may say that the general body of the profession in Dublin petitioned the Irish Legislature to have the Hall established, the Act of Parliament limited the shares to 60 100*l.* shares to be subscribed for, or transferred to Apothecaries only. The original capital of the Company was 6,000*l.* They were to establish a Hall in Dublin, for the supply of pure medicines, and were to regulate the profession of an apothecary throughout the kingdom of Ireland. There was the double function imposed on the company. Then the governor and deputy governor and 13 directors were to be selected by as many of these 60 persons as were practising apothecaries, not by executors. As I said, the shares were 100*l.*, and if the apothecaries in Dublin are not willing to buy shares, the institution would fall to the ground. There would not in our opinion continue to be medical shareholders or members of the Hall if it became a degraded Society.

5719. Are those shares purchased for purposes of profit?—I think the great inducement is to be connected with the governing portion of the profession.

5720. But do those shares yield a dividend?—They do. Our annual meeting was on the 1st of August, we then declared a dividend of 12 per cent., but we have had various dividends, probably from 10 to 12 per cent. would be the average. One of the original 100*l.* shares at present would be worth about 150*l.*

5721. Are investments in Ireland so good that 7 per cent. is not sought after?—I would not say that land investments are worth quite so much, we have given no dividend, we have given 5 per cent., but perhaps 10 per cent. on the original sum would be an average.

5722. Is there any other point which you would wish to bring before the Commission?—Yes, I wish to inform you that in my own opinion most decidedly it would be injurious to the public in Ireland if the Apothecaries' Hall of Ireland was disfranchised. We have been, I may say, from time immemorial, the chief medical attendants of persons of limited means, and very largely of the better classes of the poor. Of course the hospitals and dispensaries have provided for several years past considerably for the very poor persons, but a very large number of the better class of the poor, and a very large number of persons of limited means, look to the apothecary as their medical attendant. We generally keep open shop or surgeries where the poor people can come and get medical advice from men who have been highly educated, and where they can get medicine and attendance at moderate charges. Then I may say that when Sir Robert Peel was the Chief Secretary of Ireland, and the Earl of Kimberley Lord Lieutenant, an investigation into our position as a medical body in Ireland was instituted by these gentlemen, and they fully recognised the importance of the Apothecaries' Hall as a medical institution. A difference of opinion occurred. Some medical parties in Ireland thought that our diploma ought not to be accepted as a medical qualification for public appointments for Poor Law berths, or for other public institutions. The subject came before the Chief Secretary and the Earl of Kimberley, who fully recognised our claims and the importance of continuing us as a medical licensing body, and the thing was settled. Our diploma was accepted as a medical license for all the public institutions in Ireland, as well as by the army and navy boards. Again, when any apothecary's disputed account comes before the law courts, it is submitted to us as to the charges for visits or medicines being fair or not; we are the taxing board for this purpose in Ireland. Again, there are several of the public institutions, infirmaries and hospitals, that are obliged by their charters or Acts of incorporation to appoint apothecaries to those institutions. They now require an apothecary to have a surgical license also, that when appointed as the resident medical officer he can both make up the medicines and take charge of the medical and surgical cases. They are obliged to appoint licentiates of our body for this purpose according to their Acts of Incorporation, so that we are thus mixed up with public institutions. Then with regard to our drug establishment, I have no hesitation whatever in saying that there is no institution in Ireland equal to the Hall. We have a large laboratory, where all the pharmacopœia preparations are made under the superintendence of a chemist who is one of the most able men in the three kingdoms, Professor Titchborne; he is well known as an able chemist. He superintends our laboratory, and all the preparations of the pharmacopœia are made by him and under his care. Then, again, every medicine that comes in, the various drugs, roots, leaves and flowers, &c. are examined. The persons superintending our different departments are obliged to send up fair specimens of all those drugs and preparations to the Court of Directors, who examine them and see that they are genuine, and that medicines of good quality are provided for the army and public institutions and for the general public. All this of course will cease if we are disfranchised; and I therefore consider that both pro-

Mr. T. Collins. 20 Oct. 1881.

fessionally and in our commercial relations, it would be injurious to the public in Ireland to have our body disestablished. If we are disfranchised, uneducated and unqualified men, druggists and chemists, will take the place of the prescribing apothecaries; the public will be driven to consult them whether we like it or no.

5723. Still if the license were in future issued by a central authority, and no longer by individual medical authorities, your Society would not sustain this damage?—No. We expect that many medical men would come to us after getting the license issued by the conjoint scheme; they would come to us in order to have the qualification of apothecary, which would be a very important license in looking for many public appointments. We would then probably give only a pharmacy license, which would be analogous to the Fellowship of the College of Surgeons or the College of Physicians. Young men would come to us to get the impress of our institution and the additional license which they would consider very valuable, as they do at the present time. A large number of the 42 gentlemen who came before us last year were physicians or surgeons or both. One was an M.B. of Trinity College, five of the Queen's University, several were surgeons, and some surgeons and physicians; our license is also held in high estimation in Canada and some other of our colonies, as we understand.

5724. (*Mr. Cogan.*) You have told us of several very important and useful functions that the Apothecaries' Society discharges, but I do not think you have clearly shown to us how all those useful functions would be destroyed if it ceased to be a licensing body, or ceased to have representatives on the Council, how would those useful functions, which we all admit are useful functions, be destroyed if that were to take place?—I mentioned that if we were what I called degraded, we would not get our shares purchased; the apothecaries of Dublin would not continue to purchase our shares, and consequently we die out, because it depends upon the purchase of our shares whether we exist or not; and if we became a degraded body separated from the other medical institutions, then we would not be able to keep up our number of subscribing apothecaries in Dublin, and we naturally as a matter of course fall to the ground. There would be no person to perform all those functions, the commercial as well as the professional part would fall together.

5725. I presume you admit that the primary object of the Apothecaries' Society ought to be to supply a sufficient number of qualified apothecaries for the public service?—The primary object of the Irish legislature was that we should supply licentiate apothecaries for Ireland, and also have a drug establishment to supply pure medicine; both are involved in our Act. There was the double function; those two functions were imposed upon us, both of them being most important functions.

5726. Is not the appropriate business of an apothecary the making up and the dispensing of prescriptions of physicians?—I could not admit that it is. It is a very important part, but it was not intended as the most important, and it never was confined to that function alone.

5727. Are you aware that the Apothecaries Act of 1815 has defined the duty of an apothecary to be "to "prepare with exactness and to dispense such medi- "cines as may be directed for the sick by any physician "lawfully licensed to practise physic and to supply "or administer the same"?—This refers to the English Act.

5728. It is an Act defining the duties of apothecaries?—But I think if you will go on you will find that they were authorised to examine in the practice of medicine.

5729. And Lord Chief Justice Holt also laid it down that to make or compound or prepare the prescription of a doctor pursuant to his direction was the appropriate business of an apothecary?—We were never confined in Ireland to that business, and the Act of 1815 established the right of the apothecaries in England to practise medicine, and to examine in medicine. We have that right under several Acts of Parliament; the apothecary in Ireland was never confined to the mere compounding of medicines, but was always a medical practitioner also.

5730. But in any case the primary object was to supply a sufficient number of qualified apothecaries?—Yes.

5731. Has that object been carried out in Ireland?—It has. You can see by the paper which I sent in that our licentiates form a third of the medical profession in Ireland.

5732. Do you think that Ireland has been adequately supplied in its various towns with apothecaries qualified to make up and dispense medicines?—It has been supplied with our licentiates. Latterly, several of them have ceased to keep open shop; they have small surgeries and places in which they compound their own medicines, but they do not keep open shops; and for that reason we were anxious and gave considerable assistance to; and in fact I may say it was chiefly through our influence and wish, that the Pharmaceutical Society was established six years ago in Ireland.

5733. Could you put in any return that would show the number of qualified apothecaries in Irish towns, and where they reside. When I speak of apothecaries, I mean persons having shops in which medicines are made up and dispensed?—In the generality of towns in Ireland, the apothecaries do keep open shop, but there are several towns in Ireland where the apothecaries cease to compound medicines for the public. I am not prepared exactly to tell you the number, but I know that at the time of the Pharmaceutical Society being established in Ireland, Athlone for instance, and two or three other important towns, were without apothecaries keeping open shops.

5734. Is it not the fact that the Irish Pharmacy Act of 1875 was introduced mainly on the ground that there was a very insufficient supply of apothecaries in Ireland?—Yes, of those who kept open shop.

5735. Are you aware that it was stated by the secretary of your Society to Lord Hartington, on January the 15th, 1874, that to his knowledge there were from 28 to 30 of the most important market towns in Ireland, with a population varying from 10,000 to 50,000 inhabitants, wherein there was no apothecary or competent person qualified to compound medicine, causing great inconvenience?—I was present at that interview with Lord Hartington, and that statement was made by Dr. Leet. Most of those places have apothecaries, but they only compound for their own patients.

5736. Does not that rather establish the fact that the primary object of the Apothecaries' Society does not appear to have been adequately carried out in Ireland, that is to say, the having a sufficient number qualified to supply the public with medicine made up and dispensed?—To a considerable extent this object has failed from various circumstances, but apothecaries in Ireland are fulfilling other very important functions. There were many who did not keep open shop, who were acting as medical attendants to people of moderate means, and the better classes of the poor, as I mentioned before. These apothecaries confined their compounding to their own patients. I may say, in order to give some reason for this, that medical institutions under the Poor Law Board interfered so much with the old business of the apothecary that it did not pay apothecaries to keep open shops with respectable competent assistants, in a great many of those small towns referred to, and consequently we were anxious that this deficiency should be supplied by the formation of a Pharmaceutical Society. Many apothecaries also, holding a surgical qualification, are medical officers under the Poor Law Board, for which appointments they are specially suited by their education.

5737. Do not you think that some public inconvenience and injury may have arisen from the Apothecaries' Society to some extent departing from their original function of being the dispensers and makers-up of drugs, and being merged in the general profession?—They continue to fulfil other important medical functions, and the inconvenience referred to was remedied by introducing the Pharmaceutical Society into Ireland.

5738. Can you give us any facts showing what the operation of the Pharmaceutical Act of 1875 has been in Ireland?—I have been on the Council of the Pharmaceutical Society of Ireland since it was originated. I was asked by Sir Michael Hicks-Beach to allow myself to be appointed, and I have been re-elected ever since. We have licensed about 200 up to the present time. The first year was a year of grace, we admitted a large number of candidates who got a modified examination; but now we are adding to the curriculum of education, the candidates must be better educated than the first men who were taken from the existing druggists.

5739. There are two grades of chemists under that Act, are there not?—No, we did not consider that it

would be desirable in Ireland to have a lower man than a pharmaceutical chemist. There is the general druggist who sells medicine by retail, but he is not allowed to compound medicines, or to sell poisons. We did not approve of a second grade as they have in England.

5740. Does an ordinary chemist and druggist pass any examination at all?—None at all.

5741. So that any one can practise as an ordinary chemist and druggist without any examination at all?—He can sell castor oil and all those various drugs, but he is not allowed to sell poisons. The persons who were in existence at the time the Act passed can continue to sell poisons.

5742. They come in under your year of grace?—Yes. What they could do before was permitted to be done still, but as they die out we can prosecute any man that sells poisons if we can prove that he was not in existence in 1875 when the Act passed.

5743. Were there any special reasons why you consider that there should not be two grades of chemists, a pharmaceutical chemist and an ordinary chemist and druggist, the same as in England?—The reason was that we consider that a pharmaceutical chemist, or whoever took upon him the important duty of compounding medical prescriptions, should be fully prepared to perform that important duty, that there should not be a minor examination and a major examination; that there should be a suitable and a sufficient examination for anyone, whether he was called a chemist and druggist or whether he was called a pharmaceutical chemist. We did not consider it judicious to have a lower examination and a higher examination for men who were virtually to fulfil the same functions. In fact, it was the unanimous opinion of the Council when we came to consider it that it would not be desirable to have the minor degree when there was no obligation to do so.

5744. (*Dr. Mc Donnell.*) In former times it was, no doubt, very desirable to have an association such as yours which combined the double function of looking after the excellence of drugs, and also the supplying to the public a certain grade of practitioners suited to what you very properly called the upper stratum of the poor, but I think you stated that great changes have come about in Ireland, for instance, our altered dispensary system has supplied even the remote parts of Ireland with a fairly good class of practitioners all over the country?—Yes, that is so.

5745. Would you admit that there is no longer so much need for the function of the Apothecaries in supplying that class of practitioners to meet the wants of the upper classes of the poor?—I consider that they are nearly as important as they ever were.

5746. I am not asking whether they are as important, but I am asking whether the public want is so much felt now as it would have been 25 years ago?—It is still largely felt. There are a large number, say, of tradespeople and others above the poorer classes, persons of limited and moderate means, who look to the apothecary still as their medical attendant. There are a large number even of the poor who do not like to go to the dispensaries and to the hospitals where they are mixed up with the children of the very poorest class, where they may get measles, and scarlatina, and other diseases, and where they are obliged to wait in a common room, where perhaps a mother often may have an hour or two of delay. They have a great objection to this, and prefer coming to the apothecary to get advice and medicine for themselves and children, which they obtain at a moderate cost, and this continues to the present time.

5747. Do you think that the want is as great as it was 25 years ago?—Probably, it is not.

5748. That would account for the very small number of pure apothecaries that are actually now practising?—That would not account for it, the main reason being that we were obliged, and perfectly willing, to keep pace with the times as to our education. If we did not institute examinations and a curriculum of education, corresponding to the other medical licensing bodies, the Medical Council would represent us to the Privy Council and we should be disfranchised. Now, the education of the Apothecaries is fully equal, or very nearly equal, to the education of the other bodies, and this has induced the majority of apothecaries to obtain an additional licence, generally a surgical, to qualify them for public appointments.

5749. Do you think that if the pure apothecaries now practising in Ireland were entirely withdrawn the public in Ireland would really suffer any very great loss at the present moment, or do you think that their place is, practically speaking, tolerably well supplied by other people?—I think it would be a considerable public loss, and that their place is not supplied.

5750. Do you think that the public would suffer any very great loss if the pure apothecaries in Ireland were entirely withdrawn from Ireland at this moment?—I intended to convey to you that it does not make much matter in my mind whether a man is a pure apothecary or not. The generality of our men are now taking the double licenses of surgeon and apothecary, or even taking three licenses. There are comparatively few pure apothecaries in Ireland, and they are becoming less, but still the importance of the licentiate of the Apothecaries' Hall remains. He is a better educated man than he was formerly, still many are willing to keep open shop and fulfil all the functions that pure apothecaries did heretofore.

5751. With regard to your own association, you appear to lay a great deal of weight upon your performance of the double function of supplying pure and good drugs throughout Ireland, and also being a licensing body for practitioners, do you think that those functions are necessarily or wisely combined together? Do you think, for instance, that if an apothecaries' company were now being established for the first time in Ireland it would be a judicious thing to combine a mercantile company which was to supply good drugs throughout Ireland with a body that was to license medical practitioners?—Of course by other arrangements the necessity might not continue to exist, but you should have some means of educating the man who would be the general practitioner, willing to keep open shop, and who should possess all the pharmaceutical knowledge requisite to compound prescriptions. To be a good pharmacist he would require to spend, say, two years in an apothecary's establishment, else he would not be qualified to fulfil the double duty of a general practitioner.

5752. I cannot doubt for a moment the advantage of a pharmaceutical chemist knowing something of medicine any more than I should doubt the advantage of a surgical instrument maker who had to make a truss or to make an ingenious surgical instrument knowing something of surgery; but do you think that it would be desirable in the present day legally to combine two such very distinct things as surgical instrument making and surgery, or the mercantile part of drug selling with giving a license?—I do not think that the analogy holds at all. The combined functions have proved useful and continue to do so. The apothecary, or some such person, is still required by the public.

5753. Is there any arrangement of the kind existing in Scotland?—The College of Surgeons of Edinburgh continues to fulfil the functions of the Apothecaries' Halls of England and Ireland. Its license was a combined license for pharmacy and surgery.

5754. Is your qualification received by the Medical Poor Law Board as one of the qualifications for what is known as their double qualification?—It is.

5755. At any dispensary in Ireland a young man presenting your qualification and the qualification in surgery of the College of Surgeons would be accepted, would he not?—Yes, if he was selected by the Poor Law Guardians. The double qualification of Apothecaries' Hall and the College of Surgeons is admitted at once as a qualification for the Poor Law Board.

5756. So that the college which you represent has actually the important status of being able to give one-half of what qualifies a man to hold those appointments?—Undoubtedly. I mentioned that Sir Robert Peel and the Earl of Kimberley positively directed it to be so after a full investigation of the matter.

5757. (*Professor Turner.*) There is one answer which you have given to a question about the Edinburgh College of Surgeons which I think hardly presents the actual facts of the case. I understood you to say that the Edinburgh College of Surgeons was a comparable body in Scotland to the Apothecaries' Societies in England and in Ireland?—Yes, except in one particular. There never was an Apothecaries' Society instituted in Scotland. The College of Surgeons in Edinburgh gave the double license empowering its holder to practise surgery and to practise pharmacy.

5758. But the College of Surgeons in Edinburgh is not a drug-compounding and drug-selling body?—I am aware that they differ from Apothecaries' Hall. They never got the function of providing pure medicines for

Mr. T. Collins.
20 Oct. 1881.

the public, and they never had an institution for the purpose. In Ireland, as I mentioned, the double function was imposed upon our body by the Irish Legislature as a most important part of its duties.

5759. Will you tell us if your Society receives any fee for conducting the preliminary examination in arts?—Yes, we get 10*s.* 6*d.* for each candidate.

5760. Does the fee which you receive from each candidate cover the cost of the examination?—Very nearly. It would depend upon the number.

5761. Then, what is not covered by that comes out of the corporate funds?—Precisely so.

5762. What is your fee for the professional examination?—We are limited to 10*s.* by our Act of Parliament. I mentioned that the education was simply a seven years' apprenticeship, 90 years ago, when we were originated, and we have no power to charge more than that except on occasions when candidates want a special examination. If a gentleman is a candidate for a vacant appointment, or gives us any important reason for seeking a special examination, then we summon a court of our examiners, and he pays a 5*l.* fee.

5763. Take the ordinary licentiate, he pays a fee merely of 10*s.*, does that cover the cost both of your first and your second examination?—It does not.

5764. And therefore you have to supplement the cost of the examination and the payment of the examiners out of your corporate funds?—We have.

5765. Therefore the corporate funds of your Society reap no benefit whatever from the examination system which you conduct, but rather sustain a loss?—Yes; the corporate funds suffer a loss.

5766. It is a pecuniary loss that you are bound to undergo under your system of examining for a license?—Yes; still the two functions are combined as a national institution, they go together, the interests can scarcely be separated.

5767. You gave us to understand, I think, that if you were disfranchised or disestablished, the commercial interests of your body would suffer because you would not be able to sell your shares at the price which they at present realise?—What I wish to convey to you is this, that the two interests are closely united. If we were disestablished professionally we would not get apothecaries to buy our shares, and then the institution would fall into the hands of non-professional persons. At present we can oblige the executors of a deceased apothecary to sell the shares when another apothecary chooses to buy, but apothecaries would not continue to buy our shares.

5768. The profit which you receive and which you have told us has amounted to 10 or 12 per cent. from the sale of drugs would still remain, I suppose, if you continued to supply good drugs to the market?—Yes, it might, but the Hall would soon fall into private hands, it would no longer be a national institution, and, of course, the object of a private company would be to get all the profit they could from it; it would be simply an ordinary commercial drug establishment, apothecaries would not be connected with it. For instance, my share would ultimately fall into the hands of my executors, who would sell it to some speculative person, and the public would lose the advantages of the present establishment as a national institution.

5769. Would not this general drug establishment supply as good drugs as what the Apothecaries' Society now supply?—There is no such establishment in Ireland as the Apothecaries' Hall as a drug establishment, because, as I stated, it is supervised by our directory, who also give a large salary to one of the first chemists in the United Kingdom to superintend the laboratories where all our preparations are made. It differs very much from a private house of business.

5770. Do not you think that a desire to earn a dividend of 10 or 12 per cent. upon the invested capital would sufficiently actuate the shareholders of this drug society to keep a chemist in order to see that the drugs supplied were of proper quality; surely that is an ordinary matter of commercial dealing?—Yes, possibly, and the new company might probably make 20 per cent. by certain means that we would not resort to.

5771. You have told us that your Society expressed a desire for a conjoint examining board for Ireland, and they agreed to a scheme for that purpose, which scheme I think you have referred to as of the date of 1873?—It was about that date.

5772. I have looked into that scheme, but I do not find that under it your Society was to derive any pecuniary advantage?—I think that we gave way in that. We did everything in our power to facilitate a conjoint scheme. Originally we expected and asked for a certain proportion of the emoluments that would accrue from that conjoint scheme, but when we saw that it would take such a large sum to keep up the College of Surgeons and the College of Physicians we gave way upon that money point; but the difficulty was so great between the College of Physicians and the College of Surgeons that the scheme came to an end. It was the pecuniary difficulty that put a stop to the scheme.

5773. It is stated in that scheme that the fees to be charged for examination should be 30 guineas; and that after payment of the expenses of the examinations the surplus remaining should be divided between the Colleges of Physicians and Surgeons in the following proportions, viz., three-eighths to the College of Physicians and five-eighths to the College of Surgeons?—Yes, but when they came to the detail they disagreed. The conjoint scheme was actually settled, but the pecuniary arrangements were so difficult that it fell to the ground.

5774. Has your attention been directed to the report by the visitors of the General Medical Council on the examinations of your Hall that were held in 1875?—Certainly.

5775. I have just been looking at this report, and I find that there are certain recommendations made by those visitors, and I should like to know if those recommendations have been carried out. I see they state that "In reviewing the first part of the professional "examination of the Apothecaries' Hall, we think the "anatomical and physiological portions of it are those "in which improvement is required. Confining the "oral part of the anatomical examination exclusively "to osteology, not requiring the candidates to make "dissections, and limiting the oral examination in "physiology to 10 minutes only for each candidate, "are defects which we venture to suggest require to be "amended. The examinations in other subjects"—(that is in the first professional)—"appeared to us, we "are bound to say, fully to meet the necessary require-"ments." Have you improved your examinations?—We have.

5776. In what respect have you improved your examinations in anatomy?—From time to time we make arrangements with some of the anatomical schools to have our candidates brought there by the anatomical examiner, and at other times we bring specimens to the Hall itself, say a liver or a heart and other parts, and our examiner takes up the specimen and makes the candidate point out the various portions of that organ, whatever it is; and occasionally he takes the candidates to make dissections themselves, to prove their practical knowledge at an anatomical school.

5777. Is not that a constant practice?—It is not. I believe there is a difficulty about it in all the bodies except the College of Surgeons, and that is one of the reasons that we consider that a conjoint scheme would be most important, because the dead bodies would be supplied by the College of Surgeons, who would take it up as part of their province. Those recommendations could be best carried out for physicians and apothecaries by a conjoint scheme of examination; and that was one of the reasons why we considered it was desirable to have a conjoint scheme.

5778. Do you consider that the candidates to whom you give a license have been sufficiently tested in their knowledge of anatomy, and therefore sufficiently tested in their qualifications as practitioners, who have only had such a very moderate examination of anatomy as you have just referred to?—Of course they must bring certificates of having dissected for the prescribed time, and attended the lectures for the prescribed time, and then by an oral examination as well as by a practical examination, we consider that a young man's knowledge can be pretty fairly tested.

5779. We have been given to understand by witnesses who have appeared before us here that certificates are granted to students in Dublin when those students have not attended the lectures. What is the value of the certificate under such circumstances?—We should generally know by the practical examination which the candidate is submitted to, whether the man has the knowledge or not, that tells for itself.

5780. You tell us that it is only occasionally that you subject your candidate to those practical examinations

in anatomy?—Yes, but he is subjected to a pretty strict oral and written examination. We have both written and oral examinations for all our candidates, and between the two we are almost certain to find out whether a man has the practical knowledge or not.

5781. Do you think that you can find out a man's practical knowledge of anatomy if you do not examine him on the dissected subject?—I do not know that any of the Bodies can examine on the dissected subject in summer?—Great difficulty, I think, arises in the College of Physicians and other Bodies with regard to providing dissecting subjects, and we do the best we can under the circumstances.

5782. I find that the visitors' report on the oral examination in medicine and surgery in the following terms:—"As regards this part of the examination we "have to observe that although the subjects examined "on were well selected, the number of topics discussed "(considering the short time allowed for the examina- "tion) appeared to us to be excessive. The result of "this was that only a few leading questions on each of "them were asked; and therefore it was not very easy "to determine if the candidates had anything more "than a superficial knowledge of any one of the sub- "jects alluded to." Can we regard that as a satisfactory account of the examinations conducted by your Body?—It was intended to show that it was not satisfactory, and our examiners have endeavoured to take advantage of that objection to improve upon those examinations to meet that complaint, as it may be called.

5783. Then I find, commenting upon the clinical examination, the visitors say "It can scarcely be ques- "tioned that this clinical examination admits of much "improvement. What we witnessed satisfied us of its "insufficiency to test the practical knowledge of "diseases possessed by either of the candidates. Being "however favorably impressed by both candidates "throughout the entire examination, we learned with "some surprise that both were rejected. We should "not have mentioned this, had we not learned that "this determination was arrived at in consequence of "the answering at this clinical examination the defec- "tive nature of which we have felt it incumbent upon "us to notice. The written answers of the candidates "both to the first and second parts of the examination "were on the whole very fair. If the improvements "we have suggested were made, we think the examina- "tion would on the whole be a satisfactory one viewed "as a test for competency for ordinary practice." Let me ask whether you have made those improvements?—We have made improvements certainly; and you will see that there are answers to all those objections from the different examiners. For instance, you will see that my own examination was objected to on one or two points in chemistry, and that the General Medical Council acknowledge that the explanation sent in by the examiner was as a general rule satisfactory.

5784. It is only just to your Body that I should read the following observation by the visitors referring to the examination in chemistry in which they say, "This "part of the examination struck us as being particu- "larly well calculated to elicit the practical knowledge "of the candidates, but we observed that they were "not required to state the nature of the various reac- "tions that took place when the tests were applied "either according to the old or new notations"?—If you will be so good as to look to the answer to that I think you will see that the Medical Council considered it quite satisfactory.

5785. You told us, I think, that you have 11 examiners appointed by the court of directors. May I ask if those examiners may be called upon to examine on any one of the subjects, or if they are told off to particular subjects?—They are told off to particular subjects. For instance, I examine in two subjects. I examine in pharmaceutical and general chemistry. That is one subject, and I examine in medical jurisprudence as an allied subject, but I may be appointed as assessor upon another subject when I am not myself engaged in examining.

5786. Have you always two examiners present at each table?—Yes, we appoint assessors, they and the examiners are appointed for the year.

5787. Then who frames the regulations for conducting the examinations?—They are framed by the general court.

5788. Is there a report made by the examiners to the the general court of the results of each examination?—I mentioned to you that the 11 examiners are members of the court, and we send in our report to the general court when we meet on the first Friday after the examinations are held. Each examiner sends in the result of his examinations oral and written.

5789. Are those examiners paid?—Yes.

5790. What fee do they receive?—A guinea for each day is paid to each examiner.

5791. Has your attention been directed to a case which has been brought before the notice of the executive committee of the General Medical Council, the case of a Mr. Dixon from Adelaide, in which there is a charge brought against the Apothecaries' Hall of Ireland of admitting this gentleman to his examination for the license, although he had not studied the period prescribed by the Hall and by the General Medical Council?—Yes. I am acquainted with it all. The Executive Committee sent over the papers that were referred to in the letter which appeared in the journals. They sent them to us, and we have sent in a reply to the Executive Committee to that charge, and I can give the substance of the explanation that we gave about it. The matter is to come before the General Medical Council.

5792. You have told us that you yourself examine in chemistry and medical jurisprudence; could you tell us what other combinations you have in your board?—I think there is one of our examiners who takes two allied subjects as well as myself, anatomy and surgery. We elect the examiner according to his suitability. I think there are only two out of the 11 or 12 examiners who examine in two different subjects. I may say this as a matter of perfect certainty.

5793. May I ask if your examiners are gentlemen who have especially cultivated the subjects in which they examine—gentlemen that we might consider to be experts in the subjects which they examine on?—To a certain extent they are experts. They are not experts in the sense of being exclusively confined to those subjects, but they are men who we consider are the best qualified to examine on them.

5794. Are any of them engaged in teaching the subjects on which they examine?—No. We have had from time to time teachers to examine, but it was generally considered not a suitable thing to have a teacher examining his own pupils. We have not at present any examiner who is a teacher.

The witness withdrew.

Professor JOHN STRUTHERS, M.D., examined.

5795. (*Chairman.*) You are Professor of Anatomy in Aberdeen University, and you have been so since 1863?—Yes.

5796. You are a Doctor of Medicine of Edinburgh University, and a Licentiate and Fellow of the Royal College of Surgeons of Edinburgh?—Yes.

5797. And you have had very large experience in medical education, and in conducting examinations for corporation diplomas and university degrees?—I have.

5798. You have given evidence on previous occasions in connexion with the subject of medical licensing?—Yes, before the Select Committee of the House of Commons, last year, of which Mr. Forster was Chairman.

5799. We have had the advantage of reading the evidence, and I will not go into the subjects which were then placed before you, nor shall I think it necessary to give you the trouble of repeating the answers on many of the cognate subjects which you were then good enough to give. I may say, however, that I myself have read your evidence with the very greatest attention, and with the greatest possible advantage to myself, and you must consider that all the members of the commission are perfectly familiar with what you said on those various subjects. I shall now address myself at once to the subject-matter which is immediately the object of this Commission, and that is, what is the best system of medical licensing? You have been good enough to send to me a *précis* of the evidence which you

Prof. J. Struthers.

20 Oct. 1881.

propose to give. May I put that in as evidence given to this Commission?—I should be much obliged if you would accept that memorandum as part of my evidence. *The witness handed in the following paper:—*

PRÉCIS OF EVIDENCE PROPOSED TO BE GIVEN BEFORE THE MEDICAL ACTS COMMISSION, ON 20TH OCTOBER, 1881, BY PROFESSOR JOHN STRUTHERS, M.D.

Witness begs leave to give in—

(1.) *Statement by the Senate of Aberdeen University in reply to the inquiries of the Commission regarding the licensing system and the General Medical Council, 8th October*, 1881.

(This paper is given in the General Appendix, No. 1.)

(2.) *The following memorandum of evidence by witness.*

In order to avoid repetition of evidence, witness refers to his evidence before the Select Committee of the House of Commons on the Medical Act (1858) Amendment Bill, on 8th March, 1880, under the following heads:—

Evils attending admission to the register by an incomplete qualification, Nos. 8, 41, 82, 102, 103, 144, 145.

Recommendation of joint examination by the corporations, 10, 42, 78, 82, 137, 142.

Allegations against the Scottish universities, 27, 84.

Allegations against the Scottish corporations, 118 to 122.

High character of education in Scottish universities, 12 to 20, 146 to 150.

Their preliminary examination in general education, 111.

Their professional examinations, 27.

Their examining boards, 21 to 23.

Security under the ordinances of the Scottish Universities Commission, and required approval of the Privy Council, 24.

High character of medical profession in Scotland, 83.

Peculiarities of St. Andrew's University, 25, 86, 112, 113, 132 to 136.

Objections to English conjoint scheme (of 1877–78), 40, 49, 50, 51, 79, 80, 95, 96, 97, 155.

Apothecaries' Society, 95.

Objections to a general conjoint scheme combining universities and corporations, 28, 30, 32, 64 to 67, 77.

Rejection by commission under Scottish Universities Act of 1858, of the proposal to have only one university for Scotland, 114.

Result of trial of one-portal system in Germany, 43 to 48, 123 to 128.

Conditions which universities would require under a joint scheme in Scotland, 33 to 39, 125 to 128.

Medical Council, powers of, 52, 87, 93, 97, 98, 100, 101: constitution and election to, 56 to 58, 61, 73, 74; representation of Scottish universities in, 53; direct representation by universal suffrage, 54, 55, 56, 60, 62, 63, 68 to 72, 75, 76.

Evidence of Witness.

Refers to instruction of chairman to Professor Gairdner, duly communicated by him to Aberdeen University (No. 4758 of evidence). Witness assures the Commission that the whole of these matters, general and particular, have long been considered, and are fully understood in the Scottish universities.

Witness submits to Commission two alternative schemes; the *first*, a scheme by which he considers that all that is justly complained of in regard to licensing may be fully remedied.

SCHEME NO. I.

1. Admission to the register to be by complete qualifications only.

2. These qualifications to be:

(*a*) University degrees. Subject as at present to clause 20 of the Medical Act, 1858. Regulations for the said degrees, not already sanctioned by the Privy Council, to require that sanction, and any subsequent change of regulations to require that sanction.

(*b*) The diplomas of the Royal Colleges of Physicians and Surgeons, when certified that they have been obtained by a joint examination by the two royal colleges, in England, in Scotland, or in Ireland.

Recommended that the Faculty of Physicians and Surgeons of Glasgow incorporate, for examination purposes, with the Royal College of Surgeons of Edinburgh, under the name of "The Royal College of Surgeons of Scotland," as provided for by clause 50 of the Medical Act, 1858.

3. In the event of its being resolved by the Commission to recommend that the Apothecaries' Society of London, and the Apothecaries' Hall of Ireland, may be allowed to take part in a joint corporation examination, and in the event of the Faculty of Physicians and Surgeons of Glasgow not being incorporated, as above, with the Royal College of Surgeons of Edinburgh, the condition of registration of the diplomas of the corporations to be, a qualification in medicine and a qualification in surgery, when certified that they have been obtained by a joint examination by the medical and surgical corporations in England, in Scotland, or in Ireland. (Under this condition only two diplomas would be required although three corporations took part in the examination.)

4. The regulations for the joint examination by the Royal Colleges of Physicians and Surgeons, or by the three corporations, as may be, in each division of the kingdom, to require not only the sanction of the General Medical Council, as already provided for under the 19th clause of the Medical Act, 1858, but also the sanction of the Privy Council, and any subsequent change in the regulations to require similar approval.

5. In the event of regulations for such joint examination by the Royal Colleges of Physicians and Surgeons, or by the three corporations, not being submitted to the General Medical Council within one year from the passing of the Act, the General Medical Council to be required to appoint an examining board, under regulations subject to the approval of the Privy Council, to conduct an examination in the division or divisions of the kingdom in which the said corporations shall have failed to present a scheme for a joint examination by them.

Reasons in support of this Scheme as a sufficient Scheme, and as preferable to the English Conjoint Scheme of 1877–78 (*1st May*, 1877, *and March*, 1878).

(1.) Witness maintains that the simple scheme of a joint examination by the corporations has not been sufficiently put before the profession, the so-called "English Conjoint Scheme" having been constantly presented as the only remedy.

(2.) The real source of the present weakness in the licensing system is admission to the register by incomplete qualifications. All the corporations are weak on one side. This weakness inherent and incurable except by joint examination by a medical and a surgical corporation. Witness will illustrate this from his knowledge of the corporations.

(3.) Requiring a double qualification will not remedy this in every case, and would still leave inconvenience to student unremedied, besides perpetuating a now meaningless system. But would be entirely remedied by joint examination by a medical and surgical corporation.

(4.) Same objection not applicable to universities, which confer complete qualification, and in which medicine, surgery, and midwifery are all equally represented.

(5.) Hence he maintains that university degrees should continue to admit to the register, subject to clause 20 of Medical Act, and to approval of Privy Council. Refers to clause 20 of Medical Act, as of two-fold importance in relation to university degrees; and asks attention to the fact that the degrees of the Scottish universities are already State qualifications, the regulations framed by ordinances of Commission (1858–1863), approved by Privy Council, and cannot be altered without consent of Privy Council. Suggests that same approval by Privy Council be required for the medical and surgical degrees of other universities.

(6.) Suggests that Corporation diplomas should admit to the register only when certified that they have been obtained by joint examination. This would prove an effectual remedy. No difficulty in corporations thus conjoining. Will state his experience of facility of forming joint examination by Royal Colleges of Physicians and Surgeons of Edinburgh after Medical Act of 1858, under clause 19 of Medical Act.

(7.) The Royal Colleges of Physicians and Surgeons, in England, Scotland, and Ireland, alone should be continued as licensing corporations. Will state his strong objections to Apothecaries' Societies being con-

tinued as bodies granting qualifications to be entered in the Register, or as taking any part in joint examinations. Will state his experience of injurious influence of Apothecaries' Society on medical practice in England. The Faculty of Physicians and Surgeons of Glasgow might be incorporated for examination purposes, with the R.C.S. Edinburgh as the R.C.S. of Scotland, as provided for by clause 50 of the Medical Act. Will state his recollection of former negotiations between these two bodies for this purpose, and how he thinks it might be justly accomplished. This incorporation not essential, though much to be desired.

(8.) But in the event of three Corporations being conjoined in the Corporation Examining Board, only two qualifications, a medical and a surgical, should be required, or allowed. Would be unjust to the student, as under the English Conjoint Scheme of 1877–78, to make him pay for the diplomas of three corporations before being admitted to examination, or under any circumstances to require more than a medical and a surgical qualification.

(9.) No. 5 of this Scheme would be necessary as a provision in an Act. With such a provision the Corporations would speedily see their way to forming their joint examinations.

Considerations concerning joint schemes in which it is proposed to combine universities and corporations.

Complications arise from very different nature of the two kinds of institutions, and from risk of interfering with the University system.

English and Scottish Universities occupy very different positions in relation to medical education and licensing. A scheme which may suit the convenience or the theories of English universities not at all necessarily good in Scotland.

Attitude which has been taken in England towards Scotland is without justification. First an outcry that Scotland was standing in the way of progress, in the way of the grand English scheme. Now, since publication of evidence given from the Scottish universities before the Select Committee of House of Commons (1879–80), the English tone is that some "concessions" will be made, in kind consideration of our peculiarities. In Scotland we entirely repudiate this attitude. We say that our university system is, like that of the rest of Europe, a better system, better for the public, than that of England, and that if uniformity is desirable the English system should be the one to yield.

English Conjoint Scheme (of 1877–78) doubly objectionable from university point of view. Chief use of universities being in a joint scheme is that their examiners may raise the standard of the examinations; but in English Joint Scheme the universities form no part of the examining board. Chief objections to subjecting university students to a joint-board examination, such as that of English Scheme, are that it will interfere with their studies at the university and subject them to an unnecessary additional examination and money payment. English scheme, therefore, from the university point of view is, in the first place, a failure, and secondly, from the Scottish University point of view, would be a most uncalled for harassment of, and imposition on, the very large body of students who receive a complete and excellent education at the Scottish Universities.

SCHEME No. II.

Keeping in view these considerations (and if it be considered advisable to combine universities and corporations in a general joint scheme), witness submits the following scheme as one which he thinks would interfere less than any other with the university system of Scotland, if applied in the manner he will explain.

1. A Divisional Board for Scotland to be formed consisting of one or two members sent by each of the universities and corporations of Scotland.

2. The Divisional Board so constituted to select a sufficient number of examiners who shall, according to a scheme to be prepared by the Divisional Board, cooperate with the examiners in the University Examining Boards, and with the examiners in a Board to be formed by the combination of the corporations.

3. The examinations of a university conducted by the University Examiners, or of the Corporation Board conducted by their examiners, in co-operation with the examiners selected by the Divisional Board, shall convey the lowest qualifications of the University or Corporation. These qualifications to admit to the register and to be complete, viz., one in medicine and one in surgery.

4. The examiners selected by the Divisional Board to report annually to the General Medical Council the results of each examination.

5. The examiners selected by the Divisional Board to be paid by the Treasury.

6. The Divisional Board to be also the Branch Council, and to choose from its own members a certain number to serve as members of the General Medical Council, according to the number of members composing the General Medical Council.

Witness will give reasons in detail for the parts of this scheme, but states here the following conditions:

(1.) That the examinations shall be held at the university seats.

(2.) That there shall be no super-added examination, but that the board examiners shall co-operate with the university examiners in conducting the examinations at the university.

(3.) That the students of the university shall not be subjected to money payment on account of the board examiners, who being there, as alleged, in the public interest should be paid from the national exchequer.

(4.) That the examinations in the accessory and fundamental sciences (viz., zoology, botany, chemistry, pharmacy, anatomy, and physiology) conducted by the university, be accepted, the joint examination to apply only to the examination in medicine, surgery, and midwifery. The importance of this condition depends on the third condition.

In connexion with this scheme, witness desires, farther, to give evidence on the question whether teachers should take part in the examination of their students. Will state his experience of this at various examining boards on which he has sat.

THE MEDICAL COUNCIL.

Present representation of Scottish universities insufficient. Present grouping very unsatisfactory to Aberdeen University.

A better method of electing by the medical authorities would be through the three branch Councils; each university, and each corporation which continued to take part in examination, to send a member. The Crown might appoint four for England, two for Scotland, and two for Ireland, under the recommendation that they be selected from beyond the governing bodies of the corporations and universities. This recommended by witness as best method of selecting members of the general profession, but if plan of doing so by universal suffrage is adopted, then half the number just mentioned might be appointed by the Crown, and a like number by universal suffrage, viz., one for Scotland, one for Ireland, and two for England.

In the event of a joint examination being adopted, as in his Scheme No. II., the Divisional Boards should be at the same time the branch Councils, and in that case each medical authority might require to send two members.

General Medical Council.—Would then be elected by the branch Councils, but in each case to include the members appointed by the Crown.

The number composing the General Medical Council should be diminished rather then increased, but should not be too small.

Considers that the powers of the Medical Council, in regard to education and examination, under clauses 17, 18, 19, 20, 21, and 22 of the Medical Act are sufficient. Medical Council has effected great improvement on both the priliminary and the professional examinations of the corporations.

Members of the branch Councils and of the General Medical Council should be paid only travelling and hotel expenses.

5800. In this paper you propose that admission to the Medical Register should be by complete qualifications only; that those qualifications should be either University degrees or the diplomas of the Royal Colleges of Physicians and Surgeons when certified that they have been obtained by a joint examination by the two Royal Colleges in England, Scotland, or Ireland?—That is my proposal.

5801. Will you give the Commission your reasons for making that proposal?—The first reason which I have put down is, that a joint scheme of the nature I here propose has never, I maintain, been fully put before the medical profession in England. The only scheme that has been laid

Prof. J. Struthers.

20 Oct. 1881.

before the profession and the public has been what is known as the English Conjoint Scheme, including universities as well as corporations; and I maintain that if a scheme such as this, which I call scheme No. 1, had been put before the profession and the public, they would have been quite as well, or perhaps better, pleased with it than with the one known as the English Conjoint Scheme. The great desideratum in the medical profession in England is a conjoint examination by the Colleges of Physicians and Surgeons; and I am prepared to maintain that that will meet all the difficulties that require at present to be remedied. I would state as my second reason, that the real source of the present weakness in the licensing system is admission to the register by incomplete qualifications. I would say that all the corporations are weak on one side, and that this weakness is inherent and incurable except by a joint examination by a medical and surgical corporation. What I mean by being naturally weak and incurable without that examination is this: The College of Physicians is weak on the surgical side and also on the anatomical side, inherently so, from the kind of men who go into the College of Physicians. On the other hand, the College of Surgeons is weak on the medical side and also on the chemistry and pharmacy sides; that is natural to it from the kind of men who go into that corporation. The result is that the College of Physicians examination has a weak side, and the College of Surgeons examination has a weak side; and that cannot be remedied, I maintain, by obliging either of those corporations to make its examination complete. The London College of Surgeons has been compelled, under the influence of the Medical Council, to put on a kind of examination in medicine; but that is a weak examination, not equal to the examination held in medicine in the College of Physicians. On the other hand, I apprehend that when the College of Physicians examines in surgery or in anatomy, that is a weak part of its examination. These are natural weaknesses; but if you conjoin these two great corporations, including all the leading physicians and surgeons and teachers of London, of Dublin, or of Edinburgh, you would then necessarily have a strong board.

5802. (*Prof. Huxley.*) What becomes of midwifery?—Midwifery is included.

5803. Who takes it, the College of Surgeons or the College of Physicians?—In Edinburgh both colleges take midwifery, I understand.

5804. Is the College of Surgeons supposed to have any special knowledge of midwifery?—In Edinburgh they have.

5805. But in England?—In England I do not think the College of Surgeons has a special knowledge of midwifery. The College of Surgeons has, no doubt, an examination in medicine; they have been compelled by the influence of the Medical Council to put on examinations all round; but the College of Surgeons or the Colleges of Physicians, whether in London, Dublin, or Edinburgh, are naturally weak on one side. I know it is so in Edinburgh, with which I am familiar. The College of Surgeons there has a weak side, and the College of Physicians has a weak side. I do not believe that my friends in the Edinburgh College of Physicians can examine in anatomy fully; they have not the means, they have not dissections, and they have not a museum. It is the same with the London College of Physicians. But if you conjoin the two corporations, then I maintain that you will have a thoroughly reliable and perfect examination by first-class men in London, Dublin, and Edinburgh, and that nothing more is required. If you have that, I maintain that it is not at all necessary to drag the universities into a joint examination.

5806. (*Chairman.*) And you would maintain also that it is not necessary really to create what you afterwards call a divisional board?—Yes, that it is not necessary.

5807. Then I am correct in apprehending that in your opinion licensing may be safely entrusted in the interest of the public to the universities, and to the conjoined Colleges of Physicians and Surgeons?—Entirely.

5808. Now, would you kindly tell the Commission in what sense the universities are not open to the objection of incompleteness which you have alleged against the Colleges of Physicians and Surgeons when separate?—About that I have no difficulty. Our universities are not merely medical specially or surgical specially, but include all the branches. We have professors of the practice of medicine, of the practice of surgery, and of midwifery and diseases of women and children, and all the departments are equally strong; we have no weak side in the universities, either in the sciences or in the branches of practice; we are equally strong in surgery, in medicine, and in midwifery. Our teaching is so, and our examinations are so also.

5809. When you use the word "strong," do you mean strong in this sense, that the university has teachers and examiners in each of those subjects?—It has professors who are teachers of each of those three subjects, and our examination is equally thorough in all the three.

5810. Could not, say, the College of Physicians, obtain examiners who are competent examiners in surgery; or the College of Surgeons obtain examiners who are competent in medicine or in midwifery?—That is done at present. The Colleges of Physicians in London and in Edinburgh call in surgeons to assist them at the examination, and the College of Surgeons calls in physicians. I recollect some years ago inspecting the College of Surgeons of London along with the late Dr. Parkes, and I witnessed that. My report was a very favourable one of that examination, as a minimum examination, so that I have no hesitation in referring to it here. It was the final examination, and I inspected the surgical part, which I felt competent to do, and Dr. Parkes inspected the medical part. The medical examination was a weak one. There were two good physicians there, Dr. Wilkes and Dr. Peacock, but it was a short examination, and was not nearly so strong as the medical examination at the College of Physicians.

5811. But I suppose strong examiners might have been obtained?—Better examiners could not be, but the examination is not so long or so practical as the medical examination of the College of Physicians, and it is not meant to be.

5812. But, still, either the College of Physicians or the College of Surgeons can obtain examiners in any subject equally strong with the examiners who are found at the universities, can they not?—The difference is this: that we belong to the institution, our medicine, surgery, and midwifery belong to our universities and are in them, and we are equally strong in all the departments.

5813. I do not wish to call in question the fact, but what security is there to the public that the examinations at the universities in all those subjects are equally strong?—If you will allow me, I will refer very shortly to the laws under which we act in our Scottish universities. I have brought with me the ordinances of the Scottish Universities Commission of 1858-1863, and I beg leave to refer the Commission to that volume on certain points. There is a report, of date 14th May 1863, followed by all the ordinances. We have in the report and ordinances of this Commission the laws by which we are bound. These ordinances were issued by the Royal Commission on the Scottish Universities under Act of Parliament, and were sanctioned by the Privy Council. The Scottish Universities Act of 1858 passed the same day as the Medical Act, and the Commission sat for five years under that Act, and made ordinances regulating everything about the Scottish universities. The Commissioners say in their report, page xxxii, "For the regulation of degrees "in medicine separate ordinances have been issued "for the different universities,—the ordinances, namely, "Nos. 5 and 8, for the University of Edinburgh; the "ordinance No. 15 for the University of Glasgow; "the ordinance No. 16 for the University of Aberdeen; "and the ordinance No. 19 for the University of St. "Andrew's. In each of the Universities of Edinburgh, Glasgow, and Aberdeen, there is a complete "medical school, affording ample means of instruction "in every branch of medicine and surgery; and there "is a large body of students engaged in qualifying "themselves for the medical profession, by attendance "on the lectures of the professors, and by the opportunities of hospital practice which exist at the "university seat. The provisions, therefore, of the "ordinances applicable to these universities we have "made in all material respects the same." Then they say (page xxxiii) "The conditions of education and "examination, which we prescribed for the degree of "Bachelor of Medicine, are such as to secure that its "holders shall possess qualifications fully as high as "those formerly required in the University of Edinburgh for the degree of Doctor of Medicine."

5814. How far do those ordinances go into detail?—The minutest detail; they settle everything. Then

they say, at page xlv, "While thus providing means "for altering our ordinances, where such alteration "may be desirable, the Act has been careful to inter- "pose securities against rash change by requiring the "consent of the Chancellor and the approval of "your Majesty in Council." Then they go on to "say: "we would venture humbly to recommend, "that, before the decision of your Majesty in Council "is given, intimation should in every case be made to "each of the universities, so as to afford to any uni- "versity, which may consider itself interested in the "change, an opportunity of expressing its opinion "thereon." That is always done. When the univer- sity court of a Scottish university proposes to alter any regulation, even in the slightest detail, it is sub- mitted to the Privy Council; the Privy Council sends the proposal out to all the other Scottish universities, they report to the Privy Council, and it is passed only in the event of a general concurrence, so that we cannot ourselves change these regulations made by this Com- mission.

5815. The regulations made by this Commission, I suppose, prescribe the subjects of examination?—Yes, they prescribe curriculum, the subjects of examination, the order of examination, the fees and everything.

5816. But the examination itself will always turn, of course, in every case upon the examiners?—Upon the examiners.

5817. And the examiners are selected, by whom?—The examiners are the professors in the university, and additional examiners introduced by the same Commis- sion. Page xxxiii of the report deals with that. They say: "In each of the universities of Edinburgh, Glas- "gow, and Aberdeen, we thought it expedient, as "tending to increase the importance of the degrees, "as well as to strengthen the public confidence in "their high character, to associate with the pro- "fessors three examiners for degrees in medicine. "The appointment of these examiners, as in the case "of the Faculty of Arts, we vested in the university "court; and, for their remuneration, we recommended "that provision should be made from the public funds "of 100*l.* to each examiner in Edinburgh, 80*l.* to each "examiner in Glasgow, and 60*l.* to each examiner in "Aberdeen, for each year in which he shall act as "examiner." That was in the original ordinances. Now we have obtained an alteration of the ordinances, by which the number has been increased, and we have now six instead of three. I think Glasgow has seven, and, if I mistake not, Edinburgh has 12. These outside examiners are appointed by the university court, and are equal in authority with the professors.

5818. Does that report refer to all the Scottish uni- versities?—To all the four Scottish universities. The Act passed in 1858, and is entitled "An Act to make provision for the better government and discipline of the Universities of Scotland, and improving and regu- lating the course of study therein, and for the union of the two Universities and Colleges of Aberdeen." It received the Royal Assent on the 2nd of August 1858. Before I put aside the report of this Commis- sion, will you allow me to quote one paragraph? We had before us virtually the question of a conjoint board among the universities of Scotland as applied to all the faculties. Under the Universities Act this Com- mission was authorised, if it chose, to make one uni- versity instead of four, and reduce us all to the position of teaching colleges. The Commission reported upon this pretty elaborately, and I shall, with your permis- sion, read the concluding paragraph at page xlvi. This is the verdict of that Commission upon the scheme of virtually a joint university for Scotland:—"With so "general an agreement on the part of the Universities, "that it would be inexpedient to found a new univer- "sity, to which the present universities should be "affiliated as colleges, it is impossible for us to report "that such a measure would be practicable, and our "own deliberations have led us to the conclusion, that "it would not be expedient."

5819. This ordinance was of course intended to apply to all the Scottish universities, and in an equal degree?—To all the Scottish universities, and in an equal degree.

5820. Then if that ordinance was successful, the result ought to have been that the examinations at all Scottish universities should be as nearly as possible uniform?—They are. Each university has a separate ordinance, but they are very like one another; and so since 1858 the Universities of Edinburgh, Glasgow, and Aberdeen have been all equally thorough in their medical teaching and examinations.

5821. And St. Andrew's?—St. Andrew's is not a teaching university in medicine.

5822. But it gives medical degrees?—Yes, in a way. As I explained very fully in my evidence before Mr. Forster's Committee last year, it may give 10 degrees annually to registered practitioners who have attained the age of 40 and who pass the professional examination. That is quite by itself. It is entitled to give a degree to students, but the regulations are such that the granting of medical degrees by St. Andrew's is virtually at an end.

5823. But if this ordinance has such power as to give the public a security that the examination will be suffi- cient, how is it that St. Andrew's has managed to work round the ordinance?—I do not think that St. Andrew's has worked round the ordinance at all. The ordinance, which is in that book, allows St. Andrew's to give every year to 10 practitioners the degree of Doctor of Medi- cine. It allows them also to graduate students; but the conditions are such that I do not suppose that in these 20 years there have been more than two or three degrees granted. They must study at a university for two years now. They cannot study at St. Andrew's; and, if they studied, as they might, at Edinburgh or Aberdeen, or Glasgow, they would prefer to graduate there; so that virtually, St. Andrew's is closed as a doorway for admitting students to the profession, and I think it would have been much better if it had been closed in words as well as virtually.

5824. Is the same value attached to the degrees of all those three universities?—I am in the habit of quoting Edinburgh because I am a graduate of Edinburgh and had long experience also as a teacher there, and it is the university of longest standing as a medical school, but I should like to say (and I have pleasure in saying it in the presence of my friend Professor Turner) that I consider the Aberdeen degree not in the slightest degree inferior to the Edinburgh degree; and I have no doubt that may be said of Glasgow also. The education is as thorough, and the examination is as thorough; I do not know any examination more searching than we have at Aberdeen. I may refer in evidence of that to what the visitors of the Medical Council reported: we have been inspected twice by visitors of the Medical Council. On one occasion Professor Humphry of Cambridge and Dr. Barclay from the London College of Physicians came and spent some days with us and saw the whole of our system. If Dr. Humphry has mentioned to this Commission what he remarked to me, he will have said to the Com- mission that he received a great deal of useful infor- mation from us as to the mode of conducting examina- tions. That was the impression which Dr. Humphry of Cambridge carried away, that he had not seen any ex- aminations conducted so thoroughly before.

5825. But after all, the mode of examination in every case, will in this matter, as in any other, depend upon the examiners?—Yes, everywhere, under whatever system.

5826. The ordinance cannot fix the standard, it can merely prescribe the subjects of examination?—Yes, and it prescribes who the examiners shall be: professors in the university and others appointed by the governing court of the university.

5827. But taking, for instance, the question of surgery, does it necessarily follow that the universities will ob- tain competent examiners in surgery, and that the College of Physicians will not obtain them?—The Crown appoints our professors of surgery; and it selects the best men. Professor Pirrie, my colleague, is a well known surgeon in Scotland, and in Edinburgh there is Professor Spence, and in Glasgow Professor Macleod, all first-rate men, and then the university court selects additional examiners. The examiner in surgery with us for the last three years, besides Dr. Pirrie, has been Dr. Greig, the leading surgeon in Dundee, formerly demonstrator of anatomy in Edinburgh University.

5828. We all know Dr. Pirrie's eminence, but can you assert that the Crown has always appointed the best men?—The Crown always appoints a good man now.

5829. But it has not always done so?—Within my recollection it has.

5830. But under those circumstances the professor would examine his own pupils?—Certainly. Before I

Prof. J. Struthers.
20 Oct. 1881.

have done I hope you will allow me an opportunity of speaking specially to that point. He is one of the examiners and he has associated with him an outside examiner appointed by the university court.

5831. But I want to know why, while a university is to be regarded as necessarily a strong examining body in all subjects, a corporation is necessarily weak on one side?—The College of Physicians and the College of Surgeons I take as the leading corporations. The College of Physicians, either of London or of Edinburgh, have no fellow within them who is a surgeon; there is not a single fellow of the London College of Physicians who would perform lithotomy, or tie the femoral or the subclavian artery. I would not allow a fellow of the College of Physicians to touch me with a knife; on the other hand, in the College of Surgeons, there is no one that I would consult in a difficult lung or heart or brain case. The one kind of man goes to one institution and the other goes to the other. I propose that they should be conjoined, and then you have a strong examination on both sides. Now, the universities are equally strong in surgery, medicine, and midwifery, in all the three departments. Edinburgh University, and Aberdeen University, and Glasgow University are equally strong in all the three subjects, and naturally so.

5832. But as a matter of fact, is it not the case that the physicians and surgeons are conjoined together for the purpose of examination in Scotland at this moment?—That is a point which I was desirous of referring to. They did conjoin, and I may say that upon the late Dr. Andrew Wood and myself, on the part of the College of Surgeons, the labour of that conjunction fell, after the passing of the Medical Act of 1858, and I have here the regulations which we carried through just after that Act passed. That was a great step, and I maintain that if the London corporations could have sunk what I shall venture to call their jealousies and taken a similar step, and the Dublin corporations also, all this difficulty would have been at an end 20 years ago. We formed that joint examination in Edinburgh, and we formed it upon the simple principle that the College of Surgeons should take all the surgery, the College of Physicians all the medicine, and that the other branches should be divided between them. But we did not then stop the half qualifications. I think the corporations in Edinburgh have erred in not stopping the half qualifications; they still go on holding their separate examinations. That, I maintain, is the weak point, and it is one which I must admit has brought some discredit lately upon Scotland. It is the separate examinations of the Edinburgh and Glasgow corporations that are bringing discredit upon us. Perhaps the word "discredit" is too strong, but these half qualifications continuing both in London and in Edinburgh are the source of all this agitation. If the two leading corporations in London, Edinbugh, and Dublin, would only unite and stop their separate examinations for all candidates who are not already completely qualified, you would have an end of all these criticisms, and you would have a perfect examination, I believe, in each metropolis.

5833. Then do you consider it desirable to diminish the number of examining bodies for licenses?—My scheme would reduce them by having only one corporation board in each metropolis. The common phrase is that there are 19 portals; in Germany you have 20 Staats-examens, and there is no great harm in the 19, though they would be better to be reduced in the way I have suggested. The objection is to halves existing.

5834. Then, as I understand you, you would propose to establish four examining bodies in Scotland, and you would take their examinations upon trust?—I should be content to accept those examinations without any further inspection, subject of course to visitations by the General Medical Council. We should have four instead of six, by combining three of them into one.

5835. Which are the three which you would reduce?—The College of Physicians and the College of Surgeons of Edinburgh, and the Glasgow Faculty of Physicians and Surgeons would then come in to form one conjoint corporation examination. The universities would remain and the corporations would come together. The six would be reduced to four, not reckoning St. Andrew's in either case. It is not four boards, it is one corporation board and the universities; but my position is that the three universities form each a complete board.

5836. But the universities now conduct their examinations separately, do they not?—Each separately, with outside examiners.

5837. Then are they not three boards?—They are; but they are universities, each complete, and subject to a common control of the Privy Council, and then there would be the one complete corporation board.

5838. And you do not see any objection in the existence of several examining bodies?—None whatever; on the contrary, universities must be separate if they are to discharge their functions as universities proper.

5839. You would consider it necessary, would you not, that a complete qualification should be obtained in all three subjects,—in medicine, surgery, and midwifery?—Yes; midwifery is always included in our qualifications, but I would not advise a separate qualification in midwifery. We should go in the direction of combining and not of splitting up.

5840. Failing the acceptance of this scheme No. 1, to which I will not allude further, and which you consider the best scheme, you have made a second proposal. You propose to conduct examinations at the universities and also at the Amalgamated Corporation Board by their own examiners in co-operation with examiners selected by a new body which you propose to create, and which you term the Divisional Board for Scotland?—Yes.

5841. And that divisional board is to consist of one or two members sent by each of the universities and corporations of Scotland?—Yes.

5842. And the mode in which that proposition differs from your first proposition consists in this: that through the agency of this divisional board you obtain a kind of inspection of the examinations with which, under your first scheme, you proposed to dispense?—Yes, under the first scheme there would be of course the visitation of the Medical Council, if they were pleased to continue it, though I do not think that would be necessary; but this would give you more than that.

5843. This would give you an inspection by a divisional board?—Yes.

5844. And it is mainly in that point that the difference between the two schemes consists?—More than that; they would not be merely inspectors, they would be co-examiners.

5845. You would prefer scheme No. 1; and with regard to No. 2 you do not object to this central control if it is deemed necessary?—No, subject to the conditions stated.

5846. Then, although you yourself do not consider assessors as necessary in the interest of the public, still you would entertain no insuperable objection to them if they be deemed necessary by the legislature?—Quite so. If it is considered necessary, if it is resolved that it shall be, then scheme No. 2 I submit as a method in which it would work, although we do not consider it called for. In the event of this Commission recommending such a thing, I submit it as a scheme which would work subject to certain conditions, which I would explain. I attach four conditions to this scheme, which the universities of Scotland would consider essential to any scheme. Condition No. 1 is that the examination shall be held at the university seats. That we consider the most fundamental of all the conditions under any scheme. We would consider that to draft university students away anywhere else to an examination would be a most objectionable thing. Our Scottish universities could, on no account whatever, be consenting parties to such a proceeding. We make it therefore the primary condition that the large body of students that we have should be examined at their own university. Condition No. 2 is that there shall be no superadded examination, but that the Board of Examiners shall co-operate with the university examiners in conducting the examinations at the University. By that, we mean that there is not to be a joint board coming and holding an examination, distinct from our examinations, but that they shall come and sit with the university examiners, and that no additional examination shall be imposed upon our students, for we hold that they have already quite enough; but that those examiners shall come along with, or instead of, our present outside examiners. We shall be most happy to see them, just as our present outside examiners come from other places and sit with us. But we should strongly object to our students being subjected to an additional examination, not only on the ground of disturbing their studies and harassing the

students, but also on the ground that, after our higher examinations, their being subject to a lower examination would be in itself not only illogical, but altogether without defence. Therefore we propose that these joint board examiners should come and sit with us, just as our present outside examiners sit with us and conduct half the examination. Condition No. 3 is that the students of the university shall not be subjected to money payment on account of board examiners who, being there, as alleged, in the public interest, should be paid from the national exchequer. Condition No. 4 would hang by that. I have already mentioned that we have outside examiners appointed, and that money is provided by the State for their payment. For the University of Edinburgh, provision was made for three examiners at 100*l.* each; for the University of Glasgow, for three at 80*l.*; and for the University of Aberdeen, for three at 60*l.*, all being paid from the national exchequer; so that Edinburgh University at this moment has, for this purpose, from the National exchequer 300*l.*, Glasgow has 240*l.*, and Aberdeen has 180*l.* a year. We do not stand alone in that. Take London, where we are sitting. The State pays all the expenses of the examining machine called the London University; large sums of money go to it, although it is doing no work as an educational institution as we are doing, but is merely a board. Then, again, coming to Ireland, large sums of money are going to the Irish University. The State, I understand, is paying all its expenses. There is no dissatisfaction with our Scottish University examinations, our candidates are not dissatisfied, the public are not dissatisfied, and there is every confidence in Scottish university degrees. I judge by the medical press of London and elsewhere, and from meeting a great many persons during the recent International Medical Congress. Since the publication of the evidence given before Mr. Forster's Committee last year by Professor Turner and Professor Gairdner and myself, I have not heard a whisper against the Scottish universities, nothing but compliment; in fact some of our English friends seem rather to wish now to come round and be like us. There is perfect confidence in our university degrees; and if any parties were still to say, "We are "not satisfied, we wish to come and examine your stu- "dents," then we say, "We shall not agree to our students having to pay for that." That is our position. The fourth condition has been debated a good deal, and in the various Medical Bills it has been more or less introduced, and we have long made it a condition. It is part of the English conjoint scheme that university students should be subjected only to the examination in medicine, surgery, and midwifery, that they shall be exempt from the examinations in the sciences. Of course we claim that as the English universities do, and with more reason. This, as I have said, hangs by the third condition. If the State is to pay our co-examiners from the divisional board, then send them for anatomy and physiology and the other sciences also. We, on the part of Aberdeen University, should be happy to have them all round; we have nothing to fear. The reason we ask condition No. 4 is in case our students have to pay, and we wish to minimise the expense as much as possible; but if the State will undertake to pay these assessor examiners all round, we shall not only agree, but be delighted to see them. But if the students have to pay on that account, then the fewer of such examiners the better. That is our position.

5847. Now I wish to ask you one or two questions with regard to the Medical Council. Are you in favour of a small General Medical Council?—I have never sat on the Council, but my impression is that it is rather large. From my experience of life, of councils of colleges and senates that I have sat on, I think that 24 is rather a large number, and I am in favour of reducing it.

5848. I understand from your paper that you are in favour of selecting the members of the General Medical Council from the three branch Councils of the three divisions of the Kingdom?—Yes, I think that would be a great improvement as to method.

5849. And you would prefer that mode of election to the representation of individual institutions as at present?—I think so. I have various reasons for it. I think you would get rid of the difficulty that we feel in Scotland of being grouped. Each individual institution would then send its member to the branch Council, and each branch Council would send a certain number to the General Council.

5850. And you do not see any objection to such a method of secondary election?—No; on the contrary, I think it would be advisable.

5851. You think that you would be more likely to get the best men in that way?—Yes, you would get a fair representation in that way, and it would enable you to reduce the number of the General Medical Council. There is no other way, I believe, of reducing the General Medical Council without offence. Then, I object to the present grouping, as I state in my paper. First of all, it has been well said I think in previous evidence that the Scottish Universities are insufficiently represented. The present grouping also is not happy. Supposing that we are to continue to be grouped in twos, I do not think the four universities are well grouped at present. I would have grouped Edinburgh with St. Andrew's, and Glasgow with Aberdeen. We are grouped in that way for Parliamentary representation; the larger university and the small one are grouped, and Aberdeen and Glasgow, the two middle sized universities, are grouped. If grouping is to be continued, I would recommend that.

5852. Have you ever considered a difficulty which must present itself when new universities are constituted which give medical degrees, and which would claim representation on the General Medical Council under the present system?—Yes, the new Victoria University is a case in point. The plan of being represented in the branch Council would get quit of the difficulty, and a new university would then send a member to it. I think this branch Council method would get quit of many difficulties. It is not pleasant for Aberdeen. Professor Turner and I have acted in these matters for our two universities. We are grouped with Edinburgh, and Aberdeen has had it only once, while Edinburgh has had it four times. That is to say, the Privy Council has gone upon the plan of giving it to Edinburgh twice for our once. I do not say that that is wrong when you consider the size of the schools, but we would rather not continue in that position. My colleagues desire me to say that we would object strongly to Aberdeen being grouped with St. Andrew's as the only grouping. I think my friend, Professor Turner, suggested that in his evidence before Mr. Forster's Committee. It would be very unsatisfactory for an institution like Aberdeen University, which has a great school of medicine, to be grouped with St. Andrew's, which has no school of medicine at all, and which is greatly misunderstood in England, if that were to be the only university grouping in Scotland. But whether you have a joint board or not, I would strongly urge that the Medical Council should be elected on the principle that the branch Councils, or divisional boards, should be the primary councils, and then that they should elect to the General Council.

5853. (*Mr Simon.*) That instead of being branch Councils they should be root Councils?—Yes.

5854. (*Prof. Turner.*) And that each branch Council should be representative of all the authorities in that division of the kingdom?—Yes.

5855. (*Chairman.*) You propose that there should be a plurality of licensing bodies as at the present time; but do you propose that all the bodies which now give licenses should continue to do so?—No. I think the Apothecaries' Company should not continue to be a licensing body in any form. I am old enough to recollect the former English practice, and it was very objectionable. The Apothecaries had a monopoly of the dispensing of drugs in England up to the year 1858, when the Medical Act passed. The result was that when an Aberdeen M.D. or an Edinburgh M.D. went across the border, the Apothecaries pounced upon him at once, if he dispensed a dose of salts or a dose of rhubarb. The result of that was that practitioners in England came to charge by medicines, instead of for their advice. The result of that again was that they were obliged to give drugs to their patients, and the old system of over-drugging continued. That that was extremely injurious I need not say. The better of them, in cases in which they were aware that medicines should not be given, sent out perhaps coloured water and bread pills. It led to what I should call the degrading custom in England of charging by medicines. That custom has not yet died out in England. Our graduates complain of it when they go to England with the notions of professional men, knowing the difference between a trade and a profession. Of course, dispensing medicines is a perfectly honest thing, as honest as to sell groceries or tobacco, but it belongs to the trade of a druggist, and when

Prof. J. Struthers.

20 Oct. 1881.

our men go to England they resolve at first not to do it. But they are swept away by the stream. They cannot get on unless they do it, and the result is that they have to keep what they call surgeries, and hence they require apprentices. Our graduates have thus to conform to the degrading practice of sending out medicines and charging by that, although they are indignant at it. They tell me that even in the large English towns where it is quite unnecessary, there being plenty of druggists' shops, they still have to do it, and they complain that they are degraded by it. They may say, like Romeo's Apothecary, "my poverty but not my will consents." That is the result of the Apothecaries' Company. I say that if the Apothecaries' licence is continued, as under the English joint scheme, round the neck of the general practitioner of England, it will do a great deal to perpetuate that system. But in the English conjoint scheme of two years ago, the Apothecaries' Society has actually the same rank as the College of Physicians. There are 16 examiners from the Apothecaries' Company and 16 from the College of Physicians, and they are actually to examine in the practice of medicine, and to have four examiners in that subject as against six from the College of Physicians. To a Scotchman it appears a monstrous thing to bring in the Apothecaries' Company alongside of the Royal College of Physicians.

5856. You have said that you entertain objections to any form of conjoint scheme; would you state to us the principal objections which you entertain to any conjoint scheme. We understand that you see no reason for abolishing plurality of examining bodies?—I am reducing the number considerably.

5857. But they are still a plurality?—Clearly, and I see no objection to that. I would object to having only one. Of course you cannot reason it in the abstract without considering the universities. You cannot have the students of large teaching institutions drafted away elsewhere to be examined; it would interfere with university studies. It is not objectionable to the corporations, but it would interfere with the university studies of our students if they had to go and pass an examination elsewhere, or even on the spot, by an outside body.

5858. But, if the conjoint examination were conducted at the university seats, that objection would cease to apply, would it not?—Yes, if the four conditions that I have laid down in Scheme No. II. were granted, it would not interfere at all, that is to say, the Board of examiners would come and sit with our professorial examiners just as the outside examiners do at present. The point is, is it to be a separate examination or conjoint?—If it is conjoint with the university, then there is no harm.

5859. Assuming it to be a separate examination, should you object to it?—Assuming that it is a separate examination, we should object to it very strongly.

5860. Upon what ground?—In the first place our examinations are already carried a long way. There is an old saying that it is the last straw that breaks the camel's back, and I do think the camel's back is already very nearly broken. I think the students in our universities are over examined; we have carried it, I think, to the utmost limit. I would apply that remark to an examination even by ourselves. If the university itself were to impose another final examination, that would be a very serious thing. But if another examination is instituted by an outside body, then the students will say, "Well, we must go in for that, we will not take "the degree." That is one objection.

5861. Does this objection to a conjoint examination apply equally in the case of the corporations?—No, it does not, because the corporations are not schools.

5862. (*Mr. Simon.*) The corporations are not schools, but they draw their pupils from the schools; why is it more difficult for a student of the Aberdeen university to be examined by a conjoint board, than it is for a student of St. Bartholomew's Hospital. I do not say *quoad* graduate, but *quoad* student?—A St. Bartholomew's student has five minutes' walk to his corporation to be examined; and then, more important than that, he has no university examinations to pass.

5863. (*Bishop of Peterborough.*) It seems to me that in all your evidence you draw attention to the distinction that exists between universities and corporations?—Yes.

5864. And that there is an obvious difficulty in your mind, as I confess there is in mine, in uniting the universities and corporations in any joint scheme of examination?—Yes.

5865. Am I right in supposing that the essential difference is that the universities are educating and graduating bodies, and that the corporations, as a rule at least, are not so?—Quite so.

5866. And that the universities educate, and the corporations, to put it roughly and in a homely way, simply sell degrees?—I would object to the word "sell"; they grant diplomas after examination.

5867. And receive in return a sum of money?—They grant diplomas; and the universities grant degrees.

5868. But the corporation gives the degree or diploma to a person who passes its examination, and the university educates the person previously?—Yes, the university does both.

5869. Then, regarding it as a matter of guarantee for the public as to the sufficiency of the education of its medical men, the public has a better guarantee in the case of the university than it has in the case of some at least of the corporations?—Yes, it has the guarantee of a higher education.

5870. And also there is this, is there not, that the university has a less direct interest in the money value of the degree, or a minor interest at least, than the corporation, the whole of the income of the corporation being derived from the granting of its degrees, whereas the whole of the income of the university is not derived from the granting of its degrees, but largely from the education of the students?—Yes.

5871. Then, in the case of the corporations, there is at least a strong temptation to grant licenses and diplomas upon easy terms, which does not exist in the case of the universities?—The corporation standard is lower, but I do not say too low.

5872. There is a tendency, considering the nature of the corporations, to underselling, and to competition which does not exist in the case of the universities?—I am a little put into a corner by being asked the question in that way. I object to the phrase "competition downwards," which has been much used in the medical papers lately; I do not think there is much of that.

5873. There is a temptation, is there not, in the case of a corporation which does not exist in the case of the university?—There is, in that sense, but I do not think that the corporations are animated by such a spirit.

5874. And it has been given before us in evidence by witnesses that that temptation has led to unfortunate results?—There have been weak points in the corporations, and I confess I do not think that my friends in the Edinburgh corporations have latterly acted judiciously; it is the continuing of these half examinations that has brought all this upon them. Also they accept one another's primary examination; if a man passes his primary at one corporation, he can go up for his second at another. A man may pass the primary examination of the Apothecaries' Society here, the anatomy of which I am quite sure must be very poor anatomy, and then go up to the Edinburgh corporations, and that examination by the Apothecaries' Society is accepted by the Edinburgh corporations. I have here the regulations for the Edinburgh joint corporation examination, which the late Dr. Andrew Wood and I constructed more than 20 years ago, on the part of the College of Surgeons, and that regulation respecting the acceptance of other Bodies' primary examinations has got into it since; I venture to say that if I had continued there that would not have got in without a protest from me; but there it is at page 10, Law 15. The result of that (though I do not say it is very common,) is that when a man passes the Apothecaries' Society here and goes up with their primary certificate, he virtually skips his anatomy and physiology. I say it is wrong of these corporations to do so, and they have brought Scotland, to a certain extent, into discredit by that. The London College of Physicians does the same, but in a better way; it accepts the examination in anatomy of any surgical body. That is safe. But if we had a conjoint examination by the corporations in each metropolis, that would be all right; they could except one another's first professional examination with entire security.

5875. It is clear from what you say that the real objection to the 19 portals is that those 19 portals are of different widths, and that a man may get through one portal a good deal easier than through another, and that all these men are allowed to practice upon the public when they have once got through?—Yes, and will be as

long as these half examinations by the corporations continue.

5876. Would not that apply to your answer with reference to the number of Staats examens? You stated that although there were 19 portals here there were 20 Staats examens in Germany; but is it not the case that those 20 Staats examens have none of them the slightest interest in conferring the degree, whereas it is at least possible that a corporation may have a very obvious pecuniary interest in giving a degree?—In Germany there are 20 complete examinations. A number of the 19 here are halves; in Germany they are like our Scotch University degree examinations, they are complete.

5877. I am not so much referring to the completeness of the examination as to the temptation to let a man through easier in order to attract students or to get fees; that does not exist in the case of a Staats examen?—It exists in one country as much as in the other. Each university in Germany conducts its own Staats examen; it gives it to its own students; the professors there examine their own students assisted by a few outside examiners, and you might say, if you were so disposed, that each university had an interest in making the Staats examen easy at its own seat.

5878. Clearly; but supposing the Staats examen to be conducted by entirely independent examiners appointed by the State or by the Medical Council, then there would be no such temptations?—If it were necessary, which I do not admit. You will not get more reliable examiners.

5879. I think you propose that these examinations, no matter how conducted, or by what bodies, should be subjected, as now, to visitation?—Yes.

5880. Is it your opinion that visitation, at present, is sufficient?—I am one of those who sometimes smile at the notion that we all need visitations. I have been a visitor myself, and have been visited. If we had the corporations united in the way that I have proposed in scheme No. 1, you would not need visitations. We are very happy to see our friends from London or anywhere amongst us; we do not need them, but it does no harm, and satisfies people who think they are needed. Visitors can report on the machinery, but I do not think any visitor is efficient unless he is capable also of examining. Dr. Gairdner and I have both acted as visitors. I do not think I could visit a practice of physic examination with efficiency, but I could visit satisfactorily an examination in anatomy or surgery, as I have done. The visitor must be a capable person in certain branches. I think there has been far too much said about the necessity of inspecting us all. From articles I have read and the opinions I have heard, I might fancy that I must be a kind of Rip Van Winkle, and that, during my long sleep, everything has become rotten. The examiners I know in Scotland and in London, are not persons needing to be looked after as rogues, as one would suppose they are from the anonymous articles one reads in the London papers.

5881. The reason I asked the question was that you said that you proposed to reduce the number of portals by a certain amount; and the noble Lord in the chair asked you whether those examinations were to be taken by the public on trust, to which you replied, that they were not to be taken entirely upon trust, but subject to this visitation; but you seem to doubt the efficiency of the visitation, so that it would practically come to this: that the examination on either of your schemes would be taken on trust?—Every thing is practically taken on trust. You appoint good men to be judges, and then you take them on trust. The fact is, that if these arguments are good for anything, that everything medical needs inspection, you would require to inspect the Medical Council itself, and you would require to inspect ourselves sitting here, and you would need to inspect the inspectors. *Quis custodiet ipsos custodes?* I embrace the opportunity of repudiating this cry as if the whole medical profession were a kind of rogues, and as if some people, called inspectors (I do not know where they are to be got), were a superior order of men to look after us all.

5882. The point that I really want to draw attention to is that this visitation is the only limitation which you impose upon the Chairman's phrase of taking upon trust, and that so far as the visitation is concerned, it might in your opinion be as well dispensed with?—Quite well, if you adopt my schome No. 1.

5883. Have you not considered that visitation might have an injurious effect upon an examination in this way; that the examiner may be tempted to show the visitor what wonderfully learned and clever questions he can put, and that he may be examining rather more in the interest of the examiner before the visitor, than in the interest of the candidate?—Yes, a young examiner is very apt to show off.

5884. Then your judgment upon the whole is that the present system of visitation is not very respectful to the medical profession, is not very efficient, and may even be practically injurious?—I would not like to say that. It is quite agreeable to us, I refer to the general tone of the medical press and the talk of late months. But we are always most happy to see the inspectors, and when I inspected the other bodies I was very well received, and I would not like to say that it was useless. I think it has a good effect. I think the most beneficial thing is the examiners of one body seeing how others do, and they pick up hints from one another.

5885. I think you strongly object to any examination of students at your universities with a view to men going on the register?—Yes, and I would object to it in the same way for students who had already passed a complete examination by the corporations.

5886. You are of course aware that there is a State examination through which all those that go into the army or navy must pass?—I am aware of that, and I have opinions about it.

5887. You probably do not consider that essential?—My students from Aberdeen have gone largely before that board, and I have had no occasion to complain, because Aberdeen men are generally very high in the examinations; but I have a poor opinion of any such board. We often hear talk about a Government Board, of course the Army Board is an instance of such a board, and they say, "That is the cure "for all these evils, let us have a Government "Board." Now, what does that mean? It is a fine phrase to conjure with. There is an old classical saying *Omne ignotum pro magnifico.* Who selects a Government Board; what is the procedure? The Minister of Education, or the Home Secretary, asks Doctor Somebody or Sir Somebody, "Whom would you advise "me to appoint as examiners?" He advises, and a dozen men are privately appointed to examine. That is your Government Board. Either they are not so good men as the men of the corporations or of the universities, or you must go to the corporations or the universities for them. That is not a good way of selecting a board.

5888. I think you propose in your second scheme that the corporation examiners and the university examiners should examine together?—Yes, if the universities are compelled to go into some joint scheme.

5889. Do I correctly understand from that, that you propose that they should examine together for university degrees in medicine, and that the university before it grants its Doctor of Medicine degree, we will say, should examine by means of this joint board of corporations and university men, and that its degrees should be given as the result of that examination?—Yes, rather than impose an additional examination on our students.

5890. You think the Universities would be perfectly willing to admit the corporations to share in granting their degrees?—I would hardly put it in that way. The joint board examiners would be State examiners associated for the time being with the ordinary University examiners. But let me finish as to the plan of having a Government Board. A Government Board will not get better examiners than exist now, and would not have the machinery. Where are they to examine? The Colleges of Surgeons and the universities have plenty of Anatomy Museums, dissections, Pathological Museums, and the like; but a Government Board would want all that machinery. Then, as regards the army examinations, I am aware that it may not be thought very proper for one in my position, to say what I am going to say; but I have a very poor opinion of these army examinations; and these agitations that have given us so much trouble, have all arisen, I believe, from a misapprehension. The late lamented Dr. Parkes, one of the best of men, brought up statistics about the failures at these army examinations (Mr. Simon will recollect this quite well); it was a most alarming statement of the number of men who were rejected; and it was this that led to the proposal of a joint board. Many men were no doubt rejected at those examinations 12 or 15 years ago; but I never thought much of those examinations. My students came back and told me what they were, and they were poor examinations, compared with what they had passed in Aberdeen; and I have always maintained that those

Prof. J. Struthers.

20 Oct. 1881.

examinations were not a proper test, that in fact many of the failures were the examiners' fault. Now you have very few rejections at the Army Board. How is that? Perhaps the grinders may help some few, but the fact is that the Board is now better up to its work. But I do not believe that those army examinations are at all a just test as a pass examination. The results of this army examination used constantly to be quoted as a proof that the licensing bodies were not doing their duty. We used to hear such things as this: that some candidate, who had already passed at a corporation, was so grossly ignorant that he did not know which side the liver lay on; and that story of the liver lying on the wrong side had a great deal to do with bringing about proposals for joint schemes. I do not believe that; I do not believe that any man who had even an Apothecaries' diploma would not know that the liver lay on the right side. It was the examiner's fault, men lose their heads at examinations, as every experienced examiner knows. That man, probably, could not have told you at the time even how many fingers he had; he had simply lost his head. If I had been examining that man, I would have led him gently on, without alarming him, and in a little would have asked him to put his hand upon where the liver lay, and I have no doubt he would have done it. It was upon stories such as these that the agitation for a joint board arose.

5891. I think I understood you to say that if there was to be an after examination, whether by a conjoint board, or a Staats examen, it would interfere with students taking their degrees. Of course if that examination took place before the student was fit to graduate it might do so. Have you considered the other scheme of the student being allowed, or required, to graduate at some university, and then being examined by the State, before he is allowed to come upon the Register; would that have the effect of preventing his taking his degree?—If there is a State examination of any kind set up, the result will be that a considerable number will cease to take university degrees. It will have a status which corporation diplomas have not; and by-and-by, a considerable number of students would resolve from the beginning not to take the university education; they would go to the humbler kind of medical schools. On the other hand, if you make a degree necessary, that is quite a new proposal.

5892. Supposing State examining boards were appointed, and it were required before any candidate enters upon the Register that he should have passed that examining board, and it were also required that before he came to that examining board he should have obtained the diploma or degree of some existing body, do you think that that would seriously injure the interests of the universities, leaving out for a moment the corporations?—I would ask first whether you mean that it should be a practical examination only, or in the sciences also?

5893. Solely a practical examination accepting the results of scientific training at the universities.—The first objection to that is that you take all the sciences, anatomy, physiology, and chemistry, than which there are no more important things, from the 19 bodies.

5894. I am speaking specially with reference to the universities, which you specially represent here?—But if this board were to examine only in practical things, that would be taking the sciences from the corporations as well as from the universities, and that would be a weak point.

5895. But my question has special reference at this moment to the interests of the universities; will you kindly confine your attention at this moment to the effects upon the universities?—If you qualify it in this way, that that board should examine other students in anatomy and physiology who had not come from the universities, I could answer it.

5896. It is proposed that this board should examine every man before he goes on the Register on the practical part of his profession, that is to say, medicine, surgery, and midwifery, and that it should accept evidence from the university that the candidate has successfully passed through the scientific training of that university, and also has its degree?—But the men from the corporations are ten times more numerous in England than the men from the universities, and you are taking anatomy and physiology on trust from the corporations.

5897. But my point is to ascertain from you, as specially qualified to represent the universities, how you think that proposal would affect the interests of the universities?—Your scheme, I see, is a general plan that the student should bring a diploma or degree from any one of the 19 bodies. First of all, if it is to be in the branches of practice, you let go your hold of the anatomy and physiology of the corporations, and take them on trust; and there is a weakness in the proposal.

5898. Is not that done now under the present system?—Quite so, but the proposal assumes that the present system is not to be trusted.

5899. Must it not be done under any system?—There would be no weakness if you had a conjoint corporation board.

5900. You would then accept on trust, would you not, the examination of that conjoint board?—I would; but your proposal would not, because you propose to put a board over them.

5901. The proposal is that this Staats examen should examine in the practical subjects. Your answer to that, if I understand it rightly, is that in that case we should be taking on trust the examination in anatomy and physiology. The answer to that is that we do so now, and must necessarily do so upon any conjoint system whatever?—I think there is no "must" about it. I would trust the second corporation examination more than the first. I would trust the corporation surgery and medicine more than their anatomy and physiology. I think that that consideration is fatal to the proposal.

5902. But to come back to my question, how do you think that scheme would affect the universities as regards either their pecuniary interests or their credit and reputation?—You propose that after a man has passed anywhere he is to come and pass again, in part, before a State board. I ask where is the responsibility to lie then?

5903. On the scheme which I have been describing he is to pass all his university examinations, and obtain his university degree in medicine, and then he is to come to the State, and say, "Will you allow me to go "and practise upon the subjects"?—There you have a divided responsibility. I understand the theory perfectly well; it is founded upon the practice of the law courts, where you have a court of appeal from an inferior court to a higher court. I wish to show the fallacy of that. A judgment in a law court is often a matter of opinion; but examinations in anatomy and surgery are matters of demonstration; and there is therefore not the same reason for having an appeal. I have recently heard that view advocated outside, and that is my answer to it. It seems to be an idea founded upon the practice of the law courts. The first examining bodies, university or corporation, would act in this way; some of them, those which valued their honour most, would raise their examination too high, because they could not afford to have their students rejected afterwards. Others again, who preferred the pudding more than anything else would say, "Oh, just let them through." There would be no definite responsibility; it would be divided between the two; and the result would be that the first would cease to be trusted. By-and-by people would say "What is the use of this diploma or degree? Sweep it "away; the thing at the end is the real thing." It would not last a generation. The one would absorb the other, and we object to it upon the ground that it is imposing an uncalled for examination upon our graduates, who already pass a thoroughly good and high examination.

5904. That would be a very valid objection, assuming that every person who gets upon the register has previously gone through so good a course of education as is to be had in the Scotch Universities; but we are now speaking of a condition of things which admits all manner of candidates to registration; and may I point out to you this: that such a scheme might tend to the advantage of the universities rather than to their injury, because the men of the inferior bodies (if there are any such) would frequently fail presumably at this Government Board, and the result would be that men would go to the teaching bodies who would best ensure their passing the board?—I am not so sure of that. They would go where they got easiest through the first door. Is the board to deal differently with men who come from different bodies? The student would go to the body that let him through in an easy-going way. Besides, why punish the university graduate for the present weakness of the corporations, which you may remedy quite well otherwise?

5905. Do you not think that the high value and

character of the degrees of a university would still remain, and that men who wished to get on in their profession would still take a university degree?—No, I do not think so. You would degrade University degrees. The human mind, is practically logical; and it would be said, "Whatever comes last, must be the best."

5906. You say that as the representatives of the State are examining in the interests of the public, the expenses should be borne by the State?—Yes.

5907. The State, at present, will not admit a man to the register until he has passed through one of these 19 portals; that is so, is it not?—Yes.

5908. Each of those 19 portals, then, is acting in the interests of the State in examining the man, is it not?—Yes.

5909. Then would not your argument go a little further and show that all the costs and expenses of those 19 bodies should be borne by the State, inasmuch as it is entirely in the interest of the State that they are all examining?—If the State steps in and says, "We are not "satisfied with you now; we must have something in "addition"; then we say, "It is reasonable that the "State should pay for it; do not make our students "pay for it."

5910. Would not that apply to all examinations conducted on the part of the State?—If you have a conjoint board by the corporations as I propose in scheme No. 1, and the State still said, "That is not enough." I would say, "Well; let the State pay for that."

5911. The State does not now pay for its requirement of sufficiency; if it finds that requirement of sufficiency not sufficient, why should it be made to pay for making it sufficient?—We are showing a method, as by scheme No. 1, by which there would be sufficiency without any payment of money by the State; but if the State wants something more than that, let it pay for it.

5912. If the State paid its examiners, would it not follow that the State should choose its examiners?—Yes, but the question remains, what would be the best mode of the State choosing its examiners.

5913. (*Prof. Turner.*) Have you any information as to the working of the Staats Examen in Germany, in this respect; a German University gives a degree in medicine; after the candidate has got a degree in medicine, he goes before a Staats Examen Board in his university; can you tell us whether this double examination in a university, one by the university and the other by the State Board has at all affected the nature of the university examination?—First of all the degree was required for the Staats examen. The result of that was that the degree was degraded. The degree ceased to have any value, and I understand, is not now required for the Staats examen; just as I have said would follow here; but the same men examine for both under different names. I am not quite sure if the degree follows as a matter of course. There is, I think, some little form to be gone through.

5914. (*Bishop of Peterborough.*) The German system is a Staats examen conducted by means of the university which is about to give the degree; that is quite different in principle, is it not, from a Staats examen conducted by an entirely independent body?—Yes, no doubt it is of a different kind, but that is the form of State examination adopted by the most intelligent people in Europe. The Germans tried it in Berlin, and had to give it up; and I say, that that fact alone should prevent this country from committing that blunder. I may mention that the Medical Council published a very good report in 1869 of the German and French systems, which I hold in my hand. Putting a State examination over the university degree, would, in my opinion, degrade the degree.

5915. (*Prof. Turner.*) There is a point which you refer to in your précis, which has not yet been brought out in your evidence, and, as it is a point of some importance, and has been referred to by various witnesses, I should like to hear your opinion upon it. You state, "witness desires further to give evidence on the question "whether teachers should take part in the examination "of their students. Will state his experience of this at "various examining boards on which he has sat?"—Yes, I state that with much pleasure. We often hear it said of us in Scotland as a reproach, by gentlemen connected with the London College of Surgeons, "Oh, you "examine your own students," and they seem to think that that alone, as a matter of course, condemns us. That is a very common expression, and in the English joint scheme there is a condition, at page 9, "That no "candidate be examined by a teacher of his own school." It is a curious thing to find that notion existing in London. There is no doubt among these gentlemen as to their opinion being correct; they seem to have the idea in this, as in other matters, that whatever is in London is correct and is necessarily the best. They seem not to be aware that in the rest of Europe the system is the same as in the Scotch Universities. All over Europe the teachers of the students are not only partly, but the chief, if not the sole, examiners. In the London College of Surgeons, which is the big body, it has arisen in this way; as they have a number of schools in London, they could not have the teacher of the student always at the board, and it is such a valuable privilege besides to be an examiner in the College of Surgeons that they would not give it to the young gentlemen who are often the teachers in the schools. Hence has arisen the above-mentioned rule in London; it has arisen in fact from local peculiarities and jealousies, and they make a merit of it. The reasons alleged against the teacher of the school are sometimes that he may be a dishonest person, what I may call the rogue theory; sometimes that he may be partial. I should like to reply to that. Is there not greater objection to having a rival teacher than to having the man's own teacher? Is it not much more objectionable, both on the rogue theory, and on the partiality theory, to have the rival teacher as examiner? Then if you shut out both the teacher of the pupil and the rival teacher, whom do you leave? You must then say that no teachers at all are to examine; and if you take that course you will not have an efficient examining board. I will tell the Commission what my recollection of that is. In my student days the College of Surgeons in Edinburgh excluded all teachers from its examining board. Four very respectable old gentlemen sat at the table and conducted the examination. When I was a young teacher my students complained that they were examined in things which they never heard of. These venerable gentlemen examined in things that they had learnt perhaps 40 years before. That rule was at last abolished, and Professor Spence and I were the first teachers who were admitted to the board of the Edinburgh College of Surgeons. Then the anatomy and surgery became like what they were in the schools; the students were delighted to see the *gluteus maximus* and the parts of *hernia* there the same as in the dissecting rooms, and now fully half of the board are teachers. There is another board I may mention, that I have examined upon, the Scottish Board of the Royal College of Veterinary Surgeons. I examined on anatomy and physiology, along with a veterinary examiner, and the rule there is that none of the teachers shall examine. There was the usual result of such a system; and my friend Professor Turner who succeeded me there will no doubt have had the same experience. When I examined there, I did not know a single candidate, and I was often greatly at a loss to make up my mind. The teacher would be sitting at my side, but was not allowed to examine, and I have repeatedly turned round and whispered to him, "What kind of student was that man: was he "a good man in your class?" Let me say this before I leave the subject. A student goes into a London Medical School, and he knows the custom that the teacher of that school shall not examine him. Look at the effect that has upon the students' attention to the lectures. He says, "Well, whoever is to examine me, nobody "here will do it, and I need not care what they say." That is at a London Medical School. He goes to a Scotch University, and he says, "He will examine me, "I must attend to what he says." It has a wonderful effect in sharpening the attention of the student to the teaching when he knows that the teacher will be one of his examiners. Then as to the feeling of the students themselves, I have examined thousands of them, and I have noticed that an idle student has a great fear of being examined by his professor. Like any other ill-conducted person, he would like to go where he is not known; but a good student likes to be examined by his professors. In the Scotch Universities, as I have already stated, we have a combination of the two methods, and I believe that our system in Scotland is a perfect system, where the teacher of the man is sitting there, and along with him a stranger. All our co-examiners in Aberdeen are outside men brought from other places, and the co-examiners are entirely unacquainted with the candidates. The teacher judges by all he knows of the man; he has examined these men every week in the class, and knows all about them, and he is able in that way to form a better estimate of them than the co-

Prof. J. Struthers.

20 Oct. 1881.

examiner is. In judging of degrees of merit, the co-examiner, who is an entire stranger, is often considerably out. Some good men get excited, and others, somehow, do not make their best appearance. I think that is a sufficient answer; but before I leave this subject, I would like to refer the Commission shortly to the Report of the Scottish Universities Commission of 1878. We have had another Commission recently sitting on our universities who reported in 1878, and they remark upon this very thing. I would refer this Commission to pages 49 and 50 of the Report of the Scottish Universities Commission of 1878. The whole of those two pages are devoted to this question. I shall not trouble the Commission by reading more than one paragraph which sums up the matter. They say, "The examination of the students of a university "for their degrees by the professors who have taught "them is sometimes spoken of as an obvious mistake, if "not abuse; but those who are practically acquainted "with university work will probably agree with us that "the converse proposition is nearer the truth." That is the verdict of a Commission which reported but two years ago, and had such men as Dr. Lyon Playfair and Professor Huxley sitting upon it, and that accords entirely with my own long and varied experience as an examiner at different boards.

5916. (*Dr. McDonnell.*) You speak in your evidence of all the corporations being weak on one side; you are anxious to make as good a case as you can for the universities?—I have not overstated the case for the universities.

5917. Are you aware that the College of Surgeons in London is, in point of fact, a university as regards the schools over which it presides; the College of Surgeons in London, you must be aware, presides over the Medical Schools of St. Bartholomew's Hospital, (which indeed calls its school a college), Charing Cross Hospital, Guy's Hospital, King's College Hospital, the London Hospital, and so on; in fact there are a number of Medical Schools under the jurisdiction, control, and direction of the College of Surgeons in London, do you not think that I am, therefore, fairly entitled to regard the entire working machinery of the College of Surgeons in London as being fully as strong, and fully as good as the working machinery of any one university in Scotland?—No, most certainly not. The London College of Surgeons has no relation to the Medical Schools of London at all in the university sense; it does not regulate the schools, and it has no power over the Lecturers. Candidates for the diploma of the College of Surgeons are not required to have passed through the higher teaching; they come from all kinds of schools.

5918. I am not sufficiently well-informed upon that subject, and therefore I will transfer my parallelism to the country that I am acquainted with. The College of Surgeons of Dublin has a medical school connected with it; it has a Professor of the practice of medicine; it has professors of Anatomy, Physiology, Surgery, and Midwifery, and all the ancillary sciences; it presides over the medical schools of Dublin; it assuredly has the right of supervising them all, and of objecting to any incompetent teacher who may be introduced into any of those schools; it holds an examination, which I hardly think it quite fair to speak of as being weak on one side; for years and years it has examined in medicine; it is called a college, and the schools over which it presides are in some cases called medical colleges, and in some cases, medical schools. Regarding the College of Surgeons in Dublin as a great teaching institution, as well as a licensing institution, can you point out to me any real substantial ground as regards the public for making an important distinction between it and one of your universities in Scotland?—You have touched two questions, I think; the educational one and the examining one. Your examination is weak on one side. Your examination in medicine cannot be so good as the examination in medicine of the College of Physicians. You say that you have a school, and that you appoint the professors of that school; but they have no superiority over those of the other medical schools; I think they are all on the same footing, and I am not aware that you insist upon your candidates having passed through the higher teaching as the Scotch Universities do. I do not see how you could regard it as a university. The examination of the Dublin College of Surgeons, I believe, has always stood well in Anatomy and Surgery, but it qualifies in surgery only, not in medicine. Its diploma is a half qualification.

5919. It is a half qualification, but it has become a half qualification in recent times, and you have only become a complete qualifier in recent times. I ask you upon what grounds of common justice you can deny to the College of Surgeons its completeness of examination and say that it is weak on one side and that you are strong on both sides?—As a matter of fact, I say, it is weak on one side. Your physicians go to the College of Physicians, not to the College of Surgeons, do they not?

5920. Under a recent enactment of the law they are obliged to do so; but they were not obliged to do so in former times. Long ago the College of Surgeons had an examination in medicine, and their candidates were able to fill any post in Ireland. A recent condition of things has made the pupils often go to the College of Physicians. But why in justice are you to draw a marked line of distinction between a body like the College of Surgeons in Ireland, which has an admirable staff for teaching, complete control over medical education and an unlimited staff for examining if they please to do so, and one of your Scottish universities which is in precisely the same boat?—It will be better to compare yourselves with Trinity College, Dublin, which is very like our Scotch universities; it has a higher standard of examination in general education; and its anatomy and physiology (I do not say the surgical anatomy) and chemistry and botany, and general standard of teaching, are higher than at the College of Surgeons. Probably you have no zoology at all in the examination at the College of Surgeons.

5921. Are you aware that the professors of the College of Surgeons have been appointed in Trinity College; are you aware that Dr. Apjohn, for instance, was for many years Professor of Chemistry in the College of Surgeons, and was afterwards appointed Professor of Chemistry in the university?—Yes. The university picks up the best teachers, and I have no doubt the teaching is of a higher order than that in the ordinary medical schools. But I would not like to speak much about Ireland, because we do not know much about its methods of teaching in this country.

5922. I do not wish to speak of the personal merits of the teachers, but will you explain to me upon what ground of common justice you think that a body like this Commission of ours could recommend, a distinct line being drawn between your Scottish universities and our College of Surgeons in Dublin. You surely would not recommend that line to be drawn, because the one happens to be called a university, and the other happens to be called a college. You must point some substantial ground which we could represent to the public. We are each of us examining bodies and each of us educating bodies. We have almost an unlimited number of persons to teach, and we have an admirable staff to examine. Upon what ground of common justice can you contrast two such institutions and say "because you are "called a college we say that your examination is weak "on one side; and because we are called a university "ours is strong on both sides?"—I can hardly follow that. You may say that there is injustice to everybody everywhere if they cannot start a university where they like. But I go back upon this, as matter of fact, that the Dublin College of Surgeons is weak on one side because it has no physicians, and that it qualifies in surgery only. I do not know whether your college has the same laws as the Edinburgh and London Colleges. Do you require students to be educated in your own school, or do you take them from Edinburgh and London or anywhere?

5923. We take them from any school recognised by the college?—And then a man whom you never saw before may come from any school and you merely examine him. Nobody does that at a University in the Scotch or German sense of a university.

5924. Then you require residence in all your Scotch Universities?—Certainly; we require two years of university residence.

5925. In Glasgow what period of residence is required?—Two years. These ordinances for all the Scotch Universities require the same university residence.

5926. What period of residence is required in Edinburgh?—The same, two years.

5927. I suppose we need not ask about St. Andrew's?—It also requires two years university residence.

5928. Then that is a broad line of distinction?—Yes, and nearly all the lectures must be taken as university courses, except four.

5929. In your university may I ask how long it is since you commenced giving degrees in surgery?—In Aberdeen the degree of Master of Surgery was commenced long ago.

5930. Was that degree practically speaking in use 25 years ago?—It was founded at the time of the discussions of 1858 as a thing that had been long given.

5931. At the time that the Act of 1858 passed, was it a diploma registered in any considerable number?—There was no registration at all until that Act passed.

5932. Was it registered in any considerable number at that time?—Yes, from Edinburgh, and Aberdeen, and Glasgow, the surgical degree has been registered in considerable numbers since 1858.

5933. I am very much pleased with much of what we have heard from you to-day, but any reforms which it will be necessary for us to contemplate we may look for I think in two directions. We must either look to reform in the direction forwards or reform by lopping off some excrescences that have grown upon our system of late years; and I wish to present to you two alternative schemes, and to get your opinion about them. We will suppose that the reform took the form of some superadded examination. I understand that you have given substantial reasons against that?—I have.

5934. Supposing that, instead of superadding examinations, we limited some of the privileges and powers of the existing bodies; supposing that the Apothecaries' Companies were disfranchised, and that the corporations and universities, being dealt with rigidly alike, were informed that they might each of them give one qualification either in medicine or in surgery, whichever they liked, but that no one Body should be allowed to give both for the purposes of registration; I, of course, should not propose for one moment to interfere with your chartered privileges of giving a degree in medicine or in surgery, but I would propose that each medical authority (using that word to cover all the ground) should be allowed to give only one registrable qualification, so that you might give one in medicine if you pleased, or one in surgery if you pleased, which would enable that person to register it. We will suppose a combination to be made, and that there is a College of Surgeons for Scotland, as there is for Ireland and for England, which might give a qualification for surgery, but that no candidate should be placed upon the register who had not passed a substantial and *bonâ fide* examination in one corporation for medical purposes and in another corporation for surgical purposes. How do you think such a scheme would work, and would you prefer that to a superadded examination, or would you think a superadded examination a less evil to you than that?—My answer to that would be this, that to propose that those which are now complete should become halves in order to suit the convenience of those that are only halves, is a thing that to a Scotchman appears somewhat unreasonable.

5935. That is where our opinions differ. Would you think that scheme which I have sketched out, or a superadded examination, the lesser evil?—I do not see how the one stands against the other at all. Instead of converting wholes into halves in order to suit those which are halves, as I put it, I would take my scheme No. 1, which converts halves into wholes; I would convert the two corporations into one entire body and get quit of that which I call a mediæval distinction.

5936. I think there is much to be said in favour of your proposal, but the weak point of your proposal appears to me to be this: that the College of Surgeons will naturally say, "We are just as whole as your uni-"versities are, and how can you in common justice say "that we are only halves and that you are wholes?" Therefore, we must either level up or down. We must either give the College of Surgeons the right to give as complete a degree as you give, or we must deprive you of the power to give one half?—We would rather not have our tails cut off to please the tail-less. I would rather unite the surgeons and the physicians into one examining body.

5937. But suppose that the corporations say, "We "do not want to be cut in half. We have been unfairly "cut in half?"—But you always were halves. If you go back to the history of the College of Surgeons, you will find they were barbers formerly.

5938. You say that the Colleges of Physicians and Surgeons were always halves. They have only been halves since this matter of the double qualification came into existence?—The charter of the Edinburgh College of Surgeons, which dates centuries ago, is for anatomy, surgery, and pharmacy only. You will find that the charter of your College is for surgery, but not medicine. And so here the College of Surgeons has a charter for chirurgery, but not for medicine.

5939. (*Mr. Simon.*) Take the College of Physicians?—In London it has the word "physic," which, I believe, is there defined as also including surgery, but from the beginning the Colleges of Surgeons have all been only surgical bodies; it is a matter of history. I do not mean any disrespect, but it is a fact that the Surgeons and Barbers were originally one Corporation, and I may mention that we, the College of Surgeons of Edinburgh, pay every year a fine to the Barbers of 10*l.* for having broken up the connexion. This was done in 1722, and it was not till 1745 that the corporation of Surgeons and Barbers of London was broken up, by an Act of Parliament, into two separate corporations. The Colleges of Surgeons never had the right to license in medicine. I hold in my hand the Medical Act of 1858. It recognized the distinction between medicine and surgery, but it did not make it. It is in clause 31 of the Act, which I will now read, "Every person registered under this Act shall be "entitled according to his qualification or qualifica-"tions to practise medicine or surgery, or medicine "and surgery, as the case may be." The Act did not make the difference, but it recognised it. It failed to abolish the distinction.

5940. (*Dr. McDonnell.*) When I myself became a Fellow of the College of Surgeons in Ireland, my qualification enabled me to fill any medical appointment in Ireland. That would not be so now. It would only half enable me to fill any appointment. Within my lifetime, therefore, the privileges of the College of Surgeons may be said to have been invaded to the extent of one half. What I want to get is this. Was there any real justice and fairness in suddenly depriving a corporation which had done its duty well, and which had an excellent educational machinery, and an admirable examining machinery of one half of its privileges?—It did not deprive it of its privileges. It had assumed, as the College of Surgeons of Edinburgh did, to examine in medicine as well as in surgery, but they had no legal privilege to do so. They had nothing in their charter to give them that privilege, and therefore they were not deprived of a privilege which they did not possess.

5941. I presume you will admit that the College of Surgeons of England has done its duty uncommonly well?—It is now doing its duty better than it did when I was a young teacher.

5942. When we were examining Dr. Acland upon this subject, he was asked whether they had commenced in Oxford, his university, to give any degrees in surgery, when other universities were doing so, and he gave a rather remarkable answer, which I will read to you, and ask you a question about. He replied:—"No, "it only gives a degree in medicine, that is, Bachelor "of Medicine. The reason is a simple one. By long "usage the University of Oxford gives a degree of "Bachelor of Medicine, and it has power to give the "qualification in surgery by its statutes; but when the "Medical Act was passed in the year 1858, it, entirely "on national grounds, did not think it desirable to "create an additional qualification. It believed that "there were too many qualifications already, and it "decided there and then to prefer that the surgical "qualification should be got from existing surgical "bodies, and not to create a new one. In that faith it "remains until now. It desires any alterations in its "statutes to be made with that view, and does not wish to "create a new qualification until it is settled that there "is to be no national combination." I presume you "will not deny that that was a public spirited thing on the part of the University of Oxford?—I could criticise that answer severely if I were disposed to do so. First of all, Oxford has no medical school to speak of and shows no desire to have one.

5943. Do you think it was a public spirited thing, or the reverse?—I think there is rather a want of spirit there. Dr. Acland has done a great deal for science in Oxford, and I do not criticise my friend Dr. Acland, but the Oxford University should give a surgical as well as a medical degree if it gives one at all.

5944. At all events, you do not think that a Scotch university would be willing to do that now?—Certainly not. I should say that Oxford should rather follow the example of the Scotch.

Prof. J. Struthers.

20 Oct. 1881.

5945. You would rather have a conjoint scheme than that?—No; as I have already stated, we object to conjoint schemes involving the universities; our present Scottish University system is not only better than the system you have in Oxford, or anywhere in England, but is as good as anything you have in Europe; it is a perfect system already; that is our position. We say that the English Universities should copy us if possible, and follow the example of the Scotch Universities.

5946. In fact, the admirable scheme which you have brought before us to-day seems to be the only thing that would content you?—I have given two schemes, the first that which we think should be; and the second is one which, if the Commission thinks there must be some kind of joint scheme, would work without disturbing the university system much. Allow me to answer the question which you put to me about the London College of Surgeons having done its duty. I am aware that people in London boast of what the London College of Surgeons is now doing. The London College of Surgeons was the loosest of all the examining bodies in my early recollection as teacher in Edinburgh. Again and again I have as a teacher sent men to pass in London when they could not pass with us.

5947. (*Prof. Huxley.*) About what year was that?—It is 18 years since I left Edinburgh. I am speaking of my earlier years.

5948. (*Mr. Simon.*) Before the Medical Act passed?—Yes, about that time. It was partly owing to the fact that the London College had no examination in medicine; it was only in anatomy and surgery. I recollect well when I was in the Council of the College of Surgeons of Edinburgh before the Medical Act passed, and I was doing my best to put things right, I got a letter written to the London College of Surgeons from our Council urging them to put on an examination in medicine. Lawrence was President at the time, and the answer was that they begged us to recollect that they were a college of surgeons. That was the arrogant answer they sent. Since that the Medical Council has obliged the London College of Surgeons, if I may use the phrase, to eat the leek, and put on an examination in medicine; but that was the tone in which the London College of Surgeons replied to us at the time we were endeavouring to get them to make their examination a complete one. And at that time the London College of Surgeons had no preliminary examination; the most unlettered man could go up for it.

5949. (*Dr. McDonnell.*) We know that the London College of Surgeons has improved immensely, and, I would venture to say, that it does its duty very well.—Yes, in anatomy and surgery, as a minimum examination. But the examinations of the London College of Surgeons are rather hurried; we are more careful in Aberdeen; I think there is an uncertainty about the examinations of the London College of Surgeons.

5950. You spoke with considerable severity of the system of having a previous examination in one body received by another as a part of their examination; you consider that that should be very much condemned?—Yes, the divided responsibility is bad.

5951. Does that, as far as your knowledge goes, hold in the College of Surgeons in London; do they receive the previous examination?—I am not aware; but it is a question which does not arise with us, we would not accept theirs; we do not accept any.

5952. Are you aware that the College of Surgeons in Ireland does not do so?—I am not aware.

5953. You spoke about visitation, and I think you used the expression that you smiled at visitation?—Visitations are very good things, but I think the necessity for them has been exaggerated.

5954. Would you agree with me in thinking that the advantage of visitations is not so much the effect that they have upon the examination, as that they give a kind of confidence to the public?—Yes, and they furnish a reply to the calumnious attacks that are made by journals upon the examining bodies as if they were all rotten; when you have men like Dr. Humphry coming down and reporting that at Aberdeen there is a thoroughly good examination, we are glad to have people in England made certain of that by an Englishman.

5955. You agree with me in thinking that the principal use of the visitation is in giving confidence to the public?—Yes.

5956. The Bishop of Peterborough, I think, asked you whether you had observed that the visitation rather tended to make examinations unequal, or at least that it brought into the mind of the student that on the day of the visitation he had a greater chance of being "tossed" than on a day when there was no visitation; do you think that it has any such effect?—No, we would not make any difference.

5957. We had one witness here who said that, although unconsciously on the part of the examiner, unquestionably the impression on the minds of the students was that it was a severe examination, and that therefore one of the effects of the visitation would be to introduce a greater element of chance; do you think that is likely to be so to some extent?—I think not. I would not put that as an objection to visitations.

5958. (*Mr Simon.*) When the Bishop of Peterborough was questioning you he (with a sort of apology for the familiarity of the phrase) spoke of the corporations as selling diplomas, and he, describing the corporations in that sense as diploma shops, asked you in effect whether from the nature of the case they would not be peculiarly under temptation to promote the sale of their commodities by selling them on easy educational terms, and he contrasted that with the case of the universities which being shops half for education and only half for diplomas, would only have half the temptation to do the same wrong thing?—Yes, that was the question, and I felt great difficulty in answering the question at all, except by objecting to the use of the word "sell."

5959. In drawing any comparison of that sort, you would compare institutions both of which are honest or both of which are dishonest, but you would not suppose the one to be honest and the other dishonest?—Clearly not.

5960. But assuming the case of a corrupt university, if you can imagine such a case, I think you will see that as regards inducement to dishonesty, it might be conceived under temptation to promote the popularity of its "education shop," by letting its diplomas go easily to its own pupils?—That is an abstract case. The Scotch Universities cannot do so because they are under the State; the Privy Council would control them.

5961. I am speaking entirely of an abstract case, and not of the Scotch universities?—Our interest is not to lower the status; our interest depends upon maintaining our high and thorough character; our interest is to maintain the reputation of our degree.

5962. As matter of history, is it or is it not the fact that, say within the last 30 years, the degrees of the University of St. Andrew's were given on discreditably easy terms?—Previous to 40 years ago the degree was, I believe, given improperly on the certificate of two medical men that such and such a surgeon was a respectable man; he was a surgeon, and he had already a diploma, and if any two medical men certified that he was a proper person I believe they gave the degree, but that was before my day.

5963. They gave it without examination?—I understand so, but that was long ago.

5964. And on a payment?—I have no doubt of that. But since John Reid, the eminent physiologist, went there in 1840, there has always been a respectable examination over the branches of the medical curriculum.

5965. So that if a comparison were drawn between a bad university system and a good corporation system, you would see no particular reason to prefer the university system?—I would not defend the former St. Andrew's system, and I would not defend the present London University system for other reasons; I would not defend any university that had not a school, that could not educate as well as graduate.

5966. (*Prof. Turner.*) Is it possible that at the present time such a system as that which has been referred to at St. Andrew's could be renewed?—Quite impossible since 1863. This volume of ordinances that I have quoted stopped that. A student may still come forward for the St. Andrew's degree, but he must have had two years' residence at some university, and as St. Andrew's cannot teach him, he must go to some university that can, and of course he prefers to graduate there.

5967. (*Prof. Huxley.*) The University Commissioners saw such evils in the St. Andrew's system, that they restricted the number of degrees that St. Andrew's could give?—Yes, in 1863 they restricted it to 10, and that these should be given to persons not less than 40 years of

age, who are already practitioners of medicine; and the Commission that reported in 1878, strongly expressed themselves in favour of not relaxing that. St. Andrew's cannot again come into the field as a licensing or graduating body. You will therefore, I am sure, agree with me that it is hardly fair that St. Andrew's should be brought up now as if it were a weak point in the Scottish University system.

5968. (*Mr. Simon.*) I am very anxious that in your important and valuable evidence, a comparison drawn between universities and corporations should not inadvertently seem to throw too much merit on the one side, more merit than you would deliberately impute; and my point is, that we should not compare the one at its best with the other at its worst, in either direction, but should assume both to be at their best or both to be at their worst. I have just drawn your attention to that comparison in respect of the possibility of corrupt dealing as against the interest of the public. Now as regards the question of efficiency, you have spoken of the qualifications of the corporations as being incomplete; but in the matters in which they more distinctly examine, may they not be stronger than the universities are?—In chemistry, anatomy, and physiology, the universities are much higher, and in the branches of practice also they are higher as the corporations aim at a minimum examination only.

5969. In surgery would not a College of Surgeons, by reason of the number of surgeons concerned in it, possibly be a stronger tribunal of surgical examination than a university would be?—I do not see why there should be a very great difference between the surgical and medical examination of a university and that of a corporation. The distinction is mainly in the first and second examinations, but the university examination is higher; they go more into the science of pathology. The professors of surgery have taught the man before, and know him well, and the examinations are more careful at the universities. It is not a mere minimum examination.

5970. Do you not think it an element of strength in the corporations of surgeons and physicians respectively, as compared with the faculties of the universities, that practice, is represented by a considerable number of eminent physicians on the one hand, or of eminent surgeons on the other?—It does not follow from a man being an eminent physician or surgeon in London, making 10,000*l.* or 15,000*l.* a year, that he is a good examiner, or that his opinion is of more value in such a matter. I think that a man who has devoted his life to teaching, and stuck by it, and has not thrown it up for an engrossing practice, is a much better examiner than a man who takes up teaching for a few years, and then goes off entirely into practice.

5971. A grinder gives up his whole time to teaching and examination, but you would not consider him, I presume, equal to an eminent hospital surgeon?—No, his teaching is downwards; it is in London, not Scotland, that grinding abounds. The teaching of men like the professors in the Scotch and German Universities who devote their lives to teaching, in combination with the practice of their department, is higher teaching than the teaching of men who are merely a few years in it; and our students must go through that higher teaching and pass a corresponding examination.

5972. But take the case of a London hospital surgeon (I will not name a present name) such as Sir Benjamin Brodie or Sir Astley Cooper, should you consider their teaching of surgery inferior to the teaching of surgery that was going on at the same time in the University of Edinburgh?—You pick out a few exceptional men over half a century and *exceptio probat regulam*; you pass over the great majority who have taught surgery for a few years and then thrown teaching over.

5973. I will take the present moment, and I will take the present Council or the present Board of Examiners, whichever you like, or both, of the College of Surgeons in London, they in the main being teachers of surgery, and a large proportion of them examiners in surgery for the college?—I inspected their surgical examination, and you could not have a better board than those 10 men, and I have the greatest personal respect for all of them, but, as they begged me to observe, it was a minimum examination for the general practitioner.

5974. Do you not think it an element of strength that the corporation supplies 10 such men while the universities supply two?—No, not an element of strength. We have two thoroughly qualified men, one of whom knows the student intimately and has examined him often before and is a much better judge than anyone else can be; and these men are held personally responsible for every man who passes in surgery. Besides, the examination is more carefully conducted, and aims at a higher standard. But the Colleges of Surgeons are very good boards in surgery. That is the reason why I say that all these complex schemes are unnecessary, because I say that the College of Surgeons and the College of Physicians united would be a perfectly sufficient board, and that nothing more is required. I say that my scheme No. 1 is enough.

5975. Taking universities and corporations at their best, would it not be fair to say that the corporations are likely to excel in the practical departments, and the universities in the scientific departments?—No; if you had universities in England like the Scotch universities you would not think that. You in England think of universities like Oxford and Cambridge, which have a very slender connexion with practice, and your London University, which is not a teaching body. If you were in Scotland or in Germany, you would not take that view. The eminent practical men in Germany and Scotland are the professors of medicine, surgery, and midwifery.

5976. I am not unfamiliar with the system in Germany, but I would rather confine our attention, if you would allow me, to the United Kingdom. The point to which I wish to draw your attention is whether the universities are not particularly apt, as compared with the corporations, to be strong in what are called the preliminary sciences, in anatomy, in physiology, and in chemistry, the corporations being relatively at all events weak in those matters: just as you have said that surgeons would be weak in physic, and physicians weak in surgery; and whether, *per contra*, the corporations are not likely for the reason I just now suggested to you, to be stronger in relation to practice than the universities?—The practice is the strongest point of the corporations, but I do not say stronger than in our Scotch Universities. With reference to the exemption proposed in the London conjoint scheme, to take the university sciences but not their practice, I wish to say for my colleagues in medicine, surgery, and midwifery, that they consider that a most invidious distinction, and I agree with them. I say that the medicine and surgery and midwifery of our Scotch Universities are as trustworthy as their anatomy and physiology, and there is no reason why the sciences should be accepted more than the branches of practice, except that if an evil is to come upon our students, we wish it to be as small as possible. But as I have already stated, if the State will pay these outside examiners we shall be glad to have them, so long as it does not impose cost upon our students. Our Scotch universities are thoroughly reliable in medicine and surgery and midwifery, and I wish to make it clear to the Commission that we consider that distinction a most invidious one. If the State will pay the examiners we will be glad to have them sent to examine with us for all the subjects.

5977. If there were any grounds for supposing that the universities had particular strength in the sciences, and the corporations particular strength in practice, would it not be well that by some sort of concert between them, the one should supply to the other something of its own superior strength?—Yes, if there were such grounds, but that does not apply to the Scotch universities. My position is that standing as in my scheme No. 1, each is strong enough and comes up to the requirements of the Medical Act, which is that the qualification shall be sufficient for the practice of the profession.

5978. Do you think that under your scheme, No. 1, the corporations will be as well supplied with science as if the universities were co-operating with them?—They will be quite up to the level if you have a conjoint corporation board composed of the two chief corporations. Perhaps they will be none the worse for the university examiners going in to look at their chemistry, anatomy, and physiology.

5979. But if I were to say that your scheme No. 2, subject to the discussion of some details, seems to me far preferable to your scheme No. 1, on the ground that the universities of each division of the Kingdom would be co-operating with the corporations of each division of the Kingdom, would you much dissent from that preference of mine?—Our position is this, that we consider scheme No. 1 enough, and we would prefer it.

5980. But is not scheme No. 2 better?—If the mania, as I will take the liberty of calling it, for a joint board

Prof. J. Struthers.
20 Oct. 1881.

of the hotchpotch order, mixing up universities and corporations, which we regard in Scotland as uncalled for, has gone so far in England that it must be, we may have to go into it in Scotland in some form or other, I suppose, just as universal suffrage for election to the Medical Council may have to come. Importunity may succeed in the one case as in the other, as in the old parable of the importunate widow and the unjust judge. The English proposal means that the university student shall be put to great inconvenience and expense, in order that the corporations may be a little improved by the universities nominally coming in amongst them. It will improve the corporations a little, but it will put the universities to great inconvenience, and it will cause additional expense to the students.

5981. What would be the inconvenience to the universities which would arise under your scheme No. 2?—If the scheme No. 2 is carried out, with the four conditions that I propose, there will be no inconveniences at all to the students. The inconveniences would be these, that we should have to be running away to meetings of divisional boards, and there would be a complication in making the arrangements for the examinations and some expenses connected with that; but so far as our students are concerned, with the four conditions that I attach, there is no objection to it. You must recollect that in England a joint board means simplification, by corporation supremacy; in Scotland it means complication to the universities.

5982. But, in speaking of the English view of the desirability of concerted action between universities and corporations you used the strongly condemnatory expressions of "hotchpotch" and "mania." Now, assuming that a divisional council were devising arrangements for concerted action between universities and corporations in Scotland, can you not conceive something better than "hotchpotch" and "mania" as the result?—We have no objections to scheme No. 2 with the conditions attached to it if it is necessary for us, for the sake of England, to have some kind of joint scheme. It would cause some complications and some expense. But I beg to call attention to the fact that the universities are virtually not in the English joint scheme, it is a pure corporation board. The univerities come into the committee of reference, but the corporations will not let them appoint examiners. The English universities do not supply examiners in the joint scheme; perhaps they could not. Oxford might supply one, and Cambridge, perhaps, two or so. They hand over their students to the tender mercies of a corporation examination. As to the London University, which is essentially an examining board, that a man who has passed its difficult examinations should be made to pay a fee of 5*l.* to a corporation board for another examination, is no better than levying black mail. The joint board examination will not be half so difficult as the thing he has already passed. That part of the English conjoint scheme does not admit of defence, and we protest against our Scotch University graduates being subjected to any such imposition.

5983–4. You are probably aware that the English conjoint scheme is not a scheme made under the precise directions of an Act of Parliament, but is a scheme of purely voluntary combination, and that the wishes of individual bodies had therefore to be consulted, more minutely than perhaps would be necessary if they were acting under Act of Parliament?—Yes, it is voluntary. It was a scheme formed after some 70 meetings, which alone might show that it was not a natural scheme, but one of complexities and tortuosities. The last Government Medical Bill, which I have here, was drawn to suit that scheme; no doubt the two were made to fit into each other. Then the scheme goes before the Medical Council for approval. The corporations and the English universities together are in a majority there. They, of course, carry the scheme, and the thing is passed. That is the way in which it will be done; so that in reality this was the scheme that was meant to be passed into law, and the university graduates are subjected to a payment of 5*l.* and another examination, a thing which we in Scotland could not possibly consent to.

5985. But, waiving such objections as there may be to parts of the scheme, and taking only the point which I put to you, that the co-operation of the universities in the scheme as joint overlookers of the licensing system for the medical profession would be a great gain to the public; would you not agree to that?—Not unless they were examiners. The real power is there: but the corporations keep all the power, and also all the pudding, in the English joint scheme. The universities do not appoint a single examiner. The College of Physicians are to appoint 16; the College of Surgeons 16; and the Society of Apothecaries 16.

5986. I was extremely glad to hear the distinction you just now made, that the value would be great of the universities coming in as examiners, because that is exactly my preference for your scheme No. 2 over your scheme No. 1.—But I do not think the London Colleges of Physicians and Surgeons need Oxford or Cambridge to help them to examine in medicine or surgery. I think it would be a kind of satire to say that the physicians and surgeons of London needed to send to Oxford or Cambridge for anything to improve their examinations in medicine and surgery; and that is a reason, as regards at least the final examination in the English scheme, for the universities not being in, because the universities of Oxford, and Cambridge, and Durham, have not a complete staff of medical professors. The Scotch universities have, and that is the difference between the Scotch and the English universities.

5987. (*Chairman.*) But yet, you prefer scheme No. 1, in which they are left out?—I am pointing out that the argument for the universities being brought into a joint scheme, on the ground that they will improve the examination of the corporations, fails in the English scheme, because the universities appoint none of the examiners. Then I am pointing out that as the Scotch universities are of themselves complete, it is not necessary to subject their graduates to a joint board examination. Scheme No. 2 would involve our universities in some complications; but with the conditions that I have attached I think it will be found that the Scotch universities will be willing to go into a scheme of that kind, if something of the kind must be gone into. If this Commission is disposed to recommend that scheme No. 1 is not enough, but that there must be some kind of Divisional Board, then the scheme No. 2 that I have submitted, with the conditions, is one that we would not object to.

5988. (*Mr. Simon.*) You spoke of considering condition (1) in your scheme essential?—Yes, in Scotland it must be so; and the day will come in England also when you will have to go to Manchester and other places to examine.

5989. You consider condition (2) essential?—Yes.

5990. May I hope that you consider condition (3) less essential?—Condition (4) we say depends on condition (3). We maintain, as I have already stated, that if the State is not satisfied with our examinations now, and wished to send additional examiners, the State should pay for that, and not our students.

5991. But why pay for the addition more than for the whole thing?—There is dissatisfaction with the corporations, but no one talks of being dissatisfied with the Scottish universities now that they are understood. Why should our students be taxed? The London corporations want 30 guineas. I have no objection to the sum of 30 guineas in their joint scheme, except that part of it is to keep up the Apothecaries' Society; but I object to our students in Scotland having to pay 30 guineas because the London corporations need 30 guineas.

5992. But you would probably not think it desirable, if Scotch qualifications are to have currency in England, that securities which England thinks necessary should be withheld in order that Scotch fees should be considerably lower than English fees?—We do for 20 guineas at present what the English corporations propose to take 30 guineas for; what I am speaking of is the injustice of laying 5*l.* more upon our students to give a security which is not needed.

5993. If the students were only to practise in Scotland, the Scotch opinion might be conclusive; but do you consider that it is equally conclusive when the practice is meant to be in England?—I am not aware of any good reason why England should be kept as a preserve for English corporations; protection of that kind means dear and bad. We had an instance of that in the old monopoly of the Apothecaries. I am not aware that England now says that Scotch university degrees are not sufficiently guarded, or has ventured to say so since the publication of the evidence given before Mr. Forster's Committee last year; I have heard just the contrary since; but if it chooses to insist upon some kind of joint scheme being adopted in Scotland, an

Act of Parliament can, of course, enforce it upon us, and our students may then be mulcted of five guineas, what we in Scotland would call levying black mail to please the London corporations. We are in the position of people with a neighbour whose house is insecure, and we never know when it will fall and involve us in the ruin. It is the corporations that need to be put right, not the universities. By scheme No. 1 which I have submitted, corporation diplomas would admit to the register only when certified that they have been obtained by a joint corporation examination, and nothing more is needed. A clause in an Act of Parliament would at once secure that.

5994. You have assumed that incomplete qualification is the only evil, or the main evil, to be dealt with?—Yes, they are all connected with that, or arise out of it.

5995. Do you think that there is no evil in competition between bodies granting similar titles?—As applied to the Scotch Universities, competition is in the direction of improvement and emulation, as to which will have the best school and the best reputation. It is not downwards.

5996. Speaking, not exclusively of Scotch universities or exclusively of universities, but speaking of licensing boards altogether, do you not think that there is an appreciable danger in their competition?—It is an abstract question, and I cannot view it apart from the concrete. If there were a joint corporation board in London and Edinburgh and Dublin, I believe there would be every security, considering the high character of the surgeons and physicians who would in that case be conjoined in the board.

5997. Have you any rule in your university against your bachelors of medicine calling themselves doctors of medicine?—No, there is no law, but they are of course not yet strictly entitled to do so. In two years after graduation they go on to the doctor's degree.

5998. Is it in your knowledge that they do extensively call themselves so?—It is common enough, I believe, in England as well as in Scotland, to give all university graduates the title of doctor.

5999. Are you aware that the title of doctor is very much at a premium in England in general practice?—Yes, I should think so. Those who wish to become consultants and also the better class of general practitioners wish it. It indicates that they have passed through the higher education and examination of the universities.

6000. There is consequently a great advantage to the Scotch universities, considered as medical schools, in the fact that they are able to give to their pupils the title of doctor, or the title of bachelor of medicine, which is converted by the holder into the title of doctor?—You are comparing the Scotch with the English universities just now, but that is a question of what is the best university system. The Scotch university system resembles that of the rest of Europe; and if you object to many having a degree, in contrast with the English notion of only a few having a degree, which we think is not a good plan, then we point out to you that the system of France is the same as ours, and the system of Germany also. We thereby send a larger number of more highly educated men into the medical profession, and that is for the public interest. It is still more the case in France where nine-tenths are doctors; and in Germany they are nearly all doctors. The system of France and Germany, and especially of Germany, is this: it sends the men through a university education. They do not go to mere professional schools, as is mostly the custom in England; they go to universities like our Scotch universities. The State says to the students, "You shall go through that teaching and may all "have the degree, if you can pass the examinations."

6001. But I want your opinion upon the effect of competition for titles. I asked you first as to the possibility, where there are many authorities, of competition downwards in qualification; but I want now to get your opinion upon the competition for titles, particular establishments being able to attract candidates by special titles. Of late years the want of the title of doctor, as an English title, has been very much felt, and you are perhaps aware that an agitation is springing up at the present time in England for the giving of the title of doctor on easier terms than have been customary in England?—I am aware of that. We have no objection to England setting up institutions like the Scotch Universities. We think the English University system an unfortunate one. The English University system including the London University system, is an anomaly in Europe; and we say, if there must be uniformity, that the Scotch University system should be preferred. The only answer we get to this argument is "that may "be all very well, but we are the strongest and you "Scotchmen must yield;" (that is the *argumentum baculinum*). That is the kind of reply which has been made to me again and again.

6002. You were saying that you would be glad to see the Scotch system adopted in England. Now, may I put to you this case. Supposing that University College, London, and King's College, London, sought authority to confer degrees in medicine, should you be prepared to support their application?—I would stop all your English university system, and set up half a dozen institutions like the Scotch universities in the large towns of England, one of them in London.

6003. But I am rather wanting to get your view upon the exact case which exists, rather than to suggest anything revolutionary. I will not take as instances St. Bartholomew's Hospital, Guy's Hospital, and so forth, because they are medical schools not under charter. But take University College, which is under charter, King's College, which is under charter, and which is as complete a teaching establishment as the establishment of the Scotch universities?—Yes, instead of the present London University, I would not object, but all the other schools of London would object.

6004. You would see no objection to their having the power of giving doctorates?—I would see no objection to half a dozen institutions in England like ours, instead of the existing English universities, one of them in London. The origin of the London University was the endeavour of certain Scotchmen to start an institution like the Scotch universities, but local jealousies prevented that, and it ended in the mere examining board that you call the London University being set up.

6005. What do you think of the recent move of the Durham University to give its doctorate on easier terms?—I would like to say that Dr. Storrar and I inspected the Durham examination at Newcastle for the Medical Council, and what I am going to say has no reference to our inspection. I say that what you refer to, the connexion between Durham and Newcastle, is indefensible. My fundamental objection is that Newcastle is not Durham. Durham might as well adopt a school in Japan except that the distance is greater.

6006. (*Prof. Huxley.*) Suppose there were a plan of this kind: that the State in virtue of the necessity under which it lies to take certificates from the persons practising medicine, should insist upon a certain qualification for everybody; that they should give a license to no person who had not obtained that degree of proficiency which should be laid down and which should be ascertained by a State examination; that, supposing any person passed that examination, he should have a right to have his name put upon the register; that he would have no title, but that his certificate would be received, and he would have all the privileges of a man who is now registered; that that should be essential for everybody who was to practise, and that for the rest the universities and corporations should be left to do exactly what they like; how would you view such a proposal as that?—You mean that this examination should give a certificate, which certificate should be registered?

6007. That is to say, that the fact of having passed that examination would entitle a man to have his name placed upon the list of persons who were entitled to do all those things that registered practitioners were entitled to do, and nothing else?—That would be a complete overturn of all existing institutions; it would to a large extent overturn the corporations. I have been speaking against weak points in them, but I must again say that the leading corporations in each metropolis are most valuable bodies, and I should be sorry to see their diplomas tossed overboard. I think that either their diplomas or university degrees should continue to be the means of access to the register. Besides, I have already, in my replies to the Bishop of Peterborough, stated my objections to a so-called State board. My position is that such an overturn is uncalled for, that it would be a bad system under a fine name, and that it would lay an additional examination and payment on university students.

6008. Why do you think that it would destroy these corporations and universities, the degrees or titles of

Prof. J. Struthers.
20 Oct. 1881.

which at the present time stand well with the public; do you think that anybody would the less take his doctorate at the Edinburgh University, for example, or the University of Aberdeen, or would be less likely to become a member of the London College of Physicians or College of Surgeons, because he had to pass a Staats examen?—The chief corporations at first I think would not suffer very much. Of course the Apothecaries would go to the wall at once. The College of Surgeons and College of Physicians have such a reputation in England that the feeling would be, "The public do not know what "we are unless we take one of these qualifications." For a generation that might last, but the State license would gradually rise into public recognition as the chief thing, and the corporations before very long would decay.

6009. (*Mr. Simon.*) It would of course supersede their minor titles, would it not?—Yes, I think the corporations would be injured somewhat at the beginning and ultimately very seriously.

6010. (*Prof. Huxley.*) Why do you think they would be ultimately injured very seriously?—Because gradually this thing would rise in the public understanding as the one thing needful.

6011. That would be very intelligible if there were no existing titles which were greatly esteemed by the public; but I cannot understand why it should so rise when there are titles which are greatly esteemed?—You must have a name for it.

6012. No, I should simply say that the person was registered as a medical practitioner. I should steadily abstain from giving him any title of any description?—Then he would be known as a registered medical practitioner, or as a State physician or surgeon. The public would invent a name.

6013. At the present time, the great mass of English medical men obtain their qualification to practise, which would be something answering to this license, either from the Apothecaries' Hall or from the College of Surgeons; and yet, as you know perfectly well, there are a great number of young Englishmen who without the slightest obligation or necessity go to Aberdeen or go to Edinburgh for the sole purpose of obtaining what is looked upon by the public as a better status?—No, excuse me, they do not go for the degree alone or chiefly; they go for the education.

6014. They go very largely for the degree?—They go for the education, and the degree is the sign that they have received that education. I do not allow that allegation at all. That is an English notion.

6015. Do you mean to say that at one or two of the colleges in London a man cannot get as good a medical training and education as he will get in Scotland?—No, he will not.

6016. That, I presume, is a matter of opinion?—It is a matter of natural cause and effect. Here and there you have a good teacher who springs up and remains. Take anatomy, which is my own department; your teachers of anatomy here are men who are not devoted to anatomy.

6017. At the University College, for instance, is there not a person who is specially devoted to anatomy?—That happens to be so at present, but what do you say of the other ten schools. The teachers of anatomy in London are nearly all persons using teaching as a stepping-stone to practice; and the result is that the teaching is not thorough. I may mention that I discussed that in a paper on "Comparison of British and Continental Schools of Anatomy," at the recent International Medical Congress in London, in the presence of anatomists from all parts of Europe, including London teachers of anatomy, and one of the best anatomists in London, Mr. Holden, criticised more strongly than I did the teaching of anatomy in London, and no one had a word to say for it. I say that anatomy and physiology and chemistry are not nearly so well taught in London as they are in the Scotch universities and on the Continent; all those subjects are more thoroughly taught with us than in the London schools.

6018. I venture to doubt very much whether at the present time, careful examination would justify you in saying that physiology is not so well taught in London as in either Edinburgh, or Aberdeen, or Glasgow.—My answer, which was only half given, was that the notion in London is that everything in London is necessarily better than anywhere else. Physiology was not well taught in London till Dr. Sharpey taught it, and Dr. Sharpey brought it from Scotland; he brought up the Scotch method; and University College has got to the front, so far, by importing the Scotch system. Here and there in London you will find a clinical teacher who makes a name for a time. The late Dr. Murchison had a great reputation as a clinical teacher, but Dr. Murchison was trained in Scotland.

6019. But the point on which I was trying to elicit your opinion was why the young Englishmen who obtain their education in London nevertheless go to Scotland for a degree?—There are not many who do so, but a very large number go from England to the Scotch universities for the whole of their education, and finish by taking the degree. Teachers in London of course do not like that.

6020. The allegation on your part was that the teaching in London of anatomy, physiology, and chemistry, is so much inferior to the teaching in the Scotch universities that the men go to the Scottish universities to be educated; what I venture to reply to that is that I very much doubt whether on careful examination, and I would rather put it to you on careful reflection, you think that that position can be sustained?—Yes, I decidedly say so; and not merely in anatomy, physiology, and chemistry, but in surgery and medicine too, for this reason, that professors in Scotland as in Germany, make teaching largely the business of their lives and stick by their subject. And besides the quality of the teaching, they spend far more time with the students. We do it at less cost too, as we are content with smaller incomes in Scotland.

6021. Do you absolutely say that there is nobody in London who follows physiology as a matter of profession; are you aware of what Dr. Burdon Sanderson has done?—I do not say absolutely nobody, as there is Dr. Burdon Sanderson, but he was taught in Edinburgh.

6022. But the question is not where he came from, but whether at the present moment you can get teaching in physiology and teaching in chemistry in London, as well as in Scotland?—Here and there you will get it; as I have said, there is Dr. Burdon Sanderson; then again, Dr. Klein teaches histology at St. Bartholomew's, but he is imported from Germany.

6023. But as a matter of fact can or cannot this instruction be got, never mind where it comes from?—Where it comes from, when it does exist, is what I wish to bring out. Here and there there is a class in some London school where it is given; but as a whole, the London system is necessarily weak from the large number of schools and the attractions of practice in London.

6024. Is it your opinion that a medical student cannot, at certainly one if not two institutions in London, obtain as good instruction in all the essentials of medical education as he can, we will say, in Aberdeen?—He would have to pick it out here and there.

6025. Do you not know that there is at least one, if not two, institutions in London at which such instruction may be obtained?—He would have to pick it up at two or three institutions before he came to the level of one Scotch university.

6026. Do you mean to say that at the present time a man cannot get as good instruction at University College, for instance, as he could at the University of Aberdeen?—At present, perhaps he may in some branches, but not in all, and he will not get nearly so much care, nor will he be obliged to work unless he likes. I speak of the London schools as a whole, and of the system, not of the men, who no doubt do their best under the system. I beg that the Commission will clearly understand that a large number of English students come to Scotland for their entire medical education. I believe Edinburgh has nearly as many English as Scotch students for the whole of their medical education. I may say that one-third part of my students are English, coming for the whole of their medical education, and they come for no other reason than that the Aberdeen University has the reputation of being a thoroughly good and careful school; and what is more, as one who is well acquainted with the system of the medical schools of England as well as of Scotland, I say that the Scottish universities deserve that reputation.

6027. (*Chairman.*) Is there anything further that you wish to put before the Commission?—I wished to have objected strongly to the Medical Council having any more power than it has at present.

6028. You would limit the General Medical Council to recommendatory powers such as they have at present, and the University of Aberdeen would be strongly

opposed to giving the General Medical Council any direct authority?—Quite so. I beg leave also to say that full information regarding all the affairs of the Scottish universities, financial and otherwise, will be found in the Report of the Scottish Universities' Commission of 1878.

Prof. J. Struthers.

20 Oct. 1881.

The witness withdrew.

Adjourned to to-morrow at 12 o'clock.

TWENTY-FIRST DAY.

Friday, 21st October 1881.

PRESENT:

THE EARL OF CAMPERDOWN IN THE CHAIR.

The BISHOP of PETERBOROUGH.
The Right Hon. W. H. F. COGAN.
The Right Hon. GEORGE SCLATER-BOOTH, M.P., F.R.S.
JOHN SIMON, Esq., C.B., F.R.S.
Professor HUXLEY, F.R.S.
ROBERT M'DONNELL, Esq., M.D., F.R.S.
Professor TURNER, M.B., F.R.S.
JOHN WHITE, Esq., *Secretary.*

Professor PETER REDFERN, M.D., examined.

Prof. P. Redfern.

21 Oct. 1881.

6029. (*Chairman.*) You are a Doctor of Medicine of the London University and Professor of Anatomy and Physiology in the Queen's College at Belfast?—I am.

6030. You have written, have you not, a great many works on medical science?—I have written some. I have taught anatomy and physiology for 36 years. I was a university examiner in the university of Aberdeen for 15 years. I have examined in the London University for nine years, and in the Queen's University continuously since 1863.

6031. And you have been requested, I believe, by the Queen's University to appear on their behalf, and to state their views to the Commission?—I have.

6032. The Queen's University has sent certain letters, and a certain memorandum in answer to a letter written by this Commission. I conclude that the university has no objection to these letters being printed as part of your evidence?—No, they would desire it. Their memorandum is as follows:—

MEMORANDUM* upon the LORD PRESIDENT'S MEDICAL ACT AMENDMENT BILL of 1878, as it has come down to the Commons; drawn up by the Deputation from the Senate of the Queen's University to the Government.

THE deputation from the Senate of the Queen's University submit that the objects of medical legislation should be to encourage the formation of a highly qualified body of medical men at the lowest cost, and to diffuse as widely as possible a knowledge of the laws of health and the blessings attendant on the alleviation of human suffering.

The deputation respectfully submit that the Lord President's Bill, if it become law, will tend to defeat these objects.

A. By increasing the cost of obtaining a license to practise; and

B. By discouraging, and in many cases rendering impossible, advanced teaching.

We will briefly allude to these in their order.

A. The cost to a student of the Queen's University will be largely increased, although it is plainly contrary to public policy that there should be any avoidable tax on the acquisition or application of medical skill.

The Bill proposes to give to the new Medical Board power to impose a tax; and the English Board has already proposed to charge every candidate 30 guineas, with a view to defraying the expenses of the new examination, and maintaining the museums and libraries of the medical corporations.

In the Queen's University the candidates are required to reach a high educational standard, which necessarily involves protracted study and all the expenses consequent upon it, but the examination fees asked from them are moderate, 5*l.* for the degree of M.D. (which entitles the candidate to be registered), 5*l.* more if he also take a surgical degree, and 2*l.* for a diploma in midwifery. Such a student may have to pay a fee of 30 guineas, after having incurred the expenses of his extended education, should this Bill become law. It will not be forgotten that though Ireland is rapidly improving, its students, like those of Scotland, are largely drawn from a class to whom a small payment is important.

The evil under his head might be lessened by the introduction of a clause into the Bill, exempting graduates of the university from the payment of any but a nominal fee for the proposed examination.

B. But this expedient would not remove, though it would mitigate the evil under the second head, viz., the effect which the provisions of the Bill would have of lowering the tone of medical education.

The number of medical students taught in the three Colleges of the Queen's University is much greater than the number that present themselves at the university examinations for degrees. Many of the students find they cannot arrive at the high standard required by the examiners in the professional subjects, or find themselves unable to acquire the amount of arts education which is incorporated with the medical curriculum, and which the Senate requires of candidates seeking a university degree. Such candidates appropriately seek their qualifications from some other licensing body, which confines its attention to the strictly professional education. But the standard of teaching in the medical schools of the university is kept up by the aims and requirements of those who are seeking its degrees, and all the students participate in the advantages of this high standard. This great advantage will be lost if the minimum dead level is enforced by law, which the provisions of the Bill would, it is submitted, inevitably produce, whether Her Majesty's Government intend such a result or not.

Section 13 of the Bill in effect proposes to transfer to the General Medical Council all the powers of the University except that of conferring the titles of its degrees. Under this section the Medical Council will be the body which will prescribe all the conditions, both for admission to examination, and for passing the same. The Bill would thus substitute the control of the Medical Council for the control of the university over the whole of the education of its medical students. By section 13 it is proposed to give to the Medical Council—

1. Power to cause to be framed and approved rules for regulating the examination of all persons who are to get a qualifying certificate.
2. Power to revoke, alter, and add to such rules.
3. Power to determine the subjects of such examinations.
4. Power to determine the standard for passing such examinations.
5. Power to determine the method of conducting such examinations.
6. Power to determine the conditions under which candidates will be admitted to examination.

Save the granting of the title of Doctor it is difficult to say what power the Queen's University or any other university has which is not by this Bill proposed to be given to the General Medical Council. And if such powers are given to the body whose certificate is a certificate essential to registration, it will soon be found not only that a new medical authority has been founded,

* This memorandum formed Appendix III. referred to in the answer of Queen's University to the circular letter dated 8th July 1881 addressed to the nineteen licensing bodies (*see* General Appendix, No. 1, Queen's University).

Prof. P. Redfern.

21 Oct. 1881.

but one that will supplant and gradually reduce to a merely formal existence every other university or licensing authority.

The Queen's University has insisted on the maintenance of a high standard of knowledge by all candidates for its degrees, and introduced every improvement in its power into its curriculum and examinations. The inspectors sent over by the Medical Council concluded their report on its examinations in the following terms :—

"It is with much pleasure that we are able to report so satisfactorily on the medical examinations of the Queen's University. Though there are some points which, in our opinion, might be altered for the better, there are others which seem to us well worthy of imitation."—(General Medical Council, 1874. Report of the Visitors, p. 21.)

The Senate had already, at the time of this report, sought the consent of the Treasury to make the principal suggested improvement referred to in this passage and shortly afterwards carried it into effect—it has done everything in its power to raise the standard of medical education in Ireland; and it naturally objects to the reduction of that standard, and the presenting of a low aim to its students, by the imposition of a minimum standard upon them.

It is submitted that many of the provisions of the Bill must have been inserted without a full consideration of their effects, and especially that the 13th section ought to be completely altered; that the powers of the General Medical Council ought either to be restricted to the objects stated in the Medical Act of 1858, or, if they are made to extend to an active interference in examining, that this examination should be strictly confined to a test examination after the student has obtained his degree, the examination being made such as will guard against an abuse of their powers by any of the licensing bodies.

It is, however, the duty of the deputation to submit and strongly press the right of the graduates of the Queen's University to be exempted from such a test as is here alluded to, on the ground that the Queen's University has not abused the trust conferred on it by Her Majesty, and that the faults of other licensing bodies (if such faults exist) ought not to be visited on institutions which have not abused their trust.

And the deputation respectfully submit that there is in fact no need for medical legislation at present. It has, however, been stated, that the Medical Council and the medical profession are desirous of it.

The Medical Council, constituted by the Act of 1858, has produced the pharmacopœia, framed a medical register, and obtained reports of the character of the various examinations. It has completed all the principal duties assigned to it, and spent upwards of 120,000*l.*, probably 150,000*l.*, chiefly in payment of the expenses of its meetings. If it is desired to continue the inspection of the examinations of universities and corporations, this might be done at a comparatively slight expense by independent Government inspectors. The Medical Council, however, now asks for powers which will enable it to supersede the corporations and universities; and the Medical Reform Committee, professing to represent the profession, asks that the medical profession, of whom the general practitioners constitute an overwhelming majority, shall appoint one-fourth of the members of the Council which shall exercise these extraordinary powers, and carry out this great medical revolution.

The deputation believes that the transference of the powers of the universities and corporations to a new body is a step calculated to encourage cramming rather than teaching, and ultimately to destroy the corporations. The introduction of practical examinations, and the consequent practical study of medical science in laboratories and hospitals, has greatly diminished the evils of cramming. Under the proposed scheme of conjoint examinations, it is our opinion that practical examinations will not be possible, and that medical education will be superseded by an organised system of cramming.

The deputation suggest most respectfully that in relegating to one or three conjoint boards the duty of examining all medical candidates, Parliament would do well to consider how the examination of 5,000* candidates is to be conducted annually with uniformity by examiners as competent as those at present employed; how such examinations in dissecting rooms, laboratories, and hospitals can be provided for; and whether the existing corporations, when conjoined in one representative board, will be able to give greater satisfaction to the public than the members of individual universities and corporations who at present employ a large amount of time and talent in jealously protecting the honour of their own institutions, but whose aid it might be difficult to obtain at a distance from their residences, or for the purposes of any general board, in the action of which each would have a very slight interest.

The responsibility at present attaching to each university or corporation to prevent any improper or unqualified person being introduced into its list of graduates or members, would be weakened by their fusion into a conjoint representative board, and thus whilst each would escape from any future possibility of blame, the action of the whole might not be to guard the public interests as effectually as the existing arrangement.

Under all these circumstances the deputation earnestly pray Her Majesty's Government to hesitate before passing the present Medical Bill into law—at least to institute a full inquiry on the whole subject of medical education by a select committee before proceeding with the Bill.

This was the course adopted with reference to the Pharmaceutical Bill of 1875, and it resulted in legislation against which no serious objection has since been raised.

It is respectfully submitted by the deputation that this is the only safe course where, as in the present instance, the legislative bodies must be themselves unacquainted with the subject-matter to be dealt with.

By order,

G. Johnstone Stoney,
Secretary to the University.

The Queen's University, Dublin Castle,
July 5, 1878.

6033. With regard to the views entertained by the Queen's University as to the licensing system, they stated that in their opinion no present necessity exists for altering the licensing system. Are we to infer that the Queen's University would propose that the present 19 licensed bodies should continue to issue licenses in precisely the same manner as they have hitherto done?—They advocate that there should be no further legislation.

6034. The Queen's University see no objection to the present system?—None.

6035. The university would admit, I presume, that there is a great difference in the degree of medical knowledge which is implied by the various licenses which are granted by the different bodies?—They believe that there is a great difference between the knowledge required by the universities and the corporations.

6036. And a great difference also between the amount of knowledge which is required by different universities?—The Queen's University has no means of judging, and has not made any declaration to that effect.

6037. The Queen's University objects, I believe, to any proposal for a conjoint board of examiners?—It does.

6038. And would you kindly supply the reasons?—I will do so. The first thing that the Queen's University objects to is that whilst they consider it most desirable that a highly qualified body of medical men should be formed, this should be done at the lowest possible cost for the purpose of diffusing a knowledge of the laws of health, and the blessings attending on the alleviation of human suffering. In the interests of the public they have come to that conclusion, and they believe that the establishment of a conjoint scheme would enormously increase the cost to the graduates of the Queen's University.

6039. How would that be so?—It has been proposed by the English scheme to charge 30 guineas for every license.

6040. How would any conceivable conjoint scheme entail any greater cost?—Because it is supposed that Parliament would not provide funds for conducting the examinations, but would cause them to be conducted by funds which they would obtain at the time of the conduct of them as payment for their being conducted. That, I think, follows as a matter of course, and that would be an entirely additional charge, I imagine.

6041. Has the Queen's University any further objection?—Yes, much more important objections; the most

* In this number a candidate is counted a second time if he presents himself twice for examination within the year.

important objection being that any such scheme would of necessity degrade the standard. Any reduction to a single standard must be a reduction at the expense of the value of the standard, as it would enable a greater number to pass, and it would be degrading, at any rate, the examinations of the universities. Therefore it would operate in this way—it would lead to a continuance of the process of grinding, and give the greatest conceivable stimulus to it, whilst everything at present tends to its discontinuance. The conduction of rigorous practical examinations has tended more than anything to the suppression of the process of merely preparing for examinations.

6042. The university would admit, I presume, that there is a certain minimum standard of medical knowledge below which no successful candidate ought to be allowed to fall?—Certainly.

6043. Would not the university admit that under the present system some licenses which are given do not imply an amount of knowledge which is considered sufficient?—They have no information to that effect, and I myself am quite satisfied that that is not done.

6044. If, however, the university were told that some of the present licenses do not necessarily imply a satisfactory amount of knowledge, would that weigh greatly in their opinion?—That would depend upon what we were told. It would require to be proved very decidedly to the university before they believed it, because it is so extremely difficult to form any judgment upon that point. It may be that any examiners who have said such a thing are themselves to blame.

6045. Then the university opinion that the present licenses are in all cases satisfactory is, I suppose, established on absolute knowledge of their own?—No. It follows from what I have said that the university has no practical knowledge at all. It has no evidence, and the university knows nothing of the statement which has been made that the corporations, for instance, who have been charged with admitting licentiates who have not sufficient knowledge to guard the interests of the public, are in the wrong.

6046. But the university in the absence of proof to the contrary is prepared to assume that the present licenses are all satisfactory?—It is, that is to say, the licenses which admit to any public appointments, the licenses in medicine and surgery, for instance. There must be no confusion between them and a license granted by the Apothecaries' Company of Ireland, which is merely a license to make and mix medicine. That is a license which comes under the term "license," but that is not to be included in what I have said.

6047. By license I mean a license which entitles the holder to have his name placed on the Medical Register?—Not speaking for the Queen's University, but speaking for myself, I have a firm conviction that if any case occurs it is a mere exceptional case where any person who possesses a license to practise medicine, midwifery, and surgery at the present time is not qualified to practise in those subjects. I believe with Sir James Paget that the educated medical body of the United Kingdom is a better educated body as a whole than any that exists in the world.

6048. The Queen's University has, however, considered, has it not, the possibility of a change being made in the present licensing system?—It has been forced on it.

6049. And in the event of such a change being made the university would propose that the corporations should be grouped together in England, Ireland, and Scotland, and that the universities should be left as separate examining bodies as they are now, and that the corporations in three groups and each University separately should issue diplomas?—If any change be made in the direction of conjoining the existing bodies. I trust it will be understood that the Queen's University would not have suggested any such thing.

6050. The Queen's University merely make the suggestion in the event of a change being made?—Precisely so.

6051. The university has stated that in their opinion no necessity exists for altering the present licensing system?—Precisely so.

6052. Would you kindly tell me why the Queen's University proposes to amalgamate the medical corporations and not in any case to amalgamate the universities?—First, if as the Queen's University understands, it is proposed to form a conjoint scheme at all, they suggest that there should be a conjoint examination instead of a separate one conducted by the Colleges of Physicians and Surgeons and the Apothecaries Company in London, in Edinburgh, and in Dublin, for this reason—to relieve the students from the hardship of passing certain examinations subsequent to one another, which embrace virtually the same matter; also that the Queen's University supposes that the students would be relieved from the payment of such large fees as are exacted from them by those different corporations for independent examinations which would no longer be necessary if the examinations were conjointly conducted. So much for the suggestion that there should be so far a conjoint examination. Now I will address myself to the question why the universities should not be conjoined. All the universities require an extended teaching beyond that which is required by the corporations. The Queen's University believes that the university education being absolutely under their control, their system is more efficient and more consistent than that which can be pursued by the corporations. They believe that if the universities were included in a conjoint scheme their system of teaching would be entirely altered and degraded, that the examinations would of necessity be reduced to a level, which must be the level, or something like the level, of the examination of the conjoint board which is a minimum qualification. On educational grounds the Queen's University objects more strongly on that than on any other grounds whatever. The Queen's University fancies that its examination, which they believe stands second only to the examination of the University of London, would be degraded by its teachers being compelled to teach up to a certain system of examination, that they would, in fact become grinders, instead of being left to pursue that course of teaching of their respective subjects which they believe to be the best, and which may probably, in many instances, contain the teaching of subjects not in any sense required by a conjoint examination. They believe that the teaching would be entirely altered and degraded; they believe that they would be forced, if they were to retain the students at all, to come down in their examinations to the level of the lowest examination, that is, the conjoint board examination, or they would lose every student that they possess; that, in fact, the whole of the teaching would then go into the hands of grinders, who would give themselves up to teaching what would be asked for. Grinders would be able to find out what the style of the minimum qualification was, and of the examination which led thereto; and would prepare the students with much less trouble for their examination, and secure them much more effectually from being rejected than the higher teaching of the universities could do.

6053. You say that the examinations of the medical corporations are, of necessity, less perfect than those of the universities?—I do.

6054. Will you explain to the Commission why it is that all the students at the universities, who you say would flow necessarily to the lowest examinations, do not now have recourse to the examinations of the medical corporations?—There are very many reasons. The fees are very greatly higher at the corporations than they are for instance at the Queen's University, and there are many cases where the regulations will exclude them. I am extremely unwilling to mention matters of this sort, but there are instances in which the style of the examination would entirely prevent a student from passing if he were educated in the way in which he is educated in the universities. Sets of questions might, I believe, be produced which it would be wholly impossible for any highly educated university student to answer.

6055. But if a conjoint system of examination were started do you think that there would only be one form of teaching in the future which would be effectual?—For the passing of the examination, certainly, and that is the worst system.

6056. Can you tell me why it is that the examinations of the medical corporations are necessarily imperfect?—One reason is that their examiners are changing from day to day. It is quite impossible to retain the standard of examination by a continual change of examiners.

6057. Is the Queen's University in favour of retaining examiners for a very great length of time to examine in the same subjects?—Certainly; those examiners being the teachers. The Queen's University has a firm conviction that teachers are the best examiners, and that none but teachers can examine with justice to the students, that none but teachers can compel the students to learn as much as teachers can.

Prof. P. Redfern.

21 Oct. 1881.

6058. But there is some objection, is there not, to teachers who have been teaching a particular subject for a number of years, and examining their own pupils, continuing to do so?—I think not, but on the contrary the most decided advantages, and I may say the greatest possible advantages. Such teachers vary their style of teaching from year to year, and if they did not they would not keep pace with the present condition of science; and if the examinations do not move in the same direction the students will be inattentive when such teaching is given to them. It would not be possible to enforce it upon them by any system of examinations, always very imperfect, which you could contrive. I look upon examinations, especially those which are conducted by changing examiners, as of comparatively little use. Unfortunately the public has got an idea at present that examinations are a great test of knowledge. The Queen's University has always held the opposite opinion. There has been, I believe, no such rigorous system of academic education conducted as that by the Queen's University, and there has, I think, been no more judicious system of examinations conducted. They have been managed in this way. All the students in arts have been compelled to go through a rigorous course for a certain number of years in the Queen's Colleges under professors appointed by the State. Those examiners in the three Queen's Colleges conjointly have formed an examining board; each is a check upon any tendency which there might have been supposed to exist on the part of his fellow teacher in another college to pass his own students. I look upon that system as a model system of conducting examinations. The professors in the different colleges all meet together, and all examine the students for the Queen's University. The students of one college are checked by the two professors of the other colleges who also examine them, and it has been shown that such a result has not been attained in anything like the same time by any other body in existence.

6059. What security is there to the public that these examinations of pupils by their teachers are satisfactory?—These examinations have been inspected by inspectors sent by the Medical Council who I believe were most able men and admirably qualified to judge.

6060. Do they attend on all occasions?—They attended on one occasion.

6061. In how many years?—In one year. I am not aware that any double inspection has ever been made by the Medical Council.

6062. During the last ten years how many times have the inspectors from the General Medical Council attended?—They attended in 1874, but on no other occasion that I know of.

6063. You say that the inspectors were sent by the General Medical Council to inspect the examinations of the Queen's University in the year 1874; has the public had any other guarantee of the efficacy of those examinations during the last ten years?—I think that any guarantee is of little avail in comparison with the guarantee which the public have in seeing that the professors, who are interested in rejecting the students of the other two colleges, and in showing, if they can, that the teaching there is not so good as in their own college, have examined the students.

6064. Is it not possible to conceive, I do not imply that such a thing is the case, but is it not possible to conceive that the professors of all three colleges might not necessarily wish to reject one another's pupils?—I think not; it is quite plain that they are competing colleges, they get a certain class of students, these students will go to one or other of the colleges, and therefore it is quite plain that if they go to one they are not going to the other two, and if they did not go to that one they would go to one of the other two; they are directly competing institutions in the one university.

6065. The case which you are now putting to us is that in which persons examine students who are not their own pupils?—And their own, combining those two enormous advantages, that of directing the studies of those students in what they conceive to be the only proper direction, and in checking any possibility of the introduction of a person for a degree who is unworthy of it.

6066. Does the Queen's University consider it necessary that there should be a central authority, such as the General Medical Council?—No.

6067. Would you give the reasons for that opinion?—I believe the Medical Council was instituted for the purpose of gaining the power by Act of Parliament to convert the three pharmacopœias into one, which I believe could not have been done except by the power of an Act of Parliament. That has been done, and done I believe very admirably, but at very great expense. It also had imposed upon it the duty of framing a Medical Register, and it has framed one, and a very admirable one; the keeping up of that register the Queen's University believes might be accomplished quite well by one or two intelligent clerks without the enormous expense which is now entailed upon the profession, without adding one tittle to the knowledge or security of the public. It was also imposed upon the Medical Council as one of its duties, if it thought fit, to visit the examinations with the view of seeing what was their character. They have visited those examinations and they have made reports, and the Queen's University believes them to have been very faithful reports, it believes that the Medical Council has done its duty. But whilst those advantages have been gained, a cost has been incurred of from 120,000*l.* to perhaps 150,000*l.*; and the question is an important one whether the public has profited to that amount, and whether the profession has profited. The Queen's University thinks not; that the enormous imposition which has been made upon every young medical man at that time in his life when he was least able to bear it, has not been an advantage, and has not had compensating advantages. A pharmacopœia has been produced, and it will remain, and a register has been formed, and it may be continued in its present state with almost a nominal cost. The visitation of examinations, if it were thought desirable, could be secured by medical inspectors organised by the State for a very slight cost indeed compared with the maintenance of the Medical Council. These are the functions with which the Act of Parliament entrusted the Medical Council, and to give the Medical Council greater powers the Queen's University believes would be prejudicial to the interests of education, that it would interfere with the universities in particular in the exercise of their legitimate functions, and that there would be in fact a virtual withdrawal from them of the powers granted to them by charter; they believing that they are the best bodies in the kingdom to exercise such powers and not a Medical Council constructed in any way whatever.

6068. Let us first take the point of the inspection of examinations. Is the Queen's University of opinion that it is desirable to inspect the examinations of the licensing authorities?—The Queen's University has not considered the subject; but it is quite open to inspection, and it does not mind any inspection which you choose to institute.

6069. Would you give us your own individual opinion. Are you yourself of the same opinion as the Queen's University with regard to the absence of the necessity for altering the present licensing system?—I am decidedly.

6070. With regard to the question of inspection do you think it is desirable to inspect the examinations of the licensing bodies, or would you leave those licensing bodies free to conduct their examinations as they choose?—I am not at all decided upon that point. I have no objection provided it be not attended with expense to the profession; but on the part of the public I have the greatest objection to increase the expense of medical education. Nothing, I think, is more detrimental to the interests of the public. If any one were to think of what happens to the poor people who live in the outlying districts in Ireland in particular and who live in the outlying districts in England also, and of the extreme difficulty that they have in obtaining any medical aid at all because of the expense of it, I think that every generous mind would come to the conclusion at which I have arrived, that it is most desirable that those persons should be enabled to obtain medical assistance, and that without incurring great cost. Anything whatever which increases the cost of affording efficient medical aid to the poor is injurious and injudicious.

6071. Do you think that any portion of the fees which are collected for the purposes of the General Medical Council exercise any appreciable influence upon the minds of persons who devote themselves to medical study?—I am quite sure that the expenditure of 150,000*l.* is an important element.

6072. Spread over how many years?—It has been spread over a considerable number of years undoubtedly,

and it is I believe a fine of 5*l.* upon every young medical man.

6073. Do you think that a fine of 5*l.* upon each medical student appreciably diminishes the number of persons who devote themselves to medical study?—I could not say that that particular 5*l.* would do so, it is the last straw that breaks the camel's back. If you knew the condition of Ireland in particular, of which I am speaking, you would find that the addition of a fee of 5*l.* to the expense of a liberal education, which is already large, adds very greatly indeed to the burden, and inflicts an amount of misery upon many a poor parent, which very few people have any idea of.

6074. You proposed just now on behalf of the Queen's University that any inspectors that might be considered necessary should be appointed and paid by the State, do you consider that that would meet this difficulty satisfactorily?—Entirely. I think that if the State, acting for the public, thinks it necessary to inspect those bodies, the State should do so at the public expense.

6075. Apart from the expense, do you think that the inspection of the examinations of the licensing authorities is desirable?—I scarcely believe it is necessary, whether it is desirable or not would be seen by the result of the inspection; but I do not believe that any one of those bodies is as corrupt as has been represented. I feel myself quite certain that they are not corrupt in the sense in which corruption has been imputed to them, and by taking a little care with the examinations, I think that any tendency to such a state of things would be entirely obviated. For instance one thing has been done which I believe has exercised a very great check indeed. Those bodies used to be paid in proportion to the number of students passed, and they had virtually, therefore, a direct interest in passing as many as they could. I do not believe that there is one of them at this day that does so, because the fee is paid equally whether the student is rejected or passed. That is a point of enormous importance.

6076. Do you mean that payment is made to the examiners, or that payment is made to the corporation?—To both. The one large fee when the student obtains his licence is paid to the corporation and then the corporation pays a certain amount to the individual examiners. Formerly those corporations did not pay the examiners unless they passed the man, and they had therefore virtually a bribe before them for passing every man. The corporations have very wisely indeed I believe in every case removed that, they have placed the examiners now in a proper position, so that no examiner has any tendency whatever as far as I know to pass a student who he thinks should not be passed; at any rate he has no monetary consideration. I do not believe that money operates to anything like the extent which has been suggested. The corporation examiners if they examine a large number will get a large fee whether they pass a great number or not. If a student fails to pass now he pays his fee every time he is examined, which fee is paid to the examiners irrespective of the result to the student. There is one other point which I think would guard effectually against all corruption on the part of those corporations. I think that it ought to be made imperative that a student who was rejected, and I presume fairly and honestly rejected, by any one of those bodies, should not be able to come up to another one within a certain time (I should say six months) of the time of his former rejection.

6077. When you say "imperative," by whom should the order be issued? Because you propose to do away with the central authority and to trust to the honour of the licensing bodies upon the question of examination; by whom would you control them in that particular matter, of not allowing them to send up their students again for examination within a limited time?—I propose that it should be under the charge of the keeper of the Medical Register. If there be a Medical Register, I suppose the duty would not be entrusted to a couple of clerks acting with equal power. I presume that there would be a Medical Registrar appointed to superintend these matters, and on the examination and rejection of any student by any body I feel sure that every one of them would be only too glad to furnish the name of that student to the Registrar if he were authorised to receive it, and from him the certificate might issue. But even without a registrar I think I could make a suggestion to meet the difficulty. Those bodies if left alone, I believe, would be quite willing to combine and to arrange that a list of the rejected candidates at every single board should be sent to every other board, and that each board should pledge itself to every other board not to take one of those rejected persons within a fixed period, and that might be done without cost of any kind to the student or to the public in any way whatever.

6078. But supposing that one of those boards were to refuse to do this?—It would not; the thing is inconceivable; it could not be so without being found out. I would not believe it.

6079. But who would have any power of enforcing a penalty?—There would be no penalty. But those bodies are above such a thing as that. I do not believe that it could be imputed to any corporation that they would do such a thing, and I do not believe that any corporation has ever done such a thing.

6080. Then you are of opinion that this question of inspection may be left safely in the hands of the individual licensing authorities?—Yes; I have great confidence in those bodies.

6081. On the whole you think that inspection is not really necessary?—It is not essential, I think, although I have no objection whatever to it.

6082. You think that the inspection of those examinations may be safely left to the licensing bodies themselves?—Yes.

6083. (*Prof. Huxley.*) You stated just now that in consequence of the examiners being paid for the examinations whether the candidates passed, or whether they were rejected, it is quite impossible for the examiners to have any personal interest in the passing or the rejection of a candidate; but I would put to you the following question: whether, where the examiners are members of a corporation which profits when a man passes, and loses when he does not pass, because he does not pay any fee when he does not pass or only a very small one indeed, there does not still remain under those circumstances what we may call a corporate interest in the examiners in passing the candidate?—There does certainly; but I believe that it does not operate in the case of universities as it does in the case of corporations.

6084. As regards the universities, from the manner in which the funds arising from the examination fees are disposed of, is it possible for a university examiner to have that sort of corporate interest?—It is certainly not in the instance of the London University and the Queen's University.

6085. But is it possible that there may be some universities in which that may be so?—Some small interest. I do not know how much, but certainly not in the London University or the Queen's University.

6086. (*Chairman.*) It is necessary, is it not, from time to time to alter the pharmacopœia and make changes in it?—It is.

6087. The Medical Council being abolished, by what authority should you propose that those changes should be made in future?—I do not see any difficulty in securing that without any such cumbrous machinery as that of the Medical Council.

6088. What machinery would you propose for the purpose?—The pharmacopœias when they belonged to the respective bodies in England, Scotland, and Ireland were always altered without any cognizance of the public, and without the public being concerned and interested in any way, and without its costing a penny to any one; and now, when there is only one pharmacopœia instead of three I do not see any difficulty in accomplishing it in the same way as it was done formerly.

6089. The public found that the system of having three pharmacopœias was inconvenient, and I presume that was the reason why the change was made?—The public and the profession found it inconvenient.

6090. There is now one pharmacopœia and not three, and when any alteration is to be made, by what authority should you propose that the alteration of the one pharmacopœia should be made in the absence of any central authority representing all the kingdoms?—By a similar authority to that by which the three pharmacopœias were altered and maintained previously.

6091. Do you mean by that a union of the three authorities?—A union of the committees of the three authorities instead of the operation of one single committee.

6092. But is not that what may be supposed to be a very exact description of the General Medical Council?

Prof. P. Redfern.

21 Oct. 1881.

—I am not aware that it is. The operation of the General Medical Council and that of a small pharmacopœia committee such as that which the Medical Council charged with the framing of a single pharmacopœia are two different things to my mind, and the one would be attended with very slight expense, whereas the other is attended with enormous expense.

6093. With regard to the Medical Register, you say you would propose that the custody of the Medical Register should be committed to a registrar?—Yes, to an official authority, I look upon that as being the work of clerks.

6094. Does the Queen's University propose that the registrar should be an independent officer?—A State appointed officer.

6095. You would propose that he should be appointed by the Privy Council?—Yes, or, by the Government in some form.

6096. (*Bishop of Peterborough.*) I think you expressed a strong objection to any alteration in the present system of examination which would tend to increase the cost of education?—I did.

6097. And I think you also expressed an opinion that this was in the interests of the public, especially of the poor?—Especially so.

6098. Upon the ground, I presume, that any material increase in the cost of education would lead to an increase of cost in obtaining medical advice?—Certainly.

6099. That is to say a medical practitioner in proportion to the costliness of his training would increase his charge for attendance, which you think would be injurious to the poor?—Certainly.

6100. The estimated additional cost we will say would in the extreme case which was put by yourself be about 30 guineas?—Yes.

6101. Do you think that a man who had paid 30 guineas more for entering into his profession would very seriously increase his fees in consequence?—No, I did not put that case, but this—that an enormous number of men who now gain an entrance into the profession would not do so if a fee of 30 guineas was charged in addition. They would not be there to be charged the fees.

6102. And in that way there would be less competition, and in that way you think that those who were in the profession could raise their fees?—Yes, certainly.

6103. You surely think that cheapness is not the only thing to be secured for the poor; you would require also efficiency, would you not?—Most assuredly. I have put those two points myself.

6104. Assuming, for argument's sake, that this additional cost obtains additional efficiency, the interests of the poor might be as well or better secured by getting them better doctors than by getting them cheaper doctors?—I have no doubt that doctors could be provided with enormous advantage to the poor without increasing the cost.

6105. I am assuming, for argument's sake, that increased cost introduces increased efficiency, that would be a very strong reason would it not for adopting that course in the interests of the poor?—But I do not believe it.

6106. I am merely wishing to point out to you that cheapness is not the only thing to be sought?—Certainly not, but this method of increasing the cost I believe would also diminish the chance of the poor getting efficient advice. I believe it would reduce the standard, at the same time that it would also enormously reduce the number of practitioners. I think it most important that there should not be a legally qualified practitioner who is not thoroughly fit to be entrusted with the lives of any of the poor.

6107. And therefore any cost which goes up to that point and does not go beyond it, you think a proper and legitimate cost?—I do.

6108. No matter how much it may tend to diminish the number of practitioners?—Yes.

6109. As a question of principle, you would not object to any additional cost which obtained a sufficient qualification?—"Sufficient" involves the whole question. If the word "sufficient" be retained I must undoubtedly answer that I would not. I do not think it desirable, and I do not think it necessary, to guard the interests of the better classes; they can judge for themselves, they know very well, and can distinguish very well between one degree and another; they need not be told, but it is very different with the poor. If any one falls ill what does he do? He does not go to the Medical Register, he has no Medical Register, and even if he has, it does not give him the number of practitioners in any particular town, it is no assistance whatever to him in enabling him to judge whether a particular person is a very excellent practitioner or not. He may, possibly, be a very excellent practitioner, or he may be a practitioner that you would not have a second time if you had him once. The Medical Register is of no value whatever to either the rich or the poor. When a person falls ill he asks his friends and acquaintances whom he should call in, whether there is anyone in the neighbourhood who is very clever, or whether there is any advantage in calling in one over another, and it is in that way that people choose their medical man, and not by consulting the Medical Register. The Medical Register does not state that such and such a man is a kind doctor, and that he will attend to a particular class of cases, and so on.

6110. The poor require to be protected by the State from inefficient doctors, because the poor are practically compelled to receive a certain doctor?—Yes.

6111. Therefore the State is really bound in the interests of its poor to have sufficient guarantees for the sufficiency of its medical attendance?—It is. The late Sir Dominick Corrigan proposed that all medical men who obtain any public appointment whatever, should be more rigorously examined than the rest of the profession.

6112. The State, therefore, in your opinion, has a right to exact guarantees for the sufficient education of those who are placed upon the Medical Register?—Certainly.

6113. Because any man upon the Medical Register may, in course of time, become to be a Poor Law doctor?—Certainly.

6114. And also, for other reasons, doctors have considerable power over the liberty of the subject. A medical certificate from the gentleman whom I have the honour of addressing now might consign me to a lunatic asylum?—Yes; but on that point there can be no difficulty whatever. The public is perfectly secure in any case of lunacy, I think; but the State has determined that there shall be a Medical Register, and it has a right to say who shall be put upon it; but it has already done so.

6115. The State, you clearly admit, has a right to exact certain guarantees in return for its grant of certain privileges, and in case the State should be of opinion that in any particular those guarantees are now insufficient, the State has a right so long as it gives those privileges to the medical body to increase its guarantees?—Certainly.

6116. And to do so, although by so doing, they may increase the cost to persons who are about to become doctors. No man has a right to claim from the State a cheaper admission to the Medical Register than will duly qualify him for doing his duty?—Certainly not.

6117. Therefore, assuming for argument sake, that the licensing system does not give sufficient guarantee for an efficient medical practice, any increase of cost which could bring about sufficiency is not to be objected to on the ground of cost?—I think not.

6118. (*Chairman.*) Your objection to it is that it limits the quantity?—Yes. I think that a very great objection indeed.

6119. (*Bishop of Peterborough.*) What is the present cost of entering upon the medical profession as an average in Ireland?—In the case of different bodies it varies very much indeed. The Government saw that it was possible to increase and extend the advantages of education, and therefore they instituted the Queen's University, and it has succeeded, according to the intention of the State, in giving a very excellent education to the mass of the people who were previously not so educated. The State, in doing this, gave the Queen's University a right to give certain degrees, but it did not impose upon it the necessity of putting a stamp upon all its degrees. That has removed from its graduates a very serious onus indeed, because the stamp fee is a very large fee. The State also founded three Queen's colleges, which have worked very admirably.

6120. On an average, what would it cost a young man in Ireland to become a doctor?—I can scarcely tell off-hand.

6121. What would it cost at Queen's University?—I am not prepared to say, but I should imagine, if I were to guess, something like 60*l.* or 70*l.* in fees for the whole of his education until he has obtained his degree.

6122. It is quite clear that in your opinion the average cost in Ireland of obtaining admission to the medical profession is very small?—Very small.

6123. Do you think then that 30*l.* or 40*l.* added to that would be a very sensible burden?—It would diminish enormously the number of doctors to whom the poor have access, and who are very highly educated.

6124. What is the ratio, do you think, of the expense of getting into the medical profession, and of getting into any other learned profession, is not it the cheapest of all?—I have no idea, I think not.

6125. I think you drew in your answer to the Chairman a very broad distinction between universities and corporations as regards their whole system of preparation for the medical profession; and upon the whole it was rather to the advantage of the universities and to the disparagement of the corporations, was it not?—I did not wish to disparage the corporations. I thought that I had said sufficient in their favour to prevent that being understood.

6126. But the comparison was decidedly to the advantage of the universities?—Yes, clearly so.

6127. So that there are two very different accesses to the profession, one, the universities which are teaching bodies, and the other, the corporations, which you regard as not so good as the universities?—In this respect they are exactly alike, inasmuch as they equally secure the placing of the person on the Register.

6128. You think then that the lowest of those corporations gives to the State that sufficient guarantee which the State has a right to demand for the sufficiency of those medical practitioners?—I do.

6129. And that opinion is founded, is it, upon your own knowledge and experience?—You must understand that I have no absolute knowledge. I have no knowledge of any institution in which I have not been an examiner.

6130. But supposing that the Commission had received a very large amount of evidence from competent witnesses to the opposite effect, and that evidence were laid before you, it would naturally modify your views?—Yes; but I should like to know who the competent witnesses are. No person can be a competent witness who has not examined personally.

6131. Supposing it came to us from examiners and also from teachers, from persons who are engaged in training students, that they find that a student who failed to pass the examination of one body went to another body whose examination was easier, and that that was a very notorious fact, that would considerably modify your opinion would it not?—If the evidence came either from a teacher or from a person who had actually examined such students I should think so, but I should not think so provided that a student had obtained a diploma, and were then subsequently examined by some body examining in an entirely different place.

6132. Is it your opinion that it would be desirable, or not, that students having obtained diplomas from those bodies, should subsequently pass an examination by the State?—I think in the case of universities it is most undesirable.

6133. In the case of corporations what would you say?—Your Lordship is now putting it to me whether I think that the corporations are or are not doing their duty.

6134. Assuming for the moment that it were proved that certain corporations let men into the profession too easily, would you see any objection to the State requiring that persons who have had diplomas from corporations should pass a subsequent examination on behalf of the State; would you think that that would be the best way of remedying this difficulty?—I think not.

6135. What better way would there be?—Reporting the deficiency of the examinations of those corporations and seeing that they are better conducted.

6136. Reporting it to whom?—At present it may be reported by the Medical Council to the Privy Council.

6137. But if I understand your evidence it went to the abolition of the Medical Council?—It did.

6138. Then that remedy in that case would not be available?—A report might equally be made to the Government or to the Privy Council that such a body had completely vitiated its charter.

6139. But made by whom?—By the aggrieved persons, whoever they are.

6140. But the person admitted too easily would not be the person to complain of his too easy admission?—No, but a person who found that he suffered by such a candidate being admitted would be.

6141. You surely do not suggest that only the one possibly aggrieved person, namely the unfortunate patient who suffered from malpractice should appeal to the Government against the corporation who had too easily allowed the physician who had hurt him to practise on his body; because that seems to me the only other method in which you would deal with those too lax corporations?—I do not suggest that; but in other cases I imagine what happens is this, that when it is found that a more stringent law than one which had been previously passed is required, it is passed by Parliament; and that if any charter has been abused, a complaint of the abuse of that charter would lead to a withdrawal of it. I believe there exists already quite sufficient power in the Government to check any such abuse.

6142. Who is to prove that the charter has been abused? Who is to be the person to make complaint of the abuse of the charter if you do away with the central authority?—The person who complains to this central authority.

6143. Does not that seem to leave no one person to complain except the patient?—I do not know how the Medical Council is to be informed. The Government may be as well informed as the Medical Council for anything I see.

6144. I think you expressed an opinion, which has been brought before us very frequently, as to the comparatively little value of examination as regards teaching?—I did.

6145. Would you say that that applies to the clinical examination?—Not to anything like the extent that it does to other examinations.

6146. Cramming will enable a man to answer questions out of a book, but I presume that it will not enable a man to take his place by the bedside of a patient in hospital and say correctly what is the matter with him?—It will not.

6147. Therefore the clinical examination at the end of a man's career might be excepted from your objection to examinations in general?—Such examinations, I believe, are conducted by all the boards at present.

6148. I mean that such examination would not be open to the objection that you mention?—It would not.

6149. (*Prof. Huxley.*) I gather from what I have heard of your evidence that you are in favour of leaving the present licensing system pretty much as it is with the exception of abolishing the Medical Council?—I am.

6150. And you propose to substitute for the Medical Council, so far as the functions which they at present discharge are concerned, some body which shall revise the pharmacopœia from time to time?—Yes.

6151. And also an office in which qualified medical practioners should be registered?—Exactly so.

6152. You are aware that a great many objections have been and are made respecting the inequality of the value of the qualifications of different corporations and universities at present?—Yes.

6153. Do you agree with those statements that there are extreme inequalities?—I think that those inequalities are a very great advantage indeed.

6154. Then you do not think it necessary to have any machinery by which the standard qualification at present exacted by the different bodies can be kept from falling below the proper standard?—If I anticipated the possibility of a fall as the result of the abolition of the Medical Council I should certainly like something to keep it up, but I do not anticipate that the standard would fall.

6155. Supposing the Medical Council did not exist, do you think it would be safe in the interest of the public to allow the 19 at present existing licensing bodies to remain without any check whatever upon them, and upon the efficiency of their examinations?—I think it would be quite safe. I think that the judgment of the public upon their respective diplomas would be (as it was before 1858) quite sufficient to make them continually improve their scheme of teaching and examination from time to time. I look upon it that for the 20 years pre-

Prof. P. Redfern.

21 Oct. 1881.

ceding 1858 there was as great an advance made in medical education as there has been since.

6156. So that you would leave it to the spontaneous action of the present licensing bodies, whether universities or corporations?—Yes; those bodies contending with each other to show the public how well they can teach and examine.

6157. What would be your view of the necessary minimum qualification for going on the register, would it be by passing the examination of any one of those bodies?—Certainly not.

6158 How would you meet the complaint at present that a licence to practise is given on the strength of the result of an examination, we will say practically in surgery alone, or nearly so, or practically in medicine alone, and that the license is given to practise medicine, surgery, and obstetrics, when the examination is practically only in one branch; would you continue that practice?—Perhaps you will kindly tell me what body does give every qualification without complete examination?

6159. The assertion is made that there are bodies which on the result of an examination which is practical only in surgery, or practical only in medicine, gives a right to go upon the register, in virtue of which the person possessing the licence is enabled to practice surgery, and medicine, and obstetrics.—I think that where a College of Surgeons confines itself to an examination in surgery, anatomy, and physiology, its licence should not register for medicine, and that where a College of Physicians confines itself to what is necessary for treating medical cases, that should not qualify for surgery. I think in those instances the two licences ought to be required before registration; I think that would be better.

6160. Supposing the Medical Council abolished, who is to see to that being done?—A mere declaration by Parliament, as has been done already, of what persons should be registered. Parliament has already framed a schedule of persons whom the Medical Council is obliged to register, and when the Medical Council failed, as it did in one instance to my knowledge, the Court of Queen's Bench ordered that a register should be made. I think that would diminish the difficulty of the registration being conducted in an office; and I think that in the case of continental practitioners, in all cases where there was any doubt, that doubt ought to be settled by the association of the foreign practitioner to some of the existing licensing bodies or universities giving the authority to register. The judgment whether the person was qualified to be registered might rest with the university which was associated with the foreign university, or with the College of Physicians which should associate with them, or with certain bodies who are licensed to register. That would remove the difficulties that arise in the Medical Council as to whether this person, foreigner or otherwise, has been sufficiently educated. I think that judgment would be better formed by the universities than by the Colleges of Physicians and Surgeons, or than by the Medical Council.

6161. Would you have an examination attached to the licence?—I would leave those bodies to associate this gentleman either by examination or in what way they thought best. If they were satisfied that the person had passed through examinations as rigorous as their own they would associate him without examination, if not, they would add to the former examination such examination as they believed would be necessary. I should have most implicit confidence in them. I feel that their decision would be quite as likely to be correct as if it were done by any combination of medical bodies or any Medical Council.

6162. I judge from your proposal to abolish the Medical Council that you do not agree with those representations which have been made of the necessity of having the profession generally represented upon the General Medical Council so as to make its voice heard?—Certainly not. There are two points in the report of the Committee of the Council of the British Medical Association of 1881 which I think would set that question at rest in the minds of any unprejudiced person. If I am to judge from that report, which I believe represents that the body of the profession are dissatisfied with the Medical Council as it at present exists, and that it would be better that some of themselves should be associated with it, I should direct attention to the third paragraph on page 16 of their report, where they state that the study of botany and zoology should not be made compulsory either at the preliminary, or at any other examinations which a young student of medicine has to undergo. I think a body that could propose that such important subjects of biology should be left out from the study of a medical student, and which in the second paragraph on page 20, proposes also that the State should step in and furnish cheaply qualified assistants to every medical man in the country, has shown quite sufficiently well its own views to lead to them not being accepted.

6163. Do you think that the proposal to discourage the study of botany and zoology is so preposterous and absurd in itself that persons who express that opinion are not worth hearing?—Certainly not. What I think is this: they wish to get rid of the study of botany and zoology because they do not wish to have anything to do with them. They wish to set aside all subjects from the examination of a medical man which are not conducted by themselves (and this at the instigation of the Medical Council of which they wish to be members) except medicine, surgery, and midwifery, and practical subjects.

6164. They appear by this very paragraph to attach very considerable importance to physics and inorganic chemistry?—Yes, I spoke merely of botany and zoology.

6165. But doubtless you are aware that there are some persons—who are probably not altogether worthy of confinement—who are very much of the opinion that systematic botany and zoology should be omitted from medical study, and who have advocated that view strongly?—I am not aware that persons whose opinion is of great value have advocated that. The Queen's University certainly has not taken that view, as they have all along insisted upon a rigorous examination in botany and zoology.

6166. Are you of opinion that zoology and botany, considering the very limited period that could be given to them in medical study, should be made compulsory upon every medical student?—I am.

6167. Do you think it of any conceivable utility to a medical man to be acquainted with the details of systematic zoology; is it any good to him either as knowledge or as discipline?—It is extremely valuable to him as mental discipline. I fancy few things are better in that respect than the study of botany or zoology. It is infinitely better, I think, for the purposes of a medical man than the study of classics. I feel I should be saying what would not be received with great favour by any body of educated men if I were to state that my experience at the Queen's University is to this effect: that the graduates in arts who have taken classics for their arts subjects, have for the most part been rejected some of them several times, at their medical examinations. That I believe is all due to the influence of classical studies in preventing those gentlemen adopting the only course which is of use for medical practice, namely of using their eyes and ears and senses in observing.

6168. The question here is not the value of those various studies, as merely preliminary studies, but the question is as to whether they should form part of the medical curriculum?—It would concern the question whether either one or the other should form part of the preliminary education.

6169. I apprehend that what is meant by this paragraph is defined very clearly. The authors of this paragraph advise that these subjects might be made part of the preliminary study, because they say that "perhaps marks might be allowed for them in the pre-"liminary examination." Therefore they do not exclude them from the preliminary study, but they do very strongly say that they should not be made part of the actual medical studies of an intending medical man, and should not occupy any time within the period which is required to be given to medical study, that is their opinion as I understand?—Then I should say, if that be their view, it goes to this, that a knowledge of botany and zoology which they think sufficient is a mere smattering, which I think would be of no use whatever.

6170. Are you of opinion that in the time which is now given to botany and zoology in the medical curriculum that knowledge which 99 out of 100 students obtain is anything beyond a mere smattering?—I fear it is not so great as one might wish, but I feel quite sure that they acquire such knowledge as is of great value.

6171. But I think you would not be disposed to deny that the knowledge which 99 students out of 100 get from their course in botany and still more from their course in zoology is really the nearest smattering,

although I do not say that there are not exceptions here and there?—Taking the case of the University of London I believe it is entirely the contrary.

6172. The University of London is an examining body as you are aware, but in any university do you think that the amount of knowledge of zoology which is obtained by a two or three months' course, especially as systematic zoology is taught, is anything more than a smattering?—It may not be such as would be of great service if he were to prosecute zoological studies, but it is at any rate one of the most important means of discipline for the mind, and it puts the student in a position to continue those studies in which he would not have been placed but for that teaching.

6173. I think you are aware that in most cases at any rate the zoological course consists of nothing but lectures, there is no practical class connected with it?—That is so.

6174. Do you attach the slightest value to that mode of studying zoology?—Yes I do attach value to it, but nothing like the value which I should attach to a practical course.

6175. Do you think that it gives a man anything like a real knowledge of zoology?—It gives him the means of prosecuting the subject and of obtaining further knowledge. I think it is a very great help, and I think it is almost all that you could really insist on in the case of a medical student pursuing his studies for four years. You get out of him in that sort of way a very considerable amount of useful work which you would not otherwise have obtained.

6176. However it is evident that you attach so much importance to this matter that you would consider an expression of opinion like that to be an indication that the views of the persons who express it are not worth much?—I do, particularly when I take that with page 20, and see what is their object, or what is virtually suggested, that the State should compel every qualified practitioner to assist some other practitioner before he is allowed to practice for himself, that is to say, that the State should provide cheap assistants to every medical man in the country.

6177. Is that the interpretation which you put upon this paragraph which stands thus: "A student before "being granted his license to practise should work for a "time under a general practitioner or at a public institu- "tion where he has personal charge of patients at their "our homes." I do not see that that implies the giving a general practitioner an assistant paid by the State. I have heard persons who have the interest of the profession very much at heart maintain that it is very desirable that students should have an opportunity of seeing what medical work really means. I do not quite see how you interpret this to mean that the State shall supply assistants to general practitioners?—I entirely agree with you in the statement you have just made; that is what is done now, and it is repeatedly done at my own advice, but it is an entirely different thing to compel the body of medical men to take assistantships after they have taken out their degrees, and therefore to flood the whole country with assistants, who would be obtained very cheaply. I think the State should do nothing to compel a course of that sort after any person has obtained his qualification.

6178. Surely there is a very great difference between the State insisting that a man shall have some practical acquaintance with the practice of medicine before he goes into practice independently, and the State supplying medical practitioners with assistants, which is the way in which you put it just now?—I put it in that way to call the attention of the Commissioners to the subject.

6179. Surely there is a very wide difference between those two cases?—I think that was the way in which it was intended to work.

6180. (*Prof. Turner.*) Upon this question of the General Medical Council you have enumerated the functions that it performs under the Act, and you have provided for the performance of those functions otherwise, with this exception which you have not considered. At present the Medical Council performs certain judicial functions under clause 29 of the Act, in which it states, "If any registered medical practitioner shall be "convicted in England or Ireland of any felony or "misdemeanor, or in Scotland of any crime or offence, "or shall, after due inquiry, be judged by the General "Council to have been guilty of infamous conduct in "any professional respect, the General Council may, if "they see fit, direct the registrar to erase the name of "such medical practitioner from the register." If the Medical Council were done away with, to whom would you propose that this very important judicial function should be entrusted?—The body who gave him the license which has been registered, and which is naturally, I should think, most jealous of his interests, and the interests of his fellow licentiates or graduates; and who, therefore, would be certain to defend their interests against any person pursuing such a course, and striking him off their register would no longer leave him entitled to be continued upon the other register.

6181. In the scheme of conjunction which was entered into some years ago in Ireland between the various bodies did the Queen's University bear any part?—No.

6182. Was it requested to bear any part?—It was.

6183. And it refused?—I believe so. I have not very absolute information upon that point, but I know that the opinion of the Queen's University was in opposition to joining any such conjoint scheme. Perhaps you will allow me to say (I do not wish to say anything of the kind, but I think it is necessary in order to show you the position of the Queen's University that I should say this,) that there are five bodies, I think, in Dublin granting qualifications, four of them are bodies resident in Dublin, receiving students taught in Dublin, and the other body receives students taught at the Queen's colleges. It might naturally, I think, be supposed that if the conduct of the examinations were entrusted mainly to four out of the five bodies, those persons representing the fifth body, that is the Queen's University, might possibly have so little influence on the board that they would not wish to be conjoined with them.

6184. In answer to a question put you by the Chairman you, I think, stated that in your judgment no candidate rejected by one examining board should be admitted to examination by another examining board until at least an interval of six months had elapsed. Would you apply that to candidates rejected by the university examining boards?—I would.

6185. I think you have stated to us that, in your judgment, the university examinations are generally speaking of a higher class than the corporation examinations?—Yes.

6186. Would you consider then that a candidate rejected at a university board should of necessity spend six months before he appeared before a corporation board which conducts an examination of not so high a character as that conducted by the university?—I think so, and on this ground, that he would not be able to obtain a degree at the university which rejected him for 12 months, and if he were able to obtain a licence within six months I think that would be all that he could possibly expect.

6187. You think there would be no hardship in compelling a man to wait for six months?—I think not. I have the greatest objection to students coming up for examinations entirely unprepared, merely on the chance of getting through. A certain number of men come up with regard to whom the question is often whether they should be passed, or whether they should be rejected, and it follows of necessity that there is a very slight shade of difference between those who are actually passed, and those who are rejected. Those who are rejected, I think are rejected by all boards on such sufficient grounds that I would not allow any one of them to come up to any board, or receive any license to practice whatever, until six months has elapsed.

6188. Are you, as a member of the Senate of the Royal University of Ireland, of opinion that the Royal University of Ireland would be prepared to take up the same position as regards the licensing question that the Queen's University has taken up?—I have no means of judging whatever.

6189. The Senate of the Royal University of Ireland has not taken this question into consideration?—Not in any way.

6190. (*Dr. McDonnell.*) You have given us a very clear account of the threefold kind of examination which you hold in Queen's University. You said, I think, that the anatomy professors from Galway, and from Cork, and Belfast, sit at the table together and examine in common the candidates?—Yes.

6191. You think that the one squares off the other?—Yes.

6192. And that it is a good mode of testing the knowledge of a candidate, both with reference to his general

Prof. P. Redfern.

21 Oct. 1881.

knowledge, and his special attention to the teacher under whose instruction he has been?—I do.

6193. Is there a similar tripartite system adopted in the examination of arts pupils?—There is, in every examination.

6194. As you know I have been myself an examiner in your university, and I am acquainted with the working of the system, and you entirely concur with me in thinking that the system worked admirably?—I do.

6195. How would you do in cases where there was but one college connected with the university, as in Trinity College, Dublin, where there is but one college, and where you cannot therefore have the three teachers brought together from three separate colleges? How would you propose to render it as perfect as your examinations in the Queen's University in this respect?—The present state of matters, I believe, in Trinity is, that a professor and an extern are taken to examine on each subject.

6196. Do you consider that that is as good as your system at the Queen's University?—It is the system of the Queen's University in medicine in all subjects except anatomy, physiology, and chemistry. The professors are the examiners in those subjects, and persons elected by the Senate, who are generally speaking most of them externs, assist as examiners in other subjects.

6197. And that also meets with your approval?—It would meet with my entire approval if one of those persons were a professor from one of the colleges and the other one an extern, so that the professorial element would always be represented.

6198. You are yourself personally practically familiar, are you not, with the working of the Scottish University system?—I am.

6199. How would you define the principal fundamental differences between the Scottish system and the system pursued in London in the Medical Schools?—I think the difference a very marked one; in London the teachers I believe are not examiners, and possibly the students may not be examined by any teachers, and consequently the teacher loses the entire control of the teaching, and is obliged to teach up to the examination, or he will get no students, that is to say, a teacher in London must of necessity become a grinder. In the Scottish Universities, and in any of the universities in general, the teacher is entirely free. He teaches his own subject, as he knows is best, and he takes care in the examinations to see that the students learn what he teaches.

6200. Then if I understand you rightly, what you lay great value by is that under the Scottish system there is a combination of teaching and examining?—Yes.

6201. But that the examining is a point of secondary importance?—Quite secondary.

6202. Whilst you think that under the system pursued by the College of Surgeons in London, and in the schools there is teaching and examination, yet in London the examination is the primary and teaching the secondary object?—Clearly.

6203. Then that is, in your view, the principal difference between those two systems of education?—I think it is.

6204. Would not that equally apply to such institutions as the University of London?—It does apply with very great force, and I think tells very greatly against the system of the University of London, which I entirely disapprove of.

6205. What you lay value by in collegiate training is that the examining should be a secondary part?—Quite.

6206. Therefore you regard corporations and institutions like the London University as of secondary value as compared with those universities in which the collegiate training is taken first and the examining is made secondary?—I do think that no greater mistake was ever made than when in the institution of the University of London it was not kept as a university, including certain colleges, a university in reality, a teaching body instead of a mere examining board.

6207. How many degrees in surgery did the Queen's University give before the Medical Act of 1858 was passed; did they give surgical degrees in Ireland at all?—None. The Act of 1858 being passed, I think it was the beginning of all evils. It led to the giving of 14 additional degrees which were not previously given, and it, I believe, led to a collision between the Universities and the College of Surgeons, which would never have happened but for that.

6208. Should you approve of any plan, were it possible to do so, which would reduce them to the same number as they were before the Act of 1858 passed?—I should have greatly preferred a continuance of that plan, although I am not quite sure whether it would now be possible or right to go back.

6209. You think that there would be a difficulty in making what we may call a retrogressive reform?—Yes.

6210. But if you were in this position of feeling that it was necessary either to superadd an examination to those which the student has now to undergo, or for the universities to give up their surgical degrees, and to allow a person to get on the register by having passed a *bonâ fide* examination in medicine before one body, and a *bonâ fide* examination in surgery embracing midwifery before another body, would you think that the superadding of something like a conjoint or State examination would be a greater evil than the resignation of the power conferring the surgical degrees?—I certainly do.

6211. You would consider that the superaddition of another examination would be a greater evil than going back to the state of things existing in 1858?—Very much greater.

6212. From your point of view do you think that a reform of this kind would meet the requirements of the public, that the Apothecaries' Company should be no longer allowed to give their qualification; that the universities should be called upon to make their selection and only give one registrable degree; and that, in order to get upon the Medical Register, each candidate should present a *bonâ fide* proof of a knowledge of medicine from one body and a *bonâ fide* proof of a knowledge of surgery from another?—I do not see that the public would be better satisfied with one plan than the other, for I do not believe at all in the representation which has been made that the body of the medical profession demand a change in the Medical Council, and I do believe that the existing Medical Council is the best body of the kind which could possibly be framed.

6213. I am not speaking now with regard to the medical public, but of the public at large. The public at large feel, do they not, that the great number of channels through which medical practitioners can get their names upon the Medical Register is a great evil?—I cannot answer for the public. I do not place much value upon any statement of what the public wishes. I answered the former question in a way which I think is a guide to the answering of this, that of the two changes which have been proposed—this one proposed by yourself and the institution of the conjoint scheme—I have no doubt that going back to the condition of things before 1858 would be amazingly preferable to the institution of any conjoint scheme whatever. Further, I believe that the Apothecaries' Company of London supplies a place which could not be supplied in any other way; that it has to do with the giving the right to dispense medicine, and that it is the only body which can do so; and that it concerns therefore the general practitioners in a way which would probably make it very undesirable to interfere with it. I believe that in the outlying districts of England it is almost essential, both for the public and for the profession that a general practitioner should make his own medicine by means of an assistant, in one way or other, and I do not think that there is the objection to that plan which many persons conceive. It has very many advantages; that patients never know what they are taking; and this great advantage that the practitioner is paid very much more readily for his services than those persons would pay him if they were to pay him by his attendances. These are two very great advantages, and whether the abolition of the Apothecaries' Company is called for for other reasons I do not know, but I believe that they take a position which is not taken by the College of Physicians or the College of Surgeons at all.

6214. (*Mr. Cogan.*) Suppose your views were not carried out, and that legislation did take place in the direction of limiting the number of licensing bodies, I understand that you would rather have one conjoint board for the United Kingdom than three conjoint boards for the three separate kingdoms?—Very greatly indeed.

6215. What are your reasons for that preference?—I think that it would be the only possible way of attempting to secure uniformity. I have great fear of the construction of three conjoint boards as they would operate very disadvantageously indeed. I think the existence of one conjoint board is liable to very much fewer objections than three.

6216. Do you think it would be possible if there were three conjoint boards, with inspection by the Medical Council of the examinations, and with an interchange of examiners between different parts of the United Kingdom for practical uniformity to be obtained?—I think it wholly impossible.

6217. Have you any additional reason which you could give to show that those safeguards would not be sufficient to secure practical uniformity?—About 5,000 persons require to be examined each year, and those persons are at present examined in all the higher examinations practically; practically in anatomy—practically in physiology—practically at the bed side—practically in surgery, medicine, and in midwifery, in chemistry as well, and in materia medica; and to conduct those practical examinations by any set of conjoint boards, or any single conjoint board would, to my mind, be wholly impossible. Any attempt to do so would be merely increasing the evils of the Act of 1858, increasing the number of examining bodies, lowering and varying the standard. The examiners would be of one of two classes; they would either be persons of very high standing in the profession selected to give the public confidence in the examinations, and such examiners would not and could not give the time or the labour; or they would be younger men who might conduct the examinations greatly better, but in whom the public would have no confidence whatever, and in any case the examiners, I imagine, would examine for payment, and they would do their work for payment, whilst at present our examiners do their work for the love of it. The university examiners do their work without payment, or with some very insufficient payment; they do it for their universities; they do it to secure their universities from having associated with them persons of low standing. The College of Surgeons are equally jealous, and the College of Physicians also, and I believe they have spent an enormous amount of time and trouble and expense, which no examiners appointed for pay could ever be hoped to do. I believe that the difference between the two sets of examinations is as great as between light and darkness. I believe that such examinations would become entirely perfunctory. I believe that they would not satisfy the requirements of the public at all. I believe it quite impossible to make those 5,000 examinations on any such scheme at all as good tests as the existing tests which are instituted by the colleges and by the universities, who have an interest in keeping them good.

6218. At present the Queen's University selects, does it not, some of its examiners from England?—It selects them from any place in the United Kingdom.

6219. And they bring examiners over from here to examine their pupils in Ireland?—They do in some instances.

6220. Did you find that those examiners were of so inferior a class as those that you anticipate will be employed in future?—Certainly not. With one exception they have always been graduates of our own, and have been directly interested in maintaining the status of the University.

6221. Have you always required that they should be graduates of the Queen's University?—Not always.

6222. As far as I understand your evidence, on the whole you think that there is no objection to the great number of licensing bodies which now exist; you see no objection to the great variety of examinations; but you see in it, to some extent, an advantage?—In the variety of examinations there is an enormous advantage I think.

6223. And you do not think that there is any injurious competition between so many different bodies so as to cause any disadvantage to the public?—I think that competition is an enormous advantage for the public.

6224. And you would be inclined not only to leave all those bodies which at present have the power of examination, but you would be inclined to remove the check which at present exists from the inspection of the Medical Council; you wish to abolish the Medical Council altogether?—I do; I do not think it is of much consequence.

6225. Therefore you would allow things as they are to exist, but you would remove the check which at present exists by the visitation of the Medical Council?—Which I do not look upon as a check.

6226. Therefore you would be inclined to leave everything in fact to the honour of all those different institutions?—Yes.

6227. Do you think that that would be a sufficient security to the public?—I do.

6228. You think that for that security a certain monopoly ought to be given to those institutions, and faculties, and medical authorities, and you would give a monopoly to the students of those institutions to be placed upon the Medical Register, and have a legal right to recover payment for their services?—That is to say I would not advise any other institutions of the kind, but that those which exist should retain their present privileges.

6229. If any new institutions were to arise, giving a medical education, and showing that they had probably equal facilities for giving a medical education, would you propose that privileges should be extended to them of a similar sort to those which the present 19 bodies enjoy?—In the case of such bodies as Queen's Colleges and the Victoria University I think such privileges might very safely be conferred, and I have advocated the giving of such university privileges to the Queen's College at Belfast, and the Queen's College at Cork. I think that nothing but good would be done by the extension of the university system, provided only (I think this a most important proviso), that such universities should grant no degrees except to their own students. They should not compete with any other body on any account whatever. When I see that a town like Manchester, or Liverpool, or Dundee, or Birmingham has been collecting enormous sums of money, and giving this money for the endowment of professorships, and giving the means of teaching and educating the public around them, appointing very excellent professors who have students attending them, to whom they grant certificates; and when I see those bodies having established a complete course of teaching on a certain subject then going to the Government and asking the Government to advise Her Majesty to countersign those certificates (which is the light in which I look at the giving of degrees), I do not see any reply but one. If those bodies are really doing what they pretend to do, if they are really teaching well, if they do contribute money for this teaching, if they are giving certificates which are really fair and proper certificates, and are educating the population about them in the best way possible with regard to the advancement of science, I see no answer but that which the Government has already given to Owen's College, namely, that of giving them certain collegiate powers, if not university powers; but I do think it of the very greatest importance that such bodies should not be allowed to take students from other places, that they should be confined altogether to their own students, that they should be allowed to confer no degrees except upon those for whom they can answer, and that there should be no superadded competition.

6230. Was not one of the reasons why the legislation of 1858 was considered to be essential that all bodies who gave degrees did not do it in a manner satisfactory to the public interest; that it was not sufficient to rely simply upon the honour of individual institutions, and that it became a necessary security for the public interest that there should be some legal guarantee?—I believe that the opinion was afloat in the minds of some persons (whether it was much more than that I cannot say) to distinguish for the purposes of justice practitioners who could give valuable evidence in courts of justice from those who were not so likely to do so. It did give an advantage, which any other Act of Parliament might have given, in giving us one pharmacopœia instead of three. It did extend the powers of certain bodies very greatly indeed. It extended the power of the Faculty of Physicians and Surgeons in Glasgow, which was then legal in only four counties over the whole of the United Kingdom. Those are the bribes which were held out at the time to those bodies, and to the universities too, as Dr. McDonnell has put it, to allow that Bill to pass. I am not quite sure that any of them would have desired the Bill to pass, and I do not think the Bill would probably have passed unless those bribes had been given to them.

Prof. P. Redfern.

21 Oct. 1881.

6231. I am not asking what the opinion was of persons who were affected by the Bill then, but I want to know whether it was not by general consent acknowledged that there was a necessity for legislative interference, to prevent unqualified persons getting a license to practise?—No acknowledgment on my part.

6232. There was an acknowledgment on the part of Parliament, the Act establishes that?—I was not a Member of Parliament, and I cannot answer for the reasons which Parliament had.

6233. Are you aware that at St. Andrew's degrees were given without any sort of examination whatever before that time?—I am quite aware that they were not, but that the examinations were very stringent at St. Andrew's. I know that positively.

6234. Do you know whether any degrees were granted at St. Andrew's at any time previous to 1858 without examination?—There were a great number of universities that could grant degrees. The Archbishop of Canterbury also could grant degrees without examination.

6235. I understood you to say that you disputed that assertion?—For a very long period prior to 1858, and I am sure long prior to 1849, very rigorous examinations were instituted by the University of St. Andrew's, and conducted by teachers in Edinburgh of high and acknowledged standing; by persons who have subsequently become Professors in the Scottish Universities. Prior to that time, I believe the statement was quite correct; it was correct too, I believe, if applied to the University of Aberdeen, long prior to 1845, but not subsequently. I can answer for the University of Aberdeen since 1845.

6236. You come before us as representing the Queen's University of Ireland?—I do.

6237. You are also a member of the Senate of the Royal University?—I am.

6238. I understand that you do not profess to speak its opinion as to the necessity of legislation hereafter?—No; I know nothing of that opinion.

6239. I believe it is the fact that in a short time the Queen's University will cease to be an existing university?—Until the 25th of April it is in the power of the Lord Lieutenant to cause it to cease to exist; but if previous to that time he does not do so it will continue to exist.

6240. As I read the Act of Parliament, provided the new university be in a position to confer degrees, it will then be compulsory upon the Lord Lieutenant to dissolve the Queen's University within two years?—That is so.

6241. The 11th clause of the University Education Act of 1879 establishes, does it not, that within two years the Queen's University must cease to exist if the new university be in a position to grant degrees?—Yes; the Chief Secretary has consented not to advise the Lord Lieutenant to dissolve the Queen's University at any rate before the 20th April next.

6242. If the Medical Council were continued, would you be in favour of any change in its composition?—No, certainly not; none whatever.

6243. You think that all the present licensing bodies should send representatives to it?—I do. If any change were made there might be some change in this respect, I think that the University of Edinburgh has perhaps a little grievance in being classed with another Scotch university.

6244. But you are not in favour of the direct representation of the profession?—Certainly not; but quite the contrary.

6245. Is there a very general desire on the part of the profession to have that representation?—I feel sure that it is not so. My own opinion is that there is not. The statement which has been made that there is that general desire has been made on insufficient grounds in consequence of the way in which the question was put to them in print, in which they were asked to reply Yes or No. I believe that the answer does not at all indicate the general wish and feeling of the medical profession.

6246. Do you think that the feeling of the profession would be satisfied if the bodies in the different institutions who elect representatives to the Council were enlarged, that is to say, if in each of the different bodies that send representatives the constituency that elects the representaives were enlarged?—I think that would be a change very much for the worse.

6247. You would leave the different institutions to elect their representatives exactly as at present?—I would certainly. I believe that the Medical Boards are the bodies best calculated to judge as to who shall be sent; and I think that any extension of the number of the Council would be the introduction of an evil to which you would see no end. I think the Medical Council as at present constructed, and on the principles on which it has been constructed, with six members elected by the Crown, the best Council that can possibly be.

6248. (*Chairman.*) Is there anything further that you would wish to put before the Commission?—No.

The witness withdrew.

APPENDIX TO PROFESSOR REDFERN'S EVIDENCE.

The Secretary of the Queen's University to the Registrar of the Medical Council.

Sir, Queen's University, April 23rd, 1881.

The Senate of the Queen's University have had under their consideration Dr. Haldane's circular of the 11th of November last, requesting, on behalf of a Committee of the Medical Council, the opinion of the University with reference to the instruction and examination of medical students in the rudiments of natural science, including under that name physics, chemistry, and biology.

In reply, I am instructed to state, for the information of the Committee, the provision which has been made in the Queen's University for the instruction and examination of medical candidates in these subjects.

Medical candidates in the Queen's University pass four examinations—the "matriculation examination," the "first University examination" (which are non-professional), the "second University examination," and the "degree examination" (which are professional).

The university regulations do not lay down that the matriculation examination shall be passed at the commencement of study, because students sometimes enter the medical faculty of a college of this university after having passed a preliminary examination recognised by the Medical Council, but which cannot be recognised by the Queen's University. In fact, several of the preliminary examinations recognised by the Medical Council (all, except those held by universities,) cannot be allowed by the Senate to exempt the candidate from also passing the matriculation examination of the Queen's Colleges before taking his degree, in consequence of the terms of the University charter. Accordingly the University Senate has abstained from prescribing when the matriculation examination (which is a college examination) shall be passed in order to leave the Councils of the Queen's Colleges to deal with such cases as they arise.

Whatever examination the student passes at the commencement of his study, whether the matriculation examination of the Queen's Colleges or another, it is presumed that it will ascertain that he has acquired at least such a rudimentary knowledge of geometry, algebra, and arithmetic at school as will enable him to benefit by the instruction of the university in physics; these elementary branches of mathematics being usually sufficiently taught in the schools which prepare candidates for the Queen's Colleges.

But the university in no case depends on the preparation schools for the instruction of medical candidates in natural science. In all cases the Queen's University requires that the student shall receive instruction in physics from the professors of the university at college, and in biology either from the university professors or from other teachers recognised by the Senate. Physics and biology (including both zoology and botany) are regularly studied in the first year, and form the principal part of the university examination held at the end of that year.

With regard to chemistry, it has always been treated by the Queen's University as a professional study. A medical student is required to receive the usual instruction in chemistry of one of the university professors or other teacher recognised by the Senate, and also to take

a course of practical chemistry. He is then examined in chemistry at his "second university examination," which is his first professional examination.

It will be seen from this account that the Queen's University has provided fully for the instruction and examination of its medical students in natural science. It does not depend on the preparatory schools for any part of this instruction, nor has the Senate been satisfied with instruction and examination in the mere "rudiments" of such essential parts of the medical curriculum of a university. It will also appear that a student of the Queen's University may clear physics and biology out of his way in the first year, but that chemistry extends into the second of the four years of the curriculum.

Prof. P. Redfern.

21 Oct. 1881.

I am, &c.

To the Registrar of the Medical Council.

G. Johnstone Stoney, Secretary to the University.

Professor Thomas R. Fraser, M.D., F.R.S., examined.

Prof. T. R. Fraser.

6249. (*Chairman.*) You are a Doctor of Medicine of Edinburgh University?—I am.

6250. And you are Professor of Materia Medica and of Clinical Medicine, and Dean of the Medical Faculty in the University?—Yes.

6251. And you appear here to place before the Commission the views of the Edinburgh University?—Quite so.

6252. You have been so good as to put in a paper containing a précis of the evidence which the Edinburgh University wishes to tender to the Commission?—That is so.

6253. And you would have no objection, I hope, to that appearing in the minutes of your evidence?—Not at all. [*The witness handed in the following paper*]:

Précis of Evidence tendered by Edinburgh University.

Examination of students of medicine on the subjects of preliminary education is conducted by the examiners of the Faculty of Arts.

Examinations on professional subjects are conducted by a board consisting of the professors in the medical faculty, and of examiners on each subject appointed by the University Court. The non-professorial examiners are selected by the University Court on account of their special knowledge of the subjects on which they are to examine. They have usually been gentlemen who do not reside in Scotland, and who are lecturers or teachers attached to Medical Schools. They share equally with the professorial examiners in the work and responsibility of the examinations, and introduce into the examinations, an extra-university element of the highest professional and scientific position.

The University Court, by whom the non-professorial examiners are appointed, consists of the following members:—1. Rector (appointed by the matriculated students); 2. The principal of the university; 3. An assessor appointed by the Chancellor of the University; 4. The Lord Provost of Edinburgh; 5. An assessor appointed by the Lord Provost, magistrates, and town council of Edinburgh; 6. An assessor appointed by the Rector; 7. An assessor appointed by the General Council of the university (a body composed of the graduates of the university); and 8. An assessor appointed by the Senatus Academicus.

All the details regulating the appointment of university officials, the constitution of examining boards, the courses of instruction and rules of examinations for degrees, were framed by an Executive Commission appointed under the Scottish Universities Act of 1858, and were afterwards confirmed by the Privy Council. Subsequent changes can be effected only with the sanction of the Privy Council. For these reasons, the degrees of the University of Edinburgh, and of the other Scottish Universities, are under the control of the State, and are to that extent "State degrees or licenses."

The University of Edinburgh would in these circumstances deprecate in the strongest manner any proposal for subjecting her students or graduates to the inconvenience and pecuniary loss of undergoing the examinations of an additional board in order to obtain admission to the Medical Register.

Objections entertained to the proposal of a so-called "Staats Examen" will be stated.

If it be thought advisable that the non-professorial examiners for the University degrees in medicine and surgery should not be selected by a University Authority, even of the high position and independence of the University Court, and that a university element should be imported into the examinations of the corporations, the following scheme is submitted in the hope that it may aid the deliberations of the Commission.

1. Complete qualifications in both medicine and surgery, including therein midwifery, only to admit to the Medical Register.

2. The three corporations in Scotland to combine to form a corporation examining board, and each corporation to cease to confer its single qualification.

3. A divisional board for Scotland to be formed consisting of one or two members, to be chosen by each of the seven Medical Authorities, viz.:—

Edinburgh University.
Glasgow ,,
Aberdeen ,,
St. Andrew's ,,
Royal College of Physicians, Edinburgh.
Royal College of Surgeons, Edinburgh.
Faculty of Physicians and Surgeons, Glasgow.

4. This divisional board to select examiners, who shall co-operate with the examiners in the examining board of each university, and in the combined corporation examining board.

5. The examiners selected by the divisional board to hold office for . . . . years, and to act with the examining board of each university, and with the combined corporation examining board, according to a scheme to be prepared by the divisional board.

6. The examinations of a university, conducted by the university examiners in co-operation with the examiners selected by the divisional board, to enable a successful candidate to receive the degrees of Bachelor of Medicine and Master in Surgery, and to admit to the Medical Register. The examinations of the combined corporation board, conducted in co-operation with the examiners selected by the divisional board, to entitle a successful candidate to receive the minor qualifications of the corporations, and to admit to the Medical Register.

7. The examiners selected by the divisional board to be paid by the Treasury.

8. These examiners to forward reports of each examination to the General Medical Council; and the examinations for degrees to be open, as at present, to visitation by the General Medical Council.

6254. As I understand it the University of Edinburgh would, from the statements contained in this paper, prefer that the present system of medical licensing should be left in its entirety, so far at all events as the Scottish universities are concerned?—That I think is decidedly the case.

6255. Would the university go so far as to propose that the system should remain untouched, so far as relates to the corporations; I am speaking now of what is best in the abstract?—We have ventured to put before you a scheme which you will observe in the précis.

6256. But that scheme is a hypothetical scheme; the university apparently would prefer that the present system should remain untouched?—Yes, in so far as regards the Universities.

6257. But not in connexion with the corporations?—I do not know that I should be justified in saying either yes or no to that, because from our local associations, and many other reasons, we have not ventured to sit in judgment upon the corporations.

6258. But if I might ask you your own private opinion as distinct from that of the university of Edinburgh, do you think that it would be better to leave the corporations in the position in which they are at present, so far as licensing is concerned?—I think not. I think that a change would be an advantage.

6259. What change would you propose?—I think, for example, that a complete qualification should always be required. I perhaps should modify what I said before, to the extent that it is my belief that this is the general opinion of the Scottish universities.

6260. Then the opinion of the Scottish universities may be stated thus: that so far as the Scottish universities

Prof. T. R. Fraser.

21 Oct. 1881.

are concerned they consider it expedient that there should be no change, but that if the best mode of medical licensing is to be secured they think that while the universities should be left as they are, the corporations should be forced to combine?—As the universities already give a complete qualification, after examination in all the branches of medical education, there is not the same reason for a change in their case as may be advanced in the case of the corporations.

6261. And for this reason, because it is expedient that in every case a complete qualification should be given?—Exactly.

6262. And because they maintain that a complete qualification is given by the universities, and for very sufficient reasons, while by the corporations, in some cases, at all events, only a half qualification is given?—Yes, that I think, is the opinion.

6263. Do they consider that the corporations being combined, the corporation board and the universities separately may be trusted to maintain a sufficient standard of examination without outside inspection?—No; we think that inspection as it at present exists ought to be maintained.

6264. In what form are the examinations of the corporations inspected at present?—They are inspected by visitors from the General Medical Council.

6265. But, as a matter of fact, that visitation is very seldom made?—It has been so, I understand, but at the same time it might be made more frequently.

6266. Then I am to take it that the university would propose that the Medical Council should visit the examinations of the corporations regularly?—Yes, and of the universities also, if it be thought necessary.

6267. Do you consider that the form of visitation by the General Medical Council is the best form?—Yes, I do not think any other form of visitation could be adopted. I should prefer, however, to have co-examination combined with visitation. Co-examiners would take an actual part in the examination, and would not merely visit. We provide that the examiner should forward reports to the General Medical Council. In a scheme which I have handed in, there is in clause 8 a provision that the examiners shall forward reports to the General Medical Council, and that the examinations shall be open to visitation by visitors appointed by the General Medical Council. We never for a moment supposed that the visitation of the General Medical Council should cease.

6268. The university is very strongly opposed to what may be called an additional examination besides and beyond its own examinations?—Quite so.

6269. And the university would be very strongly opposed to resigning the privilege of giving licenses, even supposing that all the other present license-giving bodies were included in the new regulation?—Very strongly.

6270. And although the university is indisposed for many reasons to interfere with the corporations, yet the opinion of the university is, that if we are to possess the best system of licensing, the corporations should be forced to unite in order that they may give a complete qualification?—Quite so.

6271. Is the university of opinion that a corporation might not be trusted to make its examination so complete as to ensure a satisfactory qualification in one of the two subjects which it itself did not teach; for instance, might not the College of Physicians obtain examiners so good as to ensure a satisfactory amount of knowledge of surgery in the candidates?—I think your question applies to the corporations in England, and not so much to the corporations in Scotland, because (while they are not teaching bodies) they have been in the habit of examining in both subjects. The College of Physicians, for example, have been in the habit of examining in surgery and medicine, and giving a qualification which is granted only after examination in surgery as well as in medicine. The answer to the question would be that practically it has been done in Scotland. I do not know whether it would be judicious that it should be continued, but I do not say that in the nature of things it is an impossibility.

6272. (*Mr. Simon.*) Are you aware that in England the College of Physicians examines in surgery?—I believe it does.

6273. (*Chairman.*) Then what reason is there why the corporations should be compelled to combine any more than the universities?—Because each corporation technically, and from the nature of its membership or fellowship, actually does represent one side of medicine, either physic or surgery; and therefore the corporations which represent medicine would be complemented by the corporations which represent surgery, and *vice versâ*, the corporations which represent surgery would be complemented in order to complete the qualification which they give by the corporations which represents medicine.

6274. But you say that the corporation which represents medicine also examines in surgery?—It has examinations in surgery for those who have not already obtained a surgical qualification.

6275. Is there any reason to suppose that those examinations have not been adequate?—They were probably a little beyond the sphere of the work of the Corporation; the College of Physicians is not such an authority on the subject of surgery as the College of Surgeons is.

6276. But they have the power, I presume, of obtaining any examiner whom they may think necessary?—Undoubtedly.

6277. And is there any reason to suppose that they have not obtained good examiners?—I do not know that there is.

6278. Might not the same statement be made with reference to the universities, that it might be desirable to compel them to combine for the same reason; is a university necessarily an adequate and complete authority on both the subjects of medicine and surgery?—In a different sense I think from either corporation, because it actually contains among its body, and among its teachers and examiners, representatives of surgery as well as representatives of medicine, authorities on surgery as well as authorities on medicine. There are teachers of surgery as well as teachers of medicine, and they are authorities on those separate subjects.

6279. It is admitted that the university contains those authorities because it pays salaries to those authorities; just in the same way might not the corporations, and do not the corporations obtain good examiners by paying salaries to those examiners?—There is a difference in this respect, that the governing body, the body composing the corporation, consists, as I think I have already stated, chiefly of one side of the profession. In the case of the university, however, the governing body, the teaching body, consists of both sides, and therefore there are authorities able to select with propriety examiners in both departments, as well as to teach in both departments.

6280. In the University of Edinburgh are the majority of the governing body connected with medicine and surgery?—There are several governing bodies, the Faculty of Medicine, for example, as a part of the Senatus Academicus, is one of the governing bodies, and in it there are just about as many surgeons as there are physicians.

6281. By whom are the examiners in medicine selected in the University of Edinburgh?—The professors constitute *ex-officio* one half of the examining board, and the other half is appointed by the University Court.

6282. Who appoints the professors?—A body which is termed the Curators and also the Crown.

6283. Are the curators and the Crown mainly persons connected with medicine and surgery?—No.

6284. And yet they are a fit body, in your opinion (as we know they are), to appoint good professors in those two subjects?—Yes; I believe they are.

6285. But may we not extend that same remark to the persons in the corporation who are not necessarily connected with both those subjects, but most of whom, if not all of whom, are connected with one of them at least?—Yes, the mere appointment of examiners in surgery might no doubt be effected by a corporation consisting chiefly of physicians.

6286. (*Prof. Huxley.*) There would not really be any practical difficulty about it, would there?—No, I think they could do it, just as any intelligent and sufficiently educated body might be expected to select good examiners in almost any subject.

6287. (*Chairman.*) We have had the case of the Scottish universities very fully put before us by other gentlemen besides yourself who have been so good as to come here; and no other point occurs to me on which I think it necessary at present to ask you a question. If at the end of your examination you find that I have omitted anything, perhaps you will kindly supply it, and it shall be added to your evidence?—I will do so with your permission.

6288. (*Mr. Simon.*) You have drawn, I think, this distinction: that, as a matter of private option, the Scottish universities for themselves would prefer to leave things as they are?—Quite so.

6289. But that they are ready to come with a well-considered system of concert, such as you have sketched in your paper?—Yes, such a scheme as we have sketched in our paper.

6290. Should I be right in saying that many of the objections which have been raised by the Scottish universities to concert have applied to a supposition that some particular form of concert would be forced upon them?—Quite so; much depends upon the kind of concert.

6291. And a great deal of the objection has referred to a belief that something similar in detail to the conjoint board of England would be forced down their throats?—Such a scheme would certainly continue to meet with their opposition.

6292. Apart from objections which may be raised to particular plans of co-operation, you would perhaps not differ from the opinion that concert between universities and corporations in each division of the United Kingdom is, in the public interest, very much to be desired for providing for what the noble lord in the chair spoke of as the best mode of examination for license?—I think there may be circumstances in which co-operation, in certain forms, would be beneficial.

6293. You would be of opinion that the university system and the corporation system each has its excellencies?—No doubt.

6294. That the one perhaps is strongest where the other is not strongest, and that the advantage would be in enabling one to give strength to the other where the other was less strong. Perhaps I may illustrate what I mean. The corporations perhaps would derive strength in such a combination from the greater development of scientific culture in the universities?—Yes, I think there are points in which the corporations might derive advantage from conjunction with the universities.

6295. And on the other hand is there not for practical purposes an advantage in the constitution of the corporations, that a great number of eminent physicians and eminent surgeons are acting together in the direction of the practical studies of medicine and surgery, and in conducting practical examinations in medicine and surgery?—The corporations no doubt perform those functions, but so do the universities, and, in addition, the Scottish universities are actually engaged in the teaching of medicine and surgery.

6296. I am not speaking of any particular university; but in universities generally the teaching and examination, say of surgery, would be very much controlled by one surgeon or say two surgeon, but chiefly by one, whereas in the case of a corporation there would be a group of perhaps a dozen surgeons controlling the examinations, would there not?—If I were to look at the case which I know best, viz., the University of Edinburgh, the non-professorial examiners as well as two professors control the examinations in surgery. I do not think that in the corporation of the College of Surgeons in Edinburgh there would be a larger group of surgeons controlling either the study or the examination.

6297. But in the general discipline of the teaching, as governed by the Senatus Academicus, one surgeon or at most two surgeons would I suppose govern the matter?—They would not govern the matter because in the first place the Medical Faculty would have to consider every question bearing upon the examination or teaching of surgery, and in the next place the Senatus would have to consider it.

6298. But would there be practically as much diversity of eminent surgical authority brought to bear upon the discussion of surgical questions in the university as in the corporation?—I think so, because you must bear in mind that all our professors have been taught surgery, that they have gone through quite as complete a training in surgery as those who hold the licenses of a surgical corporation.

6299. (*Chairman.*) I suppose that all you can say in a matter of this sort is that there is considerable diversity at the university, but you can scarcely contrast it with what goes on at the College of Surgeons because you cannot so well say what goes on there?—I cannot say that I can.

6300. (*Mr. Simon.*) In the Council of the College of Surgeons of London, for instance, there sit round the table, directing surgical education and the plan of surgical examination, 24 persons, all of them surgeons of high eminence; and a similar arrangement, speaking generally, prevails at the College of Physicians?—Yes.

6301. Would you not expect that a constitution of that kind would be able to supply, in greater strength than a university would, sound opinion on practical studies, medical and surgical respectively?—I do not think so, because in the first place, every individual in the body which would be most concerned with the direction of the studies in the university would be a teacher. In the corporations, so far as I know, they are not actually or need not be teachers, and they practically are not all teachers.

6302. Do you remember any man on the Council of the College of Surgeons who is not a teacher?—I am not talking of the College of Surgeons of England in particular. I do not know what, at the present moment, may be the constitution of its Council.

6303. But even if you entertain doubts whether corporations would be of advantage to universities as adjuncts, you do not doubt that universities in respect of scientific culture could be of use to corporations in constituting a system of national examination?—I think they would be of use.

6304. So that without reference to individual schemes you would as a general principle approve of combination?—Of combination in certain directions and with certain limitations.

6305. The only other point about which I would like to ask you is one raised by paragraph No. 3 of your memorandum, "A divisional board for Scotland should be "constituted consisting of one or two members to be "chosen by each of the seven medical authorities." Now taking Edinburgh University, and supposing that it were to have one delegate, in whom would you vest the choice of that delegate?—The Senatus Academicus.

6306. Supposing that it were one member, should you think it convenient for that one member to be chosen by the authority which now sends a member to the General Medical Council?—Yes, I think so.

6307. Supposing that there were two members and that one were chosen in that way, what would be your opinion of having the second member to be chosen by the medical graduates of the university?—I think it would be much better if he were chosen by the same body, that is to say, by the Senatus Academicus. In the first place if he were chosen by the graduates it would entail a considerable amount of expense. Our graduates are scattered over a large part of the country, and after all many of them cannot have such an intimate knowledge of the men who would be likely to serve on this board as those who are on the spot itself, and certainly it would be unfair to limit the appointment to those graduates who happen to live near enough to the university to be competent judges of the men who should be the representatives.

6308. My reason for asking this question is that, as you are no doubt aware, there has been a proposal made that a larger share of the working members of the medical profession should be brought into relation with the management of the licensing system?—Yes.

6309. And you are aware that one form which the proposal has taken, has been that persons chosen for the Medical Council should be chosen, not by the governing bodies of institutions, but by the licentiates of institutions?—Yes.

6310. It is in that connexion, and with reference to proposals of that sort, that I rather wished to draw out your opinion whether, if two members were sent to a divisional board by Edinburgh University (and the same question would of course apply to the other institutions) it might be in any sense advantageous that one should be appointed by the governing body, and one either by all the medical graduates, or else by the doctors of medicine?—Of course you know that the divisional board is not the Medical Council.

6311. But in your memorandum the divisional board is supposed to be the root of the Medical Council?—There are so many advantages to be gained by all the representatives of the university being appointed by the governing body of the university, that I should think it would be advisable that both were appointed by that governing body.

6312. (*Dr. McDonnell.*) Are you aware that the College of Surgeons in Ireland has a complete school of medicine connected with it, as complete as regards it teaching staff, both in medicine and surgery, as any univer-

Prof. T. R. Fraser.

21 Oct. 1881.

sity school in the United Kingdom?—It is a subject with which I am not at all familiar, but I am of course quite willing to accept your statement.

6313. It has a school of medicine quite as complete as that of the University of Dublin or of any of the universities. That college has amongst its members, and amongst its Fellows, persons who are graduates in medicine, and who have the highest degrees in medicine as well as in surgery. Upon what ground of justice therefore could you draw a distinct line between such an institution and a university like that with which you are yourself connected?—I do not know whether they are entitled by their charter to give a double qualification.

6314. They are not entitled by their charter to give a double qualification.—The absence of a title to confer a double qualification indicates a material difference between the College of Surgeons of Ireland and the University of Edinburgh.

6315. I wish to understand exactly the value of the words we are using. We have an institution in Ireland called a college, and you have one in Scotland called a university, the functions as regards teaching are identical in those institutions, and identical functions as regards examination are conferred upon both; the one, however, claims the privilege of giving a double qualification; upon what ground of common justice do you think it should be denied to the other?—It is very difficult to answer a question of that sort, because I am not at all familiar with the facts, but I am aware there is also a College of Physicians in Dublin, and I should like to know if the qualifications, or if the right of giving qualifications by the College of Surgeons were complete both in medicine and surgery, what necessity exists for the College of Physicians.

6316. The College of Physicians has the right of giving qualifications in surgery if it pleases.—I should think it is very much a question of expediency. I do not know that I can argue it upon abstract principles. If you claim that right for the College of Surgeons, and wish for legislation to allow you to give a double qualification, then, of course, all the other corporations are entitled to make a similar claim, and I do not know how that would satisfy the present agitation.

6317. I am not speaking of satisfying the agitation, but of what may be just, and I want to bring out a little more distinctly an answer to a question which the Chairman put to you. What are the reasons why you think a university like yours should be gifted with privileges far exceeding those of an institution in Ireland, the constitution of which is in all fundamental particulars identical with yours?—I understood you to say that they have no legal right to give a double qualification.

6318. But I want to know the ground upon which you base the right of giving a double qualification in one and a single qualification in the other?—I am not prepared, and indeed the facts are not sufficiently familiar to me for me to enter into an argument upon the subject.

6319. We have had in evidence from the last witness, who is connected with the Queen's University in Ireland, an account of the mode in which the examiners of the Queen's University conduct their examination; and he told us that the examination in anatomy is conducted thus: that the professors from Galway, Cork, and Belfast meet together, and the candidate stands before them, and is examined by those three professors, so that the candidate is examined by the professor who has taught him, and by two other professors connected with the university, but who have not been his teachers; and he told us that that was found to work extremely well, and that it made an admirable court of examiners. I should like to know from you whether you think anything similar could be done in Scotland between the universities?—We attain the same object, in what I believe to be a more effectual manner, by introducing into our examinations a non-professorial examiner for each subject, who is appointed solely on his merits, and has no connexion with the teaching body of the university.

6320. Have you several colleges connected with the University of Edinburgh?—No, there is only a single college.

6321. Has the St. Andrews University any college connected with it?—There are two colleges, but they are not both medical. We have nothing corresponding to the Queen's University in Ireland.

6322. Obviously you cannot form a tripartite board where the university has but one college; but do you think that the three or four universities in Scotland could co-operate in a scheme of examination in the same way that the professors of the three Queen's Colleges have done with very good effect in Ireland?—I think it would be practically impossible, because they are not colleges of Edinburgh but separate universities of Scotland. The time which is taken up in the examinations, as we conduct them, would be such that it would be impossible for a man from Glasgow to leave his practical work and his own teaching in Glasgow and remain in Edinburgh during the weeks, and it may be months, that our examinations last.

6323. Then for practical purposes you do not think that that could be done?—It would be impossible.

6324. (*Prof. Turner.*) You are not only Professor of Materia Medica in the University of Edinburgh, but you are also Professor of Clinical Medicine?—Yes.

6325. I should like you, in connexion with the last question put to you by Dr. McDonnell, to tell us how long the examination in clinical medicine, conducted for the degree of the University of Edinburgh, takes?—On the last occasion it was about two months.

6326. And the examiners who conduct this examination in clinical medicine are gentlemen engaged in practice?—Quite so.

6327. Then it stands to reason that it would be quite impossible to take a practitioner from Glasgow for two months and to bring him to Edinburgh to conduct the examination?—Quite impossible.

6328. I should like to bring out a little more clearly the point as to the exact functions of colleges of physicians and colleges of surgeons. If a college of surgeons, as has been assumed, I think, on the part of one of our colleagues, is a complete faculty in itself, why should the Crown or the authorities for the time being have appointed a college of physicians in the same city?—That is very much the doubt which I felt when I was answering Dr. McDonnell, and I asked him why there should be a college of physicians. It looks as if the one was not regarded as in itself complete.

6329. That one was to be a supplement to the other?—Quite so.

6330. The persons belonging to a college of physicians at the present time are persons especially engaged in medical practice, and the persons belonging to a college of surgeons are persons especially engaged in surgical practice?—Quite so.

6331. (*Chairman.*) And you think that the persons who belong to a college of physicians are not able to obtain from that corporation a qualification which would make them proper persons to practice in surgery?—A College of Physicians may examine in surgery, but it cannot confer a surgical qualification.

6332. Then is not the argument which was stated just now, an argument rather in words than in fact?—It is a fact that now, as Professor Turner has said, in the colleges that I have any knowledge of, the Fellows on the Council are concerned more in the one case with medicine, and in the other case with surgery.

6333. Is it a matter of fact that the College of Physicians was established as a supplement to the college of Surgeons, and because the College of Surgeons was not fit to deal with the degrees in medicine or *vice versâ*?—I am not sufficiently acquainted with the history of the colleges to answer the question.

6334. Do you state from your own knowledge that the College of Physicians was established as a complement to the College of Surgeons or *vice versâ*?—No, I do not know.

6335. (*Prof. Turner.*) But as regards the general practice and usage, is it not customary for the profession to look to the members and fellows of a college of physicians as persons especially qualified in medicine, and to the members and fellows of a college of surgeons as persons specially qualified in surgery?—There can be no doubt that that is so, and that as a matter of fact the individuals who constitute the several corporations are in the one case especially qualified in surgery, and in the other case especially qualified in medicine.

6336. (*Prof. Huxley.*) By way of clearing this question to the bottom I will venture to put one question to you about it. Do you think that there would be the slightest difficulty at this present time, supposing that the

law determined that every person who was entered upon the Register should have a three-fold qualification, in the College of Physicians of Edinburgh obtaining examiners in surgery and midwifery of the highest class, or in the College of Surgeons obtaining examiners in medicine and midwifery of the highest class?—I do not think that there would be practically any difficulty.

6337. So that after all, supposing it were worth while to do it, each of those bodies could conduct an efficient and complete examination?—They could.

6338. (*Chairman.*) Perhaps you would have no objection to state to the Commission the objections which you think exist to the proposal of anything like a State examination?—In so far as Scotland is concerned there are several objections. One is that there would be a difficulty about examiners, for the men who are best capable of examining are, with no doubt a few exceptions, already engaged as examiners by one or other of the existing licensing boards. The result of this would be, if an additional board of examiners were to be appointed, either that those men must examine the same candidates twice over, once for the qualification of the special board with which they are connected, and again for the qualification which is required by the State; or that the examiners on the State qualification board would be men of inferior acquirements as contrasted with the examiners upon the existing boards. Another objection to the State examination is the difficulty as well as the expense of supplying material. The examinations are now conducted with a great deal of material in the way of apparatus and of specimens; and if examinations were held by an independent State board, these would require to be supplied. That objection would be mainly of a pecuniary description; but not only so, for in the case of practical anatomy, in Edinburgh, at any rate, it would be difficult to get a sufficiently large additional supply of bodies to conduct efficiently an additional examination in practical anatomy. In connexion with examinations there has been incidentally referred to another objection relative to the subject of clinical medicine, to which may be added clinical surgery. The examination at Edinburgh in each of these subjects practically goes over two months in order to examine about 170 candidates. If the examination were doubled by every student being also required to go through the examination of a State board, I have difficulty in imagining how the examination could be conducted, how men could spare a sufficient amount of time to devote to the examination, and also to devote to their own work as practitioners or as teachers. There would also be a difficulty in finding subjects for examination. In the examination which the university now conducts, all the patients at our command in the hospital are already used. If there be a demand for an additional number of patients, I do not know where those patients would come from. Patients cannot indefinitely be examined over and over again, because each examination lasts for two hours; and it is quite enough to subject a patient to an examination of two hours without following that by another examination of two hours, not only for the sake of the patient, but also because the managers of the infirmary would not submit to an infliction of that description. It would be impossible, I think, to get, in Edinburgh at any rate, patients upon whom an additional State examination in clinical medicine or in clinical surgery could be conducted in the manner in which we conduct our examination. Then in regard to the students, of course it would be a hardship to subject them, unless there were some very good reasons, to a second examination. A student always regards an examination with anxiety, however well he may be prepared, and I think it would be very hard indeed, unnecessarily to inflict another examination upon the student. A State examination could not be undertaken without charging the students additional fees; and that also must be regarded as an objection, because, in Scotland at any rate, our students have not much superfluous money. It would certainly deter a considerable number of men from entering the profession if they found that the fees were to any very material extent augmented; and it would be a loss to the State and to the public generally if the number (which is already sufficiently limited) of medical practitioners should be cut down. Further, a State examination implies the institution of another, or more probably of several other examining boards, in addition to those already in existence, and, accordingly, an increase in one of the evils which have been stated to exist. These are the chief objections that occur to me.

The witness withdrew.

Mr. JOHN TOMES, F.R.S., M.R.C.S., L.D.S. Eng., examined.

6339. (*Chairman.*) You are a Member of the Royal College of Surgeons and a Fellow of the Royal Society?—Yes.

6340. And you appear here to represent the views of the British Dental Association?—Yes.

6341. Would you kindly inform us of the aims of that association and the number of its members?—The particular aim of the association is to offer active assistance in carrying out the spirit and letter of the Dentists' Act, and also to encourage scientific investigation by the reading of papers and the kind of meetings usual with societies of a scientific character.

6342. Does your association meet frequently?—We have annual meetings. The association is represented by a large representative board, consisting of upwards of 40 members, which meets at least four times a year, and if occasion requires more frequently; and, moreover, we publish a monthly journal. The aims of the association are shown in the following extract from the Memorandum of Association:—

"The objects for which the association is established are the promotion of dental and the allied sciences, and the maintenance of the honour and the interests of the dental profession, by the aid of all or any of the following:—

(*a.*) Periodical meetings of the members of the association, and of the dental profession generally, in different parts of the country.

(*b.*) The publication of such information as may be thought desirable, in the form of a periodical journal, which shall be the journal of the association.

(*c.*) The occasional publication of transactions, or other papers.

(*d.*) The grant of sums of money out of the funds of the association, for the promotion of the dental and the allied sciences, in such manner as may from time to time be determined on.

(*e.*) The maintenance of the spirit and provisions of the Dentists' Act, by such lawful means as may be necessary.

(*f.*) The encouragement of the dental benevolent fund, for the relief of decayed or necessitous members of the profession.

(*g.*) And such other lawful things as are incidental or conducive to the attainment of the above objects."

6343. What practical steps have you taken towards assisting in carrying out the Dentists' Act?—We have from time to time furnished information to the Medical Council which is entrusted with the carrying out of the Dentists' Act.

6344. Do you maintain any direct relations with the General Medical Council?—No further than as an organisation devoted to promoting the education of dentists, and also, as I stated before, to assist in carrying out the spirit and letter of the Dentists' Act as an educational measure; but we have no authority beyond the authority of an association which is incorporated, just as the British Medical Association is under the same conditions an incorporated association.

6345. What kind of assistance do you render to the Medical Council?—By furnishing them with such information as may come to our knowledge; I may give you an instance, we brought before their notice a dental curriculum which had been in operation in the College of Surgeons of England under its Dental Charter, and we urged that that, a tried curriculum, should be as nearly as possible followed by the Colleges of Surgeons of Ireland and of Scotland which were authorised to grant diplomas in dental surgery under the Dentists' Act.

6346. Do you happen to know whether your recommendations were adopted by the Medical Council and urged by them on the other bodies?—The Medical Council adopted a curriculum in all essential particulars similar to that which we urged for their acceptance.

Mr. J. Tomes.

21 Oct. 1881.

6347. Has that curriculum been generally accepted?—It is accepted by the four licensing bodies in dental surgery.

6348. Then so far as the experience of your association goes the Medical Council has in this respect been of great use in promoting the best interests of dentistry?—My experience, and I think the experience of the body I represent is that great good has been effected by the Medical Council in carrying out the Dentists' Act, subject to one or two exceptions which perhaps we may come to afterwards: but they are exceptions that have no relation to the action of the general body of the Medical Council, but rather bear upon an imperfect organisation. That imperfection of organisation is the main subject that I wish to bring before the attention of the Commission.

6349. Is it your experience that the Associations of Dentists or the Colleges of Dentists have been backward in accepting the recommendations of the Medical Council in any portion of the kingdom?—No, I think that the licensing bodies, the four Colleges of Surgeons, to which I presume your Lordship refers, and to which I have alluded before, have all accepted the recommendations of the Medical Council.

6350. Is it your opinion that the colleges accept the recommendations of the Council with the more readiness because they are merely recommendations, and are not set forth with any actual authority?—I am quite unable to answer that question.

6351. I think you have not told us approximately the number of members of your association?—About 420, of whom 40 are qualified as medical practitioners, and 250 licentiates in dental surgery.

6352. Is your association mainly for London or does it extend to the provinces?—It is for the whole of the United Kingdom.

6353. Are there any other associations of dentists of a similar kind to your own?—I do not know of any association of a similar kind. There is a small association who call themselves "The Association of Surgeons practising Dental Surgery." They do not, to my knowledge, publish a list of members, but when the Dentists' Act was before the House of Commons there were not more than about 100 persons who held a licentiateship in dental surgery conjointly with a strictly medical qualification, or who practised dental surgery under a medical qualification only; of that supposed 100 (and I do not think there were so many) I think 91 petitioned Parliament, and 68 memorialised Members of Parliament individually, in favour of the Dentists' Bill, and we have their names.

(The witness handed in a copy of the petition to Parliament and of the memorial to individual members of Parliament.)

The petition approving the Dentists' Bill was signed by upwards of 1,100 dental practitioners, viz., by

Dental practitioners who are licentiates in dental surgery only of the Royal College of Surgeons of England - - -	184
Dental practitioners who are licentiates in dental surgery, and also qualified medical practitioners - - - -	42
Dental practitioners who are licentiates in dental surgery, and hold English and foreign medical qualifications also -	2
Dental practitioners who are qualified medical practitioners only - - -	28
Dental practitioners who hold foreign medical qualifications only - -	17
Dental practitioners who are qualified medical practitioners, and hold foreign dental qualifications - - -	2
Dental practitioners who do not hold any qualification - - - -	895

(*See also* 6384.)

The following is a copy of the memorial to individual members of Parliament:—

Dental Practitioners' Bill.

SIR,

THE principle and object of the Bill now before Parliament is simply this: that a person shall not hold himself out, by the use of a distinctive title, as possessed of a special qualification to practise dental surgery, unless he has actually qualified himself; subject however, to a full recognition of all existing rights and privileges.

We being ourselves fellows and members of the Royal College of Surgeons of England, or other similar bodies' therefore venture to ask your support for the "Dental Practitioners' Bill" which has been considered with very great care, and is submitted to Parliament with the concurrence and support of the most eminent members of the surgical and dental professions.

We are, Sir,

Your obedient Servants,

(Here follow the names of 68 qualified medical practitioners practising dental surgery.)

6354. They did not all petition?—I cannot tell you inasmuch as the Association of Surgeons practising Dental Surgery have never published a list of their members. We know that a number of men have left them and joined our association, but they publish no minutes or transactions.

6355. The British Dental Association, I may take it, is generally speaking in favour of the Dentists' Act of 1878, is it not?—Necessarily. They are bound by their articles of incorporation, by the rule that I mentioned, and it is one of the articles of incorporation that they shall support the Dentists' Act.

6356. And they conceive that it is in the true interest of the dental profession that it should be associated with the medical profession through the agency of the General Medical Council?—Yes, I have never heard any difference of opinion upon that subject.

6357. The dentists, as such, have no special representation, I believe, on the General Medical Council?—No, they have no representation further than this, which is a very partial one. The surgical corporations are represented, and the more educated portion, if I may use that expression, the diplomaed portion of the dentists are licentiates in dental surgery of this or that college; and it may be rightly presumed (and it has been shown to a certain extent that such is the fact), that the representatives of those colleges take a considerable interest in the respective dental departments. Sir James Paget has on many occasions shown at meetings of the General Medical Council, and of the College of Surgeons, that he was fully acquainted with all the details of the working of the dental department of the College of Surgeons, and took a strong interest in it; but we have no direct representation.

6358. And dentists, as such, do not vote in any of the corporations which return members to the Medical Council at the present time?—They do not; they are simply licentiates in dental surgery of this or that corporation. That is the title given them by the Dentists' Act. In this connexion it may be stated that the Royal College of Surgeons, England, under its dental charter of 1859, have, since that date, had a Board of Examiners in dental surgery composed of surgeons and dentists in equal numbers, that the Council of the College referred dental questions to this Board, the report of which thereon has been, I believe, usually adopted and acted upon by the Council; and it may be further stated that this course of proceeding on the part of the College has been attended with very satisfactory results as respects the education and examination of dentists.

6359. Is it the opinion of your association that you ought to be represented more directly on the General Medical Council?—The object of my presence here is to plead for a certain degree of representation, supposing any change is made in the constitution of the Medical Council; but I do not come here on behalf of my associates or myself to make any complaint against the Medical Council as such. Whenever I speak of it I have occasion to speak of it in precisely opposite terms to those of complaint. But the reason that we desire representation is that we have seen from time to time that the Council has not been sufficiently informed upon strictly dental matters when considering them, and if your Lordship desires it I think I can make good my case.

6360. Can you shortly point out to us an instance?—Some little time since the association sent in to the Medical Council a list of names, of something like 400 persons, whom on high legal authority the association believed to be wrongly registered, that is to say, that these persons had no right of registration. The Act requires that a person shall be *bonâ fide* engaged in the practice of dentistry separately or in conjunction with medicine, surgery, or pharmacy. In the cited cases those persons, although they had returned themselves as pharmacists, or as practising dentistry with medicine and surgery, had no right whatever to practice either the one or the other. We sent in proof of this allegation that their names were not to be found in the Chemists' and Druggists'

Register or in the Medical Register; and those persons only have a right to practice medicine who are registered in the Medical Register, or to practice pharmacy who are registered in the Chemists' and Druggists' Register. The Medical Council had in the meantime taken the opinion of Mr. Charles Bowen (now Mr. Justice Bowen) as to how this phrase should be read; and although we have not seen that opinion, yet it is not contradicted that it coincided, I am not in a position to say in all its details, but mainly, with the opinion that we sent in from Mr. G. A. R. Fitzgerald, the draughtsman of the Act. (Appendix No. 1, Case.) The cases of these 400, with the two legal opinions, were referred by the Medical Council to its Dental Committee, which Dental Committee is empowered by the Act to ascertain the facts of such cases, and their decision upon the facts, so far as the Medical Council is concerned, is final. It does not appear that the Dental Committee have the power of determining what shall be the law applicable to the cases. The Medical Council was summoned last February to receive the report of this Dental Committee, and then to our utter astonishment on the day of the meeting we found that in that report no mention was made of Mr. Justice Bowen's opinion or of Mr. Fitzgerald's, but a wholly new opinion, obtained from Sir Farrer Herschel and Mr. Muir Mackenzie jointly (Appendix No. 1, Case 3) was substituted, which opinion completely traversed the opinions that had been sent in to the Committee by the Medical Council. Had there been a dentist on that Committee I feel sure that that dentist would have remonstrated very strongly against the introduction of a perfectly fresh opinion without any reference whatever being made to the pre-existing opinions. I think that he would have had grounds of complaint had not that remonstrance been acceded to. Moreover, we who sent in the names were not appealed to to substantiate our charge, or appealed to in any way whatever, although the Committee had full power to call in our assistance, and to ask if we had any additional information to afford, and we could have given them a great deal of information. But in the absence of any one on the Committee who knew what the nature of that information might be, it was not sought. Then when the matter was discussed before the Medical Council itself, Dr. Quain said "that "the Dental Committee found there had been no fraud "in any one case referred to by them." Now what would have been pointed out, had there been a dentist on that Council, would have been that, of the names sent in, something like 70 or 80 had withdrawn from the Register voluntarily, and as many had declined to answer any questions or to take any notice of the letters addressed to them by the solicitor on the part of the Council. I think, had there been a dentist on the board that fact would have been pointed out. Then again a considerable number of persons had registered themselves as in practice before the passing of the Act, who had registered themselves in the Chemists' and Druggists' Register, and who had passed in pharmacy subsequently to the passing of the Dentists' Act, so that their declaration was incorrect; and I think that that wrong would have been exposed and time asked for further consideration had there been a dentist on the Council.

6361. Then I think I may take this from you, that you do not complain that in this instance the Medical Council neglected you, but what you feel is that if the dentists had had a special representative upon the Medical Council, he would necessarily have been on the Dental Committee, and he would have put new facts before the Dental Committee, and afterwards before the Medical Council, which as you think were not brought before them, and which you think would have exercised a very important influence upon their decision?—Yes. When the matter was under consideration, Dr. Quain defined dentistry as consisting of merely pulling out teeth, to which stopping and scraping teeth had now been added. He might with as much accuracy have defined ophthalmic surgery as merely taking out eyeballs. He gave that definition in supporting the retention on the register of a certain number of hair dressers who had occasionally drawn teeth, but who admitted that they knew nothing of anatomy in any form whatever. I think that definition of dental practice would have been corrected. The upshot of it was, that the Council passed a resolution to the effect that there was not sufficient evidence to justify the removal of the cited names. On the strength of that decision, and under legal advice, we laid a case before Sir John Holker, Mr. R. S. Wright, and Mr. G. A. R. Fitz Gerald, a case very carefully drawn up, and we submitted as part of the case the opinion of Sir Farrer Herschel and Mr. Muir McKenzie, and asked for their joint opinion. The consultation resulted in an opinion precisely opposite to the one accepted and acted upon by the Council, *i.e.*, an opinion to the effect that the persons whose names we cited had no right to be on the Register (Appendix No. 1, Case 4). Now if a dentist had been on that Committee, and had had the power of speaking and of voting at the Council, some such course as the one we subsequently followed would have been proposed at the time, and the Council would have been asked to defer its decision until the legal difficulty had been cleared up. As it was, the Council decided upon, and were forced as it were to accept, the ruling of the Committee, not only in respect to the facts of the cases, but in respect of the law applicable to them. In further illustration of the want of special information on the part of the Medical Council I may mention that a counsellor at the last session said "he thought they "(dentistry and dental surgery) were different things," whereas the former term, of recent American parentage (since 1842) has been used from the first, as a short substitute without any difference of meaning for the longer and more expressive term of dental surgery. In this sense it is used in the Dentists' Act, the two terms having been introduced therein for the purpose of alternative use, and for the avoidance of any difference of meaning.

6362. You are evidently of opinion that it would have been of very great advantage on that occasion, and possibly on several others, if there had been a special representative of the dental profession on the General Medical Council; would you kindly point out to me what you consider the best form of Medical Council so far as the dentist's profession is concerned?—My own feeling would be in favour of two dentists rather than of one being appointed (either by the educated dentists, that is to say, by the licentiates in dental surgery, or preferably perhaps by the Privy Council) whose duty it should be to attend the Council on all occasions whenever any dental question arose, and that they would in that position be rendered responsible for conveying to the Council whatever information was necessary in respect to the wishes and necessities, educational and otherwise, of dental practitioners. I am not in a position to say which would be the better form of election; I have no authority to do so from the society that I represent; but I think that supposing the attendance of the persons so elected were limited to the occasions when dental questions were under consideration, it would not be an unreasonable thing that there should be at least two, and for this reason, that if the Privy Council appoint, they might appoint unwittingly a person who is very incompetent; but there is a far better chance of securing effective assistance if they appoint two than if they appoint only one. The same holds good with reference to an appointment made by the licentiates, the most noisy man might get in, but if two were elected the chance of satisfactory representation would be greatly bettered.

6363. Then you would be in favour, in short, of there being two direct representatives of the dental profession upon the Medical Council?—I should be in favour of there being two representatives on the Medical Council, nominated by the Crown, or elected by the licentiates, the attendance being limited to dental business.

6364. Might it not be suggested that this member was placed in rather an inferior position as compared with other members of the Council if he were informed at the time of his election or nomination that his attendance was only required on certain specific occasions?—I think that as a dentist's education is special and general, estimated at $\frac{1}{3}$th general and $\frac{2}{3}$th special, the dentist is already well represented in respect to his general education; and what we want there is information as regards his special conditions and requirements, educationally, and otherwise.

6365. In proposing that there should be two direct representatives of the dentists on the General Medical Council, have you taken into consideration what the total number of the Medical Council would be; are you making that proposal of two dentists with the idea in your head that the Council will continue to consist of 24?—I have no knowledge of that kind. I make the recommendation of two, because if there were one he would

Mr. J. Tomes. 21 Oct. 1881.

be as far as the dentists were concerned despotic, and he might be a bad despot.

6366. And he might also possibly be absent when wanted?—He might.

6367. With regard to the question of infractions of the Dentists' Acts, and how far those infractions are or ought to be dealt with by the Medical Council, does your association take any cognisance of the infractions of the Dentists' Act, *e.g.*, the assumption of titles to which the persons taking them have no right, such for instance, as that of "Dentist Surgeon" by a person who has no connexion with the College of Surgeons?—It has been judicially settled already by the Court of Queen's Bench in January 1860, that you cannot impose any restriction upon the use of the title of dental surgeon until you come to a fresh race of men, and the fresh race of men are dental surgeons in virtue of their being licentiates in dental surgery. Hence it has been held that those registered persons who are already in practice, and who were in practice before the Act, could not be dealt with penally in respect of the question of title (Appendix No. 2).

6368. Then you think that in so far as the dentists are concerned, there is no means of enforcing the penal clauses of the Dentists' Act?—No, in respect to the use of titles by registered persons, the point has been tried in the Court of Queen's Bench, and there thoroughly discussed, and has with a like result been very frequently discussed since that time, namely, by the Medical Council, by the Parliamentary Bills Committee of the British Medical Association, and by Parliament, when the Dentists' Bill was in committee.

6369. Is there anything else that you wish to put before the Commission?—In answer to your previous question I may state that the association would prosecute a person who assumed the title of dentist who was not on the Register; but before they can prosecute they must in each case go to the Medical Council and ask its consent.

6370. That is because the prosecutors are the Medical Council, I suppose?—No; it was supposed that there might be some oppression exercised, to guard against which this provision was insisted upon by the Government. Supposing that we find an unregistered person calling himself a dentist we must state the case to the Medical Council, and gain its assent before we can bring an action against that person.

6371. That is under the provisions of the statute?—Yes; and if any alteration were made, it would be very desirable that it should be made clear that the executive committee of the Medical Council should be able to give such power, because the Medical Council meets only once in a twelvemonth. A branch council can give such power, but a branch council perhaps only meets once in a twelvemonth. So that it is very desirable that the executive committee should be able to empower us or any other persons to prosecute an individual who calls himself a dentist or a licentiate in dental surgery, he not being registered as either the one or the other. The Register records the nature of the dental qualification, that is, whether it be the possession of the licentiateship in dental surgery, or rests on the fact of having been "in practice before July 22nd, 1878," and will in future record also any surgical qualification held by the registered person.

6372. (*Mr. Simon.*) You referred to an occasion on which the course taken by the General Medical Council seemed to your association unsatisfactory, owing, as I understood you to mean, to the want of sufficient information?—I referred to the course taken in declining to strike off names from the Register on the authority of one legal opinion as against two or three other opinions of equal authority.

6373. Am I correct in my impression, that, whether right or wrong, the course taken by the Medical Council was a course determined by legal advice?—By the advice, I expect of the solicitor; but I would again call attention to the fact that the report of the committee upon which the Council acted contained no notice whatever of two high legal opinions that had been submitted, but substituted a third, which came at the last moment as a thunder clap upon us.

6374. I am not at all meaning to question you upon the right or wrong of the course, but only upon whether it was not essentially a legal matter, and whether the Council did not act on legal advice?—They acted on the advice of their solicitor, I believe, rightly or wrongly.

6375. Am I right in my impression that on that occasion no question was raised requiring special dentistic knowledge in the councillors engaged in the discussion?—I do not think that the question of dental skill was very much considered any farther than that Dr. Quain in advocating the course of the committee, said that he should prefer submitting himself to the barbers who had no anatomical knowledge rather than to many others who were supposed to be very much more highly educated.

6376. I take for granted that you would not insist upon a particular phrase used by a particular councillor, perhaps not very deliberately. My point is that the Council (as a whole) was dealing with a question which had to be determined by legal advice, am I right in that?—The Council as a whole were told, I think by the solicitor, that they could not discuss this or that question; and it was said by one member of the Council, whose name I need not repeat, that he hoped the resolutions would be so framed as to show that "the Council was simply "acting mechanically in obedience to the law." Another member of the Council said, on a later occasion, when speaking of the duties of the executive committee, "The "Council was called upon mechanically, with a pistol "at its head as it were, to follow the opinion (*i.e.*, "Sir Farrer Herschel's), laid before it, and we simply "endorsed what was laid down to us as the law by the "lawyers." The whole of my point is to show that there is a want of information and a want of well informed dental representatives.

6377. You are of opinion that if there had been a member of the dental profession attending the Medical Council as assessor he would more strongly have contested the legal view of the case?—He would have more strongly contested the legal view of the case, and he would have been able to adduce evidence which would, I think, have induced the Council to withhold its decision until the question had been more thoroughly investigated legally.

6378. (*Mr. Cogan.*) By the Dentists' Act, foreign and colonial dentists have a right to be registered as well as United Kingdom dentists in a separate column, have they not?—Yes, assuming that their education is equal to that which is required of English dentists.

6379. The Medical Council only take degrees of certain foreign colleges?—They take the degrees of certain foreign colleges in accordance with their curricula, and in accordance with such information as their prospectuses furnish in respect of the length and character of their curricula, and in respect of the examinations and also in respect of the examiners.

6380. Can you inform us as to what certificates or degrees of American colleges are allowed to be registered?—Those of the Harvard and Michigan colleges alone. Our curriculum requires four years' attendance, and their curriculum only requires three years' attendance. The other colleges in America require perhaps only eight months' actual attendance. The examinations are conducted wholly by the teachers, and we hear very little of any rejections, and we know pretty well that persons can go to America and come back with a diploma of doctor of dental surgery from many of their institutions within five or six months, and sometimes within very much less time.

6381. Would that observation apply to the University of Pennsylvania?—I cannot answer your question offhand, but all the American qualifications and requirements have been closely analysed, and the results will be found reported in the minutes of the Medical Council. I cannot carry it all in my mind, because there are, I think, something like 15 of them. The Harvard and Michigan colleges are the only two institutions that require even the shadow of a preliminary education. We require a preliminary education the same as that required of a medical student.

6382. So that there is full security, at least now, that none but a properly educated person can get on the Dental Register in this kingdom?—He must have a thorough knowledge of the whole subject of dental surgery; what we have contended for and what is now being carried out, is that he should have an education equal to that of a medical man, but differing in some

of the details. We strike out of the medical education certain medical specialties and put our own special subjects in their stead, so that the education can be comprised in the four years, allotted alike to the medical and dental curriculum. If you were to require that the dental licentiateship should be taken in addition to the ordinary medical qualification, then you must give six years for the education, which we have contended would be an unreasonable requirement from the bulk of the dental practitioners.

6383. Was it the fact that a vast number of names were put on the Register shortly after the passing of the Act of 1878, of persons who were by no means qualified?—A very great number indeed, and with a desire to eliminate some of them we sent in those names to the Medical Council.

6384. At the present moment are there many of those persons still on the register?—A great number. In the absence of a public record the dental practitioners of the United Kingdom were, in May 1878, on the authority of the carefully maintained private list of Messrs. Ash and Sons, estimated at about 2,000. This well-known leading firm has, for upwards of half a century, supplied the larger portion of dentists with the instruments and materials used in dental practice; hence for the purposes of their trade they have used every available opportunity to possess themselves of the name and address of each dental practitioner. This list included a limited number of dentists' assistants and pupils, and of persons who, in conjunction with other callings, practised dentistry. The initial Dental Register, 1879, contains 5,289 names. Of these 2,049 returned themselves as practising dentistry with pharmacy; and if reasonable allowance be also made for the dentists' assistants, pupils, &c., assumed and real, who have registered as having been in practice before the passing of the Act, it will be seen that the estimate of 2,000, as an approximate number of the persons in actual practice, in the sense contemplated when the Act was drawn, and before the word pharmacy was added to Section 6 (c.), is justified by the Register. In answer to my inquiry Messrs. Ash state "we consider that "2,000 names may be fairly *added* for assistants, "&c., pupils of dentists who have taken advantage of "the Dentists' Act to register themselves. We regret "that many others who had no such professional claim "to be registered have got placed upon the Dentists' "Register."

6385. (*Chairman.*) With reference to the question of foreign certificates, it rests with the General Medical Council, I believe, to decide as to the certificates of which of the foreign institutions should be accepted?—Yes, it is entirely in their power.

6386. Have you ever heard of complaints coming from institutions which have applied to have their certificates recognised, and have not been successful?—I have heard that some institutions have made complaints, but members of others have expressed great satisfaction with the course taken, and they have, moreover, said that they hope that sooner or later the course taken here will force their colleges into a higher qualification and lead to a better state of dental education, for it is notorious that in America, both in respect to medical and dental education, qualifications have been obtained with scarcely any knowledge of the subject of either. Confirmation of this statement will be found in "The History of Dental and Oval Science in America, 1876," in "Special Report upon Medical Education and "Medical Institution in the United States of America, "prepared for the United States Bureau of Education," by N. S. Davis, A.M., M.D., 1776–1876; in the address on "The Relations of the Medical Profession to the "State," by D. B. St. John Rosa, M.D., 1879; and in "The Address on Dental Education," by Dr. Eliot, President of Harvard University, 1879.

6387. Do you happen to know whether there are any dentists of eminence who hold foreign qualifications which are not recognised, and which they think ought to be recognised?—I have not any instance in my mind at the present moment. I remember one case where a gentleman contended very strongly that a certain qualification should be recognised, but when the whole thing had been gone into he said, "I believe the "General Medical Council have done quite rightly." It was argued by the institution which I represent that you could not reasonably expect a higher qualification of an Englishman than of a foreigner, and that the education which had been gradually perfecting here must be greatly lowered if you registered a great number of the foreign dental diplomas; and we wish to have the education increased in completeness and not lowered to meet on terms of equality a lower standard.

6388. To take the case of France, are the certificates of many of the French dental colleges accepted?—I do not know of the existence of one.

6389. Is there in France no such thing as an institution which gives certificates?—No, I think not.

6390. Do you happen to know whether there are any such institutions in Germany?—I think there is at least one, but their requirements are at present very slight. One of their representatives was present at the Medical Congress, and he gave rather a lamentable account of their requirements, and hoped that better times would come, and said that he looked upon the Congress as a great means of heightening the degree of education that would be ultimately required of dentists.

6391. We know that governments abroad are very particular with reference to the qualifications of medical practitioners; but can you tell us whether foreign governments are lax with regard to the qualifications of dentists?—At present I believe they are, but I think in almost every country now some effective step in this direction has lately, or is about to be taken. For example, in France, Germany, Spain, Switzerland, Canada, New Zealand, &c.

6392. (*Prof. Turner.*) Then are we to understand that the dental practitioners in France and Germany are qualified medical practitioners?—They are either qualified medical practitioners, or, I believe, with the exception mentioned in respect of Germany, without any qualification whatever, just as they were here formerly, that is, before the passing of the Dentists' Act when not one *bonâ fide* practitioner in twenty had any qualification.

6393. The General Medical Council has, I think, to frame regulations connected with the registration of dental students?—Yes.

6394. And the General Medical Council has also, I think, to approve of a dental curriculum?—Yes.

6395. And to approve of the subjects of the examination of dentists?—Yes.

6396. So that in your judgment it would be advisable that when those dental questions are under consideration in the Council there should be some one there who should advise the Council as to the facts?—Yes.

6397. Would you propose that this representative of the dentists at the Council board should sit there as a counsellor, that is to say, as equal in position to the other members of the Council, or merely as an adviser, or referee?—I should place him on an equality with the counsellors on dental questions, and give him a vote on dental questions.

6398. You would give him a vote and a deliberative power?—Yes.

6399. On such questions only?—Yes.

6400. And he should be on all dental committees?—Yes; but as I have already stated, I myself should be rather adverse to there being only one representative.

6401. (*Mr. Simon.*) Has it occurred to you whether you would extend that same principle to any other of our professional specialities; whether for instance you would have representatives of ophthalmology on particular occasions admitted to the Council?—Certainly not, inasmuch as they do not require that additional, very distinctive, and separate education that renders a dentist efficient, and without which he is utterly useless. Furthermore, while dental practitioners are counted by thousands the representatives of any other medical specialty may be counted by tens.

The witness withdrew.

Mr. J. Tomes.

21 Oct. 1881.

APPENDICES TO THE EVIDENCE OF MR. JOHN TOMES.

Appendix No. 1.

Cases and Opinions respecting the Dentists' Act, 1878.

Representative Board of the British Dental Association, *re* the Dentists' Act, 1878.

Case 1.

Case for Opinion of Mr. Fitzgerald.

1. Is the registrar at liberty to furnish from time to time information as to whether a specified name has been placed upon or erased from the Dentists' Register during the intervals of publication (sect. 11, 3), to persons interested in seeing that unregistered persons do not use dental titles, and that improper persons do not remain upon the register? The withholding of information upon either point might be attended with inconvenience or even lead to injustice.

2. The board, with the view of rendering assistance in carrying out the spirit of the Dentists' Act, desire to possess a more defined statement of the conditions which entitle a person to be placed upon and to remain on the Dentists' Register, as having been *bonâ fide* engaged either separately or in conjunction with medicine, surgery, or pharmacy, at the passing of the Dentists' Act.

(*a.*) For example, is a person entitled to remain on the register who declared himself to be engaged in the practice of dentistry *separately*, while he was at the same time engaged also in some business not mentioned in the Act?

(*b.*) Or is a person who declares himself to be engaged in the practice of dentistry in conjunction with pharmacy, but whose name was not on the Chemists' and Druggists' Register—(kept under 25 and 26 Vict., chap. 59) which includes all who have a legal right to practice pharmacy—entitled to remain on the register?

3. What constitutes a *bonâ fide* practice in the meaning of the Act?

(*a.*) Is an assistant who was in a chemist's shop (even if registered in the Chemists' and Druggists' Register) where teeth are occasionally extracted entitled to remain on the register as a *bonâ fide* practice before July 22nd, 1878?

(*b.*) Does the occasional performance of a dental operation, such as the extraction of a tooth, constitute *bonâ fide* practice?

(*c.*) Does the *bona fides* apply equally and separately to the practice of dentistry and of pharmacy, and can an assistant in a chemist's shop who is not registered in the Chemists' and Druggists' Register, be regarded as in the *bonâ fide* practice of pharmacy?

(*d.*) Is a person who assisted a dentist in his practice, but who was in no way responsible to the parties practised upon, and for whose acts in the capacity of assistant his employer was wholly responsible, entitled to be on the Dentists' Register on the ground of *bonâ fide* practice before July 22nd, 1878?

4. Can the name of a person be removed from the Dentists' Register at his own request without any reason being given by him for the removal? *See* sect. 12 (3) of the Dentists' Act.

If a cause for withdrawal from the Dentists' Register must be given, will the following or a declaration to the like effect bar the restoration of the name on the ground of practice before July 22nd, 1878?

To the Registrar.

I, A.B., not having been engaged in the practice of dentistry or dental surgery, desire my name to be removed from the Dentists' Register, and I hereby relinquish all claim to its restoration in the register on the ground of having been in practice before July 22, 1878, or unless supported by a recognised dental diploma.

5. Is the witness to the declaration (Schedule, Dentists' Act) a witness to the facts of the declaration, or merely as to the signature of the declarer. (*See* sect. 35.)

6. Can the Executive Committee of the General Medical Council refer cases of alleged incorrect or fraudulent registration to the Dental Committee (sect. 15) for the investigation of the facts of such cases?

Opinion.

1. I am of opinion that the registrar is perfectly at liberty to furnish any information respecting the contents of the register, during the intervals of publication, to any persons interested in seeing that unregistered persons do not use dental titles, and that improper persons do not remain on the register.

2. (*a.*) A person who, being at the passing of the Act engaged in the practice of dentistry, and also in some business not mentioned in the Act, declared himself to have been engaged in the practice of dentistry separately, is liable to have his name erased from the register.

(*b.*) A person who declared himself to be engaged in the practice of dentistry in conjunction with pharmacy, but whose name was not in the Chemists' and Druggists' Register, is liable to have his name erased from the register.

3. (*a.*) I think that an assistant in a chemist's shop, where teeth are occasionally extracted, even if registered in the Chemists' and Druggists' Register, cannot be considered as engaged in the *bonâ fide* practice of dentistry so as to entitle him to remain on the Dentists' Register.

(*b.*) I think that the occasional performance of one class of dental operation such as the extraction of teeth does not constitute *bonâ fide* practice of dentistry.

(*c.*) The *bona fides* applies equally and separately to the practice of pharmacy, and an assistant in a chemist's shop not registered in the Chemists' and Druggists' Register, cannot be regarded as in the *bonâ fide* practice of pharmacy within the meaning of the Act.

(*d.*) Whether a dentist's assistant can be considered as in *bonâ fide* practice so as to entitle him to be on the register, depends on the amount and nature of the assistance furnished by him to the dentist. The assistance must be such as to require the possession of some dental skill and knowledge.

4. The name of a person can be removed from the register at his own request, without any reason being given by him. Of course the registrar would require a written request, signed by the person making it. The restoration of a name one removed is a matter for the discretion of the General Council (sect. 14), after the facts of the case has been ascertained by the standing committee appointed under (sect. 15). I do not think a person desiring to have his name removed could be legally required to make a declaration relinquishing all claim to restoration on the ground of *bonâ fide* practice before the passing of the Act.

5. The witness to the declaration in the schedule to the Dentists' Act, is a witness merely to the signature of the declarer, but if he signed knowing the declaration to be false or fraudulent, he would be liable to be proceeded against under (sect. 35),

6. I think that the Executive Committee of the General Medical Council can refer cases of alleged incorrect or fraudulent registration to the Dental Committee appointed under (sect. 15).

(Signed) G. A. R. Fitzgerald.

Westminster, October 20th, 1879.

Case 2.

Case and Joint Opinion of the Solicitor-General and Mr. F. Vaughan Hawkins.

The General Medical Council.—Dentists' Act.

Counsel will please see copy of the Dentists' Act (1878.)

The carrying out of this Act, it will be seen, is entrusted to the General Medical Council, a body created by the Medical Act (1858.)

By section 11 a register of dentists is established.

Sections 12, 13, 14, 15, deal with erasures from and restorations to the Dentists' Register.

Section 12 gives certain powers to the General Registrar to alter names and addresses, to erase the names of deceased practitioners, and to erase with consent the names of persons who have ceased to practise, or who, not answering letters from the registrar, shall be deemed to have ceased to practise.

By section 13, the General Council shall cause to be erased from the Dentists' Register any entry which has been fraudulently or incorrectly made, and of persons convicted or guilty of infamous or disgraceful conduct in a professional respect.

Section 14 provides for the restoration of names to the Dentists' Register after having been struck off.

Section 15, on which the questions whereon your opinion is desired mainly arise—provides that the General Council shall, for the purpose of exercising in any case the powers of erasing from, and of restoring to, the Dentists' Register, the name of a person or an entry, ascertain the facts of the case by a committee of their own body, not exceeding five in number, of whom the quorum shall not be less than three, and a report of the committee shall be conclusive as to the facts for the purpose of the exercise of the said powers by the General Council. Such committee is always to be maintained, and the committee has power to regulate its meetings, &c.

The dental committee has been duly appointed.

More than 5,000 names have been entered on the Dentists' Register and, as might be expected, questions have arisen as to the qualification of some of them. The several qualifications are defined in section 6 of the Act, and the question arises on the following clause (C) of that section:—

"Is at the passing of this Act *bonâ fide* engaged in the practice of dentistry or dental surgery, either separately or in conjunction with the practice of medicine, surgery, or pharmacy."

It will be observed that the form of application for registration given in the schedule to the Act does not follow section 6, that is to say, it does not purport to distinguish between persons practising dentistry separately and persons practising dentistry in conjunction with medicine, surgery, or pharmacy. The General Medical Council therefore, availing themselves of the words "or to the like effect," in section 6, issued an altered form, a copy whereof is printed on page 23 of the published Dentists' Register for 1879.

This form has been universally adopted by applicants. Several hundred gentlemen have filled in the form, and have been registered as practising dentistry with pharmacy. Some have stated themselves to be practising dentistry in conjunction with some trade, such as a jeweller, hairdresser, &c., but these have not been registered.

The first question which arises is, has the dental committee power in itself to initiate inquiry as to the facts of any case that may be brought to its knowledge, or must the case be first referred to the committee by the General Council.

The General Council, as a rule, meet only once in a year and, when it is not sitting, its duties, so far as they can be delegated, are performed by an executive committee. (*See* Medical Act, section 9.)

The Council however, has been advised that it connot delegate to the executive committee any duty which is in its nature judicial, and the question is whether the initiating any proceedings having for their object the removal of a name or qualification from the Dentists' Register is a judicial act which the Council cannot delegate.

By the Pharmacy Act any practice of pharmacy by persons not registered under that Act is made illegal. (Section 1.)

Several hundred persons who have registered as practising dentistry with pharmacy were not at the time on the Pharmaceutical Register.

In ascertaining the facts it may be suggested, that it is the duty of the dental committee to give to the person whose case is under consideration the opportunity of being heard. Although the committee have no power to decide as to striking a name off the Dentists' Register yet, as their statement as to the facts is conclusive on the General Council, with whom the decision rests, it may be said to be unfair on the person whose interest is affected that the facts should be found in his absence, so that, before the General Council he can only argue on such facts without being entitled to offer evidence to controvert them.

The questions upon which your opinion is required are as follows:—

Questions.	*Opinion.*
1. Must any proceedings to erase a name or qualification from the Dentists' Register, or to restore such thereto, be initiated by the General Medical Council?	1 & 2. We think that the power of initiating proceedings is vested in the General Medical Council, but that the Council may properly delegate to the executive committee, under the Medical Act, the power of receiving applications to the General Council, and of referring them to the Dental Committee under section 15 of the Dentists' Act, to investigate and report on the facts of the case, for the purpose of the matter being afterwards brought before the General Council.
2. Can the General Council delegate either to the executive committee under the Medical Act, or to the dental committee under the Dentists' Act, a general power of initiating proceedings?	
3. Has the dental committee under the Act any power to originate proceedings?	3. We think the dental committee cannot itself originate proceedings.
4. Is the dental committee bound to hear the party interested before finding the facts?	4. We think the dental committee ought, before finding the facts, to give the party interested the opportunity of offering any explanations, and of being heard, if he desires it.
5. Where a person has procured his name to be put on the Dentists' Register as practising dentistry separately, but who, in fact, carries on some other trade, as a jeweller, hairdresser, &c., can the General Council remove his name from the register?	5. We think that the name of a person cannot be removed from the Dentists' Register solely on the ground that he carries on some other trade, though the fact of his doing so might be material in considering whether he was *bonâ fide* engaged in the practice of dentistry at the passing of the Act.

Temple, August 6th, 1880.

FARRER HERSCHELL,
F. VAUGHAN HAWKINS.

CASE 3.

CASE and JOINT OPINION of the SOLICITOR-GENERAL and Mr. MUIR MACKENZIE.

The General Medical Council.—Dentists' Act.

The General Medical Council have carried out the registration of dentists in accordance with what they believed to be the meaning of the Act. Objections, however, have been raised which apply to the registration of persons who were registered on their declaration of having been in practice prior to the passing of the Act. These objections are founded more especially on the interpretation to be placed on clause (C) of section 6 of the Dentists' Act.

Mr. J. Tomes.

21 Oct. 1881.

Counsel are requested to advise the General Medical Council in reference to this section of the Act.

Questions.

1. What is the construction to be put upon the words "*bonâ fide* engaged in the practice of dentistry or dental "surgery, either separately or in conjunction with the "practice of medicine, surgery, or pharmacy?"

A. Do such words mean that a duly qualified dentist must be actually in business on his own account, or could a person otherwise duly qualified, and discharging all the duties of a dentist, but acting as assistant to another, be said to be *bonâ fide* engaged in the practice of dentistry?

B. Could a person competent of himself and duly qualified to practise medicine or surgery with dentistry, or to practise as a chemist and druggist and dentist, but whose name is not on the Medical Register, nor on the Register of Pharmaceutical Chemists, nor of Chemists and Druggists, be said to be *bonâ fide* engaged in the practice of dentistry in conjunction with either medicine, surgery, or pharmacy.

C. Assuming that a person qualified as in the preceding clause can be registered in the form mentioned, will such person be disqualified from registration if acting as an assistant only?

D. Can apprentices to chemists practising also dentistry claim to be registered under the Dentists' Act as *bonâ fide* practising dentistry in conjunction with pharmacy?

E. Can a person duly qualified to practice dentistry claim to be registered in conjunction with pharmacy on the ground of his practising some form of pharmacy such as homœopathic or veterinary pharmacy?

2. Much misconception having arisen, on the part of persons applying to be registered under clause (C) of section 6 of the Dentists' Act, as to the interpretation to be put on the words of that clause, and application having been made to the General Medical Council to strike off the Dentists' Register the names of persons stated to have made false declarations in connexion therewith, counsel are requested to advise on the following questions:—

A. Whether a person can claim to be registered on filling up the declaration as printed in the schedule to the Dentists' Act, and nothing more?

B. Whether the General Medical Council can, at the request of persons now registered, omit from the Dentists' Register the words "with pharmacy," or any additional qualification that may have been entered on the Register, if the Council be satisfied that the request for insertion has been made through inadvertence or misconception?

C. Can the Council require proof to be furnished of any additional qualification required to be registered, such as the production of any diploma, degree, or license of any medical or surgical body, college, or institution?

D. In the absence of such evidence, has the General Medical Council power to remove the words "in conjunction with medicine," &c., from the Dentists' Register?

Opinion.

1. We are of opinion that the words "*bonâ fide* engaged in the practice of dentistry or dental surgery, "either separately or in conjunction with the practice "of medicine, surgery, or pharmacy," have no reference to any legal qualifications to practice medicine, surgery, or pharmacy. They are simply intended to indicate that if the person seeking registration is qualified to be registered by reason of his being *bonâ fide* in practice as a dentist, he is to be none the less so entitled because that is not his exclusive occupation, but is only carried on by him in conjunction with the practice of medicine, surgery, or pharmacy.

A. We are of opinion that a duly qualified dentist need not necessarily be in business on his own account. If a person is discharging the duties of a dentist, and really practising as such, he is not disqualified from registration merely because he is acting as assistant to another. But he would be so if his duties consisted merely in rendering assistance to his employer, and not in the independent performance of dental operations.

B. We are of opinion that the question whether the name of a dentist seeking to be registered in conjunction with medicine, surgery, or pharmacy, is or is not on the Medical Register or the Pharmaceutical Register is quite immaterial. The practitioner in dentistry is to be registered in respect of his dental qualifications only, and the Council need not inquire as to his right to practise medicine, surgery, or pharmacy.

C. The above answer applies to this question. It is immaterial whether the person seeking registration in conjunction with medicine, &c., is an assistant or not, provided he possesses the requisite dental qualifications.

D. We think that apprentices to chemists practising dentistry cannot claim to be registered as *bonâ fide* practising dentistry in conjunction with pharmacy. The 37th section provides for the registration of apprentices and students in certain specified cases, but except in the cases provided for in that section, we do not think that apprentices can claim registration.

E. We think it is immaterial what form of pharmacy a person practises, provided he satisfies the dental qualifications necessary for registration.

A. We are of opinion that a person can claim to be registered under clause (C) of section 6 on signing, as prescribed in section 7, the declaration in the schedule to the Act. The registrar may, if he thinks fit, require the declaration to be affirmed by a statutory declaration, as provided by section 7, but nothing more can be required.

B. The General Medical Council can, in our opinion, omit from the Dentists' Register the words "with pharmacy," or any like words, in every case in which they think proper to do so. Such words are, in our opinion, superfluous, and should not have been placed on the Register at all. The Register should, in our opinion, contain the names of the practitioners, with any dental diplomas or qualifications to which they may be entitled, but should not contain any reference to their qualifications or practice either in medicine, surgery, or pharmacy.

C. We think that the only additional qualification which should appear on the Register are those which express or imply fitness to practice dentistry (section 11, clauses 2 and 6). If a candidate for registration desires to have such additional qualifications registered, we think that the Council can certainly require proof of such qualifications by the production of the necessary diploma, degree, or license.

D. We have already said that we think that the Council have full power to remove from the Register the words "in conjunction with medicine." We think further that in any case in which the Register contains statements of a dentist's qualifications, the incorrect statement may, under section 13 be erased.

FARRER HERSCHELL.
MONTAGUE MUIR MACKENZIE.

Temple, December 14, 1880.

CASE 4.

CASE and OPINION of Sir JOHN HOLKER, Q.C., M.P., Mr. R. S. WRIGHT, and Mr. G. A. R. FITZGERALD.

Case.

Herewith are sent :—

1. The Dentists' Act, 1878.

2. Copy case, and opinion of Mr. Fitzgerald thereon.

3. Copy case, and joint opinion of the Solicitor-General and a junior counsel thereon (*see* pages 60 to 66 inclusive of the number of the Journal of the British Dental Association marked in red ink.)

Before the year 1858 there was no provision whatever for dental education, and no qualification was required for dental practice.

er Majesty may ant power College Surgeons institute amina- ons, &c. r dentists.

Under clause 38 of the Medical Act, 1858 (viz., 21 and 22 Vict. c. 90),—it shall, notwithstanding anything herein contained, be lawful for Her Majesty, by charter, to grant to the Royal College of Surgeons of England power to institute and hold examinations, for the purpose of testing the fitness of persons to practice as dentists who may be desirous of being so examined, and to grant certificates of such fitness.

The College of Surgeons obtained its dental charter in 1859, authorising the institution of examinations in dental surgery of persons who desired to be examined, and the issue of certificates of fitness to practice. Those persons who had yet to enter upon practice were required to submit to a curriculum before presenting themselves for examination, but persons in practice before the date of the charter were, on certain conditions, admitted to examination *sine curriculo*.

A large number of the leading dental practitioners at once availed themselves of the opportunity offered by the College, and secured the qualification of licentiate in dental surgery, and successful dental schools were established for the education of pupils.

The education prescribed was found highly satisfactory, and the benefits secured thereby so incontestible that at a public meeting of dental practitioners, held in 1875, it was determined to ask Parliament to make compulsory the education and qualification, at present optional, on all who should in future devote themselves to dental practice, and for the purpose of giving full effect to the obligation, to require registration of all existing *bonâ fide* practitioners.

A Bill was drawn on the lines of the Medical Act, 1858, keeping also in view the Pharmacy Act, 1868, and when drawn was submitted to and approved by the College of Surgeons of the United Kingdom, and submitted also to the Medical Council. The Bill was introduced into Parliament by Sir John Lubbock, and on its second reading was approved by Lord Sandon on behalf of the Government subject to free amendments of detail. These amendments, subsequently drawn by the Government draughtsman, consisted in making the Bill (at the instance of the Medical Council) conformable with the dental section of the Lord President's Medical Bill then before Parliament, it being understood that in case of the Dentists' Bill passing, the dental section of the Lord President's Bill would be withdrawn, and steps were taken to this end when the Medical Bill was itself withdrawn. The Bill introduced by Sir John Lubbock became law as the Dentists' Act, 1878.

As originally drawn, it contemplated the registration only of persons who devoted themselves wholly to the practice of dental surgery or dentistry, and of persons who combined dentistry with the practice of medicine or surgery. Memorials were, however, addressed to Sir John Lubbock by chemists and druggists (all of whom are registered under the Pharmacy Act), stating that a certain number of their body combined the practice of dentistry with the chemists and druggists business, and claiming to be registered as dentists.

To meet what appeared to be a reasonable claim, the words "or pharmacy" were added in the registration clause of the Bill after surgery, and the clause so amended stands in the Act as follows :—

alification essary for istration,

6. Any person who—

(*a.*) Is a licentiate in dental surgery or dentistry of any of the medical authorities, or

(*b.*) Is entitled, as herein-after mentioned, to be registered as a foreign or colonial dentist; or

(*c.*) Is at the passing of this Act *bonâ fide* engaged in the practice of dentistry or dental surgery, either separately or in conjunction with the practice of medicine, surgery, or pharmacy, shall be entitled to be registered under this Act.

The promoters of the Act framed sub-section (*c*) of the above section with the view of admitting to registration persons who practice dentistry by itself, or persons who practice dentistry in combination with the legal practice of medicine, surgery, or pharmacy, as defined in the Medical and Pharmacy Acts respectively, and no others.

The preamble of the Medical Act, 1858 (21 & 22 Vict. c. 90), gives as the reason for its passing, that "it is "expedient that persons requiring medical aid should "be enabled to distinguish qualified from unqualified "practitioners;" and the preamble of the Pharmacy Act, 1868 (31 & 32 Vict. c. 121), states that the Act is passed because "it is expedient for the safety of the "public that persons keeping open shop for the retailing, dispensing, or compounding of poisons, and "persons known as chemists and druggists should "possess a competent practical knowledge of their "business, &c."

Both preambles thus show that the Acts were promoted and passed for the protection of the public, and a person not registered under the Medical Act is subject to a penalty if he takes the title of physician, or any similar title; and under the Pharmacy Act, 1868, a person not registered under that Act is liable to a penalty if he takes the title of chemist, druggist, or any similar title.

On the passing of the Dentists' Act, 1878, the Medical Council proceeded to the work of registration, and with the view of ascertaining under which of the specified conditions a person practised, each applicant for registration under s. 6, (c.) was required to fill in the following form :—

I request to be registered as a dentist under clause C., section VI., of the Dentists' Act, 1878, for for which purpose I submit the following particulars :—

1. I hereby affirm that at the date of passing of the Dentists' Act, 1878, I was practising dentistry.*
(Signed)

2. Declaration required to be made by a person who claims to be registered under the Dentists' Act, 1878, on the ground thal he was *bonâ fide* engaged in the practice of dentistry at the date of the passing of the said Act :—

I†
residing at‡
hereby declare that I was *bonâ fide* engaged in practice of dentistry at §
at the date of the passing of the Dentists' Act, 1878.
(Signed)
(Witness)
Dated this day of 18 .

Note.—Any person who wilfully procures, or attempts to procure, himself to be registered under this Act, by making, or producing, or causing to be made or produced, any false or fraudulent representation or declaration, either verbally or in writing, and any person aiding and assisting him herein, is liable, under the Dentists' Act, 1878, to imprisonment for 12 months.

In fulfilment of the purpose of the inquiry, persons were registered as "in practice before July 22nd, 1878," "with pharmacy", or "with medicine or surgery," if either were practised, as the case might be. On the publication of the Dentists' Register, it was found that a large number of persons had declared themselves to be in the *bonâ fide* practice of dentistry in conjunction with pharmacy, whose names were not to be found in the Chemists' and Druggists' Register, and who could not practice pharmacy without contravening the Pharmacy Act (31 & 32 Vict. c. 121, s. 15).

* Here has been inserted whether practising separately, or in conjunction with the practice of medicine, or surgery, or pharmacy.
† Here has been inserted the name in full.
‡ Here has been inserted the address in full.
§ Here has been inserted where the practice was carried on.

Mr. J. Tomes.

21 Oct. 1881.

Counsel's opinion was taken (Mr. FitzGerald's hereto appended) which confirmed this view, and on its authority those persons were written to, suggesting their withdrawal from the register. Subsequently the names of those supposed to be incorrectly, if not fraudulently registered, were sent into the Medical Council, accompanied with a copy of Mr. FitzGerald's opinion. This opinion, together with an opinion which had been obtained from Mr. (now Mr. Justice) Bowen, by the Medical Council, was read by the Council with closed doors, and together with the names sent in, was referred to the dental committee of the Council (section 15 of the Act). The report of the dental committee contains no notice of either of the two opinions, but it is accompanied by opinions of Sir F. Herschell, and a junior counsel, a copy of each of which is also sent herewith. It will be observed that this opinion is contrary to that of Mr. FitzGerald, and would apparently make the words of section 6 of the Act, "either separately or in conjunc-
" tion with medicine, surgery, or pharmacy," to have no meaning whatever. The Medical Council have adopted the opinion of Sir F. Herschell on the construction of the Act, and the result is that the names of a large number of persons, for the most part chemists' and druggists' unqualified assistants, are retained in the register, whose registration was not for a moment contemplated by the promoters or draughtsmen of the Act, and whose claims to any knowledge of dentistry is scarcely colourable, being at most confined to the occasional extraction of teeth on behalf of their employer. Furthermore, the names of others are retained on the register, who practice some calling other than either of those named in the Act. For example, hairdressers, watchmakers, travellers, cutlers, and opticians.

The meeting of the Council followed the issue of the report of the dental committee too quickly, to admit of any inquiry. Moreover, the appended opinion of Sir F. Herschell was marked (*strictly confidential, for members of the Council only*), thus forbidding any inquiry. Dissatisfaction was expressed by members of the Medical Council at the meeting, at the manner in which the business had been conducted, but they felt themselves powerless, and constrained to follow in the leading of the committee, and not only to leave the disputed names on the register, but also to remove from them the appended descriptive term "with pharmacy," &c., and even to invite back for registration those persons who had withdrawn their names at the suggestion of the British Dental Association, sanctioned by the opinion of Mr. FitzGerald.

The Medical Council have acted upon the authority of a single high legal opinion which traverses the opinion, upon the soundness of which the British Dental Association depended in bringing before the Medical Council the cases of alleged incorrect or fraudulent registration. With this difference in the legal opinions, the association cannot regard the legal interpretation of the clause in question, as by any means determined.

It is submitted that looking to the working of subsection (C) of section 6, and to the fact that the words "the practice of medicine, surgery, or pharmacy" would appear both in legal and popular acceptation to refer to practice by legally qualified (that is to say registered) practitioners under the Medical Act, 1858, and the Pharmacy Act, 1868, and looking as well to the general scope and object of the Dentists' Act itself, full effect ought to be given to the words in question. Should the opposite contention be correct, a considerable obstacle will be placed in the way of the working of the Act, and its benefit to the public will be diminished.

COUNSEL are requested to advise on the following Questions :—

Question.

(1.) What is the true construction of sub-section (C) of section 6, *i.e.* is Sir F. Herschell, right or wrong in his opinion?

Opinion.

(1.) The 6th section of the Dentists' Act, 1878, enacts that "any person who . . . (C) is at the passing of "this Act *bonâ fide* engaged in the practice of dentistry, " or dental surgery, either separately or in conjunction with the practice of medicine, " surgery, or pharmacy . . . shall be entitled to be registered under this Act."

We are of opinion that the words "practice of medicine, surgery, or pharmacy," refer to the legal practice of these professions by duly qualified persons. If this were not the natural meaning of the words taken by themselves, we think they must receive this interpretation under section 34 of the Medical Act of 1858 (21 & 22 Vict. c. 90) in the case of medicine and surgery, and under section 12 of the Pharmacy Act, 1852 (15 & 16 Vict. c. 56), and section 1 of the Pharmacy Act, 1868 (31 & 32 Vict. c. 121), in the case of pharmacy.

We are further of opinion that persons who at the passing of the Act practised dentistry at the same place in conjunction with another business or profession (not being medicine, surgery, or pharmacy, as above interpreted), are not entitled to be registered under the Act. In each case it will be for the Council to decide as a matter of fact, whether the person's real business was dentistry. They would not be precluded from so finding merely by the circumstance that he occasionally or incidentally, or at some other place, carried on another business, but a person whose real business was that of a blacksmith, watchmaker, or veterinary surgeon, would not in our opinion be a person who was "*bonâ fide* engaged in the practice of dentistry or dental surgery," within the meaning of the Act, merely because he added to that business the practice of dentistry.

(2.) If wrong, what is the best mode of proceeding to obtain a judicial decision on the section?

(2.) We think that practically the only means of obtaining a judicial decision will be for the Council to expunge from the register the name of some person who, according to the view which we have taken, was not entitled to be registered. The question can then be tried on a Mandamus to restore the name. The Council would no doubt be prepared to give every facility for this purpose.

JOHN HOLKER,
R. S. WRIGHT,
G. A. R. FITZGERALD.

Flavell and Bowman,
21, Bedford Row, W.C.
July 14th, 1881.

APPENDIX No. 2.

The PROSECUTION of MR. GOULD in 1859 for using the Title of Surgeon-Dentist. (Extract from *The Surrey Comet.*

Reference having been made by Mr. Tomes and others to this case, we have deemed it of sufficient importance to reprint the following extract bearing upon it. This we are enabled to do through the courtesy of Mr. Gould himself, who has kindly furnished us with the necessary documents.

Court of Queen's Bench.—Jan. 21, 1860.

[Before Lord Chief Justice COCKBURN and Mr. Justice CROMPTON.]

Ladd (Appelant) and Gould (Respondent.)

This was a case stated by the magistrates of Kingston-upon-Thames at the request of the appelant, submitting for the opinion of the court whether upon the evidence Mr. Gould was guilty of the offence contemplated by the Act, the magistrates having dismissed the information.

Mr. Lush, Q.C., and another appeared for the appellant, and Mr. Quain and Mr. Kelly for the respondent.

Mr. Lush said this was a case stated for the opinion of the court under the new Medical Act, and it raised the question whether the word "surgeon" in connexion with the words "and mechanical dentist" was using of the title of a surgeon within the 40th section of the Medical Act. The question was whether on the evidence the party was guilty.

He was stopped by the Lord Chief Justice Cockburn saying, Well, but what have we to do with this—there is no case for us; this is a question of facts, not of law, and the court never interferes with justices' decision on facts. We can only entertain a question of law, and there is none in this case.

Mr. Justice Crompton — This is a question on which the magistrates were bound to draw their own conclusions from the facts.

Mr. Lush—Yes, my Lords, this is an appeal from the justices raising a point of law, as to the use of the word "surgeon."

Lord Chief Justice—I do not think there was any false pretence in using the word "surgeon." That is a question of facts for the justices as to the intention. Did he wilfully and falsely assume it, and pretend to be a surgeon? The justices had the facts before them, and I think decided quite rightly.

Mr. Justice Crompton said the respondent had called himself "surgeon and mechanical dentist," which he thought meant much the same as "surgeon-dentist." I think I should have decided as they did.

Mr. Lush said the magistrates meant to leave to the court whether the evidence brought the party within the meaning of the Act.

Lord Chief Justice—I think it did not, but that is a question of fact. This is like the case of persons calling themselves surgeon-dentists who are known not to be surgeons, though some of them are.

Mr. Lush—But, my Lords, he called himself a surgeon, he had the word surgeon on his door plate, and he is not one.

Lord Chief Justice—Yes, but it was connected with the word dentist, as surgeon-dentist.

Mr. Lush.—No, the inscription on the plate is surgeon and mechanical dentist; he calls himself a surgeon and a mechanical dentist.

Lord Chief Justice.—No, no. That is explained by his statement before the justices, that originally his plate was "surgeon-dentist," but he found it necessary to explain to the public that he had made artificial teeth, and some time ago, 15 or 16 years, he introduced the words "and mechanical," and it means and reads thus: "surgeon-dentist and mechanical dentist," shortly expressed, "surgeon and mechanical dentist." There is no intention to deceive. That is not assuming the name of surgeon according to the Act.

Mr. Justice Crompton.—There are men who call themselves surgeon-corn-cutters, surgeon-chiropodists, as well as surgeon-dentists. That is not assuming the name of a surgeon. Surgeon-dentist means that the person is skilful in treating diseases of the teeth, and nothing more. It is a matter of fact for the magistrates to decide, and with the evidence before them they might have found either way, but the Court would not find for them. The statute gives power to put questions of law only to this court, not questions of fact.

Lord Chief Justice.—Why, dentists have always called themselves surgeon-dentists, custom, immemorial usage have sanctioned it. Everybody understands what it means, and knows them as such.

Mr. Lush.—But, my Lords, he acted as a surgeon and practised as one. The woman went to him as a surgeon, believing him to be one. He treats her as one, and she pays him for the remedy.

Lord Chief Justice.—Pooh, pooh (*holding up his arm*), the woman went to him because she could get something cheaper at a chemist's than a doctor's. He gives her a bit of plaster or something to put on her elbow she had struck, and to call that practising as a surgeon. No, no.

Mr. Justice Crompton.—It is not because a woman goes in to get a liniment to rub her arm that he is to be considered as acting as a surgeon.

Mr. Lush.—Then if your Lordships decide that point the Medical Registration Bill is a dead letter.

Lord Chief Justice.—No, we do not decide the point, for it is not before us.

Mr. Lush.—That point will be brought before you before long.

Lord Chief Justice.—Very well, when it is we will decide it.

Mr. Lush.—Will you send the case back for rehearing?

Lord Chief Justice.—Certainly not; the case has been properly decided. I do not think there was any falsehood or any intention to deceive, which was necessary to bring the case within the Act; that was also the opinion of the magistrates. They might have come to a different opinion if the evidence justified it.

Mr. Justice Crompton.—The magistrates had all the facts before them. They were the proper judges of the facts, and could have decided either one way or the other; but they found that he did not wilfully and falsely pretend to be a surgeon, and I think they decided properly.

Judgment for respondent.—*The Surrey Comet.*

Mr. THOMAS EDGELOW, M.R.C.S., L.R.C.P., examined.

Mr. T. Edgelow.

6402. (*Chairman*). You are a Member of the Royal College of Surgeons and a Licentiate of the Royal College of Physicians?—I am.

6403. And you have been requested by the Association of Surgeons Practising Dental Surgery to lay their views before us?—That is so. I appear as the president to express their views.

6404. Will you kindly tell us the objects with which your association was established?—Our association has been established entirely with the object of raising the status of the dental profession, and amongst the rules that we have, the first is that nobody can be a member of the association unless he is on the Medical Register; we do not admit any one who is on the Dental Register unless he be on the Medical Register as well, and the only qualification for our association is that the person shall be on the Medical Register.

6405. (*Prof. Huxley*). And that he has had a complete medical education?—Quite so.

6406. (*Chairman*). What steps have you taken to carry out the object of your association, viz., the improvement of dental education?—We try to make our views known amongst the profession as much as possible, and we hold meetings at specified times. We have certain points that we give very great prominence to, which I could with your Lordship's permission, briefly lay before you.

6407. Do you hold any relations with the General Medical Council?—We have no relations with the General Medical Council.

Mr. T. Edgelow.
21 Oct. 1881.

6408. Do you ever bring cases or facts with relation to medical education before their notice?—Our views have been brought from time to time before the General Medical Council by the secretary.

6409. With regard to the General Medical Council, dentists, as we know, have no direct representation upon that body; has your association any strong opinion with regard to that point?—I cannot bind the association to the opinion which I am going to give you; I had not time to get a Council Meeting to answer that question as regards the whole association. For myself, I can only say that I feel that a dentist, as a dentist, would be out of place upon the Medical Council. If he is there as a registered member of the medical profession I understand his position, but I do not understand his position there only as a dentist.

6410. And you individually think that it would be inexpedient to allot a special seat upon the Medical Council to the dentists' profession as such, as apart from the institutions which now return members to the Council?—I do entirely think so.

6411. Are you content with the present constitution of the Medical Council?—Personally I am.

6412. And you can state to us the views of your association upon that point?—My belief is that I am representing in these particulars the views of the association.

6413. Then virtually you have no especial remark to make with reference to the Medical Council in its relations with the dentists?—No, beyond the fact of my believing it to be inexpedient, as I have mentioned, to have a dentist, as a dentist, on the Medical Council, and in that I believe I represent the views of the association, though I cannot speak positively upon the point.

6414. Does your association approve of the indirect control which is exercised by the General Medical Council over dentists generally under the Dentists' Act of 1878?—Our association would be very glad if the Medical Council had more complete control, and could deal with the names of those who are on the dentists' lists as they would do if they were at liberty to exercise their own judgment.

6415. Then your association approves the objects which the Act of 1878 had in view, namely, the establishment of a relation between the Medical Council as representing the highest controlling body of the medical and the dental professions?—If that implies that our association at the time approved of the Dentists' Act, it did not. We opposed in many particulars the Dentists' Act when it was passing through Parliament, but without success.

6416. Would you mind repeating to me the points which seemed to you objectionable in that Bill as it was at that time?—It seemed to us that under that Bill dentists are allowed to call themselves surgeons whether they be on the Medical Register or not. That is a point which our association have the strongest feeling about. We feel that no one has any right whatever to call himself a surgeon with or without any adjunct word unless he be upon the Medical Register, that is, unless he has a qualification entitling him to be placed upon the Medical Register. We object as much to a man calling himself a surgeon oculist or a surgeon aurist unless he be on the Medical Register. I have at the present moment in my pocket a current paper with an advertisement in it in which someone who is not on the Medical Register (the name is immaterial), describes himself as "surgeon and practical dentist." There the public is absolutely misled. The man is not on the Medical Register at all, and I think that in the interests of the public they ought to know whether a man who calls himself a surgeon dentist is a surgeon or not.

6417. Was that the main ground for the dislike entertained by your association to the Bill of 1878?—It was one main ground. Another main ground was the great number of men whom we considered absolutely unqualified who were allowed to register under that Act; and we feel that as regards that Act it would be a very great thing for the protection of the public if there were a double list made, containing on one side the names of the licentiates in dentistry, and on the other side those who have no qualifications whatever. At the present time they are all mixed together, and nobody can tell whether or not a man had any qualification before he was put on the Register. Numbers are on the Register who confessedly have no right to be there, and whom an unsuccessful effort has been made to remove.

6418. Prior to the passing of that Act, those unqualified persons could, and I suppose did, practice as dentists?—They were supposed to do it, but we believe that numbers got on who had no more qualification than a man who opens your door to allow a visitor to come in or out.

6419. Then you hold that at all events, under the cover of that Act those persons have obtained a status which prior to the passing of that Act thay had not?—Precisely so.

6420. That is the main ground of your objection?—Yes.

6421. Was it legal prior to the passing of the Act for a person to style himself "surgeon dentist"?—That is a point upon which there is a difference of opinion. Before the year 1878, there was a case before the late Lord Chief Justice, who decided that he had no power to stop a man calling himself "surgeon" in conjunction with some other name, although that man was not on the Medical Register.

6422. Will it be possible in future for persons imperfectly qualified to attain admission to the Dentists' Register?—Persons who are not licentiates in dental surgery, that is to say, those who have not taken what we consider the minor qualification, cannot be placed on the Dental Register in future, and undoubtedly that is a valuable safeguard, and I cannot help saying that it is a very good thing indeed that the Act has been passed, though we object to those men who are not qualified being swept in by its provisions. But we aim at something higher, and that is at having dentists qualified as medical men as well.

6423. Then your objection to the Act of 1878 is that thereby privileges were created in favour of certain existing persons, and your objection is not to the Act as it will work hereafter?—Certainly, as regards raising the status of the dental profession generally, but I do not think that that would touch the question of the use of the word "surgeon." The main thing that we object to is that anybody should be allowed to use the word "surgeon" in conjunction with another word unless he is upon the Medical Register, and is entitled to place his name there by virtue of holding those qualifications.

6424. How would propose to remedy that defect in the Act?—By a clause in the new Medical Act stating that in future nobody shall be entitled to use the title of "surgeon" or "doctor" in conjunction with any other word whatever unless he be on the Medical Register or have a qualification which is registerable on the Medical Register.

6425. Would you propose to allow a person who was possessed of the qualification of the College of Physicians in Edinburgh, and who also had qualified as a dentist, to style himself "surgeon dentist"?—Might I answer that by putting a question? Would such a person be allowed to practise any other branch of surgery under similar existing circumstances? If that is the case, I say yes, if not, I say no.

6426. Then may I take it that your objection to a person styling himself "surgeon dentist" is not that he is not a member of the College of Surgeons, but that he is a person not on the Medical Register?—It is so.

6427. Are there any other defects in matters of what I may call a penal nature to which you wish to call our attention, and to which the Act of 1878 does not in your opinion sufficiently attend?—I know of none.

6428. Are you of opinion that it would be expedient to place the dentists under a separate and special Act, and to govern them by a separate Medical Council of their own?—Dentists, as dentists, if they are to be separated from the medical profession, I think had far better have their own absolute guidance, and be left entirely apart from the medical profession. If they seek for a separate status as dentists they should be ruled by dentists.

6429. Should you yourself be in favour of separating dentists from the remainder of the medical profession?—Since the Act passed I should be in favour of separating dentists *qua* dentists from the remainder of the medical profession; but I should strongly object to surgeons who wished to practise dentistry being cut off from the body of the profession.

6430. Would you give me the number of members of your association?—Fifty-five, and ten honorary.

6431. (*Mr. Simon.*) You take great exception to the

use of the term "surgeon dentists" for persons who are not members of the College of Surgeons; in the judgment of Lord Chief Justice Cockburn, to which you referred, was not the view taken by him that "surgeon-dentist" was a compound word in the same way as the expression "veterinary-surgeon" is a compound word, and that a man calling himself a surgeon-dentist was not calling himself a surgeon?—That view was taken, and that is why I wish that the new Act should expressly state that that view could not be taken in future.

6432. And was it not alleged that from time immemorial the expression "surgeon-dentist" had been used as a compound word, and had not been understood to encroach at all upon the province of surgeons?—I am not sufficiently up in the judgment of the Lord Chief Justice to give an answer to that question.

6433. As regards the other point to which you referred, viz., the indulgence which when the Act passed was shown to persons already in practice, and which brought upon the Register a certain number of persons whom you considered very indifferently qualified, if you had had the making of that Act, what other principle would you have adopted, if any, than the principle which was adopted, of admitting to the first Register all persons who were already *bonâ fide* in the practice of dentistry?—I felt the difficulty so much that I am bound to say that I opposed the Act as strongly as I could when it was passing.

6434. And yet you think that the Act has been of advantage and is of advantage to the profession of dentistry?—I think it will be hereafter. At the present moment I can hardly say, having regard to the mixed people that are registered, that the profession is at present particularly raised by it. I believe that it will undoubtedly be ultimately raised by it as soon as those men of whom I speak have in course of time died out.

6435. You are of course familiar with the fact that in all analogous legislation (for instance, on the passing of the Apothecaries' Act in 1815) whenever a first register has had to be made, persons already *bonâ fide* in the position for which provision has had to be made, have been recognised as being entitled to registration?—I quite admit the whole difficulty.

Mr. T. Edgelow.

21 Oct. 1881.

6436. So that in fact, unless that had been done, a first register could not have come into existence?—No, but I think it might have been made a little more exclusive.

6437. (*Prof. Huxley.*) Did I correctly understand you to say that you would desire legislation of such a nature as to forbid any one to practise dentistry who is not on the Medical Register?—No, I did not mean to say that at all.

6438. You did not wish that?—No, not at all, only to prevent persons calling themselves surgeons who are not surgeons. I do not want to touch their right to practise as or to call themselves dentists, but I think that no one ought to call himself surgeon-oculist or surgeon-dentist, or surgeon anything, unless he be entitled to be on the Medical Register.

6439. (*Chairman.*) We had here just now the representative of the British Dental Association, has your association the same objects as the British Dental Association?—I think that the British Dental Association would differ very strongly from my view about the word "surgeon." I think they would like all those who are on the Dental Register to be allowed to call themselves surgeon-dentists. That is the main point of difference. We have to recognise legislation which has taken place. The Dentists' Act has passed, and we recognise it, but we wish in future, if possible, to have some means by which the public can know whether or no a man is a surgeon who calls himself a surgeon-dentist, and whether when he calls himself a "surgeon and practical dentist" it means that he is a surgeon. In this case that I am referring to, of the man whose advertisement I have in my pocket, he is no surgeon at all, and he advertises and calls himself a "surgeon and practical dentist." The public gather from that that he is a surgeon, but he is not a surgeon, he is not on the Medical Register at all

The witness withdrew.

Adjourned to to-morrow at 12 o'clock.

TWENTY-SECOND DAY.

Saturday, 22nd October, 1881.

PRESENT:

THE EARL OF CAMPERDOWN IN THE CHAIR.

THE RIGHT HON. W. H. F. COGAN.
JOHN SIMON, ESQ., C.B., F.R.S.
PROFESSOR HUXLEY, F.R.S.
ROBERT MCDONNELL, ESQ., M.D., F.R.S.
PROFESSOR TURNER, M.B., F.R.S.
JOHN WHITE, ESQ., *Secretary.*

The Rev. SAMUEL HAUGHTON, M.D., D.C.L., F.R.S., examined.

Rev. S. Haughton, M.D.

22 Oct. 1881.

6440. (*Chairman.*) You were so good as to give evidence to Mr. Forster's committee in 1879?—Yes.

6441. I think that I need only say that we are well aware that you represent the Dublin University on the Medical Council?—I do.

6442. I believe that the university of Dublin has requested you to attend this Commission and state the views of the university?—They have given me further instructions in addition to those which I had in 1879, but we do not alter the statements what I put forward in 1879; we adhere to them, subject to the modifications which I am now instructed to put in.

6443. The university of Dublin is, I believe, not content with the present licensing system?—No, we say, in answer to the first query put to us, "the university regards the present licensing system, by which 19 bodies, whose standards of education and examination vary, have the power to confer the privilege of registering, highly unsatisfactory."

6444. Will you put this paper in as additional to your evidence?—Yes, and it is as follows:—

REPLIES of the provost and senior Fellows of Trinity College, Dublin, on behalf of the university.

1. *The Licensing System.*

The university regards the present licensing system, by which 19 bodies, whose standards of education and examination vary, have the power to confer the privilege of registering, highly unsatisfactory. The examinations do not test knowledge in all three branches of importance, viz.:—medicine, surgery, and midwifery, and yet a license holder may register a surgical qualification, and then practice not only surgery but medicine and midwifery.

The university recommends—

1. That no name be placed on the register without three qualifications—one in medicine, one in surgery, and one in midwifery.

Rev. S. Haughton, M.D.

22 Oct. 1881.

2. That the examinations of all the licensing bodies be systematically inspected by authority of the General Medical Council, and that inferior standards of examination be reported by them to the Privy Council.

2. *The General Medical Council.*

The university is of opinion that the General Medical Council possesses already ample powers for supervising license examinations and reporting deficiencies, but that the Council has not had the moral ecurage to do its duty. This failure has arisen from the fact that the advocates of a higher standard of education are not in a majority on the Council. The university think this defect should be remedied by some alteration in the constitution of the Council, by means of which the interests of higher education might be advanced.

Number of Candidates for Licenses and Degrees.

Year.	M.D.	M. Ch.	B. Ch.	M. B.	Lic. Ch.	Lic. Med.
1876-77	20	8	20	36	1	3
1877-78	17	5	18	44	2	2
1878-79	14	3	23	29	0	0
1879-80	15	3	23	29	0	2
1880-81	10	1	28	40	3	4
Totals -	76	20	112	178	6	11

3. *Income of University derived from Medical Degree and License Fees.*

During the above-named five years the fees amounted to 5,290*l.*, or at the rate of 1,058*l.* per annum.

4. *Income of University derived from other sources.** (*Approximately*):

(A). Estates - - 40,000*l.* per annum.
(B). Students' fees - 30,000*l.* ,,

including 5,000*l.* medical class fees, the remainder being for arts teaching.

By order of the Board of Trinity College, Dublin.

SAMUEL HAUGHTON, CLK., M.D.,
Chairman of the Medical School Committee.

Trinity College, Dublin,
12th July, 1881.

One of the chief points with regard to the unsatisfactory character of the present licensing system we state in the second part of the first paragraph, thus:—"The examinations do not test knowledge in all three branches "of importance, viz.: medicine, surgery and midwifery, "and yet a license holder may register a surgical "qualification, and then practice not only surgery but "medicine and midwifery." We consider that those three branches of the profession are those in which a young practitioner, a week after he has commenced to practice, may be called upon to save a life, and be unable to do so if he has not skill in medicine and midwifery as well as surgery. In my evidence before the Committee of the House of Commons I gave our reasons for that, I therefore need not go into it more fully. We eel very strongly the principle that no person's name should be placed on the register who is not competent to treat a fever or a bad accident or a case of cross-birth and so on.

6445. Do you propose to reduce the number of license granting bodies?—No, we do not. We propose that no name be placed on the register without three qualifications, one in medicine, one in surgery, and one in midwifery.

6446. But you would propose that all the bodies which now examine, and give licenses, should continue to do so?—Yes, we propose that; and we believe that whatever scheme be superadded to that, whether a conjoint examination, or a State examination, will kill the bodies that ought to be killed, and keep alive the bodies that ought to be kept alive, and they will find their natural level.

6447. Then the University of Dublin is in favour of some form of conjoint scheme or conjoint examination?—The scheme which we put forward here is not either a conjoint scheme, or a State examination. We are quite prepared to consent to a conjoint examination, or to consent to a State examination; we are not afraid of it; but we do not believe it is the best possible scheme. In the second paragraph of our recommendations we suggest "that the examinations of all the licensing bodies be "systematically inspected by authority of the General "Medical Council, and that inferior standards of ex-"amination be reported by them to the Privy Council."

6448. Then what you would prefer is not to diminish the number of examining bodies, but that there should be a thorough inspection and examination of those examining bodies by the General Medical Council?—Yes, and their certificates, perhaps, afterwards tested in some way which there is some considerable difficulty in devising, by a conjoint examination or by a State examination.

6449. Do you think that there is no objection to the present system of licensing on the ground that the examining bodies are too many in number?—I think they are too many in number; but if some form of examination to be undergone over and above their examinations for diploma were devised, the bodies that gave a bad qualification would lose their licentiates, and the licentiates of those that give a good qualification would pass the examination and not be afraid of it. In that way we think that they would be thinned out.

6450. You would prefer to allow the weaker bodies to die out by a kind of process of inanition?—By a process of competition; and the fact that any of them died out would be a proof that they were inferior. I may say that when the army and navy examinations were established, though they had no direct influence or control over the licensing bodies, they had a very powerful indirect one. Students sent up from this, that, and the other qualifying body were stopped in anatomy or surgery, and those bodies very soon felt it, and they had to improve their teaching in those branches, until now, I may say, that it is a rare exception for a respectable body to send up a student who is stopped either in anatomy or surgery; and in that way the State examination has had, I may say, an indirect control over us.

6451. It is then your opinion that if a certain minimum standard were assured by an inspection by the General Medical Council the students would no longer have recourse to the examinations of bodies whose license is less in repute?—I do not think that inspection by the Medical Council would be sufficient, as you then must have over and above some scheme of testing the character of the diplomas granted by the 19 bodies. I feel great difficulty in constituting such a body. Perhaps you will allow me, in giving evidence upon that point, to supplement what is printed. With regard to a conjoint or State examination I am clearly of opinion that some form of test should be devised after a man has taken his diploma in medicine, surgery, and midwifery. He should not go upon the register until those three diplomas were tested by some form of examination. There have been two schemes proposed, a conjoint examination and a State examination. Both I fear are open to the objection that they would degrade the medical profession by the establishment of a miserable minimum trade qualification from which culture and science would be practically excluded. It would come in the long run to a mere practical test of a trade qualification to take charge of a workhouse or something of that sort. I have already explained fully in my evidence that in the case of Ireland I consider that we have proved conjoint examination to be impossible by voluntary arrangement, and it would probably not work by Act of Parliament from the very different constitution and characters of the five bodies concerned. You cannot make oil and water mix, even though an Act of Parliament says that they must mix. I think you would find it very difficult to get the licensing bodies in Ireland to agree upon a conjoint examination, unless Professor Turner's suggestion, which I approved of in my evidence before the Committee, were adopted, that this conjoint scheme of examination should be confined in the case of universities to simply a practical test in medicine, surgery, and midwifery. The universities would never consent to have their students examined in botany, comparative anatomy, zoology, and chemistry, by a conjoint examination. We aim at a much higher form of education than that. Another serious objection to the conjoint examination would be that there appeared to be, so far as I could judge, amongst all the witnesses that were before the various committees and commissions

* I m instructed to give this information, although it scarcely comes within the scope of the Medical Acts Commission.—S. H.

that were appointed to take evidence on the subject of medical legislation, the feeling that one standard for the whole of the three kingdoms was impossible. The students in Scotland and Ireland would never submit to be examined by an English board, and thus we should have three distinct entrances to the medical profession, so that practically on the conjoint examination scheme we might be substituting a system of three portals competing instead of 19 portals. Three portals of course are better than 19, but still I felt that the money question comes in, and that we could not say to Scotland, "You must charge 30 guineas for passing this examination." England and Ireland were willing to do it, but Scotland, for her own reasons, declined, and I think she was right. Therefore you could never dictate to the three bodies that they were to charge the same price. Even though you endeavoured to keep the standard as high as possible by the supervision of the Medical Council, you would be open to a trade competition by the price of the qualification. That is a serious objection to the conjoint examination. The State examination, I think, has an objection against it that will have to be very seriously considered by this Commission. It has been compared to the army and navy examination, and it has been said, let the candidate have a license from the State to practice who seeks a civil appointment. Of course you cannot interfere with a private practitioner; he will practice as freely as he likes, just the same as herbalists or bone-setters. But if a man is looking for a hospital or a poor law appointment, and you say he must pass this State examination, and you say we will require a diploma or a degree in medicine, surgery, and midwifery before we will allow you to appear in that examination, that would protect the interests of the corporations as far as they ought to be protected, but there is a difficulty which I have not seen stated anywhere if you adopt this principle. The reason why the State is able to hold the army and navy and the Indian army examination, and to control our diplomas and licenses so far is this, that the State is going to employ those whom they examine, and they pay the men whom they so examine. I deny the right of the State to come, say, into my own hospital—Sir Patrick Dun's Hospital—where we do not receive a farthing of State money, but we receive private money, rents from estates, and benefactions. I say I deny the right of the State to come in and to say we will not appoint a surgeon to the hospital without you pass the State examination. I say that you, the State, have no right to interfere, as you do not pay them. The logical consequence of State interference would be this, that the State would have to undertake the gigantic enterprise of making the civil medical service a department of the State like that of the army or navy. That is a thing which would meet with the most serious opposition, and which, in my opinion, would be most objectionable in itself. I am now talking as a person acquainted with Parliamentary views, and I say that the opposition to it would simply annihilate any Bill that ever was brought in. The idea of the State coming in and interfering with hospitals that it does not subscribe to, would be resisted and resented by all classes. We would say, we have a right to appoint surgeons to this hospital, and that hospital, who are persons who have been properly qualified, and the board of governors are the proper judges of that. For my part, in the hospitals that I am connected with, we would infinitely rather have a degree in medicine or surgery from the University of London, or the University of Edinburgh than have any State examination. I have also found that a difficulty always arises where the State interferes with an institution, that it generally degenerates into a mere bureaucratic routine. The inspection by the Government officers in our Dublin hospitals that are supported by the State, is not a satisfactory one. We do not care about it, we do not value it; and in the hospitals that I am connected with, which are under Government inspection, where we receive the Government grant, we do not conceive the Government inspection to be the slightest possible help to us. The inspector comes round on a fixed day, and we get the rooms papered up, the patients all shaved and washed, and everything looks nice when he comes; and he goes home and makes a report upon what he has seen; but there is no real inspection at all. I would ask the Commission to consider seriously the logical consequences of a State examination, which implies that the State has a right to examine a man's qualification to practice medicine provided that the State intends taking him into their employ. If you are going to take him into your employ, you have a perfect right to examine him, but I deny the right of the State to examine the medical officers of Sir Patrick Dun's Hospital and see whether they are qualified to go in and work in Sir Patrick Dun's Hospital; the governors will examine into that for themselves.

6452. May I assume it as your opinion that in the first instance a medical student ought to be obliged to obtain a complete diploma either from a university or corporation, and that, before he should be allowed to claim to have his name placed upon the register, the sufficiency of his diploma should have been tested by a subsequent outside examination?—Yes; I am clearly of that opinion.

6453. By what authority should you propose that the outside examiners should be appointed?—That is the great difficulty. I have pointed out the difficulty in the way of making it a conjoint examination, and the difficulty in the way of making it a State examination, because the logical consequence of it is that the State must then employ the man. You have a right to test a man when you are going to employ him, but you have no right to do so if you are not. The army and navy test us by competitive examination, which gives prestige to the best answerers, and if the Government proposed inviting the hospitals and places of that sort to consent to it, and would select and would test year by year persons proposing to seek civil employment in the public institutions, and place them on a list in the order in which they passed a test examination, I think a large number of public bodies in the country would consent to limit their appointments to that list. Then there would be an approximation to the army and navy system without the difficulty of the State taking up the whole thing.

6454. You would not, however, yourself propose to make that State examination compulsory?—Certainly not. You could not do it. I want the public to have the right to choose medical men to come and kill them or to cure them without any State interference. In fact registration is not compulsory. Some of our best men have never registered, they do not value the privilege.

6455. You think it would be quite wrong if the State were to turn the civil medical service into what might be described as a kind of public department?—That is for the State to consider, but it is a gigantic scheme. I should think that it would be exceedingly wrong, and I would resist it; at all events it would be a tremendous thing for the State to undertake.

6456. I do not understand by what body you would have this State examination conducted?—I do not propose anything. I say it would be an exceedingly difficult thing. I am pointing out to the Commission the serious objections that there are either to a conjoint examination held in the three countries or to a compulsory State examination, testing every one that is seeking public employment, because the logical conclusion is that you must take them into the public employ if you test them, and that I think no Government would undertake. If anyone proposed that men should be examined by a State examination on their diplomas it would be a most disastrous thing for the medical profession.

6457. You think that there ought to be a test examination although you are not certain as to the authority by whom it should be conducted?—Yes, there ought to be an examination for testing the *bonâ fide* goodness of those diplomas given by all those 19 bodies. If they are to go on giving those diplomas there must be some mode of testing what the value of them is.

6458. And you would not be content with the diplomas of universities and corporations unless they were confirmed by some subsequent examination?—Certainly not.

6459. The University of Dublin is in favour, is it not, of the direct representation of the general profession on the General Medical Council?—We gave a very guarded answer to that which I would prefer reading, if you will allow me. In my answer to question 3508, I said, "The "University of Dublin are in favour of the direct re- "presentation of the profession on the Council in addi- "tion to the interests already represented thereon, "inasmuch as they believe that the direct representa- "tion would strengthen the influence of the Council "with the profession." Then in the next question, 3509, Mr. Heygate asked me a similar question, and I said, "They authorised me to give that guarded answer "as their reason—that if it would increase the influence "of the Council with the profession, as they believed it

Rev. S. Haughton, M.D.

22 Oct. 1881.

"would, they were in favour of it." We do not believe that through direct representation of the profession there would be any better representatives than the present representatives. There would be very good men chosen, but we believe that the feeling of the profession is such towards the Medical Council that some direct representation added to it would increase our influence, and that whatever decisions the Council came to after some direct representative sat on it would carry more weight and would diminish the dislike that the profession have to it. We are not enthusiastic about any magical effects following direct representation at all. We think it a politic thing to do, but we do not think that much result would follow, and it might be a wise thing to do. Throwing a tub to a whale is a very safe practice when your vessel is in danger.

6460. (*Mr. Cogan.*) Did I rightly understand you as saying that you denied that the State had any right to test the qualifications of any medical man except they proposed to employ him?—I think that would be the feeling of the public and the parliamentary feeling about it.

6461. If the State confers certain legal privileges upon medical men, such as giving them a legal right of recovery of fees and other things, do not you think that that gives the State a right to test the qualification of the men to whom it gives those privileges?—A high-class practitioner does not value that privilege at all; he would never think of going into a court of law to recover his fees. No one ever heard of a high-class practitioner looking to recover fees. It is a privilege which they do not value much.

6462. Do you not think it appears to be a fair proposal that if the State on the one hand gives exclusive rights to men it ought to have the privilege of knowing that they are entitled to them?—Yes; but we do not value these rights. We do not value much the privilege of being on the register, or at least high-class men do not.

6463. Am I to understand that you would really confine the registration of medical practitioners to those who seek public employment?—If a man chose to register, he might do so. I have, myself, registered in order to set a good example to others, but not because I value registration, as I could practise without registration.

6464. But you would have no legal right to enforce your fees?—I do not want to enforce my fees.

6465. But is it not fair to contend that if the State gives a legal right for the recovery of fees, it has an equal right to know that the person to whom it gives that legal right, possesses the proper qualification?—The class of practitioners to whom it is an object to go into court to recover their fees would seek registration, and you can control them; but all the high class men escape from you by not being registered. Take the case of a hospital appointment, no board of governors would care whether a man was registered or not. They know the character of the man from other reasons.

6466. The State confers other rights on medical men, it gives them the power of granting certain certificates of death and lunacy, and so on; has not it a right if it requires those certificates from a certain class of men to know that the men who give those certificates are qualified persons to do so?—I fancy that neither of those are considered great privileges by the profession.

6467. I am not looking upon them in the light of privileges, but they are given the power of doing so?—Sir Dominic Corrigan always refused to give a certificate of death.

6468. But ought a man to have the power to interfere with the personal liberty of others, and the State have no guarantee that he is fit to have that power?—The State have a guarantee of a much higher quality in our examinations in every case. If a man has a degree from London or Edinburgh, or from Dublin, the Government possess a higher guarantee of fitness than the mere passing of a Staats-examen. I would wish to say that there underlies this whole proposal for legislation, either by a conjoint examination or by a State examination, the idea that the medical profession want to be all put through the one portal. That portal would, however, be a very poor minimum, and we ought to recognise that there are qualifications given amongst those 19 bodies which are far higher actually at this present moment than any proposed examination would be. I think that the attempt to put the whole profession on the one level will result in disaster. We intend to practice amongst different classes of the community, and some of us are seeking a low, and others are seeking a high qualification.

6469. On the whole I understand from your evidence that you would not be satisfied with the mere guarantee of a very systematic inspection by the Medical Council of the examinations as at present conducted; but you think that there ought to be superadded to that, some examination of some sort to test the efficiency of the examinations of the different licensing bodies?—I see no objection whatever to compel every man who proposes to acquire what he thinks the privilege of being on the register, to pass a State examination, leaving the others free.

6470. I understand from you, that you would not object to a State examination for those persons who propose to be registered, and to get legal rights?—Yes; anyone who thinks that registration will give him legal rights and confer privileges upon him, the State has a right to examine.

6471. But in your opinion there should be in fact perfectly free trade in medical practice, and that any man, whether he passed through a corporation or a university or got no medical education at all, ought to have a right to practice on the lives of Her Majesty's subjects, if there were any foolish enough to entrust them to him?—I would ask whether I have not as good a right to practice as a bone-setter or a homœopathic practitioner.

6472. Am I to understand that any man might practice without a guarantee to the public of any previous medical education?—I am quite sure that you would get men of a much higher class, and with a higher qualification than the low class of practitioners who who would rush for this State examination.

6473. I understand from you that anyone who does not choose to acquire those legal rights and to be registered should be allowed to practice, no matter whether educated at all or not?—I think that the State has no right to interfere with him.

6474. You would allow anyone to practice, whether he has had a medical education or not, if people were foolish enough to employ him?—Or if people were wise enough. I would rather employ a man to look at my tongue and feel my pulse that could talk to me about Horace and Homer and Conic sections, even though he was not on the register, than a man who was merely on the register.

6475. (*Dr. McDonnell.*) I take it from what you have just now said that you think that an individual, in a free country like this, has a right to be treated by anyone he likes whether on the register or not, whether a herbalist, or a homœopathist, or a physician, or a surgeon?—Yes.

6476. You advocate the perfect freedom of the individual. I take for granted also from the tenour of your evidence that you think that any club or society of persons who joined together, say a club of coopers or a club of shoemakers, might agree if they liked, in a free country like this, to employ a herbalist to doctor them?—I should have no objection.

6477. But do you think it would be right to extend that same privilege which I presume we all agree should be given to individuals or to associations of that kind, to hospitals, infirmaries, workhouses, dispensaries, and lunatic asylums?—I do think so, most decidedly, because the governing bodies of all those places are of so high a character that they may be safely trusted to select a good man, whether he is on the register or not. The hospitals I am quite clear about. As to the Poor Law, that is another question.

6478. Do you think that the same large general principle of free trade, which unquestionably you seem to think should apply to individuals or to associations in the nature of a club, should also apply to those large charitable institutions into which the poor go, and where the poor are treated without being free agents, or capable of being free agents, to choose their own medical men?—You know as well as I do that there are institutions the governors of which may be safely trusted to appoint their medical officers to look after the interests of the poor. There may be other institutions, such perhaps as in some of our country poor law unions in Ireland, where they could not be trusted. I will give a safe answer to this question. I would allow the Government to examine the medical men if they subscribed to the institution and helped to maintain it; but I would have no examination without an equivalent from the Government. Our poor law guardians in Ireland would be very glad to have that done, and would say we will consent to appoint none but

registered practitioners if you will hand over a thousand a year to our institutions. I deny the right of the Government to interfere, except they give a *quid pro quo*, either take the man into their employ or help the institution. They must do something so as acquire a right to interfere, by the payment of money.

6479. Do you not think that the State has a right to interfere to protect the poor of the country?—I think not, unless they either directly or indirectly take the man that they examine into their pay or give them some privilege.

6480. You do not think that for the sake of the poor the Government have any right to interfere?—A man is very often elected to a poor law appointment without any reference to his qualifications at all; and I do not think that registering would mend that part of the matter in the least.

6481. Supposing it were determined that there should be a State or conjoint final examination, I do not care what name you give to it, but an examination without passing which no person could get the privilege of entering into practice; but supposing that, before presenting himself for such an examination as that, each candidate was obliged to produce a diploma or a degree from one of the existing bodies which should be left precisely as they are at present; what do you think of such a proposal?—If you propose that such examination should serve the purpose of testing his diploma it would be extremely objectionable. There are high class universities, and there are low class universities; there are high class corporations and low class corporations; and the effect of this regulation would be to throw the whole trade in licensing into the hands of the lowest classes; students would run like rats through a hole at the lowest qualification, and get grinders to prepare them for examination. I do not believe that the examination would ever be anything more than a minimum, and that would be all the guarantee that the public would have, if they had not, in addition, the three qualifications in medicine, surgery, and midwifery. Besides that, if you compel a student to bring up those three diplomas you put the three corporations on their trial by examination instead of one. The corporations are competing. Say, if a man comes up to this examination for the purpose of registering, and he is stopped in midwifery; the body that gave him the midwifery license is thereby pointed out, and if they do not improve the students will not go to them. The self-acting machinery of improving the corporations by supervising and controlling the examination would disappear, and it would practically throw the whole business of registering practitioners into the hands of the Apothecaries' Companies, in my opinion. Students would take out their qualification from the bodies that corresponded to the Apothecaries' Company in the three kingdoms, and would then get themselves prepared by grinders for this examination to go upon the register. The effects of allowing only one license and one examination would be to throw the whole of the registering of practitioners into the hands of the lowest licensing bodies, and perhaps that is the proper position for them to occupy, because I fancy that the register will contain in the future only the lower strata of the medical profession.

6482. With regard to the medical school of Trinity College and its medical degree, you are aware that we have at the present moment in the United Kingdom two systems of medical education, which are quite distinct from each other, and which, in fact, I think as you said yourself are like oil and water; we have a system which is best illustrated by allusion to the University of London, which is essentially an examining system, where they do not ask any question about where the pupils have been educated, but they test their merits by a very searching and thorough examination. We have the system, on the other hand, which is known as the teaching system, in which the pupils attend the lectures of the teachers and are instructed by personal contact with their teachers, where they regard that as infinitely the most important part, and where they superadd an examination, mainly with a view to fixing the pupil's attention upon the lectures that he has attended, where the professor is also an examiner; and where the advocates of this system, if I understand it rightly, lay the most value by the system of training, and much less value by the system of examination; to which of those two systems which I have illustrated by the University of London as a good illustration on the one hand, and which I would illustrate by the excellent teaching of the University of Edinburgh on the other hand, would you say that Trinity College belongs?—We clearly belong to the type of Edinburgh.

6483. Do you require the personal attendance of your pupils in your own medical school?—No, we recognise attendance at other schools in Dublin.

6484. With reference to your arts course in Trinity College, do you require residence or necessary attendence upon lectures?—I must distinguish; all our medical students, except in the cases of *ad eundem* degrees conferred on graduates of Oxford and Cambridge, must reside in Dublin four years; all our divinity students must reside in Dublin two years, and all our law students must reside in Dublin two years from the necessities of the training. The great majority of our other students, gentlemen's sons and others, do reside for four years as a matter of choice for the purpose of being educated in cricket, football, boating, and lawn tennis. There are very few students in the University who do not reside at all. There are some cases perhaps of English schoolmasters, very few, but a very respectable body of men that wish for a university degree, and that cannot go to a university that requires residence. They have it in their power, by a long continued system of examinations spread over four years, to get their degree without residence, but they are a mere handful, and any of those that seek holy orders must come and reside and attend two years' courses of divinity lectures.

6485. (*Mr. Cogan.*) When you say reside in Dublin, I presume you do not mean reside in the university?—Not at all; that is not necessary.

6486. (*Dr. McDonnell.*) To what extent do you require that your medical student should come into what I would call personal contact with the teacher who is ultimately to examine him; must he pursue his entire course in your school, or would you allow him to prosecute those studies in a school outside?—He is perfectly free to go to any school that he likes. In practice, two out of every three take their whole education in the university itself, and the remaining third from one motive or another prefer some of the private schools, and we recognise their certificates and examine them.

6487. Does not your dealing with that third man show that you are fundamentally different from a university which lays a great value on the pupil coming into contact with the person who is to be his examiner at the end, and who teaches and examines also?—He is not examined altogether by his teacher as I explained in my evidence. I explained that our system is very much like what Professor Turner describes as the Edinburgh system. There are extern examiners added to the teachers in a number of practical subjects in the final examination. We have an extern examiner added on to the teacher, so that it is a mixed court, partly of teachers and partly of externs. In the scientific branches it is altogether the teachers, but in the final examinations for practical subjects we have externs brought in to assist the teachers.

6488. Am I not however correct in supposing that a student who has never attended any lectures in Trinity College may be examined in the university at Dublin and obtain a degree?—I doubt if such a case ever occurred, because such a case as a student going altogether to another school is extremely rare. What occurs is this; a student thinks that the professor of the practice of medicine in one school is better than the professor in another, and he goes and takes his course with him, but I could not believe that any outside schools would have lecturers better than all the Professors of the university, and therefore he would attend some one or other course in the university where he conceives that the man teaches better than the outside man.

6489. Does not the possibility of every third man doing what you mentioned just now show that there is a fundamental difference in principle between your system and that of Edinburgh?—I think that in Edinburgh, if I remember rightly, one year's residence is sufficient.

6490. When did the University of Dublin first commence dealing with surgery and giving degrees in surgery?—We gave diplomas in surgery before we gave degrees in surgery. We called them licentiates I believe in 1851 or 1852.

6491. We have evidence before us from the University of Oxford that they have advisedly declined to give any degree in surgery. "By long usage the University of "Oxford gives a degree of Bachelor of Medicine, and "it has power to give the qualification in surgery by "its statutes; but when the Medical Act was passed in

Rev. S. Haughton, M.D.

22 Oct. 1881.

"the year 1858, it on entirely natural grounds did not "think it desirable to create an additional new quali- "fication." Trinity College, however, commenced giving degrees, and did not this in some measure, at all events, invade the privileges of bodies that gave surgical qualifications?—It was intended to invade them. We submitted a case to the late Mr. Blackburn, afterwards Lord Chancellor, and if I remember rightly when it was put in writing his statement to the college authorities was that the charter which Queen Elizabeth granted to Trinity College was the largest and widest university charter he had ever seen; and that if the university came to the opinion that shoe-making or planting cabbages were arts they might give degrees in those arts. The late Dr. Todd urged the policy of the university taking upon itself to give diplomas and surgical degrees. The College of Surgeons as a corporation got into a quarrel with the University of Dublin, and they had the folly to refuse to recognise the university professors' certificates as qualifications for their surgery degree. Boycotting was not then in existence, but the practice to which the name of boycotting was given existed long before the name or the man. The university obtained an Act of Parliament. This was in 1852, and we took care in the Medical Act that those licenses in surgery should go into the register, and you will find that our licenses in surgery in Ireland are put by a special Act of Parliament upon the register. We afterwards got degrees in surgery from every university in the United Kingdom put on the register. But we carried our point, and if the College of Surgeons had acted with the wisdom that we had, we probably, never would have given a surgery degree.

6492. In fact, it never would have got into a quarrel with a body who was strong enough to knock it down?—No, they were foolish to fight with those who were able to beat them; and we availed ourselves of the right to grant a degree in any art whatever, even shoe-making or cabbage planting.

6493. And you have very successfully invaded their privileges?—Yes, we invaded them and we afterwards turned them out of their monopoly in the county infirmaries.

6494. (*Professor Turner.*) With regard to the General Medical Council, the point upon which you have given us what you call a qualified opinion is as regards direct representation as to which you have read to us answers 3508 and 3509?—That is the university opinion. My own opinion would be in favour of it without qualification, but I must speak here for the university.

6495. In this paper which you have handed in to us headed, "Replies of the Provost and senior Fellows of Trinity College, Dublin, on behalf of the university," there is a statement which I should like to have a little further explanation about. You refer to a failure on the part of the General Medical Council in reporting deficiencies, and you say that "The General Medical "Council possesses already ample powers for supervis- "ing license examinations and reporting deficiencies, "but the Council has not had the moral courage to "do its duty." Then you go on to say "This failure "has arisen from the fact that the advocates of a higher "standard of education are not in a majority on the "Council." Would you consider that those direct representatives of the profession that you are prepared to admit on to the Council would be advocates of a higher standard of education?—I do not think that education would gain materially, by their admission at all, but I think we should have the sympathies of the profession with us. However I said as a matter of policy we would let them on.

6496. But without believing that as regards education they would be a beneficial element?—I think they would be as good as any of us, if not better; probably some of them would be better, and some worse.

6497. Then you go on to say "The university thinks this defect should be remedied by some alteration in the constitution of the Council, by means of which the interests of higher education might be advanced." What alteration do you propose in the constitution of the Council which would allow the interests of higher education to be advanced?—It was not put in writing, but I am instructed to express the opinion of the university upon this point. The university are of opinion that when some question of important advancement in educational requirements, such as in requiring attendance in hospital, or requiring attendance on lectures, or the propriety of diminishing the number and the necessity of courses of lectures which the unfortunate student is compelled to attend, that when matters like these come before the Council they are always outvoted. I have brought them forward myself several times, but I have always been outvoted, because the money question comes in as well as the educational question. For example, a corporation requires its candidates to attend three courses of lectures in anatomy and three courses of lectures in surgery, and yet it never calls the roll to see whether the students attend those lectures or not. That corporation votes against the proposal to reduce the course of lectures, and the same way with the other departments. I brought forward a most important question about education, and one which I felt very strongly about. It was the case of a graduate of ours, the medical officer of a ship who went on board a ship in charge of a lot of soldiers and their wives, and he wrote to me from New Zealand to intreat me to insist upon practical midwifery being introduced into our course at once; that he was in an awful state of anxiety, as his inexperience very nearly cost the lives of two women who were delivered on board. I brought that forward to the Medical Council, requesting that the Council should express an opinion that no corporation should give a qualification in medicine without a guarantee that the student had attended practical courses of midwifery in person, but I was outvoted. Those corporations that do not require practical midwifery said, "This would be an additional trouble and bother, "and we will not have it." I always find in the Medical Council that when a question of pure education comes on, it is always mixed up with the much more interesting question of money.

6498. What alteration in the constitution of the Council would you propose in order that the interests of higher education might be advanced?—I have said before that there are high-class universities and low-class universities on the Medical Council, and there are high-class corporations and low-class corporations, and there are the Crown representatives, who are among the very best men amongst us, in my judgment. I think that the higher corporations and the higher universities and the Crown should be made strong enough to outvote the others on a question of principle. For example, I have already said that the Edinburgh University ought not to be tied on to another, that you ought to have a representative of your own, and that the other might be joined with some smaller university; that the Apothecaries might suffer a diminution of representation; but that a body like the College of Surgeons of London ought to be highly represented; in fact, that you must have the courage to distinguish between those bodies, and say which of them are high-class and which are not. My opinion is that the University of Dublin, if pressed upon that point, would not like to direct me to ask for increased representation for the high-class universities, because it would be asking for increased power for ourselves. We do not wish that, but we would be content with a further decrease of the inferior bodies, and an increase of the Crown representatives. We are quite satisfied with the Crown representatives, and the way in which they fulfil their duty.

6499. (*Prof. Huxley.*) I did not gather quite clearly from your replies to Mr. Cogan whether you would think it desirable that certificates of the causes of death or of insanity should be accepted from any person professing to be a medical man, who is not on the register?—I think Mr. Cogan satisfied me about that. I would take away all those privileges, but if that is all that the State can give in return for registration then I would not consider registration any great privilege.

6500. Would you yourself recommend, or would you not, that the certificates as to the causes of death or as to insanity should be taken from any person who is not on the register?—I am not prepared to answer that question, because of my view of the people who will be on the register. I would say that I would not require it. If a man has a higher qualification than the register of course he ought to have a certificate of it.

6501. How is the State to know anything about his qualification being higher or lower?—They could know something about the university or the corporation, that he gets his license from, by supervising their examinations. If the Medical Council do their duty and supervise the examinations you may be perfectly certain that the man has a higher qualification than the register.

6502. Do you propose that the Medical Council should have the power of supervising or visiting the examinations of all the licensing bodies?—Certainly, I think that is their proper function.

6503. The university recommends, I observe, that the examinations of all the licensing bodies be systematically inspected; are you of opinion, either as representing the university or in your own capacity, that the present inspection, as practised by the Medical Council, is of any very considerable value?—Of very little value, for a reason that I will give you, that our money is all spent in paying ourselves for attending the meetings, and not in the proper business of a Medical Council. In my evidence before the Parliamentary committee I gave a remedy for that. I would allow the Crown and the 19 licensing bodies to pay those who represent them on the Council. If there be direct representatives of the profession they should be paid from the fees at the disposal of the Medical Council; and that would leave a large surplus available for the most efficient and complete examination and supervision of all the licensing bodies. It is a question of money. I believe that the Council have done their very best with the means at their disposal, and that it has done some good, but not at all what it ought to have done.

6504. You think that the present inspection does not go quite far enough?—Is was very good so far as it went, but it was only one inspection and that it was not sufficient.

6505. To make any inspection sufficient it would require, would it not, much more close, and more prolonged supervision?—More money; it comes to more money in the long run.

6506. Do you think that any system of inspection which should fall short of actually attending the examinations and reading the examination papers could operate as a thorough check upon the examinations?—I think that the whole of the examination should be inspected from the beginning to the end by the inspectors.

6507. That is to say that the inspectors should read the examination papers, and should listen to the examination?—Yes, that was done on the previous inspection.

6508. And that their presence should therefore be continuous throughout the examination?—Yes.

6509. May I ask you whether the same object might not be much more easily and thoroughly attained if, in devising a system of so-called inspection, the State or some authority had the power of appointing coadjutor examiners in three practical subjects in the case of every examining body?—Speaking for ourselves, we would not allow anybody to appoint examiners for us. We claim our absolute independence in that respect.

6510. I understand that you have already external examiners?—Yes, we have, appointed by ourselves.

6511. You would then not object to such examiners being appointed by the State?—We would absolutely refuse. We would not allow the State one foot inside the doors of Trinity College.

6512. Why are you so afraid of the State?—Because it is a grasping creature that will deprive us of all power if it gets in.

6513. Whilst you have no objection to yourselves appointing external examiners and therefore have no objection to the principle of external examiners, you object to the State appointing them; do you object to the Medical Council appointing external examiners?—Certainly.

6514. Do you think that the Medical Council would eventually grasp all the privileges and powers of Trinity College?—We will not allow any extern authority to come in there. Queen Elizabeth gave us our charter and we hold by it. Our point is that we are absolutely self-governing and self-contained.

6515. I ask you whether the university would have any objection to the presence of coadjutor examiners in certain branches appointed by some Body outside?—We would have no objection whatever to what you may call assessors looking on at the examination and reading the papers, but we would allow them to take no part in the examination.

6516. Not even if the assessors were to be Fellows of Trinity College?—We are quite willing to let the whole world see what we do, and express an opinion in favour of or against us, but we would not let them interfere.

6517. Would you let them put questions?—No, not to the candidates.

6518. Would you let them read the papers?—Yes.

6519. And hear the questions?—Yes, and the answers, and we have done that.

6520. So far as the most complete and thorough inspection goes you have no objection to it?—Certainly not, either of our curriculum or of our examinations.

6521. But you think that if any of those inspectors were permitted to put questions, from that time forth the independence of the governors of the university would be seriously threatened?—Not seriously, but it would be the thin end of the wedge.

6522. You say with respect to the General Medical Council that you think that it has not had the moral courage to do its duty; that is the opinion of the university, is it not?—Yes.

6523. It is a strong opinion; upon what facts is it based?—Its failure to correct obvious abuses in the curriculum and the examinations such as I have pointed out before, unnecessary repetitions of courses of lectures and so on. I would say in addition that the Medical Council many years ago recommended the reform of those abuses especially of the unnecessary multiplication of lectures; but after expressing that recommendation so strongly as they did they went asleep upon it, and they ought not to have gone asleep, they ought to have reported to the Privy Council the erring corporations. That is the reason why I say they have not moral courage, they do not exercise the power that they have under the Act of 1858, they do not report the culprits, they merely content themselves with saying, "We think this the right thing and that the right thing to do."

The witness withdrew

Professor JOHN YOUNG, M.D., examined.

Prof. J. Young.

6524. (*Chairman.*) You are a doctor of medicine of the Edinburgh University?—Yes, and a licentiate of the College of Surgeons.

6525. And you are Professor of Natural History in the University of Glasgow?—Yes.

6526. You have been requested, I believe, by the University of Glasgow to represent to the Commission the views of the university with reference to the licensing system?—Yes, and the gist of the evidence which I am prepared to give as embodying the views of the university is as follows:—

1. That no single qualification should be granted henceforth.
2. That nothing should be done to interfere with the teaching of the teaching bodies, and with the competition of these bodies.
3. That careful and systematic supervision should be instituted of all examinations on which registrable qualifications are granted.
4. That this supervision might be secured by agreement among the medical authorities for the appointment of assessors, without losing the advantage of having the teachers as examiners.
5. That the representation of the medical authorities in the General Medical Council should be equalised.

The "statement" adopted by the Senate of Glasgow has been already presented by Professor Gairdner.

6527. You are aware that Professor Gairdner was also deputed by the university to attend here?—Yes, in July; but perhaps I might be permitted to explain one reason why possibly Dr. Gairdner was not disposed to speak very fully respecting certain proposals that might have been made, seeing that they involved some of the Scottish corporations. The reason is that the relation of the university to the Faculty of Physicians and Surgeons in Glasgow has made it a little delicate for the university to interfere very prominently, seeing that our surgical qualification was the subject of litigation with the Faculty in the beginning of the century; and since then, there has been a certain amount of hesitation, more especially on the part of the Fellows of the Faculty, and several others.

6528. Professor Gairdner was of opinion that the University of Glasgow had confined itself to looking after its own functions, and had not gone beyond that, in suggesting legislation for the medical profession, or indeed in

Prof. J. Young. 22 Oct. 1881.

considering the general question. Since the time when he spoke, the subject has been under discussion at the university has it not?—Yes, and it had been before, but Dr. Gairdner wishes it to be understood that the university has not, as a university, considered it. We have considered it frequently privately amongst ourselves, but have avoided a public expression of opinion, for the reason that I have just mentioned ; but now I know the opinion of a large number of my colleagues and can speak of what would meet with their support.

6529. Does the university, then, consider that any change is required in the present system?—It considers that it would be a very great advantage if a registration enactment of some kind should be put in force whereby the partial qualifications might be entirely abolished, and a consistent and permanent check upon the examinations be instituted.

6530. Would the university be in favour of extending to the corporations the power which now belongs to the university, of giving a complete qualification?—They wish to see the corporations combined so as to give none but complete qualifications, including medicine, surgery, and midwifery, and they desire such a combination in Scotland.

6531. But without a combination of the corporations, would it not be in the power of each corporation to give a complete qualification by an examination in each of the three subjects, medicine, surgery, and midwifery?—It might be possible to do so, but I think that it would be scarcely advisable to do it.

6532. Would not the corporations have the same power of holding examinations, and holding complete examinations thereby in all the three subjects which is possessed by the universities?—Of course that power might be conferred upon them, but one would doubt very much the advantage of it, both as regards the selection of the examiners and the method of conducting the examination.

6533. Besides the combination of the corporations, after the combination has been effected, is there any further change which the university would propose?—We are in favour of a steadily organized system of examiners associated with the universities and with the corporations together, so that there may be no (as I believe it was once before called) spasmodic inspection and examination, but a constant and steady association which will conduce to keep the authorities in order.

6534. On what lines, and through what authority, should you propose that the association of examiners should proceed?—We are indifferent as to the selection of the examiners. It may be done by the Privy Council, or by the General Medical Council, or by a branch council, or be left to the authorities to do of themselves ; provided it is done, that is all that the university wishes.

6535. The university would be ready, would it, to associate itself with the corporations, for the purpose of nominating examiners?—Yes.

3536. And it would see a benefit in a joint board of examiners being nominated?—Undoubtedly. It has all along asked for an efficient system of inspection of examinations, believing that that would be the best way of putting an end to the doubts that might exist as to the value of those examinations.

6537. And would the university be content to receive those common examiners, if I may so call them, as co-operating examiners at its own examinations?—Yes, as co-ordinate examiners with its own professors.

6538. And failing any agreement being arrived at as to the mode of forming this common examining board, is there any form of co-operation which the university would be prepared to support for that object?—That is a point which has not been specially considered, but, judging from various discussions, the university, I believe, would be quite willing that the Privy Council should exert its influence. I think upon a former occasion the university did agree to the Privy Council being called in upon an appeal. Perhaps I may be allowed to explain that these examiners, of whom I now speak, differ slightly from the additional examiners at present accompanying our examinations. These are appointed under the Privy Council as an inspecting board of education, and the additional examiners who accompany our final examiners in medicine, surgery, and midwifery are thus educational inspectors. What the university is agreeable to now is the appointment of registration inspectors under the other capacity of the Privy Council (they think the distinction is an important one) inspectors for the purpose of registration, and on behalf of the public. At present we have simply educational or academic inspectors. We would wish, moreover, that those inspectors should report annually, provided always that the university had an opportunity of replying to any criticisms that they might offer.

6539. Are we to understand that the university would object to any examination, subsequent to its own examination, as a condition of registration?—Most distinctly. It has always held that ground.

6540. (*Prof. Turner.*) What do you exactly mean by stating in the *précis* of your evidence that the representation of the medical authorities on the General Medical Council should be equalised?—The wish of the university is that we should not be lumped together in the way that we are. We submit to it for Parliamentary purposes, but where educational work is at stake, we desire to have an equal voice, whereas we are represented at present by Dr. Pettigrew of St. Andrew's, a university which, much as we desire to see it continued in existence, we do not exactly think should speak for us ; and in any reconstruction of the General Medical Council that may be thought of, the university would desire that there should be a representative from each university and each of the existing medical authorities ; and this representation, even in the face of the possibility that the medical authorities, I should say, the corporations, might be combined for examination purposes. We have no desire to see them suppressed in any sense, but simply that for examination purposes they should be associated.

6541. Then in the event say of a divisional board being appointed, *i.e.*, a board in each division of the kingdom, this board being constituted of representatives of all the medical authorities in that division of the kingdom, would you consider that such a divisional board might select and appoint representatives on the General Medical Council, who were to be regarded as representing the corporations and universities making up that divisional board?—Yes, that is a matter which has been discussed several times, and we would be quite willing to accept such an arrangement. In fact, we think that it would be a very much better arrangement than the present selective process by the universities directly.

6542. Then supposing such a divisional board were established, consisting of the corporation representatives, and the university representatives, would you consider that the Crown should also nominate a certain person or certain persons on this divisional board?—Yes, one or more according as the Crown might desire ; but they should be associated with the divisional board or branch council as well as with the General Medical Council.

6543. Supposing that the nominees of the Crown sit on this divisional board, would you propose that those nominees should, as it were, as a matter of right, also sit on the General Medical Council without being elected by the divisional board?—Yes, I think as a matter of right they should, because they sit in the position of guardians of the public interest being appointed by the Crown.

6544. Then the university and corporation representatives on this divisional board should not sit as a matter of right on the General Medical Council, but only have the power of electing out of their number their representatives on the General Medical Council?—Yes, that is our view.

6545. You are of course aware that there has been a great demand for what is called direct representation ; supposing that it were conceded to the profession that they should elect certain representatives, would you propose that those representatives should sit on the divisional board likewise?—We were quite willing to agree, if it is found right to call this direct representation into existence, that it should be upon the General Medical Council, but I do not know that there would be any objection to their sitting upon the branch council or divisional board also ; the university has, however, expressed no opinion, as a university, upon the point. The individual members, however, feel very strongly the difficulty as regards a direct representation on account of the burdensomeness to the students that it would imply in the matter of expense, as it would increase the registration fees of the students.

6546. Could you tell us when the University of Glasgow first conferred a degree in surgery?—It was after the appointment of Dr. John Burns to the chair of surgery I think that the university instituted what it had

not before conferred, namely, the mastership in surgery, and it did that on the ground of its constitution, which was on the model of the continental universities. Bologna and Salerno, I believe, are those that were chiefly referred to. There was permission to grant degrees "*in quavis licita facultate*," and acting upon that the degree was given. Then the Faculty of Physicians and Surgeons prosecuted the holder of one of those qualifications, because he practised in the district of Lanark without being certified by them, and the litigation was carried to the Court of Session, and judgment was given in favour of the university so far as their right to found the degree was concerned.

6547. Can you tell us when they appointed Professor Burns to the chair of surgery?—I think it was in 1817.

6548. Are we to understand then that the University of Glasgow did not confer a degree in surgery until she had a professor of surgery?—There was a professor of surgery before that, but it was thought desirable for various reasons, I do not remember them all at the moment, that there should be a distinct indication that the university graduates were thoroughly qualified in surgery as well as in medicine, and indeed one of the replies in the process to the Faculty's plea was that the Government had accepted it, and that vessels with 50 passengers were to be provided with a surgeon who had been licensed by the Colleges of Surgeons of London, Edinburgh, or Dublin, or the University of Glasgow. So that we were accepted as a surgical body early in this century.

6549. (*Mr. Simon.*) In that enactment was not the Faculty of Glasgow mentioned?—No; the words are "a "surgeon who shall produce . . . a certificate of having "passed his examination at Surgeons' Hall in London, "or at the Royal College of Surgeons of Edinburgh or "Dublin, or before the Medical Faculty of the Univer- "sity of Glasgow." 59 Geo. III., c. 124, July 1819.

6550. (*Dr. McDonnell.*) To continue for a moment this subject it is obvious that the Faculty of Physicians and Surgeons in Glasgow considered in 1817 that its privileges were to a certain extent invaded by giving this degree in surgery?—Yes, their territorial privileges.

6551. But when it came to be decided in the law court it appeared that the law was on the side of your university?—Yes; so far as the right to found the degree was concerned.

6552. Do you think that a university by the mere fact of having a professor of surgery able to teach surgery, and an examination is thereby entitled to give a degree in surgery?—The simple fact of giving the degree implies nothing more than a distinct statement that a man has been examined in that subject, and in Edinburgh, for example, my own degree of Doctor of Medicine is a complete surgical qualification, without a mastership in surgery, because I was examined in surgery and clinical surgery there; but the mark of Master in Surgery is found useful in certain appointments. As we had no Mastership in Surgery in Edinburgh, and as I was thinking at that time of trying for a Government appointment, I took the license of the College of Surgeons of Edinburgh.

6553. It is the fact that the mark now has a certain value for a certain appointment?—Yes, for a certain appointments, but that has not affected in one whit the character either of the education or of the examination.

6554. If the College of Surgeons in Dublin has the same opportunities of educating in both the subjects of medicine and surgery, and has a court of examiners who either are or may be so far increased as to give a complete examination in medicine and surgery, do you see any reason why they should be justly regarded as something quite different from your university, because they are called a college, and you are called a university?—If the college in Dublin has the appointment and control of the teachers, and if it has also the control of the curriculum and every other of the controls exercised by the university, the only thing further would be that, like a university, it should be put under the control of the Privy Council. I have heard about the Dublin College and its medical school, but perhaps you will correct me if I am wrong. There was in Edinburgh for a long time a surgical school supposed to be in connexion with the College of Surgeons, but it was not under the control of the college.

6555. The school that I speak of is directly under control of, and the professor elected by the council of, the college; the school is within the walls of the college; the library and museums of the college are available for the purposes of instruction, and there is as complete a connexion as any that I know of between a university and a school?—If you say that the college is not under the authority of the Privy Council, then it is irresponsible to that extent.

6556. It is under the authority of the Home Secretary?—We are in Scotland under the Privy Council as an educational body.

6557. In your *précis* the first thing you say is that no single qualification be granted henceforth. Am I to understand that you mean that no body like a college of surgeons or a college of physicians should give a single and complete qualification in future, but that a body like yours may give a single and complete qualification, the others being only able to give as it were a half qualification?—Yes, that is what we mean.

6558. Do you think that those who are only able to give what might be regarded as a half or incomplete qualification might be allowed to increase the strength of their court of examiners so as to give a complete one?—The university is strongly of opinion that the corporations should not be allowed to give those qualifications except where two have combined to give what is considered a complete qualification. They have an objection to what are called half qualifications; that is to say to the single qualification; you may extend the scheme of the examinations as you like in those individual cases, still there is this difference, that it is a multiplication of degrees at the hands of bodies who are not educational also. It is by education that we stand in the matter.

6559. Do you not think that it would bear an interpretation before the public such as this, that in 1815 or thereabouts you commenced giving a degree which the Faculty of Physicians and Surgeons regarded as invading their privileges, and you now object to the Faculty of Physicians and Surgeons having their powers increased so as again to re-invade yours?—The cases would be essentially different. The Faculty of Physicians and Surgeons was contending for a guildry right, and it was evidently a guildry right. We contend for the insistence upon a full education. Let me explain. We do not desire, as has been represented, and the Scottish universities do not desire, to be aggressive towards the corporations. In fact I think we are all agreed that it is a right thing that the corporation examinations should be continued, that is to say, licenses granted by non-educational bodies; it is simply a question of how you shall best provide the minimum and make sure that the education given for that minimum is thorough.

6560. You would admit, however, that there are some difficulties to be contended with in the rights of those various rival bodies, and you think that somewhat of the same object might be gained if this first clause in your *précis* ran thus:—that instead of having it "that no single qualification should be granted hence- "forth," it should be "that no double qualification "should henceforth be granted by any one body," that is to say levelling down in fact instead of levelling up?—We had that point discussed some time ago, and in various papers since then, during the progress of the several Bills, and the ground invariably assumed by the university was that of levelling up educationally. They never asked to suppress or curtail the examinations, they only asked that the number of examinations irrespective of education, should not be increased.

6561. I understand by levelling up strengthening the weak side of the corporations so as to allow them to do what you do. I conceive that by levelling down is meant taking away from you some of your privileges and confining you to what you used to do before 1815, namely, giving degrees in medicine, that is my interpretation of levelling up and levelling down. I think either would be just, but do you think it would be just toward the corporations not to give them the opportunity of getting into the position in which they originally were; certain privileges having been admittedly invaded by a rival body?—I think it would be exceedingly unjust to the universities who have for so long been improving education to curtail them or bring them down in any respect; especially if you go back historically to the origin of the corporations, and remember in what way this kind of qualification granted by them originated. I do not think there is any ground upon which any injustice could be asserted if they were prevented from doing more than they do at present. The

Prof. J. Young
22 Oct. 1881.

corporation degree was essentially a license upon an apprenticeship. It never was in respect of teaching, except what might be seen and imitated by the pupil; and so clearly was that so, that in one of the charters relating to one of the corporations, it is distinctly said that the servants of surgeons are not to be admitted to practice the profession, admitting the possibility of their getting an equal amount of instruction, and I think historically, therefore, it would be an injustice to interfere with educational institutions.

6562. I presume that you, like myself and many of the witnesses who have been examined before us, lay a great deal of weight by the Scotch system of combining education with examination in which education is the primary, and examination is considered rather a secondary part?—Yes.

6563. Then there is a principle involved in it?—Yes.

6564. Supposing you could retain for your university that principle by sacrificing some of your privileges, say the degrees in surgery, would you not be willing to sacrifice your degrees in surgery so as to retain that great principle untouched?—We would not think it possible to sacrifice any of our degrees in surgery, because it is an essential part of our teaching and our examination.

6565. I should not propose of course to deprive you of the power of giving a degree in surgery, but I should deprive that degree in surgery of its registrability?—That we would consider would be grievous and uncalled for, because I do not admit that our examination and education are so deficient as to justify our deprivation.

6566. (*Mr. Simon.*) I observe that the second point in your *précis* of evidence expresses a desire "that nothing "should be done to interfere with the teaching of the "teaching bodies and with the competition of those "bodies;" "no interference" with them, you mean, I presume, *quoad* teaching?—Yes, *quoad* teaching.

6567. You consider it an advantage that there should be competition in teaching?—Yes, certainly.

6568. Expecting that each school will prosper according to the excellence of its teaching?—Yes, according to the excellence of the system.

6569. You do not mean to extend the principle to the desirability of a competition of examining boards, *quoad* examinations?—No; we wish to stop the competition of examining boards and to restrict the competition to teaching.

6570. You are aware that at present there exists what practically may be called a competition of examination between the College of Surgeons of Edinburgh and the Faculty of Physicians and Surgeons in Glasgow in so far that both of them examine in surgery?—Yes.

6571. Would you think it desirable in the interests of surgery in Scotland that those two bodies should exercise the power given them under the Medical Act to combine to form a Royal College of Surgeons in Scotland?—Speaking for myself and for a large number of my colleagues, the Fellows of that Faculty, and speaking also I think for several of my fellow members of the Senate, we do consider that it would be very desirable that there should be a combination of the two, just as in the other divisions of the kingdom, the two medical authorities might also be combined. In Scotland, we ourselves are an apothecaries' company by the terms of charters in 1505 and 1599, which gave all the powers of the Apothecaries' Act to the Surgeons.

6572. Are you yourself a Fellow of the Faculty of Glasgow?—No, I am a Licentiate of the Edinburgh College.

6573. Would you attach considerable importance to the recognition, by the Medical Council in the Medical Register, of qualifications which the Medical Council, after due examination, should consider to be evidences of higher professional skill and knowledge, and that these should be named in a separate column of the Register as higher titles?—Yes; we have all along asked that that should be done, that they should be recognized and put upon the register.

6574. Supposing that a principle of that sort were adopted in the Medical Act of the future, should you think it reasonable as regards Scotland that no "higher title" in surgery should be recognised unless it were conferred by the joint action of the Faculty of Glasgow and the Edinburgh College; do you think that that would be a reasonable way of enforcing upon them the principle of combination?—Yes; if we have to give satisfaction to the General Medical Council (taking that as a body) that our examination is really higher, I think it would be only right that the joint examination, if it is to give a higher qualification, should go through the same process; and with a view to that equality we wish that additional examiners should be appointed for the corporations as well as for the universities, that all should be equally under control.

6575. (*Chairman.*) But you are opposed to any system of what may be called conjoint examination as distinct from what may be called co-ordinate examiners?—If by "conjoint" the term is used in the same sense as the English scheme, yes.

The witness withdrew.

Principal J. G. Greenwood.

Principal Joseph Gouge Greenwood, LL.D., called in and examined.

6576. (*Chairman.*) You are Vice-Chancellor of the Victoria University?—Yes.

6577. And you have been requested by the university to attend the Commission and to lay before us the wishes and views of the university with reference to medical licensing and medical degrees?—I have.

6578. When the charter was conferred upon the Victoria University, an exception was made in the case of granting medical degrees, I believe?—That was so.

6579. And the university felt at the time that that was rather a hardship, and it has been very anxious that that should be remedied at the earliest possible opportunity?—We had that feeling very strongly.

6580. So that no doubt the university has had many discussions on the subject of medical licensing and medical degrees in consequence?—Very many before the university was constituted. Since the issuing of the charter the university has been naturally occupied almost exclusively with the maturing of its degree schemes in those faculties which it possesses. The subject of medical graduation as a branch of the university's operations has been referred to from time to time, but not prominently, for the reason that I have stated. At the same time those who now direct the university were for two or three years before the issue of the charter concerned with the discussion of this subject and the views of those persons, I think, are quite possessed by me, and our opinions upon the subject are certainly formed after long discussion.

6581. You are, however, acquainted with the views of the university on the question of medical licensing?—Fully.

6582. And the university has definite views with regard to the whole question?—Yes.

6583. Would you tell us whether the university considers that any change ought to be made in the present system of licensing (I am now speaking of giving a license only), and if there should be any change, what change there ought to be?—The university shares the opinion of those who hold that the substantial value of the license to practice should be uniform or nearly uniform; and that, therefore, a system which is consistent (if it is so in fact) with this result, that the licenses held by practitioners over the kingdom vary widely in meaning and value is a faulty system. That was stated in a paper which was put in by us during our negotiations with the Privy Council, in which we stated, "That the memorialists would hail with satisfac-"tion the prospect of the establishment of a single and "uniform qualification for practice in the United King-"dom." Into the very grave questions of the bearing of that proposal on universities, I do not think our university has actually entered; but the sentence, which I have read, certainly conveys the opinions of the memorialists to the Privy Council two years ago.

6584. How should you propose to carry out the granting of a single and complete license. Should you entrust the giving of the license to all the 19 bodies which at present have that privilege, or would you propose to diminish their number?—I think that the university would hardly be prepared without further discussion of that point to give an opinion as a collective body; and I should be doing wrong to my colleagues in expressing an opinion upon it in their name.

6585. Perhaps you would not mind giving us your own individual opinion?—My own opinion is of little value on this point, for the reason that I am not a professor in the medical faculty, but my individual opinion certainly is that of the two courses it would be better that the qualification should be conferred by a single national body, while the degrees of the universities should have their value as conveying evidence of very high professional and scientific qualifications independently of the mere license to practice.

6586. You mean, I suppose, that you would leave the universities free to confer their degrees as they are at present, which degrees would carry with them the privilege of a license while side by side with the universities you would have a national license-giving board?—Yes; but at the same time I would guard the interests of the public by taking measures to secure that the degrees given by the universities would at least signify the same minimum qualification for practice which the certificate of the national examining body would give; because I can conceive under certain circumstances that the university degree might be given upon an examination which, while it implied a very high degree of scientific medical knowledge, might be consistent with an inadequate knowledge of those branches of medical knowledge which are necessary for the practitioner pure and simple;—just, for instance, as a degree in Divinity might well carry evidence of profound theological learning, and yet not be an adequate passport for holy orders.

6587. How would you maintain a supervision over the universities in that case?—That is a question which I have not considered.

6588. The Victoria University is anxious to give medical degrees, as you have told us; does the university propose that it should give a degree which would confer a license to practice in surgery as well as in medicine, and also in midwifery?—The university would think it only its due that its degree should give the same privileges as the degrees of other similar bodies give.

6589. Is there a surgical school attached to the university?—Yes.

6590. And you feel sure that there would be no difficulty in obtaining first class examiners in surgery, in medicine, and in midwifery?—I feel sure of it, although I should add that the charter which the university now possesses, and which, of course, in its main principles would only be extended, makes provision as I think of the most satisfactory kind in that behalf. It provides that the examiners for the degrees of the university shall consist partly of the actual professorial members of the university, and partly of what are called for convenience "external" examiners, very much as in the case of the University of London; and that in every case the verdict of the external non-collegiate examiner, and of the collegiate examiner, should concur; so that we should hold out most ample guarantees on that side to the public and to the medical world.

6591. Have you any familiar knowledge of the College of Physicians and of the College of Surgeons in London?—I have not any intimate knowledge of those bodies.

6592. The number of medical students at the Victoria University is, I believe, very much on the increase?—Yes, it has grown within about six years from 140 to at this moment close on 250. The entries for the present session, which are not yet complete, are 241, and the numbers give evidence of steady growth. One of the best tests of the steadiness and substantial character of that growth is this: a few years ago we were invited by the leading London medical schools to concur with them in the step which they had just determined to take of very considerably increasing the fees payable by students; I forget what the increase was, but it was something like 25 or 30 per cent. We after some discussion determined to accept the invitation of the London schools, and to increase our fees in a corresponding ratio. Most of us expected that for a few years the numbers of the school would fall, but on the contrary they rose, and they have continued to grow since that augmentation of fee quite as rapidly as before, if not more rapidly.

6593. Is the Victoria University prepared to fall in with the system which is known as the conjoint-examination as a preliminary to giving its degrees? I mean an examination conducted by an examining board composed of examiners, contributed either by all diploma-giving authorities in England, or possibly with the addition of some other examiners appointed by the State?—That is the scheme I think which the Medical Council some time ago propounded. I have heard many of my colleagues express thorough approval of that proposal, and I think it would be quite in harmony with the opinions of the medical members of our senate.

6594. Would they have any preference for establishing a joint license-giving examination of their own as distinct from that system?—I have not heard that point raised. I think they would not think it desirable that as regards university degrees the characteristic features of the several universities should be in danger of being entirely merged in a too uniform style of examination.

6595. But do you think they would consider it essential that the diploma of the university should carry with it the privilege of admitting the name of the person who held it to the Medical Register?—They would think so if other universities retained that privilege; but in the case of the abandonment of the privilege by other universities, I do not think there would be any strong objection on the side of our medical professors.

6596. Do you know whether it is their opinion that the universities ought to have that right?—I have heard opinions on that point diametrically opposite, and I would not like to say on which side the opinions preponderate.

6597. Would the university be prepared to insist upon a certain period of residence as preliminary to obtaining its medical diploma?—Taking residence to mean what of course it can only mean in the case of our university, viz., continuous studentship in a college of the university, we should insist upon that; but under a clause of our present charter, the university has power to recognize, in what degree it thinks fit, studentship or residence in other universities; and in the case of medical degrees it seems to me that the justice of that proviso is still more manifest. I mean that it would not, I think, be either consistent with public policy or reasonable that we should insist that the whole of the four or five years, or whatever the period might be, of studentship leading to a degree should be passed in studentship in our own university; and in the proposals which we made to the Privy Council on that subject some years ago, the draft charter submitted by us to the Privy Council expressly provided that the university should have power to receive certificates of attendance on lectures and hospital practice from any duly qualified medical school. Whilst, therefore, insisting upon a certain substantial amount of residence in the medical school or schools of the university, we should be prepared with due guarantees to receive, as part qualification, certificates of attendance on other duly qualified medical schools, whether those schools were attached to university colleges or not. We say that this principle would meet the requirements of other efficient medical schools, and would beyond all doubt be readily entertained by the authorities of the university.

6598. The Victoria University is also I believe desirous of obtaining representation upon the Medical Council?—Yes.

6599. As you are aware the representation at present on the Medical Council is the representation of individual institutions; should you propose to carry out your proposal by increasing the number of the Medical Council?—That would be the most obvious way.

6600. But it is not impossible, is it, that hereafter other universities may grow up as you have done?—Of course it is quite possible, and it is easy to see that in course of time it might be necessary to substitute for the representation of single universities some combined representation.

6601. But supposing that your university obtained the same sort of representation that other bodies have, I presume you would have no objection to a system of representation of aggregates of institutions, and not as now direct representation of individual institutions?—Certainly, I think that would be a most legitimate principle.

6602. You have been good enough to hand in this paper; I suppose that you have no objection to its appearing in your evidence?—No. *(The witness handed in the following paper.)*

Principal J. G. Greenwood.

22 Oct. 1881.

ROYAL COMMISSION ON THE MEDICAL ACTS, 1881.

Statement by the Council of the Victoria University, Manchester.

"1. The Royal Charter of 20th April, 1880, constituting the Victoria University, gives to that university power to grant 'all such degrees and other distinctions 'as now or at any time hereafter can be granted by 'any other university of the United Kingdom,' subject to the proviso that 'the university shall not grant 'degrees in medicine or surgery unless and until autho-'rity in that behalf is given by our further charter, or 'by Act of Parliament.'

"2. This proviso, as was stated to those who were promoting the charter, was introduced by reason of the fact that the whole subject of medical qualifications and degrees was at that time under the consideration of Parliament. Your Commission having been appointed to inquire into and report upon these subjects, the council of this university are anxious to bring under your notice the earnest desire of all those connected with the university that the powers given to it should be now completed, and to add a statement of the reasons which in the judgment of the council justify their wish.

"3. The council are convinced that the usefulness of the Victoria University is very seriously crippled by the fact that it is unable to give to its medical students the same academical distinctions as are conferred on its students in other faculties. They think that the general interests of medical education in this country would be greatly advanced if the Victoria University received such a power, and were thus enabled to stimulate the activity of those who are engaged in medical teaching and study in an important and populous district, and especially in places where schools of medical study exist in connexion with seats of general scientific and literary training. They would also call attention to the fact that there are already in Manchester and the neighbourhood very large and well-appointed hospitals, which afford to students ample facilities for clinical study; that the chemical, biological, and physiological laboratories in the Owens College present exceptional opportunities for scientific study; and that the medical department of the college is thoroughly efficient and rapidly developing.

"The council would finally point out that, besides including provisions for the introduction of other colleges into the university, the charter already gives power to the university to accept periods of residence and study, passed at other universities of the United Kingdom, as equivalent to periods of study passed in the colleges of this university. This power, or a suitable extension of it, would in the opinion of the council meet all reasonable requirements of other efficient medical schools.

"The council of the university, therefore, submit that it would be advantageous to the cause of medical education that the power of granting medical degrees should now be given to the Victoria University, and would venture to express a hope that your Commission will see fit to report in favour of such power being now granted."

6603. (*Prof. Turner.*) Referring to the question of efficient medical schools, in the event, say, of an extra-mural medical school being established in Manchester itself, in addition to the medical school belonging to Owens College, would you adopt that extra-mural school into your university system, and receive certificates of study granted by its teachers?—That would of course naturally depend upon the prior question, whether such an extra-mural school had met all reasonable requirements as to efficiency and permanence.

6604. But assuming that it was an efficient medical school, would you receive its certificates?—Assuming that, I can see no reason why we should give a different measure to such a school than to a school for example at Leeds, or Sheffield, or Liverpool.

6605. (*Chairman.*) I presume that what you mean is that if you accept study at a school, you mean a school affiliated to you; should you be prepared to accept study at a school which had no relation to you and which was not in itself a university?—We should, under the conditions which I have just stated, that such a school had given reasonable evidence of efficiency and permanence.

6606. Given evidence to whom?—To the University Court—a body which is not representative of the college or colleges of the university only, but includes 12 members nominated by the Crown.

6607. (*Prof. Turner.*) Then you would affiliate it?—No, that is not quite the same thing as affiliation. If, for example, which is likely to be the case in a few years, Liverpool had a college with a complete organisation in arts, and science, and medicine, it might apply for incorporation into the Victoria University. That college would possess quite the same rights in the university as Owens College possesses; it would not be affiliated to Owens College but incorporated in the university, and it would in fact enjoy exactly the same privileges as ourselves. Therefore its medical students would come in under the charter. But over and above that provision, our proposal of two years ago was that efficient medical schools which were not in a condition to claim affiliation to the university because they might have no arts or no science faculty, and therefore by the terms of the charter not be ripe for affiliation, might send their students for graduation at the Victoria University on condition that a part of their period of study had been passed at some school of that university. Consequently while the students of the school at Liverpool would graduate directly from Liverpool, medical students of a school, say at Sheffield, which was not affiliated, but only recognized, would nevertheless be able to produce certificates which would be a partial but not an entire qualification for graduation.

6608. Then a school which is not a part of a college where a general education is imparted, but which is merely a school of medicine, would be recognized by the Victoria University as a school from which certificates of education might be received?—Precisely.

6609. Have you considered the question as to how many years of professional study you would accept from one of those schools? Have you considered the question how much attendance a candidate for graduation must have given either at the Owens College School or at the school, say, of the affiliated college in Liverpool or at the school of the affiliated college in Leeds, when such affiliated colleges have come into existence?—That question we have not considered, as it would be premature for the university to proceed to draw up the details of the scheme before it possessed the charter which would enable it to carry them into practice.

6610. But still your attention has been directed to the question of receiving certificates from medical schools which are not part of affiliated colleges?—Yes, the principle has been clearly accepted by us.

6611. With regard to the external examiners that you refer to who are to form a part of your examining system, by whom are those external examiners to be appointed?—They are appointed by the council of the university. I have in my hand the calendar of the university for the current year, and with the leave of the Commission I should like to leave it with them in order that they may make such extracts as they please from the charter. Chapter XVI. of the charter runs as follows:—"The examiners of the University shall be "the professors of the University, with such lecturers "of the University as the University Court on the "report of the General Board of Studies herein-after "constituted from time to time appoint, and certain "external examiners not professors, lecturers, or "teachers in any of the colleges in the University "from time to time appointed by the University Coun-"cil." Then it goes on to say, "Provided that at least "one such external examiner shall be appointed by "the Council for each subject or group of subjects "forming part of the courses of studies required for "University degrees." Then the last clause of the same chapter is as follows: "Provided always, that all "examinations of members of the University shall be "conducted jointly by external examiners, and by "examiners being professors or lecturers of the Uni-"versity."

6612. At the present time then I understand that the Owens College, Manchester, is the only college of the Victoria University?—Yes.

6613. And that therefore we are to interpret this clause which you have given us, in which it is provided that the examiners of the university shall be professors of the university as meaning at the present time the professors of the Owens College?—Yes.

6614. But supposing that in a few years there is established in Liverpool a college affiliated to the Victoria

University, would the professors in the Liverpool affiliated college be examiners of the university, just as the professors of the Owens College are at this time?—Yes, precisely.

6615. And similarly with Leeds or with Sheffield, or any other place?—Yes.

6616. Then supposing that you had half a dozen of these affiliated colleges, say in the great counties in the north of England, are we to understand that your examining staff would be increased in proportion to the number of colleges to be affiliated to your university?—It would nominally in this respect, that all the professors of those three or four colleges would be members of the board of studies; but for practical purposes it would no doubt be necessary that the board of studies (and the council would of course be in the rear to supervise its proceedings) should alternate the examining functions. Supposing, for instance, that there were four professors of Greek or of chemistry in the university, these would not all act in the same year. One or more of them would probably be appointed as acting examiners in a given year, but the papers set would in each case be submitted to the whole board. There would be some kind of alternation.

6617. By a process of selection, in short?—Yes.

6618. Some questions which have been put to you by the noble lord in the chair, have directed your attention to the circumstance that there have been discussions in the country as to the appointment of some examining board which should test whether persons going on the Medical Register possess a uniform qualification for practice—some central examining authority, we will say. Supposing that such a central examining authority were established, and that that central examining authority for England had its seat in London, would you consider that all your Manchester students, or the students of the other affiliated colleges of the Victoria University should go to London in order to pass the examination of the central authority, or, would you consider that the central authority should come to Manchester or to Liverpool to examine the students there?—For several reasons I should think the latter both the just course and the expedient course.

6619. Then your opinion is that if there were such a central examining board, there should be, as it were, certain local divisions of the board?—I think so, care being taken to preserve the uniformity of the standard.

6620. But I mean as regards the seats of examination; that is the point with reference to which I was asking you?—The University of London, I think, has for some years illustrated the excellence of such a provision. The University of London, which up to about 20 years ago, had required all candidates for its degrees to come to London to be examined, adopted the principle of deputing sub-examiners to visit those towns in the country which desired to have examinations held by the university, and to hold examinations there; and for 20 years or more the University of London examinations have been held in Owens College. They send down a sub-examiner, we simply find the room and the necessary appliances; and many students of the London University who live in the Manchester district are greatly benefited both in purse and in convenience by this arrangement of holding examinations in that provincial centre.

6621. Those examinations of the University of London to which you refer I think are examinations in connexion with the matriculation?—Yes, and for the degrees of bachelor of arts and bachelor of science too so far as the practical examinations are not concerned.

6622. But not as yet with reference to the examinations for the degrees in medicine?—The candidates are too few to make it reasonable, and we have never yet made application for the holding of the medical examinations.

6623. Then may I gather that your opinion is, speaking for the Victoria University, against any extension of a centralising system of examination in connexion with the common board, supposing that such a common board were established, for the purpose of determining the possession on the part of the candidates of a uniform qualification?—Yes, if by centralisation is meant centralisation of locality.

6624. Suppose a case of this kind; that it were proposed that the graduates in medicine of the Victoria University should be admitted to the Medical Register without going through the examination of any central board at all, but that in order to ensure that those graduates of the university did possess the necessary minimum qualification the university should adopt into her own examining system certain external examiners who might as it were act as a sort of check or guarantee that the examinations were fairly conducted; do you think she would be willing to do so?—The point as you put it has not been raised; but my own opinion would certainly lead me to give an affirmative answer to that question.

6625. You think it would be a reasonable proposition to make to the Senate or to the governing body of the Victoria University?—Yes, provided always, that the proposal was so put as to show that the intention was not to imply a distrust of the thoroughness of the university examination, but simply to secure that certain reasonable and well known minimum qualifications were attained.

6626. Would you consider that these extern-examiners, if I may so call them, should examine on all the subjects of the medical curriculum, or merely on those subjects of the medical curriculum that have a direct bearing on practice, such as medicine, surgery, and midwifery?—I think on the latter only.

6627. (*Prof. Huxley.*) There is at the present time a medical school at Leeds, is there not?—Yes.

6628. What is the relation of that medical school to the Victoria University?—It has no relation whatever at present.

6629. That is because the medical school at Leeds at present forms no part of a complete educational college?—Quite so; in fact I believe the medical school at Leeds is not in anything like organic union with the Yorkshire College in Leeds. In Manchester the medical school is an organic part of Owens College; but although the Leeds medical school uses the lectures in chemistry and botany of the Yorkshire College, there is, I believe, no organic connexion between the two bodies. If in a few years the Yorkshire College became an incorporated college of the Victoria University, and if the Leeds school made a junction with the Yorkshire College, then the medical school at Leeds would be in the same position as our school in every respect.

6630. I suppose that if a medical school, quite apart from the Owens College, were set up in Manchester, the Victoria University by its charter would be only able to accept a certain portion of the work of that school for a degree, supposing that it had the power of granting degrees?—Yes.

6631. It would still be obliged, even although this school was in Manchester itself, to require from the students who came up for their degrees to the Victoria University at least a year's work within the walls of the Victoria University itself?—That would be the case under the terms of our present charter.

6632. (*Chairman.*) Is there anything which you think your university would wish to appear in our minutes which we have not asked you about?—I think that nearly every point that I had in my mind has been drawn out. Those whose representative I am would wish me, I think, to seek an opportunity of making it plain that in this application which we make to the Crown through the Commission, if we may do so, for the grant of a medical faculty, we are not animated by any merely selfish wish to aggrandise our own school. Of course, we believe that it would be of great importance to us to have a medical faculty. As our statement says, we feel that the usefulness of the university is crippled by the want of one of the most important faculties of a university. But at the same time, if we did not believe that we should be promoting the interests of medical education at large, and in the course of time of other large schools in the North of England, we should not venture to put forward the claim that we have advanced. The teachers of our medical school at the present moment are between 20 and 25 in number; we have, following the example of the great London schools, instituted in the present session for the first time several new lectureships on subjects not usually included in the medical curriculum. Furthermore, those departments of the medical school which deal with the purely scientific branches, such as chemistry, biology, anatomy, and physiology are represented in our case by professors who are solely devoted to the work of teaching. These subjects are not taught as they must be in many medical schools by gentlemen, who, however highly qualified, are nevertheless busily engaged in private practice, but by professors whose sole work is the direction of those departments. That, we think, is a circumstance which adds to our claim to be regarded

Principal J. G. Greenwood.
22 Oct. 1881.

as a medical school of that order, which would fittingly possess a medical faculty and the power of granting medical degrees.

6633. In short, you wish to represent that the teaching department of your medical school is thoroughly efficient and rapidly becoming even more so?—Yes.

The witness withdrew.

Adjourned to Friday, 18th November.

TWENTY-THIRD DAY.

Friday, 18th November 1881.

PRESENT:

THE EARL OF CAMPERDOWN IN THE CHAIR.

THE BISHOP OF PETERBOROUGH.
THE RIGHT HON. W. H. F. COGAN.
THE MASTER OF THE ROLLS.
THE RIGHT HON. GEORGE SCLATER-BOOTH, M.P., F.R.S.
SIR WILLIAM JENNER, BART., K.C.B.
JOHN SIMON, ESQ., C.B., F.R.S.
PROFESSOR HUXLEY, F.R.S.
ROBERT MCDONNELL, ESQ., M.D., F.R.S.
PROFESSOR TURNER, M.B., F.R.S.
JOHN WHITE, ESQ., *Secretary.*

Mr. FRANCIS WILLIAM CRICK examined.

Mr. F. W. Crick.
18 Nov. 1881.

6634. *(Chairman.)* You are a member, I believe, of the National Association of Medical Herbalists?—I am.

6635. Does your association possess any corporate character?—No, only of its own.

6636. Can you give the Commission an idea of the number of members in the association?—I could not do that. It would be something like 200 perhaps.

6637. Does the association extend to all parts of the kingdom?—Yes, to all parts of the kingdom.

6638. Can you tell me whether there is any other association of herbalists besides yours?—Yes, there are others; but I do not know much of them. I believe there is one that holds its sessions very frequently at Rochdale.

6639. But your association is the largest association of the kind?—I believe it is.

6640. What confers the right of membership of your association?—An examination in medicine and physiology. Of course a person must be apprenticed, or something of that kind, or he must be a descendant of some member, or one who has been a practitioner of the herbal system.

6641. Have you with you the rules of your association?—I have not the rules; but I have some of the certificates which we grant to the members *(delivering in the same)*.

6642. When you say that there is an examination in medicine, and also in physiology, how are your examiners chosen?—The examiners are the council of the association.

6643. What is the government of the association?—It consists of a president, a vice-president, a secretary, and a council. I suppose there would be about 10 altogether.

6644. Do they hold meetings at stated times?—We hold annual meetings, sometimes at one place and sometimes at another in the country, for instance, sometimes at Leeds, sometimes at Bradford, and sometimes at Sheffield.

6645. Do you hold your examinations at stated times?—Yes, the annual examinations are held at the same time, when the council meet.

6646. The place of examination, therefore, varies according to the place of meeting of the association?—It does.

6647. Your association has sent in, has it not, a representation to the Commission, which is signed on behalf of the association by Mr. Blunt and Mr. Goodwin?—Yes, they are the president and the Secretary.

6648. Would you have any objection to that appearing in your evidence?—Not at all. *(The same was delivered in and is as follows).*

SUGGESTIONS* from the NATIONAL ASSOCIATION OF MEDICAL HERBALISTS to the Right Honourable LORD CAMPERDOWN.

MY LORD,

THE Council of the National Association of Medical Herbalists, at your request, offer the following suggestions for the relief of medical herbalists from the disabilities of which they now complain.

The repeal of the 32nd clause of the Medical Act of 1858.

Inasmuch as it places medical herbalists at a great disadvantage in not being able to obtain their justly earned money for medicine supplied to a suffering patient; and likewise tends to encourage dishonesty among the people by inducing them to withhold just payment to medical herbalists for attendance at the patient's request.

The repeal of the following words in the 36th clause of the Medical Act of 1858:—

"Or to every friendly or other society for affording mutual relief in sickness, infirmity, or old age."

Inasmuch as at present many medical herbalists hold club and other appointments by the unanimous desire of the members.

The repeal of the 37th clause of the Medical Act of 1858.

Inasmuch as numerous friendly and other societies for affording relief in sickness and old age, have passed special resolutions to accept certificates from medical herbalists, and such certificates are being accepted daily, the Medical Act of 1858 notwithstanding.

The repeal of the 20th clause of the Apothecaries Act of 1815.

Inasmuch as it renders medical herbalists liable to repeated and vexatious prosecutions by the above-named Society, as witness the case of the Apothecaries' Company *versus* Keeys, tried at the Birmingham County Court on the 28th April 1877, and the case of the Apothecaries' Company *versus* Halliday, of Cleckheaton, Yorkshire, and various other cases.

We are, &c.
W. H. BLUNT,
J. W. GOODWIN.

6649. The first suggestion which is made in the memorial is that the 32nd clause of the Medical Act of 1858 should be repealed; will you explain to the Commission what you wish to effect thereby, and why?—We wish that we should be protected from prosecutions. We want no particular protection, but we want liberty, and that we should be saved from annoyances, such as inquests and the like.

* These suggestions were accompanied by a list of Medical Herbalists which is given in the Appendix to this witness's evidence.

6650. What are the grounds on which you base your claim?—We ask for the repeal of that section because in the first place we are totally unable to recover any fees that might be due to us. For instance, a person holding a qualification as a physician or a surgeon, supposing he attends a patient for six months, can recover his fees, although his attendance does not perhaps do any good at all to the patient; whereas, if a medical herbalist then comes upon the scene, and prescribes medicine which cures his patient, say, in two months, he cannot recover any sum of money that may be due to him upon that ground.

6651. You are aware, of course, that the reason why a registered medical man is able to recover his fees by law is this, that he is registered under the Act?—Yes.

6652. Am I right in supposing that what you would propose is that a person who is not registered should have the same power of recovering fees which a person has who is registered, and who has that power in virtue of being registered?—Yes, for this reason, because the faculty will not allow us to register under their regulations.

6653. But are you refused admission to examinations?—Yes, just simply because we practise by another system different to the one that they practise themselves.

6654. The next thing that you ask is that certain words in the 36th clause of the Medical Act of 1858 should be repealed; will you tell me why?—The part of the clause that we wish to have struck out is this, "Or "to every friendly or other society for affording mutual "relief in sickness, infirmity, or old age," and we wish that struck out in order that the public may employ us, and that our certificates may be legal.

6655. You sent in a memorial to the Commission in which I think it was stated that your certificates are accepted at the present time by a great many societies?—Yes, they are by a great many local societies, but there are others who refuse them, which appears to be a very unjust thing.

6656. And you think that all societies ought to be compelled to accept certificates of persons belonging to your association, just the same as if they were medical men who had been registered, and who had gone through an examination?—Yes, upon the ground that we are not allowed to be examined.

6657. When you say that you are not allowed to be examined, would it not be competent to any person in England to enter himself as a medical student, having passed the necessary examinations, and then to proceed to study and to pass the examinations which are indispensable for getting a place upon the register?—It would be, if there was fair dealing, but there is not fair dealing, and other circumstances over which we have no control, such as three or four years at hospital, &c. I know a person now who is a surgeon, and he has told me that he had very great difficulty in obtaining his diploma. The medical men of the town did all they could to prevent it, but he did eventually get it. I know another case where a surgeon has also obtained his diploma as a surgeon, and he had very great difficulty in getting it. He went to one part of the country, and his letters were never addressed to him personally, they were only sent to him through another channel, just because the faculty would not have admitted him or would have thrown every obstacle in his way.

6658. Your ground of objection to the present system is that the examinations are not fair?—Just so.

6659. And you propose that the 37th section of the Medical Act of 1858 should be repealed?—Yes, I do not see where there could be the slightest injury to the public or to the profession at all in that.

6660. In other words you say that a person who is not registered ought to be allowed to issue a certificate which shall be accepted by every one as fully valid a certificate as one issued by a registered person?—Exactly so.

6661. You propose then to repeal the principle of the Act of 1858?—Exactly so.

6662. Then I see you propose to repeal the 20th clause of the Apothecaries' Act of 1815; that is the clause under which prosecutions are instituted against unlicensed persons?—Precisely so.

6663. Would you explain to us the reasons for that wish?—Simply because it puts our association to a very great deal of trouble and annoyance, and causes a very great deal of expenditure of money. I know a case very well that was instituted solely on purpose to crush a medical botanist, or botanical practitioner, or medical herbalist, and the press have taken it up, and have said that it was time that such things were done away with because they were a great nuisance and caused an unnecessary expenditure of money and were also derogatory to the medical profession. It was called a "medical hoax." I think that will show the position in which it stands.

6664. Is there anything else that your association wish to place before the Commission?—There is nothing else that I am aware of, excepting that we should ask to be registered as medical herbalists. The same as dentists are registered. We do not want to be registered as anything else. We do not care for anything else. We do not believe in any other system.

6665. But what you want is to obtain a legal license to practise medicine which would enable you to recover your fees by law, and to be free from prosecutions, and to make your certificates equally valid with those which are issued by persons who are licensed under the Medical Acts?—Exactly so; that is what we want.

6666. (*Bishop of Peterborough.*) You propose that only one sentence in clause 36 of the Medical Act of 1858 should be repealed?—That is all we ask for.

6667. May I ask why you do not propose that all the other limitations in that clause should be repealed also?—We have no objection whatever to the others. We have no ambition whatever to occupy the positions of trust there recorded.

6668. That is to say you think that when the State has a position to give of any kind it has a right to impose conditions?—Yes, exactly so.

6669. But that with reference to friendly or other societies they ought to be left free to take any medical opinion or advice they like?—Exactly so.

6670. You think that the State has no business to interfere except where it confers some duty or office?—That is our view.

6671. I think you also propose that all herbalists should be allowed to give certificates?—If they belong to the association. We cannot guarantee for others. We do not wish to be responsible for others.

6672. You would wish that extension of privilege to be limited to your own association?—Exactly so.

6673. Why would you not throw it open to the public, and give it to any person who chose to call himself a medical herbalist?—Just because we cannot take the responsibility of any other person but such as comes into our association and passes our examination.

6674. You will observe, however, that the real responsibility in the matter, if the certificate is to be accepted, is taken by the public; it is a serious matter to the public as to who gives the certificate, is it not?—Yes.

6675. You propose that you should be allowed to give certificates, but not that everybody else should be allowed to give them?—We do not say that; we simply ask for the privilege, and if the State should think proper to throw it open to others, we have no objection to it, because we think natural talents should not be crippled, but have every facility for development, but we cannot take the responsibility upon ourselves as to others than those who belong to our association.

6676. Before the State accepts your certificates, in cases that might very seriously affect the property or the lives of subjects, do not you think that the State has a right to make sure that you are qualified to give a proper certificate?—Exactly so.

6677. What security has the State at this moment that the members of your association are qualified to give proper certificates?—They have none, because the examination is not conducted under the State.

6678. But before the State accepts your certificate, would it not have a right to examine you in some way, and see that you were fit to give it?—Yes, probably it would. We have no objection to that if they would admit us to examination.

6679. (*Prof. Huxley.*) I do not quite understand that last proviso that you put in, "If the State admits you to examination." What is to prevent anybody from going up to be examined if he likes, supposing he fulfils the conditions?—We are prepared to be examined as medical botanists, or medical herbalists.

6680. May I ask what you conceive to be the qualifi-

Mr. F. W. Crick.

18 Nov. 1881.

cations of a medical herbalist?—The study of medicine and physiology, and such subjects as those.

6681. Do you mean to say that every medical herbalist before he is admitted into your corporation, or society, is obliged to pass an examination in, we will say, physiology?—Yes.

6682. Who are the examiners in physiology?—The council are the examiners upon the subject, men who have already passed the examination of the Science and Art Department in physiology.

6683. I should like to know exactly what are the conditions, supposing I wanted to become a herbalist, what should you require to know?—In the first place we should want to know if you had been practising medicine, and whom you had been practising under, and whether you had been practising under a medical herbalist, because if you had not been practising under a medical herbalist we should decline to admit you to any examination, that is the first condition.

6684. That is to say, I should serve a kind of apprenticeship?—Exactly so.

6685. Supposing that point to be settled, supposing I had served an apprenticeship under a medical herbalist, what next would you require from me?—I should then require you to show cause why you should be a member of the association, by your ability in physiology, whether you had ever studied physiology, and whether you have passed any examinations in physiology.

6686. What would you take as sufficient evidence that I had done so?—Supposing a person was to come to the association, and present a certificate that he had passed, say, the advanced examination in the Science and Art Department. That would be sufficient.

6687. Would you take that as evidence of a sufficient knowledge of physiology?—Yes.

6688. Would you require any knowledge of anatomy?—Certainly we would.

6689. How would you obtain evidence of the knowledge of anatomy?—Just by examination, in the same way as we obtain evidence of a knowledge of physiology.

6690. But there is no special examination, is there, in anatomy by the Science and Art Department?—No, but then we have others who have been through anatomy, and who have practised, and who are thoroughly up in anatomy, and candidates are examined by them.

6691. Do they constitute the court of examiners?—They belong to the court of examiners.

6692. What other subjects do you examine in?—In botany.

6693. Then we may take it that the qualifications are an apprenticeship to a herbalist, and having passed in the advanced stage in the science examinations, and a special examination in anatomy, and in botany?—Exactly.

6694. Is that all?—That would be about all.

6695. And do you think that an examination of that kind is a satisfactory test of a man's qualification to diagnose cases of disease, and give a certificate that is worth having?—I should say so, if he is a person with any observation he would do that very well.

6696. It is a matter upon which there may be honestly two opinions, is it not?—Yes, certainly.

6697. (*Prof. Turner.*) You have referred to the candidates for admission to your association as having to pass an examination in anatomy; might I ask you where this examination is conducted?—At our meetings of the council, in different parts of the country we have anatomical preparations, skeletons, and such things as those.

6698. Have you preparations showing the dissection of different parts of the human body?—Precisely so. One of our council has all those, he keeps them in his own possession.

6699. Do you have dissected preparations?—Not always; sometimes we may have a few, but not many.

6700. Does your examiner in anatomy hold a licence under the Anatomy Act so as to enable him to have dead bodies in his possession for the purpose of dissection?—No.

6701. Then in what respect can we consider that your examination in anatomy is a satisfactory examination if you do not have dead bodies or portions of dead bodies for the purposes of examination?—A member of our council has them preserved in his own possession, and keeps an anatomical museum at Liverpool, comprising upwards of 1,000 models and diagrams, which has been placed at the service of our association. We have no school where we can keep those preparations, and therefore they are in the custody of one of the members of the council.

6702. Do you have any examination in chemistry?—No.

6703. Then when you speak of an examination in botany, does that embrace an examination on the articles of your own materia medica?—Yes.

6704. Have you any examination conducted on sick patients; have you any means of testing your candidates as to the knowledge that they may have of disease, as exhibited in sick persons?—Yes; for instance, questions are asked the candidates: Supposing a person comes, or you are sent to see a person, who is ill, and you find such and such symptoms, what would you call them?

6705. Do you bring the candidate for admission to your association face to face with a sick person, and examine him on the symptoms of that sick person?—When we can we do, but we cannot always do this.

6706. Do you know what is meant by a clinical examination?—Yes.

6707. May I ask if you have anything comparable to the clinical examinations conducted by the various colleges of surgeons and physicians and universities?—We have not the facilities that the College of Surgeons has, nothing of the kind, but if a person be able to tell us the nature of a disease, and the remedies which he would apply, we are satisfied.

6708. Do you lay down any curriculum of study at all, do you require your candidates to attend any specific courses of instruction, courses of lectures and so on?—We recommend books for study.

6709. But have you any prescribed course of education?—No, we have no school, but we have books that we wish them to study, such as Beach's works of America, and Skelton's, and Graham's, and a number of others of that kind, which do not occur to my mind at this moment.

6710. But as I understand you have no prescribed course of study?—No, no prescribed course.

6711. Neither as regards the number of years, nor as regards the subjects to be studied?—No further than what I have already stated.

6712. When you tell us that the faculty will not allow your candidates to be examined, are we to understand you to say that the College of Surgeons or the College of Physicians have declined to admit any of your candidates to examination?—Yes, unless they go to the hospitals, and pass a course of study at the hospitals.

6713. That is to say they must conform to the regulations of those bodies?—Exactly.

6714. Could you expect those bodies to admit as candidates to examination persons who do not conform to their regulations?—I do not see why they should not be admitted, there are many persons who are equally as well able to perform certain duties as those who have been in schools of that kind; many a man has risen up upon his own resources to very great abilities, and I do not see why it should not be so now.

6715. Your view is that the Colleges of Surgeons and Physicians should admit to examination any person who claims to be admitted, whether he has gone through a specific course of education or not?—Exactly so.

6716. Would you have any objection to tell us in what parts of the country your association is best represented as regards numbers; where do you find the best fields for practice?—I should fancy the manufacturing towns of Yorkshire and Lancashire.

6717. (*Dr. McDonnell.*) Do the members of your association practice midwifery?—Yes.

6718. And surgery and medicine?—Yes.

6719. The knowledge of herbs may be very useful for medical matters, but is a knowledge of herbs of much use in the practice of pure surgery?—Yes, I think so.

6720. Have you any surgical examination?—No further than what I have already stated.

6721. I heard once of a person who had a dislocated jaw being ordered an emetic; can you give us any cases of the treatment of surgical affections by purely herbal means?—No, it depends upon what the case is; I do not mean surgical operations.

6722. Do the members of your association undertake to perform operations?—Sometimes; for instance, a person may come with a broken arm, and I would have no objection to set a broken arm myself at all, and have done it with very great advantage.

6723. Then you undertake the treatment of affections outside the altogether herbal treatment?—Yes.

6724. Have you any examination in midwifery?—Yes.

6725. Are persons who enter your association obliged to give any proof of having attended midwifery cases before they become members?—Yes, they are on probation you will find, for one year at any rate, before they are admitted into the full membership of the association, and in that time they commonly have to go into that subject, but sometimes there are some who do not go into that subject at all. I know one who has attended very many cases of confinements. I know one who has attended 170 or 180 in a year, and that continued year after year; both natural and instrumental, but perhaps there might not be quite so many at another time.

6726. I do not speak of the number of persons that you have under your system at any moment, but before they commence practise what proof do you require that they have attended cases of labour?—A few enter into that department, as I said before, but there are some who do not, and we would not examine them upon the subject.

6727. But under your system do persons afterwards attend midwifery cases?—Yes.

6728. Then they may have to do so without having attended any midwifery cases before?—No; when they enter, if they wish to take up that branch of the subject they would be examined in it before they would be allowed to take upon themselves the whole responsibility of it.

6729. Are they obliged to give any proof that they have actually been present and observed the proper mode of attending women in parturition?—Yes.

6730. Do you require them to have attended any given number of cases?—No, we do not require any definite number.

6731. You are aware, of course, that persons who adopt the homœopathic theory of medicine are able to get on the register, and that there are a considerable number on the register, but they have got on the register by conforming to the regulations and so getting their names on it, and they are perfectly free to take up that particular branch afterwards; is there anything in your association which would prevent your members doing so?—No, but unfortunately if we are known to be practising herb medicine previously to that they will not admit us. There is very great difficulty I know in a homœopathic practitioner getting on to the register if he is known to practice homœopathy previous to his application.

6732. Do you mean to say that a young man presenting himself at the College of Surgeons, if he was suspected of being a herbalist, would be likely to be rejected there, although in every other respect he had conformed to the regulations and come up to the standard of knowledge that they require?—Yes, that has been so.

6733. That is a very grave charge to bring against a respectable corporation, could you give us, of your own personal knowledge, any case in which young men having conformed to the regulations of the College of Surgeons, and being up to the standard of knowledge that they required, were rejected because of it being known that they had herbalistic tendencies or homœopathic tendencies?—I only know that we have very great difficulty in getting on the register. As I mentioned before a person that I know very well had very great difficulty because he practised herbalism in getting on to the register; the medical men of the place did all they could to prevent him, although he did eventually get on it. As I said in another case a medical herbalist, whose father had been a medical herbalist, and who had been practising for some time himself, wished to get on to the register, and he went to another part of the country, his letters were not sent direct to him, but they were sent through another channel, and after he had got his diploma of course he could then pursue his botanic practice.

6734. (*Mr. Simon.*) Can you give a case, with name of the authority and name of the person, in which a difference has been drawn by the examining board between any two candidates on the ground that one of them professed herbalism?—I could not give you two cases side by side.

6735. Is all that you mean this: that some persons professing herbalism have been plucked at their examinations?—Yes, I know one that was plucked, but he has since died. I make that statement because I wish to be thoroughly honest, but I do know one.

6736. Do not you think it would be very difficult to admit professing herbalists to examination on any different rule to that on which other people are admitted?—No, I do not think it would be at all.

6737. But if an ordinary student is required to show that he has learned anatomy by dissecting the human body, should that be a rule only for students who are not herbalists, or should it be a rule for herbalists and others equally?—I do not scarcely see what that has to do with the question in hand, because we are prepared to undergo an examination, but then we want the examination to be in the line of the study that we practise; for instance, if I study medical herbalism I should like to be examined upon that; if I was required to be examined in chemicals, for instance, acids or minerals, or anything of that kind, I should not consider that I was sufficiently qualified for an examination of that kind; but if I studied medical botany I should wish to be examined on that.

6738. But your impression is that examining boards either exclude candidates from examination, or pluck them under examination, on the ground of their holding a particular theory relating to the practise of medicine?—Yes, that is what I understand.

6739. Are you not aware that under a section of the Medical Act the Privy Council may stop any authority that prevents candidates from coming into the medical profession on the ground of their intending to practise on any particular theory?—Yes, that may be so in theory, but the practise does not bear corresponding evidence I think to it.

6740. But in fact you are not able to give any specific case of a difference drawn either as regards regulation, or as regards examination, between persons professing herbalism and other persons?—No, not to persons side by side.

6741. (*Chairman.*) Is there anything further which you wish to place before the Commission?—Nothing, excepting that we should be allowed, as I said before, to practise without any molestation. The Apothecaries' Company of London are rather bitter against us, and though we may be able to cure patients yet we cannot recover, and we are subject to very great annoyance. If anything could be done to avoid that we should be very much obliged.

The witness withdrew.

APPENDIX TO THE EVIDENCE OF MR. CRICK.

List of Names and Addresses of Medical Herbalists.

Name.	Address.	Age.	Years in Practice.	Remarks.
Geo. Thos. Appleby	Kingston-on-Hull	50	25	
John Anderson	Manchester	52	24	Certificates accepted by Lancashire and Yorkshire Accident Society, Brick Makers Society.
Joshua Brook	Huddersfield	59	24	Certificates accepted by Oddfellows, Shepherds, and Ancient Druids of Huddersfield, Foresters of Dalton and Kirkheaton, board school managers and committees of the Ramsden Street, George Street, and Buxton Road Sunday Schools.
Benjamin Beech	Kidderminster	60	18	Certificates accepted by Oddfellows.
George Beck	Birmingham	43	26	Cherry Street Male Adult, Rationals, many of the factory clubs, the Birmingham School Board, King Edward's School, and London and North-western Railway Employés Benefit Society. Two inquisitions have been held on his patients, and in both cases declared held free from censure.
John Henry Blunt	Northampton	62	40	Been medical attendant to several lodges of Oddfellows, Foresters, and other Benefit societies, for nearly 20 years; was several years a member of the board of guardians.
John Bocock	Leeds	64	43	
Thomas Benn	Leeds	52	25	
William Henry Blunt	Birmingham	42	18	Appointed medical officer to several Benefit societies when in practice in Northampton.
Robert Batten	Liverpool	30	10	Has had one inquisition and acquitted honourably.
Henry Adam Bray	Market Rasen	46	22	Certificates accepted by all societies except two small clubs which enforce attendance of the club surgeon.
Louis Breeze	Stratford, Essex	58	39	Certificates accepted by the Victoria Dock Co., Great Eastern Railway Co., and nearly all benefit societies in the neighbourhood of Stratford.
Arthur Brown	Burnley	23	2	Certificates accepted by Oddfellows No. 217, No. 540, Ancient Shepherds, Grand United Oddfellows, No. 84, Wesleyan and Church of England sick societies and several others.
William Brown	Burnley	49	30	Certificates by Oddfellows, Nos. 217, 540. Ancient Shepherds, Grand United Oddfellows, No. 84, Wesleyan and Church of England sick society and others.
Thomas Blinkhorn	Walsall	62	26	
William Bradley	Bridgehouse	61	31	
John Brookes	Nottingham	56	30	
Jesse Boot	Nottingham	31	10	
Francis William Crick	Bedford	61	25	Certificates accepted by Star Benefit society, William the Fourth society, Wesleyan Hearts of Oak and many others. Have had several inquisitions and twice tried at the assizes on a charge of manslaughter, but always acquitted.
Edward Cross	Birmingham	46	25	
Joseph Carter	Sheffield	74	35	Certificates accepted by the Young Sick Society.
William Cole	Bradford	58	30	Certificates accepted by all sick and Benefit societies in the neighbourhood, Medical Referee to the Liverpool Legal Friendly Society.
Samuel Cawley	Shipley	55	22	Certificates accepted by the Shepherd's Sons of Temperance and Rechabites.
Benjamin Catlow	Accrington	37	18	
Samuel Douthwaite	Malton	52	17	
Joseph Eckersall	Cheetham Hill	39	18	
Charles Exley	Heckmondwike	63	15	
William Enoch Ford	Derby	59	34	
George Flockhart	Blyth	39	10	
Nathaniel Frith	Hull	58	38	Certificates accepted by Sons of Temperance.
Walter Coughy Fox	Sheffield	26	5	Certificates accepted by nearly all the local societies.
Alfred Russell Fox	Sheffield	28	7	Certificates accepted by nearly all the local societies.
George Fothergill	Dewsbury	72	40	
Samuel Farley	Old Hill	39	8	
James Galloway	Great Horton	57	30	Certificates accepted by Oddfellows and Foresters.
Joseph William Goodwin	Stockport	43	16	
Rowland Hill	Bradford	41	15	
Samuel Halliday	Cleckheaton	37	13	Certificates accepted by nearly all societies in Cleckheaton and district.
Job Horrocks	Levenshulme	48	27	
Henry Hanson	Halifax	61	30	Certificates accepted by Foresters and Oddfellows.

Name.	Address.	Age.	Years in Practice.	Remarks
William Holmes	Derby	32	11	Assistant Medical Officer to Friendly Societies Medical Association, 7,000 members, Oddfellows, Foresters, &c.
Samuel Harrop	Ashton-under Lyne	31	10	Certificates accepted by Miner's Association.
Euphrates Webster Hardwick.	Cambridge	48	21	Certificates invariably accepted by all societies.
John Hall	Liverpool	78	45	
Turner Haslam	Hucknall Torkard	56	10	
William Hodgkiss	Wolverhampton	50	27	
John Jones	Willenhall	58	32	
William Kilburn	Halifax	60	27	
Thomas Kilburn	Leeds	51	20	
Thomas Loftus	Hull	45	20	Certificates accepted by Ancient Order of Foresters, Druids, Gardeners, and Oddfellows.
Edward Lagar	Wednesbury	39	14	
George Learer	Walsall	46	18	Most factory societies accept certificates.
John Lee	Halifax	64	30	Nearly all societies in neighbourhood accept certificates.
James Mather	Chesterfield	49	30	Certificates not been objected to for 16 years.
Job Mansell	Tipton	38	12	
Henry Maidment	Birmingham	34	13	Certificates accepted by Oddfellows.
Thos. J. McNarney	Worcester	45	14	Certificates accepted by most in this neighbourhood.
James Norris	Bolton	31	5	
Henry Newton	Keighly	42	15	Certificates accepted by Oddfellows, Good Templars, Rechabites, Leeds Independent Ancient Shepherds, and Foresters.
Enoch Mather	Chesterfield	23	2	
T. J. Norton	Banbury	35	14	
Thomas Ogden	Dewsbury	43	14	Certificates accepted by all societies.
William Parkinson	Oldham	49	29	None of certificates have been refused.
William Samuel Potter	Plaistow	54	21	
William Parker	Sheffield	50	20	Most of the societies in Sheffield accept certificates.
Charles Pick	Leicester	40	10	
Henry W. Pontis	Barnsley	35	14	
William Prescott	Liverpool	51	9	
John Rayner	Hull	64	31	Certificates accepted by Oddfellows, Druids, and Foresters.
Luke Roberts	Heckmondwicke	44	21	All Benefit societies in town except one acknowledge certificates.
George Rotherham	Liverpool	54	22	
John Rodgers	Derby	42	14	Certificates accepted by Midland Railway Company and several workshop clubs.
Thomas Redges Smith	Coventry	54	30	Certificates accepted by London and North Western Railway Servants Sick Society and North Warwickshire Friendly Society.
Joseph H. Smith	Blackburn	47	14	Certificates accepted by Rosebud Lodge, Royal Ancient Shepherds, Methodist Sick Association.
Joe Cryer Stott	Barnsley	30	4	Certificates accepted by Silkstone Main Lodge of South Yorkshire Miners Association and British Oak Friendly Society.
John Sunderland	Keighley	60	35	No objection to certificates have been made but one in the neighbourhood.
William Suthers	Manchester	61	35	Frequently gives certificates and very rarely are refused.
George Stones	Burnley	37	18	
John Stead	Brighouse	61	20	All sick and burial societies accept certificates, medical referee to Prudential Assurance Co.
Thomas Schofield	Lees	44	16	Frequently gives certificates, and never been refused.
Thomas Townley	Tarporley	52	28	Certificates accepted by Oddfellows and Rechabites.
Ezra Thornton	Wakefield	35	14	
Thomas Tildesley	Rotherham	38	10	
William Thompson	Spennymoor	35	16	Medical officer for Shepherds, Sons of Temperance, Druids, and Oddfellows, have had two inquisitions, and in both cases honourably acquitted.
Alfred Thornton	Bradford	28	7	
Robert Townend	Heywood	62	42	Certificates accepted by Oddfellows, Freemasons, Sunday School Clubs, &c.
Joseph Tempest	Bradford	42	21	Has had five inquisitions and exonerated from blame.
George Voss	Stoney Stanton	60	40	
James J. White	Leeds	51	30	Certificates accepted by many societies.
Thomas Woodcock	Sheffield	59	27	Certificates accepted by many societies, has been a member of the Town Council 21 years, formerly member of highway board.
Philip C. Westley	Birmingham	24	3	Certificates accepted by several factory clubs.
Cecil Wood	Hazel Grove	34	10	

Mr. R. Quain, M.D.

18 Nov. 1881.

Mr. RICHARD QUAIN, M.D., F.R.S., examined.

6742. (*Chairman.*) You are a member of the Senate of the University of London, and Fellow of the Royal College of Physicians?—Yes.

6743. And you have been a Crown nominee on the Medical Council since the year 1863?—Yes.

6744. And you have been secretary and chairman of the Pharmacopœia Committee of the Medical Council?—Yes.

6745. And you are treasurer, are you not, of the Council at the present time?—Yes, I have been one of the treasurers since 1863.

6746. Having been for many years an active member of the Medical Council, and one of the representatives of the University of London on the committee of reference, I believe you are able to state from your own knowledge, and from your personal work and experience, that the Medical Council has efficiently discharged all the duties which Parliament has committed to it?—It has; it is my conviction, that the Council has fulfilled its duties so far as Parliament has empowered it.

6747. The Council has compiled a register, and it has removed from the register the names of persons who are liable to be so removed under the Act of Parliament?—Yes.

6748. It has published a pharmacopœia which has been universally accepted as one of the best pharmacopœias ever issued; it has visited, by its members, or by selected visitors, the various licensing boards throughout the kingdom, and it has framed and published reports on the subject of the general preliminary examinations which have now been adopted throughout the kingdom; and it has framed an exhaustive report on the subject of professional education both at home and abroad?—Yes.

6749. And it has issued a series of recommendations on education, and examination, founded on this report, which have been received and acted upon in almost all cases by the licensing bodies?—That is so. Those recommendations, and the answers of the several authorities have been published in the Report of the Select Committee of the House of Commons.

6750. And if it has not enforced its recommendations that has been owing to the fact that Parliament has given it no authority to do so?—That is the case.

6751. I think it hardly necessary to enter into the question of whether certain statements have been made reflecting upon the Medical Council, because the important point before this Commission is what relates to the future and not what relates to the past; but if there is any statement which you wish to make with reference to complaints which have been made of the Council we shall be very ready to receive them?—With regard to forming an opinion as to the future, and passing over what has occurred in the past, it seems to me there ought to be some reference to the past for guidance in the future; for if the past be ignored altogether there will be no ground for forming a sound judgment with reference to the future. For example, the Medical Council has been accused of extravagance, and it was stated that it was living on its capital. As treasurer of the Council I should very much like to put in a statement showing that this is unfounded.

6752. Would you kindly put that statement in?—The statement which I hand in of the receipts and expenditure of the Council from the date of its origin will show that at this moment the Council holds about 30,000*l.* or very nearly so in the funds. You will observe that there is a statement of account for the two years which have elapsed since the report was handed in to the Committee of the House of Commons, and this being added makes a complete report which I think will be of interest to the Commission. This statement I beg to hand in. (*The same was delivered in, and is as follows.*

STATEMENT by the REGISTRAR of the Yearly INCOME and EXPENDITURE of the GENERAL MEDICAL COUNCIL, and of its Three BRANCH COUNCILS, from the date of passing of the "Medical Act" in 1858 to the end of 1880.

YEAR.	GENERAL COUNCIL.		ENGLISH BRANCH COUNCIL.		SCOTTISH BRANCH COUNCIL.		IRISH BRANCH COUNCIL.		TOTALS.	
	Income.*	Expenditure.†	Income.	Expenditure.‡	Income.	Expenditure.‡	Income.	Expenditure.‡	Income.	Expenditure.
	£ s. d	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d	£ s. d.	£ s. d.
1858 and 1859 -	492 5	5,297 11 11	26,573 19 6	1,439 9 4	3,844 1 9	547 11 11	4,546 3 1	890 3 5	35,456 9 4	8,165 16 7
1860 - - -	180 7 8	3,802 1 0	2,729 10 0	769 13 10	654 19 2	254 6 10	508 8 9	575 8 1	4,184 5 7	5,461 9 9
1861 - - -	98 12 9	3,320 18 11	3,297 5 11	658 14 3	736 16 9	370 16 11	748 15 11	398 16 7	4,871 11 4	4,749 6 8
1862 - - -	105 2 0	3,702 5 5	3,145 14 8	527 12 5	637 7 3	243 13 6	773 10 2	289 11 6	4,661 14 1	4,822 12 10
1863 - - -	327 7 5	3,338 9 11	3,338 10 0	650 11 4½	808 11 10	239 2 3	902 12 4	290 14 1	5,467 1 7	4,549 7 7
1864 - - -	315 16 6	4,317 3 6	3,365 3 9	716 7 8½	905 8 8	286 14 5	1,013 1 4	336 16 2	5,597 10 3	5,657 1 9½
1865 - - -	248 1 6	3,339 19 9	2,904 7 6	714 5 8	685 7 6	270 11 2	812 7 9	341 5 8	4,688 4 3	4,666 2 5
1866 - - -	245 15 0	3,775 2 9	2,980 15 4	801 17 5	693 17 5	332 8 6	842 19 2	269 19 0	7,723 6 9	5,179 3 8
1867 - - -	289 19 6	3,557 18 0	2,597 16 4	708 9 10	730 0 7	344 16 11	860 17 6	285 17 9	4,878 13 11	4,897 2 6
1868 - - -	294 9 6	4,044 1 3	3,110 5 10	622 9 7½	824 6 10	264 1 6	900 2 4	259 12 1	5,129 4 6	5,190 4 5½
1869 - - -	319 2 0	4,205 13 9	2,926 13 9	642 9 10	682 0 10	286 0 7	796 2 0	295 9 10	4,725 18 7	5,489 14 0
1870 - - -	887 15 0	4,089 11 9	3,035 1 3	597 18 9	793 2 2	240 13 0	1,113 4 5	287 16 10	5,829 2 10	5,187 0 4
1871 - - -	515 1 9	2,931 2 10½	2,855 2 6	593 16 8	674 12 9	319 5 0	802 4 5	313 17 2	4,957 1 3	4,158 1 8½
1872 - - -	272 12 7	2,806 11 11	3,926 2 6	502 6 2	787 5 0	308 9 11	1,120 16 6	269 5 0	6,106 16 7	3,446 13 9
1873 - - -	236 10 0	3,945 14 6	3,322 11 3	573 9 5	931 18 10	272 0 9	847 0 6	333 18 5	5,338 0 7	5,125 3 1
1874 - - -	586 11 11	5,019 8 8	3,477 18 9	1,180 5 6	999 8 9	293 7 1	1,030 6 9	383 15 6	6,094 6 2	6,882 16 9
1875 - - -	277 1 6	4,911 18 3	3,787 10 0	1,294 12 2	969 5 4	244 18 10	844 2 10	337 10 3	5,877 19 8	6,638 19 6
1876 - - -	268 15 0	4,390 2 4	3,848 3 9	904 8 2	975 17 0	253 3 8	1,195 13 0	364 5 0	6,286 6 9	5,911 19 2
1877 - - -	344 16 0	5,205 2 2	3,778 17 6	886 0 8	1,057 11 0	247 15 2	854 5 2	366 1 3	6,035 9 8	6,684 19 3
1878 - - -	255 0 7	4,853 14 6	3,769 10 0	821 5 3	1,194 19 2	276 16 1	957 3 10	370 19 6	6,206 13 7	6,322 15 4
1879 - - -	392 12 11	4,123 7 2	4,061 6 9	595 7 9	1,046 17 5	228 4 1	971 0 8	403 8 9	6,381 17 9	5,420 7 9
1880 - - -	185 19 2	4,037 10 7	4,254 17 6	584 4 4	1,411 3 10	292 18 4	1,021 18 6	369 4 9	6,871 19 0	5,303 18 0
Total - £	7,155 13 3	88,686 10 10½	97,396 4 4	16,742 16 1	22,014 19 8	6,507 12 5	23,640 16 9	8,033 16 7	150,207 14 6§	119,970 15 11½§

* The General Council's special receipts set forth in this column arise from the sales of "Pharmacopœias" and "Registers," which barely cover the outlay for these works, and from "penalties" inflicted on illegal practitioners, which penalties have, in most cases, been paid over to the prosecutors, to cover the expenses of prosecutions.

† The rest of the General Council's expenditure is, pursuant to the provisions of section 18 of the Medical Act, 1858, "defrayed by means of an equal percentage rate upon the moneys received by the several Branch Councils."

‡ The expenditure set forth in the above table is that proper to each Branch Council, and *exclusive* of the said Branch Council's contribution to the expenditure of the General Medical Council.

§ Of the balance of 30,236*l.* 18*s.* 6½*d.* here shown, the following sums are held invested by the several Branch Councils:—English Branch, 25,000*l.*; Scottish Branch, 2,000*l.*; Irish Branch, 1,720*l.* 5*s.* 11*d.*; making a total, now remaining invested, of 28,720*l.* 5*s.* 11*d.*

I have here a document which shows the amounts of invested capital belonging to the English, Scottish, and Irish Branch Councils respectively, and it is as follows:—

STATEMENT showing the AMOUNTS of INVESTED CAPITAL belonging to the ENGLISH, SCOTTISH, and IRISH BRANCH COUNCILS respectively.

——	Amounts invested.		Amounts added.	Amounts sold out.			Amounts remaining in 1881.
		£ s. d.		£ s. d.	£ s. d.	£ s. d.	£ s. d.
English Branch -	From 1859 to 1861	21,000 0 0	In 1869, 2,000*l.* In 1873, 2,000*l.*	—	—	—	25,000 0 0
Scottish Branch -	From 1859 to 1875	2,000 0 0	—	—	—	—	2,000 0 0
Irish Branch -	From 1859 to 1875	2,512 9 4	—	In 1875, 108 6 8	In 1877, 159 0 9	In 1878, 314 16 0 In 1879, 210 0 0	1,720 5 11

The document shows that the English Branch Council invested 21,000*l.* from 1859 to 1861, and subsequently there was added in 1869 2,000*l.*, and in 1873 2,000*l.*, making the amount now invested by the English Branch Council 25,000*l.* No sum has ever been withdrawn from the original capital, on the contrary 4,000*l.* has been added. The Scottish Branch Council invested originally 2,000*l.*, which remains; and the Irish Branch Council invested originally 2,512*l.*, and of that there remains 1,720*l.* I have two other tables which show very distinctly that for the last seven years the average income has exceeded the expenditure, and with your permission I will hand in those tables.

STATEMENT of the COMPARATIVE INCOME and EXPENDITURE of the GENERAL and BRANCH COUNCILS during the last Seven Years.

	1874.	1875.	1876.	1877.	1878.	1879.	1880.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Income - - -	6,004 6 2	5,877 19 8	6,286 6 9	6,035 9 8	6,206 13 7	6,381 17 9	6,871 19 0
Expenditure - -	6,882 16 9	6,698 19 0	5,911 19 2	6,684 19 3	6,322 15 4	5,420 7 9	5,303 18 0
Excess of income - -	—	—	374 7 7	—	—	961 10 0	1,568 1 0
Excess of expenditure -	878 10 7	820 19 10	—	649 9 7	116 1 9		—
"Per-centage rate" (Sec. 13 of the Medical Act)* -	81·81	82·75	68·47	85·40	76·30	62·25	57·91

Average for last seven years of { Income - - 6,237*l.* / Expenditure - - 6,175*l.*

* Showing what part of the "Moneys received by the several Branch Councils" has been paid towards defraying the General Council's expenses.

STATEMENT of the COMPARATIVE INCOME and EXPENDITURE of the GENERAL and BRANCH COUNCILS during the Years 1878, 1879, and 1880.

	Income for the Year 1878.		Income for the Year 1879.		Income for the Year 1880.	
Received by the—	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
English Branch Council -	3,032 0 0		3,231 0 0		3,520 10 0	
Scottish Branch Council -	1,125 15 0		984 10 0		1,346 5 0	
Irish Branch Council - -	900 5 0		920 10 0		971 10 0	
		5,058 0 0		5,136 0 0		5,838 5 0
Dividends received by the—						
English Branch Council -	737 10 0		734 7 6		734 7 6	
Scottish Branch Council -	69 4 2		62 7 5		64 18 10	
Irish Branch Council - -	56 18 10		50 10 8		50 8 6	
		863 13 0		847 5 7		849 14 10
Sale of Registers and other publications.	12 19 0		48 8 6		25 17 9	
Sale of Pharmacopœias - -	267 1 7		209 6 1		148 1 5	
Penalties received - - -	5 0 9		44 18 4		—	
		285 0 7		302 12 11		183 19 2
Repayment by Dental Fund -	—	—	—	95 19 3	—	—
		£6,206 13 7		£6,381 17 9		£6,871 19 0

	Expenditure for 1878.		Expenditure for 1879.		Expenditure for 1880.	
Expenses of the—	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
General Council - -	—	4,853 14 6	—	4,123 7 2	—	4,057 10 7
English Branch Council -	821 5 3		595 7 9		584 4 4	
Scottish Branch Council -	276 16 1		298 4 1		292 18 4	
Irish Branch Council - -	370 19 6		403 8 9		369 4 9	
		1,469 0 10		1,297 0 7		1,246 7 5
	Total expenditure. 6,322 15 4		Total expenditure. 5,420 7 9		Total expenditure. 5,303 18 0	
	Total income - 6,206 13 7		Total income - 6,381 17 9		Total income - 6,871 19 0	
	Deficiency - £116 1 9		Balance in favour of income. £961 10 0		Balance in favour of income. £1,568 1 0	

Average for the last three years of { Income - - 6,486*l.* 16*s.* 9*d.* / Expenditure - - 5,682*l.* 7*s.* 0*d.*

These facts clearly show that the Council has not been compelled by its extravagance to draw upon its capital.

6753. (*Sir W. Jenner.*) Was that statement made in the book by Dr. Jacob?—Yes, and by other persons.

6754. He probably had access to the Irish accounts, and not to the English accounts?—All the accounts are published annually.

6755. (*Chairman.*) What have you to say with regard to the pharmacopœia?—It has been said that the pharmacopœia is a most costly and extravagantly published book, and that an ordinary publisher would have published it, and an editor would have framed it, for 500*l.* I wish to show that the pharmacopœia, which is a work of great importance is prepared and published under the authorities of the Acts 21 and 22 Vict. c. 90 and 25 and 26 Vict. c. 91. That it superseded the pharmacopœias of the three Colleges of Physicians, which were published under the sanction, at least the English one was, of Orders in Council; and it would have been impracticable for a private editor to have taken charge of such a work, inasmuch the Order requires all chemists, druggists, and apothecaries to compound medicines according to the pharmacopœia, and in no other way, and

Mr. R. Quain, M.D.

18 Nov. 1881.

the apothecaries, chemists, and druggists would not readily submit to the dictation of an individual. With regard to the publication, the subject was fully considered by the Council, and the price was fixed by the Treasury with the advice of the Stationery Office. Nearly 40,000 copies of the pharmacopoeia have been sold, which has left a profit of about 300*l*. With the permission of the Commission I beg to hand in the following statement. (*The same was delivered in, and is as follows.*)

STATEMENT by the Registrar of the Receipts and Expenditure in regard to the "British Pharmacopoeia," to the end of 1880.

EXPENDITURE.

	£	s.	d.
Loss on first edition - - -	600	0	0
Cost of preparing, printing, binding, advertising, &c. second edition of 20,000 copies.	3,286	4	0
Cost of preparing, printing, binding, advertising, &c. 20,000 copies of subsequent reprints of the "British Pharmacopoeia," and 15,000 copies of "Additions" thereto.	2,323	13	6
Total outlay -	6,279	17	6

RECEIPTS.

	£	s.	d.
Received from sales from 1867 to 1880 - -	6,547	11	4

6756. Turning to the medical licensing in the future, you were, I believe, one of the witnesses before Mr. Forster's Committee two years ago?—Yes.

6757. And you stated before that Committee that you were in favour of a conjoint board for each of the three divisions of the kingdom; and in fact I think I may go so far as to say you were one of the authors of the scheme of a conjoint board which was adopted for England?—Yes.

6758. You are of opinion, are you not, that the conjoint board ought to conduct only what is known as the final practical examination?—That would be quite sufficient.

6759. And you would leave the licensing bodies to examine for themselves in all the scientific subjects in their earlier examinations?—Certainly.

6760. And you have no fear that if such a system were established, what is known as "teaching down" would prevail?—Certainly not, it would be quite impossible.

6761. How would it be impossible?—Because the examinations must be of a sufficiently high character to make good teaching necessary for those who pass it.

6762. Then your opinion appears to be that the final examination would be a practical examination of a sufficiently high standard, and the result would be that the passing of a lower examination which might be possible for some of the less important licensing bodies would be of no avail, and would therefore not be gone through?—I think that the conjoint scheme means simply this: at this time there are 19 licensing bodies throughout the country, giving about 60 different qualifications. Instead of having separate and independent examinations for all these various and varied qualifications the licensing bodies are asked to combine to bring their examiners together, and to examine together for their lower license, or their lowest qualification. The students would thus be no longer wearied by the multiplication of examination, the trouble of and the expenditure for the examinations themselves would be diminished and the result would be uniform and satisfactory. I cannot conceive how such a change could lower the character of the examination. The University of London would be the last body to join such a board if there was any risk of lowering the qualification. I think it would lead to this, that those who passed a good examination for the minimum qualification would be anxious to go on for the higher distinctions. That is my conviction after a great deal of thought on the subject.

6763. Would you have the license to practise medicine depend entirely upon passing the examination of the conjoint board?—Entirely.

6764. And therefore you would leave the present medical authorities very much in the position of private corporations, which would give their own higher degrees, which would teach, and which would conduct their own business in the way that they thought best?—But only under the Council. There should be such supervision as would prevent a college or any other body being able to give an equivalent degree in medicine of a lower character than another.

6765. Would you be prepared to place under the Council not only the ordinary examinations for the license, but also the higher titular degrees of the various medical authorities?—There should be a control of some kind or somewhere so as to prevent abuses.

6766. Where would you put that control?—In the Medical Council.

6767. You are of course assuming that there would be a medical council as the central authority?—Yes.

6768. Would you give the Medical Council control over the higher degrees which are granted by the various medical authorities?—Yes.

6769. Should you extend their duties to the control of all the examinations of the medical authorities; not the examinations only on which the higher degrees depend, but on their earlier examinations, their scientific examinations?—Yes, certainly, they should visit them and control all.

6770. Would you give them the initiative in framing the examination rules?—Certainly not, that would be a most objectionable course for it would destroy the independence of the various licensing bodies. The responsibility then would rest upon the Council, and if the examinations failed on any ground, or from any deficiency, the several licensing bodies could say, "Those are "your own regulations, we have done our best to carry "them out." My impression is that it would be much better to let the various examining bodies submit their regulations to the Council, who with their power of visitation could see that they were faithfully carried out. If the Council which should be so composed as to be capable of judging found a failure in carrying out the rules, they should be empowered to say, "We refuse "to register the candidates whom you pass, whilst so "and so is going on, and if you do not alter your "course of procedure within six or twelve months, or "some time to be fixed, we cannot register your can-"didates." Then the body that was so brought under censure should have a power of appeal to the Privy Council. I would not require the Medical Council to be the appellant to the Privy Council, I would require the body that was offending to appeal; the Medical Council should be paramount. I am speaking now of all the examinations.

6771. I am speaking now of what is known as the preliminary examination, do you entertain that opinion with regard to that?—It is most desirable that the Council should have a general control over all examinations.

6772. And that those regulations should be under the control of the Medical Council?—Decidedly.

6773. You observe, of course, that the final examination which would confer the license would be controlled by the conjoint board, that is to say by an independent authority?—The conjoint board is not an independent authority in any sense of the term. It is formed by a committee of reference appointed by and representing the several licensing bodies. The plan in the English scheme is this: the several universities and corporations met and agreed to appoint a committee of reference, and that committee of reference have drawn up examination rules which have been approved of by the several medical authorities, and nominated examiners who are appointed by the same authorities. There is thus a committee of reference which is the executive and which represents the several bodies, and there is the Medical Council controlling all. That is the plan of the English scheme which is ready to be carried out.

6774. What is the reason that you propose to give the medical authorities entire liberty in framing the examination rules, whilst on the other hand you propose to institute a control over their examinations?—The medical authorities which give the license to practise have long fulfilled this or analogous duties. Their several constitutions and their experience fit them for the duty. The grave responsibility which should rest on these bodies would be virtually withdrawn were a Medical Council to frame and issue rules. The Medical Council is not and could not be well constituted for such a function. The Council is not fitted to be an examination board. Its duty should be to approve of the examination rules, and to see that they were faithfully carried out. It should supervise and control.

6775. Should you propose to give to the Council any further power than it has at present, or should you pro-

pose to give it any direct authority, as distinct from the power of recommendation?—The Council has quite enough now to do if it did its duties well. The only further authority that I would give the Council is that which I have already suggested, viz., that if any medical authority failed to carry out its recommendation, the Council might have the power of suspending the registration, and that the body might have a right of appeal.

6776. But that appeal you would say should proceed from the body which have been visited by the Medical Council; but it should not be a complaint from the Medical Council to the Privy Council?—Precisely so, I should say that the Medical Council is placed in an undignified position by being required to go to the Privy Council, and say, We have got those bodies who will not do what we want, will you make them do it? This is a position in which the Medical Council should not be placed.

6777. On what system should you propose to elect the members of the Medical Council?—That would entirely depend upon the duties assigned to them. If the Medical Council is to become something like a convocation of the clergy of the province of Canterbury or of York, with a power of discussing "the interests of the "medical profession," it would be well to have an elective constituency from the persons whose interests are involved, and a numerous council, a sort of professional parliament. But if you want a body to superintend medical education you must have persons selected for their competency and their fitness, and not leave the selection to chance, or to universal suffrage, or the like. You must have them chosen for their special fitness, I should hope either by the Crown, or by those bodies who are engaged, and have been so since their foundation, in examination and teaching. That is to say, if the Council is to be a body confined to superintending examination and education it must be a limited body selected for that purpose.

6778. I believe you are of opinion that the ideally best method of selecting a Medical Council would be a council selected by the Crown?—I speak with great diffidence on that point, but I believe that that would on the whole be best.

6778*a*. But you see difficulties of course which there would be in the way of carrying out such a system as that?—There may be. I do not know of any very great difficulties, but I think it would be a very excellent thing if the Council could be reduced in number, and if the Crown were made altogether responsible for the appointments. That would be a very simple way of doing it. Still I think it as well that the Council should be formed somewhat as it is now, by some members being nominated by the Crown on behalf of the public, and others by the different bodies who have been engaged hitherto in education and examination.

6779. Do you think it advisable that the members should still continue to be the representatives of individual corporations, as they are now; or do you think that any of the bodies might select members of the Council representing aggregates of medical authorities, for instance universities and corporations, as distinct from any individual university or corporation?—I think it would be a very much better plan if we had a more comprehensive system of that kind. It might be accomplished, as has been suggested, by branch councils, or by divisional boards, nominating a certain number of members to attend on the General Council. I think that that would be a better plan than the present one of sending representatives of individual institutions.

6780. As a very experienced member of the Council, have you ever seen any tendency on the part of individual members of the Council to consider the interests of the corporation or the university from which they were sent, as distinct from general interests?—No, I cannot say that I have. It is very difficult of course to see through the motives of individuals; let me give an example. The individual who had most opposed the action of the Medical Council, in obtaining the conjoint scheme, was the representative of the Queen's University in Ireland. I do not know whether it was the special interest of that university, or his own particular views that led Sir Dominic Corrigan consistently to oppose the formation of a conjoint board from first to last.

6781. Do you think that individual members of the Council do not sometimes feel themselves bound to act in a sense which they feel is agreeable to the corporations which send them rather than according to the instincts of their own judgment?—There may be few such members on the Council; certainly they are very few who might be guided by this feeling on some points. I should say that the great majority are perfectly independent and unbiassed.

6782. And do you think that the corporations send them there with the intention that they should act as they think best, and not according to any instructions which they have received from their bodies?—If a medical authority expressed a strong opinion on a subject that was under the consideration of the Medical Council, I take it that it would be the duty of the member representing that body to state its views and to support them, or he might decline to do so. My knowledge of the principles which guide the English corporations, of which alone I can speak, leads me to say that they are uniformly in accord with the elevation of professional character, the interests of the public, and free from mercenary motives.

6783. I was not speaking of pecuniary gain, but is it not possible that any collection of men may entertain an opinion which tends in the direction of the interests of their own body, without being intentionally self-interested?—It is very possible. All people are human.

6784. Reverting for a moment to the conjoint board examination, of which you spoke, should you propose that that examination should be a superadded examination, that is to say, an examination in addition to the present examinations for the license?—I think that it is a great advantage of the conjoint scheme that it does not do so, but that it saves a multiplicity of examinations; that it spares candidates being examined two or three times over on the same subject.

6785. You would be opposed to any additional number of examinations?—I think the great grievance of the present day is over examination, and any additional examination would be a further intolerable grievance.

6786. When you say intolerable, on what ground do you mean; on the score of expense?—Not that only, but that the students must labour and cram in preparing for examinations; and any increase of that sort of thing would be intolerable to them. There is nothing that a man gets so tired of when he has passed one examination as looking forward to going up to be examined again, and perhaps in the same subject, three or six months subsequently. The expense would be a consideration, but decidedly fatigue, and the wear and tear and anxiety, in preparing for examination, whilst attention is withdrawn from practical pursuits, are the most important considerations.

6787. You are aware, of course, that many of the present final examinations, for instance the final examinations of the Scottish universities, are very excellent examinations?—Very excellent, there is not a doubt about that.

6788. Do you think that the State or the public would not have a sufficient security if they were to send assessor examiners to examine along with the examiners, we will say for instance of the Scottish University, and thereby avoid this evil of additional examination?—If you exempt any one body from the conjoint or united board, and send assessors, every medical authority can claim the same rights, and you would have, just as at present, 19 bodies with their numerous qualifications, with assessors all over the country. No doubt the University of Edinburgh, if anybody could be exempted, should be exempted, but you would then have a claim of exemption, say from the University of St. Andrew's, or the University of Durham, and from the corporations also; and you would have just the same thing going on as now, with the additional trouble and burthen of sending assessors, whereas if the several authorities agreed amongst themselves to hold the examinations together, there would not be the slightest difficulty in it. I think I could convince even Professor Turner that there would be no great difficulty, and I am sure that there would be no loss if the Scottish authorities combined to form a conjoint board on the same principle, if not identical with the English one.

6789. But do not you think that the Scottish universities may say, "Our examinations being confessed to "be very good examinations, it is very hard that the "State should insist upon the conjoint board examina- "tion taking the place of our examination"?—If you will allow me for one moment I will tell you what the University of London has said upon this subject, and I presume there is no body the examinations of which are of a higher character than those of the University of London.

Mr. R. Quain, M.D.

18 Nov. 1881.

Here is an extract from a report of the Committee on the conjoint scheme of medical examination, which was presented to the Senate, and adopted by the University of London, dated the 18th of February 1870. The report says, "With respect to the proposition contained in the "draft scheme 'that each university in England shall "'have the power of appointing assessors or examiners,' "the Committee are of opinion that the universities "will best promote the success of the scheme by "appointing assessors, who shall have no part in "the examinations, but who should exercise such "a supervision over them as may enable a sound "judgment to be formed of their efficiency. And the "experience of the University of London leads the "Committee to express the very decided opinion that "such assessors, together with representatives ap-"pointed by the medical corporations, should form a "board altogether independent of the examiners, by "which the examinations should be directed and con-"trolled. Such a board, composed of able and ex-"perienced members, might safely be entrusted with "the duty of framing all the necessary regulations in "regard to the curriculum, the conditions of admission "to the examinations, and the mode of conducting "them, which regulations should be submitted to the "Medical Council for their sanction, with power of ap-"peal to the Privy Council in the event of objection "being raised against them by any of the bodies at "present empowered to confer the qualification to "practise." That was 11 years ago, and that is exactly what is now the conjoint board of England with its committee of reference, which was foreshadowed in that recommendation.

6790. Then having considered the case of the Scottish universities especially, you appear to be of opinion that it is impossible to make an exception in their favour?—In favour of any of them. If you make it in favour of one you must make it in favour of all.

6791. But is that strictly correct; is it not true that the Scottish universities are in rather a peculiar position as compared, we will say, with the English universities?—Yes, certainly.

6792. Do not they educate and give degrees to a much larger proportion of members of the medical profession than the universities in either of the other parts of the kingdom?—They think that if those conjoint examinations were instituted they might lose their fees; I suppose that that is the feeling, that there might be fewer graduates. I do not believe that there would be one single graduate less at the University of Edinburgh, and their expenses would be not more than at present. The suggestion is this, that the position of the University of Edinburgh would be precisely the same as the position of the University of London is under the conjoint examination, or of the other English universities, that is to say, that a person going up for the conjoint examination who does not intend to take a corporation license, say of the College of Physicians, or of the College of Surgeons, pays a sum of 5*l.* as the cost of his examination, and he is quite at liberty then to go to a university for his degree, or go to the corporations which, without any further examination, will grant a license to him on the payment of a fee of 25*l.*, or whatever the sum may be. In England the person who has passed the final examination will in many cases take the license of the College of Physicians and the membership of the College of Surgeons, because they are essential to him in his practice. In Scotland, on the other hand, it is not so, and a University of Edinburgh graduate, for example, who has passed the conjoint examination in Edinburgh, and paid the sum of 5*l.*, will go to the university, or to one of the corporations, whichever he prefers, but nine out of ten will go for a degree to the university and will not go to the corporation, they would rather pay a fee in addition to the 5*l.* to the university for a degree.

6793. Then it appears to be your deliberate opinion that the proposal to send assessor examiners to act on behalf of the State or the public at the examinations of a medical authority would not be sufficient?—No; it would not reduce the number of examinations, which is a great objection.

6794. But is it absolutely necessary to reduce the number of examinations?—It is absolutely necessary.

6795. Why?—Simply on the ground that there are too many examinations, and too many examining bodies. They are unnecessary, and they are hurtful.

6796. If, however, you could secure that all the examinations were equally good, why should it matter how many there were?—It would be extremely difficult to insure equal goodness amongst so many different examinations. The expense would be very considerable, and indeed there would be nothing like uniformity or equality amongst them, and the candidate would have to go from one examining board to another to obtain the qualification which he required.

6797. The expense to whom?—The money must be provided for the payment of the more numerous examiners for the divers examinations and also to pay the assessors. It would be a very difficult thing to get the class of men who are fit to be assessors, unless they were very highly remunerated. At the present moment it is said (and I know it as a fact) that the assessors who go to a certain Scottish university are young men perhaps from London, who get 30*l.* a year, and they are required to attend for a week twice a year, and to pay all his or their expenses. The payment may be 60*l.* in some instances, but it is 30*l.* a year in more than one case. An assessor whose opinion was worth having could not be had for such remuneration nor for a great deal more.

6798. But supposing the State were to undertake the expense of these assessor examiners, the difficulty of the expense would disappear, and would your objection then be removed in any degree?—I think it would prove a very complicated system when a much simpler one could be adopted of a single examination and with a better result.

6799. You are aware, are you not, that the system which at present exists in Germany is a system of State assessor examiners?—I cannot say that I would wish to adopt German or French systems in our teaching or examinations. I believe that our own systems still may be improvable, as they lead to better results than we find abroad. Our profession here in its personal character and professional acquirements, if not above is not inferior to that of any other country. The testimony of many foreign visitors to the recent Congress was to the like effect.

6800. When I say assessor examiners, perhaps I should rather say coadjutor examiners sent by the State, or by the public, would you see any objection to that?—I think it would be a very divided responsibility, and very unequal, very complicated, and very costly.

I am anxious before I finish this branch of my evidence, to put in a short history of the conjoint scheme for a single examining board, as it came originally from the Medical Council. Here is an extract from the first report by Dr. Parkes, on Professional Education:—

Extract from Report of Committee on Professional Education, 1869, adopted by the Council:—

"One of the great evils at the present moment is the inequality of the examinations for the licence. This inequality of the test of efficiency is the more unfortunate, as every licence confers an equality in the right to practice everywhere. The easy examination of one licensing body tends to depress the standard of the examination in all the rest. Visitations of examinations doubtless partly remedy this state of things, but to completely remove it a bolder course is necessary. The time has now arrived when, leaving to the universities and corporations full liberty to deal as they please with their honorary distinctions and degrees, the Medical Council should endeavour to effect such combinations of the licensing bodies included in Schedule (A) as may form a conjoint Examining Board for each division of the kingdom, before which every person who desired a licence to practice should appear, and by which he should be examined on all subjects. Any higher degrees he may wish to take should come after, and should be optional.

"This plan is one which the Council has often approached and has recommended in principle.

"We feel assured that the examinations for license will never be made satisfactory without it, and, therefore, that it is for the public good to enforce it without delay."

The following resolutions were subsequently passed by the Council:—

(*a.*) On February 26th 1870.

Moved by Dr. Allen Thomson and seconded by Dr. Risdon Bennett:

"That this council is of opinion that a joint examining board should be formed in each of the three divisions of

the kingdom; and that every person who desires to be registered under any of the qualifications recognized in Schedule (A) to the Medical Act shall be required, previously to such registration, to appear before one of these boards, and be examined on all the subjects which may be deemed advisable by the Medical Council; the rights and privileges of the universities and corporations being left in all other respects the same as at present."

This motion was carried by the following majority :—

Majority, 17.	*Minority*, 1.
The President.	Sir D. Corrigan, Bart.
Dr. Bennett.	
Mr. Hawkins.	
Mr. Cooper.	
Dr. Acland.	
Dr. Humphry.	
Dr. Embleton.	
Dr. Storrar.	
Dr. Andrew Wood.	
Dr. Fleming.	
Dr. Thomson.	
Mr. Hargrave.	
Dr. Leet.	
Dr. Apjohn.	
Dr. Sharpey.	
Dr. Parkes.	
Dr. Stokes.	

Declined to vote :—

Dr. Alexander Wood.
Dr. Macrobin.
Dr. A. Smith.
Dr. Rumsey.

(*b.*) Resolution passed on February 28th, 1870, moved by Dr. Parkes; seconded by Dr. Andrew Wood; and agreed to :—

"That in accordance with the foregoing Resolution (*a*), the universities and medical corporations established in each division of the United Kingdom shall be requested to concert a scheme for the constitution and regulation of a conjoint examining board for that part of the kingdom to which they belong, and shall, on or before June 1, 1870, transmit such scheme to the consideration of the General Medical Council."

(*c.*) Resolution passed on July 7, 1871, moved by Dr. Parkes; seconded by Dr. Storrar; and agreed to :—

"That a letter be addressed to each licensing body transmitting a copy of the resolution (*a*) of the council of the 26th February, on the formation of conjoint examining boards, and urging that arrangements for the formation of such boards should be undertaken without delay, and should be communicated to the President of this Council before the close of the present year."

Therefore, so far as the Medical Council is concerned, this subject of the conjoint board, which is said to be more important than anything else in connexion with medical education, has been fully adopted, and adopted too from an early period. The Government, of which Lord Ripon was Lord President, on the recommendation of the Medical Council, brought in a Bill making a single examining board compulsory, which, as the Commission know, passed the House of Lords, and "was put down "for a second reading in the Commons, when it was "stopped. Those outside may clamour and say that if "direct representatives had been on the Medical "Council, we would have had a conjoint board," and much besides done. But I want it to be clearly and widely understood that here 10 or 11 years ago this important improvement was agreed upon, and that it was then stopped by those very people who say, "This "has not been done because our representatives have "not been on the Council"

6801. In fact, those who uphold direct representation want direct representation first, and medical education second?—Yes, that seems to be quite the fact.

6802. With regard to the question of direct representation of the medical profession on the Council, that is a proposal to which I believe you entertain a very strong adverse opinion?—I certainly do, because I think it would be harmful to the profession,—a gift of which it would regret ere long the possession.

6803. But still I suppose you would not deny that a very large number of the general profession have expressed an opinion in favour of it?—A larger number of members of the medical profession have expressed a desire that "the interests of the profession" should be represented on the Council. But I do not think that the subject has ever been fairly stated. I believe that the good sense of the profession would be opposed to the disturbance which these elections would create, for the purpose of choosing a few gentlemen for a Council whose duty would be simply to supervise medical education. With reference to the question of enthusiasm and unanimity of the profession, I would ask attention to a report which I have here of a meeting of the Metropolitan Counties Branch of the British Medical Association called to discuss the question of direct representation on May 15th, 1868. Dr. Haughton of Dublin and Dr. Waters of Chester, attended the meeting as special visitors, and I was informed that nearly 2,000 invitations had been sent to members of the association, but I do not believe that there were 40 persons present, and that at the end of the meeting, when the division took place, scarcely half that number voted. The resolution which was carried ultimately was this :— "That it is not expedient to oppose the progress of any "Bill which may contain satisfactory provisions, for (1) "the establishment of the conjoint examining boards; "(2) the amendment of the penal sections of the Medical "Act; (3) the registration, under proper supervision, "of foreign and colonial degrees and diplomas, on "account of its not including a provision for the "direct representation of the profession on the Medical "Council." This is the outcome of a meeting of the Metropolitan Counties Branch of the British Medical Association—of one of its largest branches, and which as the facts show certainly evinced neither enthusiasm nor unanimity on the subject of direct representation. I would beg further to state what I feel to be the objection to this proposal. In the first place I would take it to be a great improvement in the constitution of the Council if the representation of special interests could be set aside, whether corporation or professional, and those only of the public regarded. The members of the Council should be nominated for their special fitness for the duties. I doubt very much if popular professional election would insure such a result. I remember being very struck by an observation of Sir James Paget on this point. Mentioning the names of two gentlemen, he said that the one would be elected by 100 to 1 if both went to the poll, although he was the worst man of business that ever sat on a Committee, whereas the other was one of the best, and yet he would have no chance of being elected. The one was popular and prominent, the other able but retiring. There would under its proposed system be contested elections, and hence would follow the appointment of committees, and canvassings, and expenses that must result, which would be very irksome and troublesome. I think few men of eminence in the medical profession would be willing to submit to it. We have the experience of the elections of the College of Surgeons, which is the only illustration in our profession of what we may expect; and the experience of those elections is this, that some of the best men will not allow themselves to be put in nomination. They will not submit to the necessity which exists for canvassing, and the other incidents of contested elections, and they refuse. Then the contest becomes a subject of discussion and difference between different schools. I would beg leave to read a paragraph which exactly expresses my views on this point. On the 2nd of July last, the "Lancet" writes with reference to the election to the Council of the College of Surgeons: "The result will be deter- "mined by the motives of the fellows who vote. Two "forces are usually at work in the college elections, "and it is but seldom that these two forces operate in "the same direction. Personal predilections are too "often allowed to prevail over considerations of public "interest. Many candidates are supported not because "they are known to have given time and study to "questions of medical education and professional "politics, but because they happen to be connected "with a particular hospital or school. In recent years "this practice has grown to the pernicious extent of "sanctioning the candidature of provincial fellows in "opposition to those resident in the metropolis." This is what must happen in the event of elections to the Medical Council, and I adopt the opinion thus distinctly stated by the "Lancet" on the subject, and to it I would add, referring again to the judgment of Sir James Paget, a short quotation from his evidence before the Committee of the House of Commons. He says: "I "do not think that the medical profession would divide "itself into parties on the subject of 'direct represen- "tation,' but the 'Lancet' would be ranged against

Mr. R. Quain, M.D.

18 Nov. 1881.

" the 'British Medical Journal,' and both of them, per- " haps, against the 'Medical Gazette.'"

6804. Are you in favour of cutting down the number of the Medical Council?—Yes, I think that the number is too large.

6805. How far do you think you might safely go in the reduction of their number?—I think from 10 to 15 might be a sufficient number. My conviction that the proposal to apply universal professional suffrage to the election of a certain number of members of the Medical Council would be prejudicial to the medical profession without any form of compensating advantage is in accordance with and is strengthened by the opinion of some of the most right-minded and eminent members of the medical profession, such, for example, as Sir Thomas Watson, Sir George Burrows, Mr. Cæsar Hawkins, Mr. Lister, and others. On this point I presume to direct the attention of the Commission to the letters printed in "The Report of " the Executive Committee on the constitution and " working of the General Medical Council," which is no doubt in the hands of the Royal Commission. Lastly, I am influenced in my view by the opinion expressed by the Council itself in a resolution adopted on the motion of Professor Humphry to this effect:— " That this Council, taking into consideration the nature " of the duties which devolve, and are likely to devolve, " upon it as a Council of Medical Education and Regis- " tration, is of opinion that the principle of election of " members of the Council by 'the direct representation " 'of the whole Profession' does not afford sufficient " guarantee for the selection of the persons best " qualified to perform those duties; and that the " Council cannot, therefore, recommend that such a " principle should be adopted."—"Minutes," March 29, 1879.

6806. (*Mr. Cogan.*) You have shown to us that the scheme of conjoint examinations in preference to the existing mode has had the sanction for many years of the Medical Council, and that it has also been adopted in the proposed legislation on the subject?—Yes.

6807. It has also been adopted, has it not, by all the licensing bodies in England?—Yes, fully.

6808. The scheme which was sanctioned by the Medical Council has been also adopted by four of the five licensing bodies in Ireland?—Yes.

6809. Therefore the only opposition that has come to it apparently has been from Scotland?—So far as the bodies are concerned, it is so; but opposition to legislation has come from other sources.

6810. In Scotland, I believe, the chief opposition has come from the universities?—The whole of the Scottish representatives, in the first instance, voted in the Medical Council in favour of it; there was only one exception, who with three others declined to vote. I however cannot speak for the Scottish universities.

6811. You are probably aware that a change came over the ideas of some of them on the subject, and that at present the Scottish universities wish to be left out of any conjoint scheme that might be adopted?—I believe that is so.

6812. Do you think it would be an advantage, and for the public good, as regards the medical profession, that in any conjoint scheme for Scotland, so important a body as a university should be omitted?—It would not be for the public good to exempt any Body. I think that if a body is omitted that body should be deprived of its licensing power. It may grant honorary degrees if it pleases, but no Body should have the licensing power except under a conjoint board.

6813. In itself do not you consider that there are special advantages in the combination of universities and medical corporations taking part in a conjoint examination?—Yes, I do. It elevates the action of the one without lowering that of the other.

6814. You are of opinion, are you not, that the qualifications for persons to be entered on the Medical Register should be tested by examinations by the conjoint board of examiners under the regulations to be settled by a divisional board in each of the three parts of the United Kingdom?—I think so.

6815. Subject to the approval of the Medical Council, and the sanction of the Privy Council?—Quite so.

6816. I know that your opinion with regard to direct representation is very strong against it, but supposing for the moment that the functions of the Medical Council were limited, as they are at present, and that they were not allowed to extend to those questions which some of those who advocate direct representation would wish; do you think that any great evil would arise if there was, to a small degree, a direct representation of the profession on the Council?—I think there could be no evil arise at all if there were "general practitioners" on the Council; instead of its being an evil it may be attended with good. But I do protest against the unnecessary trouble and excitement of a popular election. Nobody has a greater regard for the medical profession, to which I owe everything, than I have. I most conscientiously believe it would do great injury to that profession if it were to be disturbed by periodical contested elections, and this for merely a sentimental object, as admitted by its advocates.

6817. Do not you think that those objections to it would be minimised to a great extent, if the functions of the Council were limited as they are at present?—I do not, for I do not think that general practitioners could afford information to the General Council which is not within their reach now. It is said, for example, that consultant physicians and surgeons have views of their own, but they know nothing of the wants of the profession. On the contrary, we are continually in the habit (speaking of myself as a consultant), of meeting general practitioners. We know their usefulness and their value; we see the wider range of their information and their skill in its application; but we also see where there are defects, and I think that those very people who are consultants are more able to judge of what is wanted by the profession than even the general practitioners themselves.

6818. (*Chairman.*) Do you think that it would be an advantage to have on the Medical Council any persons not connected with the profession?—Yes.

6819. (*Mr. Cogan.*) Supposing for a moment that something in the direction of direct representation were adopted, do you think it would be advantageous that no reporters should be present at the meetings of the Council, and that their results only should be made public?—I quite agree with that opinion.

6820. Adopting the idea that direct representation to a certain extent should be allowed, do you not think it might be a better plan that those direct representatives of the profession instead of being directly elected to the Medical Council should be elected to the divisional boards in the three parts of the United Kingdom?—I have always thought that it would be a very good thing if, in the various colleges and corporations, those had the power of choosing the representatives on the Medical Council who had the choosing of the governing body. In our governing body, for example, in the University of London, with which I am connected, the member sent to the Council is chosen by the senate, and not by convocation. We in convocation thought that that was a grievance, and we went to law about it, but we lost our case. I think it would be very right that those who choose the governing bodies should have the power of sending representatives to the Medical Council.

6821. I understand that you approve of the extension of the franchise amongst the body, so that a larger number would have the power of election?—I think that would be desirable.

6822. And that might to some degree comply with the wish of the profession?—Yes, it ought.

6823. Suppose the representatives were elected directly by the profession, do you think it would be better that they should be elected to the divisional councils in the three parts of the United Kingdom, instead of to the Medical Council?—I cannot see any good whatever in a general election, the plan would minimise the evil.

6824. Do you think that such a scheme as this might be possible,—that there should be three divisional councils, one in each part of the United Kingdom, with certain functions, to direct schemes for a conjoint examination, to arrange rules as to the curriculum, and to appoint examiners, with the approval of the Medical Council, and the sanction of the Privy Council, and that persons passing the qualifying examinations as so settled, should receive a certificate or license, entitling their names to be placed on the Medical Register after affiliation with one of the medical authorities?—I would rather approve of the scheme of the English conjoint board, where a man, after he passes the examination, is entitled to join the corporations, and to receive their diplomas.

6825. Would you render that compulsory?—Certainly; that is essential.

6826. Do you think it would be possible to have divi-

Mr. R. Quain, M.D.

18 Nov. 1881.

association called the "Medical Mirror," which was extensively circulated. The views of this association are clearly stated in your own evidence before the Select Committee of the House of Commons.

6853. (*Prof. Turner.*) I understand from your evidence that you were one of the framers of the English conjoint scheme?—Yes, I was.

6854. There is a passage in the précis which you have given in, in which you say that this object, that is the formation of a single examining board, can best be accomplished by the union of the present licensing bodies, more or less in accordance with the plan fully prepared by the English licensing bodies?—Because we should be very sorry to see the Scotch people tied down to our plan. It was never intended that they should be; they were asked to form a plan according to their own notions and ideas, and not ours, and those saving words were put in; we did not want you to follow absolutely our plan.

6855. I understand that you, as an advocate of a conjoint scheme do not consider that the English conjoint scheme is one that can necessarily be applied to each of the three divisions of the kingdom?—Perhaps I have not made myself quite understood. I think there is so far an amount of freedom in the English conjoint scheme, that the other two divisions of the kingdom might adopt it without injury to any of the licensing bodies.

6856. If I understood you aright in your evidence to-day you thought that the Scottish University students should be subjected to the final examination of the conjoint board, just as you propose in the English conjoint scheme that the English University students should be subjected?—Yes.

6857. In what respect then is there any difference in the way in which Scotland is to be treated as compared with England?—In this way. Those who pass the English conjoint scheme as a matter of course, if they think fit, take the diplomas of the College of Surgeons and the College of Physicians. We do not want to compel the graduates of the Scottish universities to go to the College of Physicians, or the College of Surgeons of Scotland, or to have anything to do with them.

6858. Do you not propose in the English conjoint scheme that the graduates of the University of London should subject themselves to the final examination?—Decidedly, that is a principle which I have maintained to-day.

6859. And yet you have expressed yourself in the very strongest manner as to its being intolerable to students to have to go through re-examinations?—Quite so, but the University of London long since decided that they would not accept the examinations of any other body.

6860. Yet the final examination of the University of London being admittedly one of the highest examinations in the country, you, as a member of the senate of the University of London, wish to subject your graduates to the intolerable burthen of re-examination?—For the public good we do.

6861. What good would it do to the graduates of the University of London?—If the University of London claimed exemption of course other bodies would claim the same. When we obtained a special Act of Parliament granting a license to practise to our graduates, our graduates at the time had the very highest examination in the country for medical practitioners, and yet our convocation have unanimously agreed to give up this licensing power *pro bono publico*.

6862. I understood you to say that what you strove for in the formation of the conjoint board was not uniformity of examination, but that there should be evidence of competency?—Uniformity of competence.

6863. Are we not to consider that the examinations of the University of London are a sufficient evidence of competency?—If you say that the University of London should be exempted, the University of Durham will naturally put in its claim and say, perhaps, that its examination is just as good, and that it must be exempted; St. Andrew's would put in its claim, and so on.

6864. Then you have got a certain ideal scheme in your mind, and you think that all the medical authorities and the students should be brought into this ideal scheme?—It is no ideal scheme of mine, it is framed and published in a solid form.

6865. Has it ever been put in practice?—Here it is, (*handing the printed scheme to Professor Turner*) as perfect as it can be made, and ready to be put into operation. But we cannot put it into operation, because students would go to where no such plan was in operation, and where they would obtain qualifications on easier terms.

6866. But supposing that some other system could be devised which should insure competency of the examination test in such universities as the University of Durham, that you refer to, would it be necessary that the students of the University of Durham should be required to go through the conjoint board examination?—It is the simplest mode of all. There is nothing so simple and so practical; for example, the University of Durham, if students pass a certain part of their examination in preliminary subjects there, and if those men have been subsequently examined by competent examiners in medicine and surgery and midwifery by the conjoint board, the university may not deem it necessary to re-examine them before conferring on them a degree.

6867. You say that the University of London would not wish this?—That is their particular regulation.

6868. Even according to your own scheme you would put the universities on a different footing; you would say that the University of Durham was to accept the examination of the conjoint board as to standing in the place of its own examination, but the University of London should not?—The universities must be guided by their own wishes and judgment after a candidate has passed a qualifying examination. I very much wish to save the student a certain amount of examination, but the University of London will not give *ad eundem* degrees to anybody.

6869. You object to the assessor examiners who go to the Scottish universities because they are so ill paid, and you think that because they are ill paid they cannot do their work in a satisfactory way?—No, I do not say that; probably they do their work extremely well; but they would not be men whose professional status would command entire confidence. They cannot be sufficiently established in a high position in the profession to command it.

6870. As the framer of much of the conjoint scheme, you took a part in fixing the remuneration that was to be given to the examiners under that scheme?—Yes, but I did not arrange that part.

6871. Still, as one of the framers of the scheme, one may assume that you were responsible?—Yes, and I accept the responsibility.

6872. Do you recollect what payment you proposed should be set aside for the examiners in the English conjoint scheme. I think you propose that the examiners in chemistry under the conjoint scheme should receive 80*l.* a year each?—Yes.

6873. That the examiners in osteology should receive 80*l.* a year?—Yes.

6874. And that the examiners in materia medica, medical botany, and pharmacy, should receive 100*l.* a year?—Yes.

6875. I find that you estimate that 504 candidates would have to be examined by those examiners?—Yes, that is so.

6876. Do you consider then that the fees which you propose that the examiners should receive, under the conjoint examination scheme are at all commensurate to the work that they would have to do?—The estimates were made most carefully by Mr. Marshall and, I think, Dr. Pitman, who are accustomed to the consideration of such subjects.

6877. Then the salary of 80*l.* a year was regarded as sufficient for the examiner in chemistry under the conjoint scheme, where there are some 504 candidates to be examined?—Yes, but you will observe that there are five of those examiners at 80*l.* a year each, according to the last scheme.

6878. (*Prof. Huxley.*) What do you propose to do with the fee which is paid to the conjoint examining board?—It is stated in the scheme how it is to be divided. A certain portion of it goes to pay the examiners, and the other portion goes to the maintenance of the institutions, such as the museum of the College of Surgeons, and the library.

6879. So that you would tax the candidates by Act of Parliament, and take a certain portion of the money that they pay to keep up private institutions?—I would scarcely call them private institutions.

6880. What control has the State over the College of Surgeons as such?—I take it that the College of Surgeons Museum is perhaps one of the best museums in the

world, in its several departments, and I think that a surgeon who holds a diploma from the College of Surgeons will willingly and readily pay some contribution towards maintaining that which is virtually his own.

6881. No one can have a higher opinion of the College of Surgeons Museum than I have, but the case is this, that the museum of the College of Surgeons, with the exception of a comparatively insignificant portion left by John Hunter, is the personal property of the Corporation, and the Corporation might, if they chose, sell it to-morrow?—Yes, that is so.

6882. Under these circumstances, do you think it is a proper thing for the State to compel candidates to pay so much higher fees than they would otherwise do, in order that this private property of the Corporation of the College of Surgeons may be maintained and kept up?—But then the question is what does the Corporation consist of.

6883. The corporation consists of the President, and Council, and Fellows, does it not?—And of the members. I presume that the members at any rate have the free use of the library and this great museum.

6884. Can you tell me how far those would have any voice in the matter?—If they have not they ought to have.

6885. But according to your plan it is not only the persons who may choose to affiliate themselves with the College of Surgeons that have to pay, but everybody else?—That is not so.

6886. But surely the fees are to be divided in a certain ratio?—If a person passes the conjoint board he only pays 5*l.* for the final examination, and that 5*l.* is merely the cost of the examination, which has been very carefully calculated, and nothing more. If he joins the College of Physicians and Surgeons he pays 25*l.* additional, and it is this 25*l.* which is divided partly in payment of previous examinations and partly for the institutions. If he be a university graduate any further payments beyond 5*l.* are to his university for his degree.

6887. But with regard to the division of the fees, why should there be any rule as to what portion of the fees should go to the College of Surgeons, does the College of Surgeons take the whole fee of the members?—No. The present fee for a person who joins the College of Physicians and the College of Surgeons is about 40*l.* Under the proposed scheme it would be reduced to 30*l.*, and then in addition a person can have a license from the Apothecaries' Society. In fact the conjoint examination will reduce by about 15*l.* the fees now paid, and that will enable a person to have the three diplomas which are required by some people. There are various institutions which require the license of the Apothecaries' Society; others require the license of the College of Surgeons, and others require the license of the College of Physicians, and for about 30*l.* a person can get all three. Now he pays about 46*l.*

6888. Do I understand you to mean that according to your plan a person who has passed the conjoint examination gets the College of Surgeons diploma, or whatever other diploma he wishes, *ad eundem* without further examination?—After passing the conjoint board.

6889. I mean, is the examination of the conjoint board to entitle him to demand the diploma of any one of the bodies that he chooses?—Yes. Of the three bodies, the examinations will be the same as they are now, the essential feature being that the several bodies unite to form one examining board.

6890. So that after that scheme came into effect, although the men would have different titles, and one would be a Member of the Society of Apothecaries, another a Member of the College of Surgeons, and another a Licentiate of the College of Physicians, they would really be all the same, there would be no real difference amongst them?—No real difference; they will all have passed through the same complete examination; they all can have the three diplomas, or only one.

6891. So that the public would have the idea that medical men have different qualifications, whereas they will be all one?—A man will be complete all round when he has passed the combined examination, he may call himself what he likes.

6892. The public may think that the licentiate of the College of Physicians is another person with a different qualification from a mere member of the College of Surgeons, but in fact they would be the same?—Yes, in fact a man passes examination sufficient to entitle him to take all three diplomas. He gets all three for passing the examination. He pays 30 guineas to the conjoint examining board, and he will be entitled to the license of the College of Physicians, the membership of the College of Surgeons, and the license of the Apothecaries' Society, or he might choose to say, "I only want "to be a member of the College of Surgeons," and he can do so and pay a less fee.

6893. In this scheme it is stated, is it not, that the Society of Apothecaries is intended to receive one sixth of the moneys paid in respect of the qualifications?—That is an arrangement entirely between the three corporations. The first object to was to secure the position of the College of Surgeons. All the bodies were most anxious that a sum should be provided for the maintenance of its museum. The College of Physicians is not a rich body, but it has sufficient means for its wants.

6894. But as a matter of fact, supposing your scheme were to become law, the Society of Apothecaries would receive one-sixth of the fees paid?—That I presume would be the case.

6895. I am asking you the question, because I rather think we have it in evidence that the Society of Apothecaries makes no profit whatever in respect of its examinations; so that that would be all to the good?—I suppose it would be so, but in all probability, fewer people would go to the Apothecaries' Society. At the present moment it must be remembered that the Apothecaries' Society is the second licensing body in the kingdom as regards numbers, and the time has scarcely arrived when it can be told, "you must be extinguished."

6896. But supposing that nobody went to the Society of Apothecaries, unless I misunderstand this scheme, they would still go on receiving their sixth?—Yes, they would, but the Society would be able to afford very great facilities for examinations in chemistry and botany and materia medica; their halls and places would be an immense convenience for those purposes. I may say, it was not a contest for money interests, though "corporations" were engaged in the matter. The first object was to secure the College of Surgeons; the second object was that the College of Physicians should take a certain portion; and another portion was to be assigned to the Society of Apothecaries. The Society of Apothecaries would, no doubt, be better off than they are now.

6897. According to this scheme all the costs of the examinations is paid for?—Yes, from the fees.

6898. Then we will put that on one side, and therefore, let me ask, Why are those people who may possibly be doing nothing particular, and whom many persons would like to extinguish altogether, to go on receiving in perpetuity one sixth of the total sum for examination?—As I say, they are the second licensing body in the kingdom. The profession owes very much to the Apothecaries; they did a great deal for the profession when other people were unwilling to do it, and I am not one of those who are ungrateful to them. I would give them some compensation, and some return would be made in the services already mentioned.

6899. With regard to the question of young examiners being sent from London, does not it occur to you that examiners of standing in all the practical subjects, at any rate, could be got with perfect ease in either Edinburgh, or Dublin, or London?—I think that if assessors are to attend at all they should be sent from different central places.

6900. Supposing that the conjoint scheme is carried out, you have still to provide for the conduct of examinations, we will say, at Durham. You do not expect to bring all the Durham men up to London, do you?—Yes, in the same way as they come now; they must come up for the College of Physicians or the College of Surgeons.

6901. Would you insist upon a Manchester man, say, coming from Manchester?—Yes, certainly.

6902. Then your scheme would allow no provision for this state of things: supposing a new university were to arise in Bristol or in Manchester, your scheme gives no facilities for its being added to the conjoint scheme?—Our scheme is not unchangeable, and if necessary it could be extended to examinations either in Manchester or Durham.

6903. Then that means that you would have different examiners?—Yes, you would have to provide different examiners. I do not see any great difficulty about that. It has never been suggested before, because all who

Mr. R. Quain, M.D.

Nov 1881.

come to pass the College of Surgeons or the College of Physicians, come to London or go to some centre, but there is nothing in the conjoint scheme to prevent it; only instead of having a number of separate examinations they are joined in one.

6904. (*Sir W. Jenner.*) Supposing that a new university were established, it would stand, would it not, in the same relation to the conjoint scheme as the University of London does?—Exactly.

6905. The University of London, for example, would not send its board of examiners down to Manchester to examine, but if a new university were established the committee of reference would appoint examiners, and the whole thing would be conducted in the same way as now, only that you would have more men placed on the committee of reference?—I believe that would be so.

6906. And there would be no difficulty about it?—Not the slightest that I can see.

6907. With regard to direct representation, the Medical Council, as I understand your scheme, is no longer to be merely recommendatory, but it is to enforce upon the members of the profession its laws, and so on; there are members of the profession who take a deep interest in the different branches, for instance, members of the College of Physicians, who have no voice, as you know, in the election of their representatives; the fellows have, but the members have not. Is it not desirable that the confidence of the whole profession should be reposed in the Medical Council, and would not the confidence of the profession be greater and be more universal if they had some representatives on it?—When I speak of the control of the Medical Council being exercised over the examining bodies, I do not think that the control extends to the profession as such.

6908. Long before I was connected with any of the bodies, or had any voice in the matter, I took a deep interest in the examinations, in the control of the examinations, and in the regulations. Do you not think that many others would feel as I did, and that they should have a voice in the Medical Council that was to control them?—No. I think that they should have a voice in their own several bodies, rather than in a Medical Council, which has but very limited duties.

6909. Seeing that this Council is to enforce its orders on the whole profession, I ask whether they would not feel more confidence if the matter was left in the hands of representatives of their own?—I do not see that the Council has any claim or right to enforce its orders on the whole profession, and, therefore, I do not see any special necessity for special representation. We all I hope represent our profession. We do not lose this privilege even though we do belong to colleges or universities.

6910. A very large section of the profession, possibly not the majority, although I think it is a very large majority, are in favour of direct representation; and I think your evidence only shows that a considerable number took the matter so much for granted in the metropolitan branch, that they did not go to the meeting, because they know that the British Medical Association, whenever it came to a clear division, would by a great majority support it. Therefore, if seven men only carried the resolution, I think that shows that the resolution was worth very little?—I quoted the facts of the small attendance at a meeting of this important branch, specially summoned and attended by special visitors, as showing how little interest the subject excited.

6911. Still my own association with the profession leads me to believe that the profession do wish for direct representation. Supposing, as you say, that only a minority wish it, still would it not be desirable to have it, if it is an active minority?—I do not see the necessity. I believe that many people would have less confidence than even now in the Council if persons were sent to it who would add to its talking power.

6912. Would not an active minority of the profession have more confidence in the Medical Council if there were a certain number elected out of the body at large?—If it came to a question fairly stated to the strong good sense of the profession, I really cannot say that they would.

6913. Then as I understand this scheme, there would be a preliminary examination?—Yes.

6914. And a preliminary examination conducted by different bodies, according as they were recognised by the Medical Council?—Yes.

6915. They would be bodies recognised by the General Medical Council, or by the Committee of Reference?—Yes, they would be bodies recognised by the General Medical Council.

6916. And then those who passed that preliminary examination would become medical students?—Yes.

6917. Then at the end of the second year the students would be examined in what may be called the sciences of botany, chemistry, anatomy, and physiology, and so forth?—Yes.

6918. And that examination might be conducted at the university?—Yes, or by a corporation.

6919. And I presume that the Committee of Reference would also appoint men to examine them?—Yes, certainly. The Committee of Reference would under the Medical authorities have examiners in those subjects just the same.

6920. Would the Council send any assessors anywhere, or only visitors?—Visitors.

6921. Would they take a part in the examination?—Certainly not; they would leave all the responsibility on the examiners, the Council having the control and supervision of the whole.

6922. If they took no part in the examination, would they really as visitors be capable of reporting to the Council?—Yes. I have myself visited examinations, and I made my report with my colleagues; there was no difficulty about it. We were present at the *viva voce* examination; we saw the printed questions and we saw the written answers to them, and they are contained in the reports of the visitors. The visitors of the Medical Council would do that perfectly well.

6923. Then the register that is kept by the General Medical Council is a register in the form prescribed by Parliament?—Yes, the schedule is given in the Act.

6924. Is that schedule such as it should be?—Yes, if you required a double qualification for persons registered.

6925. Take such a matter as this, which has been brought before me as a member of this Commission. A gentleman moves and does not give notice of his removal; he is a very respectable man and he applies for an appointment, but he is met with the objection "You "are not a registered practitioner," and he finds that you have struck him off the register as if he had committed some heinous offence. If it is determined by Parliament to recommend what kind of register it is to be, would not it be possible to have names of such persons put into an appendix?—On inquiry the names would be replaced. Those things are unavoidable if the register is to be correct. It is the duty of the registrar to send a letter to a certain section every year and to put in it this "most important notice;" "It is most "desirable if you change your address that you should "intimate it."

6926. I can only say that I have not had one?—Because your residence is sufficiently known, and therefore it is not necessary to trouble you.

6927. I can point to a man who has moved away from London, whose name was never struck off, whereas another man's name was struck off?—The register must be kept correct, and if anybody would suggest to the registrar the means of keeping it so, he would be much obliged. I know that he has written to people begging them to tell him of their removal.

6928. Would not the putting of such names in an appendix answer the purpose?—Yes.

6929. Would not it be possible, if I am on the register and move, and the registrar does not know where I am, to put my name in an appendix?—If a man dies what is the Registrar to do?

6930. You might get notice of his death; but it is a very serious thing, is it not, striking a man's name off the register?—The blame entirely rests with the man himself, who will not take the trouble to reply to a marked request.

6931. It is a very serious punishment to inflict, is it not?—I think it is a most painful thing for the registrar; he really does not know what to do. On the one hand he is blamed if his register is not correct, and on the other hand, there is the case that I might mention of a gentleman who for the last ten years has lived in Hanover square, and his address until the other day was given in Ireland. Why did not he send his change of address? I must say that the blame does not rest entirely

with the form of the schedule, nor with the registrar; but any suggestion that could be made by the Commission would be very acceptable.

6932. (*Chairman.*) Is there anything further that you wish to mention to the Commission?—I would venture to suggest that it would be very desirable to amend the Dental Act. A great mistake has been made in appointing the general body of the Medical Council to carry out the details of this Act. In the Duke of Richmond's Bill, there was a clause which gave the Council power to appoint a board that would have carried out all those details without imposing the duty on the Council. This board could have carried out those details in an inexpensive form. The Council, according to the Duke of Richmond's Bill, could have made rules which, when approved by the Privy Council, would have had the force of law. Instead of which the dentists have chosen to adopt the Medical Act of 1858 as a model, an Act the amendment of which is the very subject under your consideration. It would be very desirable that the Act should be amended in accordance with the principle contained in the clause of the Duke of Richmond's late Bill (clause 22, Medical Act, 1858, Amendment Bill, H.L.), and that in any amended Act there should be power taken to divide the dentists into two classes, those who have a qualification by examination, and those who are only qualified on their own declaration. The Council is threatened with law proceedings on the subject. If it could be possible under the Amended Act to follow the example set in the Act obtained by the Veterinary Surgeons in the last session, in which all registered persons are divided into two classes, one, those who have obtained qualifications by examination, and the other by their own declaration, there would be an end of the present contention. The contention is that the Medical Council should take off the names of 400 people who have been put on the register on their own declaration of being engaged in the practice of dentistry prior to the passing of the Act. Their claim depends upon the interpretation of a very ill-worded section of the Act, and if this could be settled under an Amended Act by the persons registered being put into two divisions, it would be an advantage.

6933. Any person who chooses to call himself a practising dentist is entitled, is he not, to have his name put on the list?—Yes, coupled with the declaration that he is engaged in dentistry or dental surgery. One of the questions which has arisen, is whether a man who extracts 500 or 600 teeth a year, and who has been a dresser in a German hospital, can declare that he is a person *bonâ fide* engaged in the practice of dentistry.

6934. There is one other rather difficult subject upon which I should like to ask you a question, and that is with regard to the admission of women to the practice of medicine. You are of course aware that at the present time women can obtain admission to the register through the London degree, and also through the College of Physicians of Ireland?—Yes, and through the Apothecaries' Society of London.

6935. Supposing, for the sake of argument, that anything of the nature of a conjoint board were established, such as you have pointed out to us, in England, I presume that you would not propose to exclude women from the conjoint board examination?—Any medical authority that is willing to grant a diploma to a woman can require the conjoint board to examine her, and she would then receive her diploma from the body that required the board to examine her.

6936. If you establish a conjoint board of examination for the license I presume that you would not exclude women from appearing at that examination?—Decidedly not.

6937. Going a little further than that, supposing that the present medical authorities were still retained as licensing authorities, that is to say, supposing the license was the license of the individual medical authorities, do you think from your knowledge of the College of Physicians that that body would object to admit women to the license of the body?—I believe that the College of Physicians would not admit women to their Licentiateship. I remember accurately it once passed a resolution to that effect.

6938. Your opinion is that the College would be very much opposed to any such proposal?—I think so. I think that this conjoint scheme of ours leaves women exactly in the position in which they were placed by Mr. Russell Gurney's Act, and with which they and their friends were satisfied; it takes nothing from, and it adds nothing to it. That is to say, any licensing body may, if it thinks fit, admit women to its examination, notwithstanding anything in its rules or byelaws to the contrary. So that the position of women would remain exactly the same.

6939. Your opinion is that in any system of licensing, whether by a conjoint board or otherwise, women should not be placed in a worse position than they occupy at present?—Under our scheme they would be in no worse position than they are at present, that is to say, the University of London and the Apothecaries' Society, or whoever was willing to admit women, would admit them, they having passed the conjoint examination. It would be a great hardship were the College of Physicians and the College of Surgeons to be obliged to admit them, but it would be no hardship were women to be excluded from particular colleges. They could be placed on the register either by the Apothecaries' Society or the University of London, or the College of Physicians in Dublin; by any one of them. They would be altogether in the same position as under Russell Gurney's Act.

6940. Do you think that the objection of the College of Physicians to admitting women, is not merely to admitting them as members of the governing body, but to admitting them to the society at all, whether as licentiates or otherwise?—I believe that a large majority of the College of Physicians feel that women are not adapted to practise medicine and surgery. That is my own conviction.

6941. What would be the opinion of the majority of the college? Do you think that they would be opposed to admitting women, not merely as members of the governing body, but as licentiates at all?—I have no authority to express an opinion upon that point.

The witness withdrew.

GENERAL APPENDICES.

		Page
Appendix No. 1.	Circular letter addressed to the nineteen Licensing Bodies and replies thereto	380
,, No. 2.	Statement by the Faculty of Physicians and Surgeons of Glasgow	399
,, No. 3.	Letter from Sir William Gull	401
,, No. 4.	Statement by Mrs. Garrett Anderson, M.D.	401
,, No. 5.	Letter on Reciprocity with Foreign Countries	402
,, No. 6.	Memorandum by the Registrar of the General Medical Council	403
,, No. 7.	Statement by William Bayes, Esq., M.D., Hon. Secretary to the London School of Homœopathy.	410

APPENDIX No. 1.

CONTENTS.

	Page		Page
Circular letter	380	Replies from—	
Replies from—		Aberdeen University	390
Oxford University	380	St. Andrew's University	391
Cambridge University	381	Physicians (Edin.)	392
London University	382	Surgeons (Edin.)	393
Durham University	383	Faculty (Glasgow)	394
Physicians (London)	383	Dublin University	394
Surgeons (Eng.)	384	Queen's University	395
Apothecaries (London)	386	Physicians (Ireland)	396
Edinburgh University	387	Surgeons (Ireland)	397
Glasgow University	389	Apothecaries (Ireland)	398

CIRCULAR LETTER ADDRESSED TO THE NINETEEN LICENSING BODIES.

MEDICAL ACTS COMMISSION,
2, VICTORIA STREET, S.W.
8th July 1881.

SIR,

APART from other evidence which may be taken by the above Royal Commission from the several Licensing Bodies, I am directed to invite each of those Bodies to assist the Commissioners by communicating to them, in the form of written replies to certain inquiries, its views upon some of the main subjects to be considered by the Commission. I shall, therefore, esteem it a favour, if you will procure for me from the*

* Here was inserted the name of the institution addressed.

an expression of opinion upon the questions below written.

1. *The Licensing System.*

In the opinion of the* , is any alteration of the present licensing system required?

If alteration of that system be deemed requisite, what changes therein would, in the opinion of your* , be most likely to prove beneficial to the public and the profession?

2. *The General Medical Council.*

Do the present constitution, powers, and functions of the General Medical Council appear to your* satisfactory?

If these, or any of them, appear to need modification, what changes therein would, in the opinion of your* , be most likely to prove advantageous, either by enlarging the usefulness of the Council, or increasing the confidence in it of the profession or the public?

I am further to request, that you will be good enough to procure for the Commission the following returns; many of which are, as the Commission is aware, to be found in published documents, but which the Commissioners venture to ask you to supply for them in a form more concise and convenient for reference—

1. The number of candidates who have, in each of the last five years, obtained from your* each of the following registrable titles:—†

2. The amount of emolument derived by your* in each of those years from the grant of each of those titles.

3. The other sources of income possessed by your* and the annual amount of income, approximately, from such other sources.

† Here were inserted the titles granted by the institution addressed.

I have, &c.
JOHN WHITE,
Secretary.

REPLIES TO THE FOREGOING LETTER.

UNIVERSITY OF OXFORD.

SIR, Oxford, November 9, 1881.

I AM directed by the Council of the University to answer the questions contained in your letter of the 8th of July. It must be understood that, properly speaking, this is not the "opinion of the University," but of their Council. It is hardly possible to obtain any opinion from so large a body on intricate matters of this kind.

1. With regard to question 1, which refers to the licensing system, the Council thinks that the present system of licensing, distributed as it is among nineteen bodies, requires alteration, and they desire that there should be a uniform system of examination for licenses in every department of medicine and surgery, conducted, as far as possible, by a single body, the University reserving to itself the

right of determining its own higher or honour standards for the purposes of conferring its medical degrees.

2. With regard to question 2, respecting the General Medical Council, the Committee are not in possession of any information that will enable them to recommend alterations bearing on the Act of 1858, by which such Council was constituted.

I subjoin the *Returns* for which you ask.

1. Number of medical graduates in last five years.

	M.D.	M.B.
1880 - -	2	7
1879 - -	2	6
1878 - -	—	5
1877 - -	1	10
1876 - -	1	6

2. Emolument from degrees in medicine. The fee to the University for each M.D. is 40*l*. For each M.B. 15*l*. 10*s*.

3. The ordinary income of the University for 1880 may be stated roughly as—

	£
1. From rents of estates and dividends on funds.	12,500
2 From dues and fees - -	23,200
	35,700

I am, &c.
E. T. Turner,
Registrar of the University.

John White, Esq.,
Secretary to the Medical
Acts Commission.

To show that the opinion above expressed with regard to licensing is not newly formed, I am desired to append the following correspondence which took place some twelve years ago.

Sir, Oxford, May 25, 1868.

The various reports on the examinations of the several licensing bodies were referred by the Council of this University to a special committee.

I enclose to you a copy of the report, presented this day to the Council of the University.

I am, &c.
F. K. Leighton,
Vice-Chancellor of the University of Oxford.

To the Registrar of the
Medical Council.

[The report enclosed relates to several subjects. So much of it as relates to the licensing system is here appended.]

"The Committee, convinced of the great evil of frequent alterations in the subjects of education and the standards of examination, are unwilling to press changes in their own university pending the decision of these grave questions. The Committee, however, are strongly of opinion that a combination of pass-examining bodies is urgently called for, unless indeed the Government should institute a central pass-examining board. They wish to express their hearty desire that the university should co-operate with the Medical Council or with the Government in promoting any national plan, in which the university may be called on to take part, which will insure a simple, comprehensive, and reasonably uniform mode of educating and examining the generality of young men destined for the profession of medicine. But they have no doubt that the university would wish to reserve to itself the right of legislation as to the nature of its own higher or honour standards.

"At the same time the Committee cannot recommend the University of Oxford to abstain from using its influence to gain an increase of powers, for the purpose of enabling it to examine and grant licenses in any department of medicine, State medicine, or surgery, if no combined arrangement appear likely to be attained within a reasonable period.

"May 13, 1868."

Sir, Oxford, November 1869.

In reference to your letter of July 31st last, in which you ask the University of Oxford "to direct "attention to the prospect of a conjoint examining "board in England," and also ask for "a definite opinion how this should be carried out," I beg to refer you to the letter sent by me on May 25th, 1868, which appears in the minutes of the Medical Council, under date June 24th, 1868, in which the Committee of the Hebdomadal Council of Oxford express a strong opinion "that a combination of pass-examining bodies is urgently called for," and also "express their hearty "desire that the university should co-operate with the "Medical Council in promoting any national plan, in "which the *university may be called on to take part*, "which will insure a simple, comprehensive, and "reasonably uniform mode of educating and examining "the generality of young men destined for the profes-"sion of medicine."

The Committee adhere to the opinion there expressed, and merely wish to add that they think, in case such a joint board should be established, that the University ought to have some voice in appointing the examiners.

They would further add that, notwithstanding the Royal College of Physicians of England are engaged in the attempt to organise such conjoint examinations, they are ready to confer on this subject with the authorities of the college in such manner as may be mutually agreed upon, and that, pending such conference, it is undesirable to enter upon the details of the examinations.

I am, &c.
(Signed) F. K. Leighton,
Vice-Chancellor of Oxford.

E. A. Parkes, Esq., M.D., F.R.S.

After these communications were made, a Committee of Reference was formed by the Medical Council, to which the university sent (as they were invited to do) two representatives. Much time was spent and many meetings held for the purpose of organising the proposed conjoint scheme for England. In the end, however, the scheme, when apparently matured, was given up for reasons into which it is not the business of the Committee to enter.

UNIVERSITY OF CAMBRIDGE.

"1. *The Licensing System.*

In the opinion of the University, is any alteration in the present Licensing System required?

If alteration of that system be deemed requisite, what changes therein would in the opinion of your University, be most likely to prove beneficial to the public and to the profession?"

Answer.—Yes.

No person should be licensed who has not passed a satisfactory examination or examinations in the practical parts of Medicine, Surgery, and Midwifery, under the direction of boards to be established severally in England, Scotland and Ireland.

The board in each division of the kingdom should be composed of one representative of each of the medical authorities in that division of the kingdom, together with three persons appointed by the Government, to be members of all three boards.

Candidates for a license should be at liberty to present themselves for the board examinations at any time either before or after they have obtained one of the degrees or diplomas in Schedule A of the Medical Act, 1858; but should not be licensed or registered as medical practitioners until they have both obtained one of such degrees or diplomas and also passed the practical examination under the direction of the board.

"2. *The General Medical Council.*

Do the present constitution, powers, and functions of the General Medical Council appear to your University satisfactory?

If these, or any of them, appear to need modification, what changes therein would, in the opinion of your University, be most likely to prove advantageous, either by enlarging the usefulness of the Council, or increasing the confidence in it of the profession or the public?"

Answer.—The University [Board of Medical Studies] has no particular changes to suggest.

As to the *Returns* asked for by the Commission,

"1. The number of Candidates who have, in each of the last five years, obtained from your University each of the following registrable titles:—M.B., M.D., Lic. Med., M.C."

Answer.—

In Academical years.	M.B.	M.D.	Lic. Med.	M.C.
1876–77	13	5	0	2
1877–78	7	2	0	1
1878–79	9	6	0	1
1879–80	13	9	0	0
1880–81	16	7	0	0

"2. The amount of emolument derived by your University in each of those years from the grant of each of those titles."

Answer.—Gross amounts received.

In Academical years.	M.B. £ s.	M.D. £ s.	Lic. Med.	M.C. £
1876—77	226 7	102 10	0	2
1877—78	302 15	41 0	0	1
1878—79	303 12	123 0	0	1
1879—80	336 16	184 10	0	0
1880—81	393 4	143 10	0	0

Note.—The emolument is small after paying expenses of examination, and could not be stated with precision. On the M.C. degree there is no emolument, but a loss.

3. The other sources of income possessed by your University and the annual amount of income, approximately, from such other sources.

Answer.—Full particulars of the income and expenditure of the University of Cambridge are published every year, the accounts being made up to November 3. They are published by authority, and may be obtained at the Cambridge Warehouse, 17, Paternoster Row, London, and at Deighton, Bell, and Co.'s, Cambridge.

UNIVERSITY OF LONDON.

Sir, October 17, 1881.

In reply to the concluding paragraph of your letter of the 8th July last, I have the honour to state that the number of Medical Degrees granted by this University in each of the past five years, and the sum received as fees (including those of unsuccessful candidates) for the Degree Examinations, are as follows:—

—	Degrees.				Fees in Pounds.			
—	M.B.	B.S.	M.S.	M.D.	M.B.	B.S.	M.S.	M.D.
1876	28	7	1	11	130	45	10	85
1877	22	3	1	8	120	30	5	60
1878	25	6	0	6	185	35	0	75
1879	34	6	0	12	180	40	0	75
1880	39	8	1	18	230	45	10	115

With reference to your final inquiry, I have to state that all fees received, whether for examinations in medicine or for those in other faculties, are paid in to Her Majesty's Exchequer, and a Parliamentary Vote is annually taken for the working expenses of the University. The sum voted for the current year is 11,601*l.*; and the fees received will probably amount to 7,400*l.*

I am, &c.

John White, Esq., &c. &c.

Arthur Milman, Registrar.

The University of London subsequently furnished the Commission, in further reply to the circular letter of 8 July 1881, with the following statement.

The Senate of the University of London, considering itself charged from the very commencement of its corporate existence with the duty, as defined in its charter, "of promoting the improvement of medical education in all its branches," has been enabled by the liberality of Parliament to apply itself to this duty with the one single aim of carrying it out in the manner most beneficial to the public. This it has done by framing such a scheme of medical education, and such modes of testing its results, as would (in its judgment) tend to establish and maintain the highest attainable standard of professional acquirement. To increase the *number* of those who might seek the degrees of the University, has been, in the estimation of the Senate, quite subordinate to the maintenance of the *high qualification* of its graduates. And it has been by steady adherence to this principle, and by progressive improvements in the mode of carrying it out, that the medical degrees of the University of London now attract, in constantly increasing numbers, the ablest students of most of the principal medical schools of the Kingdom.

The Senate, moreover, has adopted from the very commencement, as a fundamental principle, what is now generally accepted as the basis of the right method of medical education, namely, framing the regulations for its M.B. degree in such a manner as to fit its possessor to become a highly qualified "General Practitioner"; and afterwards superposing on this primary qualification the degrees of Doctor of Medicine or of Bachelor and Master in Surgery, which distinguish those who hold them as specially qualified for one or the other of these branches of professional practice.

A legal qualification to practise medicine, equivalent to that previously held by graduates of Oxford and Cambridge, was conferred on the graduates of the University of London by a special Act passed in 1854; and its degrees were included in the schedule attached to the Medical Act of 1858 as qualifications for either of the departments of medical practice to which they relate.

It was with great satisfaction that the Senate found itself invited, twelve years ago, to co-operate with the other English universities and medical corporations in framing a plan of examination and certification, which should establish a "one portal" system as obligatory upon everyone who might desire to obtain a license to practise medicine in any of its branches: and throughout the protracted discussions which issued in the final adoption of a "Conjoint Scheme" by the English licensing bodies, the University has continued faithful to its original principles; looking to the interest of the general public, rather than to that of any particular institution, and endeavouring to secure the best attainable qualification on the part of all who should receive the license of the Conjoint Board.

It became apparent, however, in the course of these discussions, that though the University of London could afford to give up its own title to grant a license to practise, disregarding the risk of any diminution in the number of candidates for its degrees, such a change might materially affect the interests of other corporate bodies in England; and that, if a qualification could be obtained in Scotland or Ireland on terms so much lower as to attract the weaker class of candidates to either of them, it would be impossible to carry the Conjoint Scheme for England into effect.

It is the earnest desire of the Senate of the University of London that the Commission should give the weight of its recommendation to the adoption in Ireland and Scotland of the general principle worked out by the English licensing bodies in their Conjoint Scheme,—*first*, that of requiring the same primary educational qualification for every Candidate for a professional license, whether he intends to practise as a Physician, Surgeon, or "General Practitioner";—and, *secondly*, that this qualification should be as nearly uniform as possible for all divisions of the United Kingdom.

UNIVERSITY OF DURHAM.

University of Durham College of Medicine, Newcastle-on-Tyne.

DEAR SIR, July 23, 1881.

I ENCLOSE answers to the questions forwarded to me by you, which I trust are in proper form.

I am, &c.

LUKE ARMSTRONG, M.D.

John White, Esq. Registrar.

REPLIES OF THE UNIVERSITY OF DURHAM TO THE QUESTIONS ASKED IN THE CIRCULAR LETTER OF JULY 8, 1881.

1. (*a.*) Yes.

(*b.*) That there should be one examining board by which men may be rendered eligible for registration. The minimum amount of knowledge considered necessary to qualify a candidate for registration should be exacted by this Board.

2. (*a.*) The University has no strong desire to see any change made in the constitution of the Medical Council, but thinks that its powers and functions might be enlarged.

(*b.*) *Constitution*—

The University thinks that if any change in a popular direction is made in the constitution of the Council, it should be that the representatives of the Universities should be chosen by their general elective bodies, as is at present the case at Durham, by Convocation; and that the representatives of the colleges or other bodies having representatives should be chosen by their fellows, members and licentiates.

Powers and functions—

The University approves of the visitation of examinations, and considers that this might be more systematically conducted. Concerning the various recommendations that the Medical Council has made respecting preliminary and professional examinations, from time to time, in place of such being simply in the form of recommendations the University is of opinion that such might with advantage be compulsory.

RETURNS 1.

—	Degrees conferred in		
	M.D.	M.B.	M.S.
1877	2	2	—
1878	3	7	—
1879	1	9	2
1880	11	19	7
1881	10	13	4

Another examination for Degrees will be held in December of this year.

2. *and* 3.—*The following returns have been compiled from certain balance sheets of the University of Durham College of Medicine submitted by the Registrar to the University.*

		£	*s.*	*d.*
1877.	Examination fees, M.B., 10 candidates	10	0	0
	Do. M.D. (40 years old), 2 candidates	105	0	0
		£115	0	0
1878.	Examination fees, M.B., 21 candidates	101	0	0
	Do. M.D. (40 years old), 4 candidates	210	0	0
		£311	0	0
1879.	Examination fees, M.B., 28 candidates	140	0	0
	Do. M.D. (40 years old), 4 candidates	210	0	0
		£350	0	0
1880.	Examination fees, M.B., M.S., and M.D., 51 candidates	255	0	0
	Do. M.D. (40 years old), 10 candidates	472	10	0
		£727	10	0
1881.	Examination fees, M.B., M.S. and M.D., 64 candidates	320	0	0
	Do. M.D. (40 years old), 6 candidates	283	0	0
		£603	0	0

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

DEAR SIR, July 29th, 1881.

YOUR circular letter of the 8th inst. was laid before the College at a meeting held yesterday, and I am instructed, in accordance with your request, to forward you the opinion of the College as follows:

1. *The Licensing System.*

The College is of opinion that an alteration in the present Licensing System is required.

That the following alteration would be most likely to prove beneficial to the public and the profession, namely:

That a Board of Examiners be appointed in this division of the United Kingdom by the co-operation of all the Medical Authorities in England, it being understood that, liberty being left to such co-operating Medical Authorities to confer, as they think proper, their honorary distinctions and degrees, none of the qualifications granted by any of the co-operating Authorities, shall be conferred on any person who shall not have been examined and approved by this Board.

2. *The General Medical Council.*

On the questions under this head the College does not desire to offer an opinion.

I have, &c.

John White, Esq., Secretary, Medical Acts Commission. HENRY A. PITMAN, Registrar.

RETURNS.

1.—The NUMBER of CANDIDATES who have, in each of the last five years, obtained from the ROYAL COLLEGE of PHYSICIANS of LONDON each of the following registrable titles.

Year.	Fellows.	Members.	Licentiates.	Extra-Licentiates.
1876	12	25	90	Discontinued since 1867.
1877	9	23	97	
1878	13	20	68	
1879	12	14	108	
1880	12	18	79	

2.—The Amount of Emolument* derived by the Royal College of Physicians of London in each of those years from the grant of each of those titles.

Year.	Fellows.	Members.	Licentiates.
	£ s. d.	£ s. d.	£ s. d.
1876 - - -	378 0 0	134 6 0	552 13 0
1877 - - -	283 10 0	258 7 0	568 15 0
1878 - - -	409 10 0	242 4 0	467 19 0
1879 - - -	378 0 0	Loss 54 11 0	551 5 0
1880 - - -	378 0 0	20 0 0	537 12 0

3.—The other Sources of Income possessed by the Royal College of Physicians of London and the Annual Amount of Income approximately from such other Sources.

Year.	Dividends.	Rents.	Sundries.	Annual income from these other sources.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.
1876 - -	269 1 8	151 15 11	50 0 0	470 17 7
1877 - -	280 4 6	342 8 1	50 0 0	672 12 7
1878 - -	279 6 6	325 0 8	50 0 0	654 7 2
1879 - -	266 2 2	415 16 0	50 0 0	731 18 2
1880 - -	266 2 2	82 17 1	50 0 0	403 19 3

July 23, 1881.

Henry A. Pitman,
Registrar.

* As to the manner in which this return of emolument has been calculated, *see* evidence given by Dr. Pitman on 25th July 1881. (Questions 3857–3862.)

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Report, dated the 7th of November 1881, of the Medical Acts Commission Committee, as amended and approved by the Council on the 10th of November, 1881.

Members of the Committee:

Sir James Paget, Bart., *Chairman.*

Dr. Humphry.
Mr. Savory.
Mr. Lund.
Mr. Erichsen.
Mr. Holmes.
Mr. Lister.

The President.

The Vice-President.

The Committee, appointed by the Council on the 14th of July last, to take into consideration and report to the Council on the letter from Mr. John White, Secretary to the Royal Commission on the Medical Acts, requesting, on behalf of the Commission, answers from the College to the questions as set forth in his letter, relating to the subjects of inquiry under the consideration of the Commission, has held five meetings, and, having considered the several questions proposed by the Commission, has adopted the following report to the Council, viz.:—

The Committee recommends to the Council that the following answers should be returned to the several questions contained in the letter from Mr. White:—

ANSWERS.

1. The Licensing System.

The Council of the College of Surgeons has long been of opinion that no person should be registered as a legally qualified practitioner, unless, after a duly recognised general and professional education, he shall have passed complete examinations in medicine, surgery, and midwifery.

In conformity with this view, the council, in 1868, took the step of instituting an examination in medicine, the passing of which, or the possession of some registrable medical qualification, was made a necessary condition of obtaining its surgical diplomas, and has recently determined to increase the range of the examination in medicine and to add an examination in midwifery.

The council has for many years been engaged, from time to time, in the arrangement of a plan by which complete examinations in medicine, surgery, and midwifery might be held under the combined authority of all the licensing bodies in England.

Lastly, the council, quite recently, in view of the difficulties of carrying any such conjoint examination scheme into effect, made proposals to the Royal College of Physicians, for the institution of a combined examination, to be conducted by the two royal colleges.

Doubts as to the desirability of establishing any compulsory conjoint scheme of medical education and examination in England—unless a corresponding scheme were adopted in Scotland and in Ireland—and the expectation that, sooner or later, the conditions under which such combined examinations should be instituted in each of the three divisions of the kingdom, would be determined by legislation, have been the chief causes preventing the proposed action of the English medical authorities. But the council of the College of Surgeons, in the belief that some amendment of the Medical Act of 1858 will follow the report of the Royal Commission on the Medical Acts, desires to place before that Commission the following resolutions, in reply to the questions submitted to it by the Royal Commissioners:—

That no person should be registered as a legally qualified practitioner unless, after a duly recognised general and professional education, he shall have passed complete examinations in medicine, surgery, and midwifery.

That such complete examinations would "be most "likely to prove beneficial to the public and the "profession" if, in each division of the United Kingdom, there were a combination of licensing bodies, under the sanction of the General Medical Council, to conduct the examinations.

That persons who have passed such complete examinations should be entitled, under conditions agreed to by the corporations and sanctioned by the General Medical Council, to the diplomas of the combining corporations; and that a medical and a surgical diploma should be necessary for registration.

That it should be enacted by legislation that no person be admitted to a qualifying examination under the age of twenty-two years, in order that another year may be added to the time assigned to professional education.

That no university should be permitted to grant a license in medicine or in surgery independently of its degrees.

2. The General Medical Council.

The council of the college is not agreed in opinion in regard to the question of any alteration in the constitution of the General Medical Council; but, in reference to the powers and functions of that council, the council of the college is of opinion that these should not be increased or extended.

Returns 1, 2, and 3.

The replies to these three questions are given in the accompanying tables, and in the following explanations. (*See* tables I., II., III., and IV. herewith.)

The following explanations of the accompanying tables are necessary:—

A.—*As to the Receipts, or Gross Emolument:*—

(1.) The receipts from the *Preliminary Examinations*, amounting to an average sum of 1,085*l.* per annum, and leaving, after deducting the examiners' fees, viz., 400*l.*, and incidental office expenses, about 50*l.*, a surplus of 635*l.*, will now cease, as the college will no longer hold these preliminary examinations.

(2.) The annual income from *Securities* and from *House Property*, amounting now to 2,520*l.*, is derived entirely from savings out of the examination fees, which have been invested from time to time: for the college has never received any legacies or endowments applicable to its general expenses.

(3.) All its *Trust Funds* have to be, and are, strictly applied to special purposes.

B.—*As to the Expenditure:*—

(1.) It is important to be observed that the actual cost of the professional examinations for the membership and fellowship is by no means expressed in the fees to examiners, the incidental expenses of the examinations, and the payments to the Government for the diploma stamps; for a very large proportion of the annual office expenses are really chargeable to the examinations. Almost all the office work, and nearly the whole cost of printing, stationery, advertisements, and postage, are connected directly with those examinations. The official work and payments needed for the business of the council, the museum, and the library are comparatively trifling.

(2.) A very considerable share of the annual *Museum* expenses must also be added to the cost of the examinations proper; for a great number of the specimens, and most of the museum attendants, are employed in those examinations.

(3.) Further, a certain large proportion of the *annual payments* made by the college for fuel and light, for rates, taxes, and insurance, and for repairs and improvements, must also be regarded as an outlay for the examinations, being necessary for securing adequate and indispensable accommodation for carrying them on.

C.—*As to the Surplus, or Nett Emolument:*—

(1.) The surplus or nett emolument of the college examinations, after deducting all the expenses, whether direct or indirect, of those examinations from the fees paid by the candidates, has always been chiefly applied to the maintenance and extension of the Hunterian Collection and the College Library,—any residue, when existing, being from time to time invested for the same ultimate objects.

(2.) Since the beginning of the century, the college has expended about 50,000*l.* in the purchase of house property and Government securities. Its library has cost during the same period not less than 40,000*l.* Finally, whilst the college has received, at different dates, parliamentary grants, amounting to 42,500*l.*, for the enlargement of the buildings devoted to the reception of the Hunterian collection, it has contributed out of its own resources 42,000*l.* for the same purpose, and about 200,000*l.* for the preservation and improvement of the magnificent anatomical collection of which it has undertaken the guardianship for the use of the scientific world, and therefore for the benefit of the public.

James Paget,
Chairman.

Tables, accompanying the Report of the Committee, showing the number of Registrable Titles granted by the College, and the Receipt and Expenditure of the College during the five Collegiate years 1876–77, 1877–78, 1878–79, 1879–80, 1880–81.

Table I.

Numbers of Candidates who have obtained Registrable Titles of the College during each of the last Five Years ending on the second Thursday in July in each year.

	1876–77.	1877–78.	1878–79.	1879–80.	1880–81.
Membership	406	393	361	420	404
Fellowship — Examination	27	27	18	16	28
Fellowship — Election	2	9	3	2	2
Dental Licentiateship	20	27	27	17	19
Licentiate in Midwifery	0	0	0	0	0

TABLE II.

Gross Receipts from the Membership and Fellowship Examinations, and from other sources, in each of the last Five Years ending on the second Thursday in July in each year.

	1876–77.	1877–78.	1878–79.	1879–80.	1880–81.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
From Examinations:					
Membership Examinations	10,801 0 0	10,110 15 0	9,349 0 0	10,830 15 0	11,384 18 0
Fellowship Examinations	513 10 0	538 10 0	501 0 0	524 10 0	1,111 0 0
Totals from Examinations	11,314 10 0	10,649 5 0	9,850 0 0	11,355 5 0	12,495 18 0
From other sources:—					
Dental Examinations	210 0 0	252 0 0	451 10 0	178 10 0	52 10 0
Preliminary Examinations	848 0 0	1,022 0 0	1,066 0 0	1,150 0 0	1,324 0 0
Investments and houses	2,499 4 10	2,550 15 10	2,484 19 10	2,527 3 1	2,553 9 5
Incidental receipts	128 7 10	177 16 6	75 16 10	154 11 6	176 6 1
Trust funds	248 19 0	249 2 6	247 10 0	247 7 10	246 14 0
Totals	£15,249 1 8	14,900 19 10	14,175 16 8	15,612 17 5	16,848 17 6

TABLE III.

Average Annual Receipts for the last Five Years, given in round numbers.

	£
From Examinations:—	
Membership Examinations	10,500
Fellowship Examinations	635
From other sources:—	
Dental Examinations	230
Preliminary Examinations	1,085
Investments and houses	2,520
Incidental receipts	140
Trust funds	250
Total income	£15,360

TABLE IV.

Average Annual Expenditure for the last Five Years, given in round numbers.

	£	
For the Examinations proper:—		
Examiners' fees for the Membership	4,400	
,, ,, ,, Fellowship	740	
,, ,, in Medicine for both Examinations	225	
Incidental expenses for both Examinations	325	
Diploma stamps for Membership	400	
Examiners for Dental Licenses	145	
,, ,, Preliminary Examinations	400	
		6,635
For the College Establishment:—		
Salaries, wages, pensions	2,000	
Printing, stationery, calendar, advertising, stamps, &c.	525	
Fuel and lighting	365	
Miscellaneous items	255	
Rates, taxes, insurances	930	
Repairs and improvements	710	
Law expenses	35	
Council meetings	290	
		5,110
For the Museum		2,360
For the Library		740
For extraordinary expenses		280
For the administration of trust funds		110
		£15,235

JAMES PAGET,
Chairman.

7th November 1881.

SOCIETY OF APOTHECARIES OF LONDON.

1. *The Licensing System.*

The Society are of opinion that an alteration of the present licensing system is required, and that no one should be allowed to practice as a medical man unless holding a diploma or license certifying to his being qualified to practice both medicine and surgery, and they are further of opinion that such license or diploma should be granted by a single properly constituted authority in the form of a conjoint board.

The conjoint board system, if made compulsory, would be preferable to the State system, as more likely to command the support of the medical profession, and as being more akin to English usage.

If the State system were adopted, the *ratio vivendi* of the great licensing bodies as such must of course terminate, and for this and other reasons such a proposal would necessarily meet with considerable opposition on the part of such bodies, but so on the other hand would any scheme which vested the control and carrying out of the conjoint board system in the hands of any two bodies to the exclusion of the rest.

2. *The General Medical Council.*

The reconstitution of the General Medical Council is a very difficult question. Whether it were well constituted in the first instance, the Society consider that to remodel it is a matter of doubtful expediency.

At any rate they decline to suggest (as has been too frequently done on grounds mostly baseless, so far as facts are concerned) the exclusion of this or that body. A reversal, to a considerable extent, of the relations between the Privy Council and the General Medical Council, as existing under the Act of 1858, and the establishment of a conjoint board under a sound and compulsory system would be of far greater public benefit than to remodel the General Medical Council.

Had not the Society's right to representation on the Council been so persistently and so gratuitously contested, they would shrink from repeating that a body (whose licentiates number between eight and nine thousand) seems of all the existing bodies the most qualified to join in working out and watching over a new system.

The Apothecaries Act, 1815, and the Apothecaries Act Amendment Act, 1874, and their working out of those Acts show the Society to have been a wise, liberal, and reforming body, and by the aid of their corporate property referred to in answer to Return 3, they have the means of developing their academic and scientific resources, and of making their body as attractive as it has hitherto been useful.

Returns 1 and 2.

—	Number of Certificates.	Amount received.
		£ s. d.
1876 - - -	257	1,619 2 0
1877 - - -	206	1,297 16 0
1878 - - -	223	1,404 14 0
1879 - - - -	216	1,360 16 0
1880 - - -	228	1,436 8 0

3. From dividends on 2,450*l.* consols, representing excess of receipts over payments in respect of licenses for past years, and invested - - - about £72.

From dividends on bank stock, fees, &c., &c., entirely applied for Corporation purposes and kept distinct from examiners' fund, about £3,000.

UNIVERSITY OF EDINBURGH.

University of Edinburgh,
29th July 1881.

Sir,

In reply to the invitation conveyed in your letter of the 8th of July 1881, I have to state that the Senatus Academicus of the University of Edinburgh gladly avail themselves of the opportunity to afford such assistance as they can to the Medical Acts Commissioners, by furnishing them with the following expression of opinion on the questions submitted to the University, and with the returns the Commissioners request.

1. *The Licensing System.*

The Senatus Academicus of the University of Edinburgh are of opinion that an alteration in the present system of licensing is required in those cases where a single qualification alone is conferred by any licensing board. Wherever such a system exists, they consider that an alteration would be advantageous in the direction of conjunction between licensing boards granting only single qualifications, so that the possession of complete qualifications in medicine, surgery, and midwifery may be ensured as a necessary condition for the admission to the register.

The University of Edinburgh and the other Scottish Universities grant degrees in medicine and surgery (M.B., C.M., and M.D.), which separately constitute registrable qualifications, no one of which, however, is granted until complete education and examination have been undergone in all the departments, both scientific and practical, of medicine, surgery, and midwifery. As a matter of fact, the greater number (about 95 per cent.) of the candidates for medical degrees have hitherto proceeded simultaneously to the two degrees of M.B. and C.M. The Scottish Universities, however, have now taken the necessary steps for rendering it compulsory on all their candidates for graduation in medicine to take both degrees, so that in future no candidate shall receive the one degree without the other. They therefore consider that no scheme of conjunction is required for them, as they already confer a complete or so-called "double qualification."

The examining board of each of the Scottish Universities consists, in part, of professors of the faculty of medicine in the University, and in part of examiners appointed *ab extra* by the University courts. These examiners are either specialists in the department of medical science in which they examine, or are physicians or surgeons of standing and experience. They are appointed by the University court entirely on account of their merits, as is evidenced by the fact that during the last seven years out of 19 examiners appointed by the University court of this University, 10 were gentlemen residing out of Scotland, and, with one exception, attached to other medical schools. These non-professorial examiners share equally with the professorial examiners in the work and responsibility of the examinations, and they therefore constitute an element in the examining boards which guarantees the fairness and strictness of the examinations.

The constitution of the examining boards, the curriculum of education, and the rules for examination, were framed by an executive commission appointed under the Scottish Universities Act, 1858, and they were afterwards confirmed by the sanction of the Privy Council. From time to time alterations and improvements have been made in the regulations, but no Scottish University can alter its regulations or introduce new regulations without the consent of the other Universities of Scotland and the approval of the Privy Council. As the Privy Council is the department of the State that has special charge of education, the Scottish Universities claim for their degrees that they are already under the control of the State, and are to that extent "State degrees or licenses." They are not aware that any other medical authority has its degrees, diplomas, or other registrable qualifications under an equally direct control by the State.

These facts show that the University of Edinburgh and the other Universities of Scotland are already in the position of granting complete qualifications in medicine, surgery, and midwifery; that their examinations are conducted by a board comprising an extra-University element; and that the regulations for the education and examination of their candidates are, and for many years have been, under the control of the State.

Under these circumstances, the Senatus Academicus of the University of Edinburgh would in the strongest manner deprecate any proposal for subjecting their students or graduates to the inconvenience, pecuniary loss, and unnecessary harassment of undergoing the examinations of any additional board in order to obtain admission to the Medical Register.

They would consider it impossible for them to delegate to any authority outside of the University any share of the responsibility which the University has in the granting of her own medical degrees.

2. *General Medical Council.*

In reply to the second subject of inquiry, the Senatus Academicus of this University entertain the opinion that the present powers and functions of the General Medical Council are on the whole satisfactory. They are aware, however, that it is being urged in several quarters that modifications should be made.

Should any modification be adopted with respect to the *functions* of the General Medical Council, the Senatus consider that it should include some provision ensuring

a more frequent visitation of the examinations of the licensing bodies.

The Senatus consider that the *powers* of the General Medical Council are ample, and require neither curtailment nor increase.

They entertain a decided opinion that, in the event of any change in the *constitution* of the General Medical Council being proposed, that change should be based upon the share taken by the licensing authorities in medical education and examination. They feel satisfied that, judged from this basis, the Scottish Universities are not at present adequately represented, but they are entitled to have at least one more representative.

Comparing the position and importance of the Medical School of the University of Edinburgh with those of the English Universities, it seems an anomaly that, while the Universities of Durham, Oxford, Cambridge, and London are each separately represented on the General Medical Council, the University of Edinburgh should only be jointly represented with another University.

The several returns asked for by the Commissioners are given under the heads specified.

I have, &c.

JOHN WILSON,
Sec. Sen. Acad.

Returns.

1.—Number of Candidates who have in each of the last five years 1876–1880, both inclusive, obtained from the University of Edinburgh each of the following registrable titles :—

Year.	M.D.	M.B.	M.C.
1875–76	20	86	80
1876–77	34	108	100
1877–78	30	115	106
1878–79	33	98	98
1879–80	29	134	129

2.—Amount of Emolument derived by the University of Edinburgh in each of the years 1876–1880, both inclusive, from the grant of each of the Degrees of M.D., M.B., and M.C. :—

Year.	M.D.	M.B.	M.C.
1875–76	£105 0 0	£1,821 5 0	£420 0 0
1876–77	178 10 0	2,346 5 0	525 0 0
1877–78	157 10 0	2,541 16 0	556 10 0
1878–79	173 5 0	2,620 15 0	514 10 0
1879–80	152 5 0	2,995 17 6	677 5 0

3.—Annual Income possessed by the University of Edinburgh from *other sources* than the Degrees of M.D., M.B., and C.M., for the years 1876–1880, both inclusive :—

Sources of Income.	Years.				
	1875–76.	1876–77.	1877–78.	1878–79.	1879–80.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Matriculation Fees	1,995 0 0	2,254 10 0	2,458 0 0	2,544 0 0	8 3 0 0
Graduation Fees, viz. :—					
Arts	329 0 0	307 12 0	350 1 0	374 13 0	342 15 0
Science	153 0 0	144 17 0	173 1 0	91 14 0	149 8 6
Divinity	21 0 0	25 4 0	25 4 0	24 3 0	38 17 0
Law	16 0 0	21 0 0	31 10 0	69 6 0	86 2 0
Fees of Registration of Members of General Council.	191 0 0	207 0 0	207 0 0	274 0 0	274 0 0
Fees of Admission to Library	53 0 0	52 15 6	36 15 0	47 15 6	50 8 0
Compensation for Stationers' Hall Privileges relinquished.	575 0 0	575 0 0	575 0 0	575 0 0	575 0 0
Grant from Government to aid in maintaining and repairing buildings.	500 0 0	500 0 0	500 0 0	500 0 0	500 0 0
Interest of invested funds and bank accounts	494 0 0	485 0 7	497 7 8	509 10 6	574 18 9
From funds bequeathed to the University for general purposes.	2,265 0 0	2,157 10 11	2,132 18 5	2,129 6 11	2,164 5 10
Miscellaneous receipts	145 0 0	93 16 6	129 7 2	99 4 4	111 10 11
Total	6,737 0 0	6,824 6 6	7,116 4 3	7,238 13 3	7,650 6 2

UNIVERSITY OF GLASGOW.

1. The change which this University holds, and has all along held, to be of paramount importance, is the abolition of single or incomplete qualifications, which was contemplated but not enforced by the Act of 1858.

The alteration which this University deems essential in the first instance for placing the present licensing system on a satisfactory basis is such modification of the regulations of registration as may ensure the admission to the register of none but those who shall have passed a complete examination in all departments of medical study, including medicine, surgery, and midwifery.

2. As to the constitution of the General Medical Council, this University has always been of opinion that the representation in it of the Scottish Universities, in respect of the importance of their medical schools and the number of their graduates, is altogether inadequate, and ought to be enlarged.

As, however, the University is of opinion that the membership of the General Medical Council cannot with advantage be increased, it is plain that the object just stated can be attained only by re-adjustment of the representation.

The University considers that the powers and functions of the General Medical Council are adequate for the maintenance of a satisfactory minimum standard. It is of opinion that the confidence of the medical profession and of the public might be increased if the Council exercised more continuously the power which it possesses of systematic inspection of the examinations conducted by the various examining boards. The University has always desired to submit its examinations to such conditions as shall at all times give security for efficiency without interfering with the details by which education and examinations are correlated, and made to follow the advance of the medical sciences.

Further than this, the University does not desire to suggest any changes in the powers and functions of the General Medical Council.

Returns.

1. The Number of Candidates who have in each of the last five years obtained each of the following registrable titles—M.D., M.B., Mast. Surg.

Session.	M.D.	M.B.	Mast. Surg.
1875–6	23	58	54
1876–7	20	62	56
1877–8	11	59	57
1878–9	12	57	54
1879–80	16	74	66

2. The Amount of Emolument derived by the University in each of those years from the grant of each of those titles.

Session.	M.D.	M.B.	Mast. Surg.
	£ s. d.	£ s. d.	£ s. d.
1875–6	105 0 0	987 0 0	283 10 0
1876–7	178 10 0	1,170 15 0	315 0 0
1877–8	157 10 0	1,086 15 0	283 10 0
1878–9	173 5 0	1,412 5 0	294 0 0
1879–80	89 5 0	1,711 10 0	351 15 0

3. The other sources of income possessed by the University, and the annual amount of income, approximately, from such other sources.

* This return may be found in a convenient form in the financial statement contained at pp. 256–261 of the accompanying copy of the University Calendar. It will be observed that in this statement no account is taken of one source of income to the professors, viz., class fees.

William Stewart,
Clerk of Senate.

Glasgow University, July 29, 1881.

* From the financial statement in the University Calendar, it appears that the other sources of income are, shortly stated, as follows:—

	£ s. d.
Endowments, grants, capitalised savings, &c.	12,721 0 0
Fees (exclusive of class fees)	3,043 0 0
Miscellaneous	813 0 0
Total	£16,577 0 0

UNIVERSITY OF ABERDEEN.

University of Aberdeen,
8th October 1881.

SIR,

IN reply to your letter of the 8th July, I am directed by the Senatus Academicus to transmit to you the following replies to the inquiries of the Medical Acts Commissioners therein contained, and the returns asked for. I am farther to thank the Commissioners for affording the Senatus an opportunity of expressing their opinion, and to explain that the delay in doing so has been due to the occurrence of the recess.

1.—*The Licensing System.*

The Senatus are of opinion that alteration of the present licensing system is required in those cases in which only a partial qualification can be conferred by the Licensing Body.

The change which in their opinion would be most likely to prove beneficial to the public and the profession, would be a measure by which a complete qualification would be required before registration; and by which, through the united examination of those bodies which confer only partial qualifications, the student could obtain from them, as he already can from the Universities, a complete qualification without having to pass two examinations before two separate bodies.

The Senatus desires to bring under the notice of Commissioners the following facts:—

(1.) That the degree in medicine together with the degree in surgery conferred by this University, and by the other Universities of Scotland, constitutes a complete qualification.

(2.) That before the degree in medicine can be conferred, the candidate has in every case undergone a complete education and examination in all the branches, both scientific and practical, of medicine, surgery, and midwifery.

(3.) That the degree in surgery can be obtained only by those who at the same time obtain the degree in medicine; that in only very few instances is the medical degree taken without the surgical degree, and that to prevent this altogether, so as to ensure that in future no graduate of this University shall be without a complete qualification, this University has, together with the other Universities of Scotland, now an application before the Privy Council for sanction to an enactment that neither degree can be obtained without the other.

(4.) That the examining board for the degrees of the University, like that of each of the Scottish Universities, is composed not only of the professors of the faculty of medicine, but also of examiners from without, appointed by the University Court, who are conjoined with the professorial examiners and share equally with them the work and responsibility of the examinations in all their parts, written, oral, and practical.

(5.) That the regulations under which degrees are conferred in the Scottish Universities, including the course of study, the constitution of the examining board, the examination rules, and other matters connected therewith, were framed by an executive commission under the Universities (Scotland) Act, 1858, and were afterwards confirmed by the Privy Council. These regulations are contained in the ordinances published with the report of that Commission in 1863. Improvements have from time to time been made on these regulations, with the sanction of the Privy Council, previous to which the opinion of all the Scottish Universities was requested by the Privy Council. The Senatus is not aware that any other medical authority has its degrees or diplomas under equally direct control by the State.

These facts in regard to the University of Aberdeen and the other Universities of Scotland show (1) That they are already in the position of granting complete qualifications in medicine, surgery, and midwifery, and that no scheme of conjunction is required for them. (2) That their examinations being conducted by a mixed board, comprising the professors of the University and examiners from without, the objections which might be brought against a board composed of either of these exclusively are obviated, and the efficiency and fairness of the examinations secured. (3) And that the regulations for the education and examination of their candidates are, and for many years have been, under the control of the State.

The Senatus therefore deprecates in the strongest manner any proposal for subjecting their students or graduates to the inconvenience, pecuniary loss, and unnecessary harassment of undergoing the examinations of any additional board in order to obtain admission to the Medical Register.

2. *General Medical Council.*

In reply to the inquiry regarding the powers, functions, and constitution of the General Medical Council, the Senatus are of opinion (1) That the present *powers* and *functions* of the Council are satisfactory. (2) That in the event of any change in the *constitution* of the Council being proposed, the Scottish Universities, considering the large share they take in medical education and examination as compared with the English Universities and as compared with some of the corporations, are very inadequately represented. While the English Universities, Durham, Oxford, Cambridge, and London, and the three Scottish Corporations, and such bodies as the Apothecaries' Societies of England and Ireland, have each a separate representative, the Scottish Universities have but two representatives between them; and the result to this University (notwithstanding that it possesses a large medical school, larger than those of all the English Universities put together) of its being linked with Edinburgh University has been, that, in the five occasions on which the appointment has fallen to be made since the Medical Council was instituted, the joint representative has been taken from this University only once.

The several returns asked for by the Commissioners are herewith given under the specified heads.

I have, &c.

WILLIAM MILLIGAN,
Secretary Senatus Academicus.

John White, Esq.,
Secretary, Medical Acts Commission,
2, Victoria Street, London.

RETURNS.

1.—Number of Candidates who have in each of the last five years, 1876-77—1880-81, both inclusive, obtained from the University of Aberdeen each of the following registrable titles.

Year.	M.D.	M.B.	M.C.
1876-77	32	41	41
1877-78	46	34	34
1878-79	30	57	55
1879-80	25	51	48
1880-81	35	48	48

2.—Amount of Emolument derived by the University of Aberdeen in each of the years, 1876-77—1880-81, both inclusive, from the grant of each of the Degrees of M.D., M.B., and M.C.

Year.	M.D.	M.B.	M.C.
1876-77	£178 10 0	£840 5 0	£215 5 0
1877-78	262 10 0	936 10 0	178 10 0
1878-79	178 10 0	1,065 0 0	288 15 0
1879-80	131 5 0	815 15 0	252 0 0
1880-81	194 5 0	1,130 0 0	2 0 0

3.—Annual Income possessed by the University of Aberdeen from other sources than the Degrees of M.D., M.B., and M.C., for the years 1876-77—1880-81, both inclusive.

	Years.				
	1876-77.	1877-78.	1878-79.	1879-80.	1880-81.
I. Income—General Fund.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Matriculation Fees	653 10 0	667 10 0	711 0 0	720 10 0	748 10 0
Graduation Fees, Arts	163 16 0	196 7 0	194 13 8	205 16 0	218 8 0
„ „ Divinity	12 12 0	12 12 0	12 12 0	6 6 0	9 9 0
Fees of Registration of Members of General Council.	86 0 0	89 0 0	110 0 0	146 0 0	135 15 0
Interest on Capital and Bank Interest, General Fund.	55 9 9	71 11 5	75 3 9	71 12 8	73 4 6
From Funds bequeathed to the University, regulated by Ordinance No. 33, 20th March 1863, of Scottish Universities' Commissioners.	325 6 6	309 3 3	323 6 7	313 17 9	313 18 2
Miscellaneous Receipts	2 8 9	14 1 9	19 4 3	2 19 8	14 15 1
Interest on Investment of Reserve Fund	51 9 6	62 11 8	66 3 0	63 5 1	66 18 6
	£1,350 12 6	£1,422 17 1	£1,512 3 3	£1,530 7 2	£1,580 18 3
II. Income—Library.					
Compensation for Stationers' Hall privileges relinquished.	320 0 0	320 0 0	320 0 0	320 0 0	320 0 0
Revenue from Investments of Library Funds	116 12 2	239 9 11	127 13 7	146 6 2	147 7 4
Fees of Library Readers	35 3 6	79 5 6	49 17 6	60 7 6	44 12 6
Interest of Hollis Fund	20 12 1	20 15 9	21 1 7	20 7 10	24 19 1
	£1,843 0 3	£2,082 8 3	£2,030 15 11	£2,077 8 8	£2,117 17 2

UNIVERSITY OF ST. ANDREW'S.

Sir, November 23rd, 1881.

I am now instructed to send the following answers to the queries contained in your communication of 8th July last.

1.—*The Licensing System.*

It does not appear to the Senatus Academicus of this University that good cause has been shown for making any alteration on the present licensing system in the Scottish Universities; but if alteration of that system be deemed requisite, the plan which, in the opinion of the Senatus, seems most expedient, and which would be most easily accomplished, is as follows:—That a conjoint Examining Board should be formed by the four Scottish Universities, embracing the medical professors in these Universities; that the said Board should conduct the Medical Examinations for the four Universities, the professors in all the Universities taking part in the Examinations in rotation in successive years; and that the examining centres should be the Universities of Edinburgh, Glasgow, and Aberdeen, in annual rotation.

It is to be understood that in making this recommendation the Senatus does not intend that it should apply to the special privilege granted to the University of St. Andrew's by Ordinance No. 19, Section XX. of the Commissioners under the Universities (Scotland) Act of 1858.

2.—*The General Medical Council.*

The Senatus has no opinion to express as to the constitution, powers, and functions of the General Medical Council.

Returns.

1.—The number of candidates who have, in each of the last five years, obtained the registrable titles of M.D., and M.B., and C.M., is as follows:—

A. Doctors of Medicine.—Ten in each year. In 1880-81 there were 11, one gentleman who had previously obtained the M.B. and C.M. having proceeded to the M.D. degree.

B. Bachelors of Medicine and Masters in Surgery.—In 1876-7, one; 1877-8, two; 1878-9, one; 1879-80, none; 1880-1, three.

2.—The average net annual emolument derived by the University from the granting of the above medical degrees was 357*l.* 4*s.* 11*d.*

3.—The other sources of income possessed by the University are rents of certain lands, interest on investments, matriculation, and arts and divinity graduation fees, amounting in all to less than 1,300*l.* a year.

I have, &c.

J. Maitland Anderson,
Secretary.

To John White, Esq.,
Secretary,
Medical Acts Commission.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

The Royal College of Physicians of Edinburgh having had under consideration the inquiries addressed by the Medical Acts Commission to the several licensing bodies, begs to express its opinion on the points submitted to it.

1. *The Licensing System.*

The College is of opinion that considerable improvement has taken place in the examinations of the licensing bodies since the institution of visitations by the General Medical Council, and trusts that these visitations will in future be carried out regularly and systematically.

The College is also of opinion that no one should be admitted upon the Medical Register who has not obtained a qualification in medicine and a qualification in surgery.

2. *The General Medical Council.*

In the opinion of the College the present constitution, powers, and functions of the General Medical Council are on the whole satisfactory. The College is, however, of opinion, that the following changes in the constitution of the Council would be advantageous:

a. That the Apothecaries' Society of London and the Apothecaries' Hall of Dublin, being essentially trading bodies, and the University of Durham having little to do with medical education or graduation, should no longer send representatives to the General Medical Council.

b. That the President should be elected from the members of the General Medical Council.

c. That one representative to the Council should be chosen by the University of Edinburgh, one by the University of Glasgow, and one by the University of Aberdeen and the University of St. Andrew's, collectively.

In the opinion of the College there is not, in Scotland at least, any strong feeling that the medical profession should send direct representatives to the General Medical Council. The College has in the abstract no objection to direct representatives, but considers that while adding to the number of Members of Council it would not materially affect its constitution or increase its efficiency.

The College begs to append a return of the number of candidates who have, in each of the last five years, obtained its fellowship, membership, and license; of the amount of emolument derived in each of these years from the grant of each of these titles: and of the annual amount of income possessed by the College from other sources.

On behalf and by authority of the College,

D. R. Haldane,
President.

1st November 1881.

Returns.

1.—The Number of Candidates who have, in each of the last five years, obtained the following registrable titles:—

—	Fellows.	Members	Ordinary Licentiates.	Joint Licentiates with College of Surgeons, Edinburgh.	Joint Licentiates with Faculty of Physicians, Glasgow.	Total number of Licentiates.
Year 1876	9	23	114	85	22	221
„ 1877	11	18	99	116	13	228
„ 1878	8	23	114	160	21	295
„ 1879	6	19	145	156	27	328
„ 1880	9	20	137	162	30	329

2.—The Amount of Emolument derived therefrom:—

—	Fellows.	Members.	Ordinary Licentiates less Examiners' fees.	Joint Licentiates with College of Surgeons, Edinburgh.	Joint Licentiates with Faculty of Physicians, Glasgow, less Examiners' fees.	Amount from Licentiates.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Year to 20th January 1877	346 10 0	619 10 0	1,034 18 0	150 0 0	67 16 0	1,252 14 0
„ 20th January 1878	346 10 0	425 5 0	1,505 13 0	450 0 0	73 16 0	2,029 9 0
„ 20th January 1879	315 0 0	409 10 0	1,734 1 0	850 0 0	59 0 0	2,643 1 0
„ 20th January 1880	94 10 0	588 0 0	1,954 13 0	1,000 0 0	205 0 0	3,159 13 0
„ 20th January 1881	283 10 0	598 10 0	1,844 17 0	1,250 0 0	217 0 0	3,311 17 0

Note.—Each Fellow on election pays a diploma stamp of 25*l.* to Government.

3.—The other sources of Income, and the annual amount of Income therefrom:—

Income from Investments:—	£ s. d.
Year to 20th January 1877	1,336 15 9
„ 20th January 1878	1,333 9 8
„ 20th January 1879	1,346 0 1
„ 20th January 1880	1,434 7 4
„ 20th January 1881	1,460 13 2

NOTE.—The following Ordinary Expenses form deductions from the above amounts of Income :—

—	Printing Lists of Fellows, &c., Diplomas, Advertising, &c.	Library Expenses.	College Hall and Property, Wages, &c.	Total.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Year to 20th January 1877	442 12 11	354 0 11	729 16 4	1,526 10 2
„ 20th January 1878	282 4 5	372 12 8	918 17 10	1,573 14 11
„ 20th January 1879	375 19 0	470 1 9	754 14 6	1,600 15 3
„ 20th January 1880	283 19 5	400 12 1	893 11 3	1,578 2 9
„ 20th January 1881	498 9 11	464 7 7	1,280 5 8	2,243 3 2

In addition, the College have contributed from their Funds as follows :

	£ s. d.	£ s. d.
Year to 20th January 1879 :		
City of Glasgow Bank Relief Fund		262 10 0
Edinburgh University Extension		525 0 0
		£787 10 0
Year to 20th January 1880 :		
Edinburgh University Extension	525 0 0	
Edinburgh Royal Infirmary.—Furnishing	630 0 0	
NOTE.—The College previously contributed 1,000*l.* towards the Infirmary Building Fund.		
		1,155 0 0
Year to 20th January 1881 :		
Social Science Congress	52 10 0	
International Medical Congress	26 5 0	
Library Association	5 5 0	
		84 0 0

JOHN ALEXANDER SMITH, M.D.,
Treasurer R.C.P.Edin.

1st November 1881.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

Royal College of Surgeons, Edinburgh,
July 19, 1881.

SIR,

IN conformity with the request contained in your printed circular of 8th instant, I beg on behalf of this College to submit to you the following views :—

1.—*The Licensing System.*

In the opinion of this College it is desirable that every student should be compelled to complete his preliminary examination before his name is entered in the Medical Students' Register, so that his period of professional study should be left untrammelled. They are further of opinion that it would be beneficial to the public and the profession if no single licensing body were permitted to give a double qualification.

2.—*The General Medical Council.*

The constitution, powers, and functions of the General Medical Council appear to the College satisfactory, except in so far as,—

(1.) The representation of the different bodies constituting the nineteen portals is unequal, in so far as that while the bodies represented and these portals differ materially, there is not commensurate difference in their representation.

(2.) That the powers and functions of the Council are inadequate, in respect of neglect to prosecute parties assuming and using spurious titles.

The College do not deem it desirable that any addition to the number of members constituting the General Medical Council should be made.

In terms of the further request contained in your letter, I have prepared and beg to subjoin the following return, showing number of candidates who have in each of the last five financial years, between 30th September 1875 and 30th September 1880, obtained from the Royal College of Surgeons of Edinburgh each of the registrable titles of "Fellow" and "Licentiate," and the amount of emolument derived in each of those years from the grant of each of those titles, with statement of other sources of income of the College, &c.

Returns 1 *and* 2.

Fellows.		Amount derived.	Licentiates.				Amount derived.
Year.	Number.		Year.	Single.	Double.	Total.	
		£ s. d.					£ s. d.
1876	27	675 0 0	1876	47	68	115	489 5 0
1877	31	775 0 0	1877	60	102	162	1,075 13 0
1878	30	750 0 0	1878	37	157	194	1,158 5 0
1879	41	1,025 0 0	1879	29	143	172	1,192 13 0
1880	44	1,100 0 0	1880	34	164	198	1,459 1 0
Totals -	173	4,325 0 0	Totals -	207	634	841	5,374 17 0

The above amounts derived from licentiates are stated after deduction of examiners' fees, but there are also various incidental expenses relating both to fellows and licentiates, such as diplomas, &c., which have not been taken into account.

3.

The other sources of income of the College are:—

(1.) Revenue derived from candidates for the license in dental surgery.

The duty of examining and licensing in this branch has only recently been devolved upon the College, and few candidates have been examined, so that it is difficult to give even an approximate estimate of the revenue likely to arise from this source. For many years to come, however, it is believed that it would not exceed 100*l.* per annum.

(2.) Rent of heritable property.

The subjects from which this revenue is obtained are let as a medical and surgical school upon a lease at the annual rent of 135*l.*, and it is believed they could not be let for a higher rent.

(3.) Invested capital.

The dividends and interest derived from this source last year amounted to 637*l.* 18*s.* 1*d.*, which may be taken as a fair approximation.

I beg also to inform you that in 1832 the College erected their present hall and museum and other conterminous buildings at a cost of upwards of 20,000*l.*; and that besides payment of their officials the College incur a large annual expenditure in maintaining and keeping up this hall and museum, their museum being one of the best anatomical and certainly the best surgical museum in the kingdom. The expenditure last year amounted to 360*l.*

The College, since paying off the debt upon its buildings, have endeavoured to improve their library, which is at present in an embryonic condition, due to the fact that in last century from poverty they were obliged to make over their entire collection of books to the University of Edinburgh under an arrangement by which Fellows of the College were entitled to borrow books from the University library on the same footing as the profession. The funds of the College have been so low that it is only recently the College have been able again to commence the formation of a library by the purchase of medical works.

I am, Sir,
Your obedient servant,
JOSEPH BELL.

FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

SIR, Glasgow, 8th August 1881.

REFERRING to your communication of 8th July ultimo, in which you request written replies to certain inquiries, I have now the honour to submit the replies for the information of the Medical Acts Commission. I may premise that such of the inquiries as involved matters of opinion were duly submitted to the Faculty for discussion, and that the reply in each case expresses the unanimous opinion of the Faculty as determined at the meeting at which the matter was considered.

1. *Question.* In the opinion of the Faculty, is any alteration of the present licensing system required?

Answer. Yes.

Question. If alteration of that system be deemed requisite, what changes therein would, in the opinion of your Faculty, be most likely to prove beneficial to the public and the profession?

Answer. That no person should be qualified for admission to the Medical Register unless he has been thoroughly examined in Medicine, Surgery, and Midwifery.

2. *Question.* Do the present constitution, powers, and functions of the General Medical Council appear to your Faculty satisfactory?

Answer. With the constitution of the Council the Faculty is satisfied; its powers might be increased.

Question. If these, or any of them, appear to need modification, what changes therein would, in the opinion of your Faculty, be most likely to prove advantageous, either by enlarging the usefulness of the Council, or increasing the confidence in it of the profession or the public?

Answer. Subject to the supervision of the Privy Council, the General Medical Council should have power to enforce compliance with its own regulations.

The statistical information called for by the Commission is given below partly in a tabulated form:—

Returns 1 *and* 2.

Year.	No. admitted to Fellowship.	No. admitted to Licence.	Fees received in respect of Fellowship.	Fees* received in respect of Licence.
			£ s. d.	£ s. d.
1876	15	63	490 0 0	702 0 0
1877	23	34	793 19 6	508 18 0
1878	10	55	325 0 0	551 14 0
1879	3	71	100 0 0	1,396 18 0
1880	5	73	200 0 0	1,326 10 0

* The figures represent the gross receipts, under no deduction of any kind.

3.

The sources of revenue other than that yielded by the Fellowship and the licence are:—

(1.) Interest in stock invested. At present this yields between 500*l.* and 600*l.* annually; but as the capital has been accumulated for the purpose of building a new hall to take the place of the present Faculty Hall (the accommodation of which is much inadequate), the interest would cease as soon as the capital sum was appropriated to this object.

(2.) For the last two years there has been some income in respect of the dental licence instituted in 1879. It is too early to say what income may be expected from this source. When the Dental Act has been for some time in operation, probably not more than 100*l.* or 150*l.* will be received from this source.

I have, &c.
ALEXANDER DUNCAN,
Secretary.

John White, Esq.,
Secretary,
Medical Acts Commission.

UNIVERSITY OF DUBLIN.

1. *The Licensing System.*

The University regards the present licensing system, by which 19 bodies, whose standards of education and examination vary, have the power to confer the privilege of registering, highly unsatisfactory. The examinations do not test knowledge in all three branches of importance, viz., medicine, surgery, and midwifery, and yet a license holder may register a surgical qualification and then practise not only surgery but medicine and midwifery.

The University recommends—

(1.) That no name be placed on the register without three qualifications, one in medicine, one in surgery, and one in midwifery.

(2.) That the examination of all the licensing bodies be systematically inspected by authority of the General Medical Council, and that inferior standards of examinations be reported by them to the Privy Council.

2. *The General Medical Council.*

The University is of opinion that the General Medical Council possesses already ample powers for supervising license examinations and reporting deficiencies; but that the Council has not had the moral courage to do its duty. This failure has arisen from the fact that the advocates of a higher standard of education are not in a majority on the Council. The University thinks this defect should be remedied by some alteration in the constitution of the Council, by means of which the interests of higher education might be advanced.

Returns.

1. Number of Candidates for Licenses and Degrees.

Year.	M.D.	M.Ch.	B.Ch.	M.B.	Lic.Ch.	Lic.Med.
1876–7 - - -	20	8	20	36	1	3
1877–8 - - -	17	5	18	44	2	2
1878–9 - - -	14	3	23	29	0	0
1879–80 - - -	15	3	23	29	0	2
1880–81 - - -	10	1	28	40	3	4
Totals -	76	20	112	178	6	11

2. Income of University derived from Medical Degree and License Fees.

During the above-named five years the fees amounted to 5,290*l.*, or at the rate of 1,058*l.* per annum.

3. Income of University derived from other sources* (approximately).

(A.) Estates, 40,000*l.* per annum.
(B.) Students' fees, 30,000*l.* per annum (including 5,000*l.* medical class fees, the remainder being for Arts teaching.)

By Order of the Board of Trinity College, Dublin.

Trinity College, Dublin, 12th July 1881.

Samuel Haughton, Clerk, M.D.,
Chairman of the
Medical School Committee.

QUEEN'S UNIVERSITY.

Queen's University, Dublin Castle,
July 30, 1881.

Sir,

The Deputation appointed by the Senate of the Queen's University to give evidence on behalf of the University, before the Medical Acts Commission, have directed me to submit the annexed answers (Appendices I. and II.) to the queries put to the University by the Commissioners, in your Circular of the 8th inst.

I am directed to request that you will also lay before the Commissioners the memorandum contained in Appendix III., in further reply to the queries of the Commissioners relating to "the Licensing System" and the "General Medical Council." This memorandum embodies the views addressed by a former Deputation from the Senate of the Queen's University to Her Majesty's late Government.

I have, &c.
(Signed) G. Johnstone Stoney,
Secretary to the University.

John White, Esq.
Secretary, Medical Commission.

Appendix I.—(*Referred to in above letter from Queen's University.*)

Query 1.

"*The Licensing System.*"

"In the opinion of the Queen's University, is any alteration of the present licensing system required?"

"If alteration of that system be deemed requisite, what changes therein would, in the opinion of your University, be most likely to prove beneficial to the public and the profession?"

Answer.

It is our opinion that no present necessity exists for altering the licensing system.

If a change be made, we are of opinion that it would be desirable that the Colleges of Physicians and Surgeons, and the Society of Apothecaries should be grouped together in England; that similar groups should be formed in Ireland of the Colleges of Physicians and Surgeons, and the Apothecaries' Hall; and in Scotland of the Colleges of Physicians and Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow, for the purpose of holding conjoint examinations in London, Dublin, and Edinburgh respectively, and for the issue of a diploma by each group qualifying to practice in Medicine, Surgery, and Midwifery over the whole kingdom, upon payment by the Candidate of a single moderate fee.

If this fee should be insufficient to maintain the Professional Museums and Libraries of the Colleges, we are of opinion that these Museums and Libraries should be assisted by State grants on the ground of their great public utility.

Query 2.

"*The General Medical Council.*"

"Do the present constitution, powers, and functions of the General Medical Council appear to your University satisfactory?"

"If these, or any of them, appear to need modification, what changes therein would, in the opinion of your University, be most likely to prove advantageous, either by enlarging the usefulness of the Council, or increasing the confidence in it of the profession or the public?"

Answer.

The General Medical Council has completed all the important tasks assigned to it:—1st, It has published a Register; 2nd, It has drawn up a Pharmacopœia;

* I am instructed to give this information, although it scarcely comes within the scope of the Medical Acts Commission.—S.H.

3rd, It has visited Examinations—and we are of opinion that it is no longer necessary.

It is not surprising that the Council has not secured the confidence of the profession, for such advantages as have followed from the legislation which organized it have been purchased very dearly. This legislation and the operation of the Council have resulted in the issue of a largely increased number of diplomas within the United Kingdom, in harassing additional examinations to be passed by candidates, and in enormous expense which has fallen upon young medical men for the most part ill able to bear it. To obtain even appointments under the Poor Laws more examinations require to be passed and more fees paid to Licensing Bodies than formerly, in addition to which the enormous cost of the Council has also to be borne; and this multiplication of examinations and lavish outlay has added nothing to the real qualification of the candidates. The advantages which the medical profession has obtained have been insignificant in comparison with the cost, which has fallen entirely upon its members.

The fees paid to members of the Council, which are necessarily large because of the prolongation of its discussions, have aroused an irrepressible desire in some members of the profession to participate in them, and agitation has arisen for throwing open the appointment of members of the Council to universal suffrage, for increasing the number of members, and for extending the operations of the Council in new directions.*

It is to be regretted that the legislation for obtaining a Medical Register and a Pharmacopœia should have been attended by so many disadvantages. The experience gained will have been of great service if it lead now to the establishment of a Registration Office with a couple of efficient clerks† to manage the Register, and to the reduction of number of the examinations and diplomas which have become necessary for a medical practitioner.

By Order,

G. Johnstone Stoney, D.Sc., F.R.S.,
Secretary to the University.

The Queen's University, Dublin Castle,
July 22, 1881.

* The Deputation beg to refer the Commissioners to the subjoined memorandum (Appendix III.) for further arguments in support of their answers to queries 1 and 2.

† In those cases in which the Medical Council now exercises a discretion, it would be easy to replace it by an efficient and inexpensive substitute.

Appendix II.—(*Referred to in above letter from Queen's University.*)

Returns asked for by the Medical Commission.

1. Return of "the Number of Candidates who have, in each of the last five years, obtained from the Queen's University each of the following registrable titles :—Doctor in Medicine, Master in Surgery, Licentiate in Surgery."

Year.	M.D.	M.Ch.	Licentiate in Surgery.
In 1876 -	53	47	None, this qualification not being conferred by the Queen's University.
„ 1877 -	44	35	
„ 1878 -	47	35	
„ 1879 -	55	34	
„ 1880 -	64	44	

2. "The Amount of Emolument derived by the Queen's University in each of the last five years from the Grant of the Titles—Doctor in Medicine, Master in Surgery, and Licentiate in Surgery."

Year.	For admission to M.D. Examinations.	For admission to M Ch. Examinations.	For Licentiate in Surgery.
	£	£	
In 1876 -	315	275	None.
„ 1877 -	235	190	
„ 1878 -	295	265	
„ 1879 -	275	170	
„ 1880 -	380	225	

3. "The other sources of income possessed by the Queen's University and the annual amount of income, approximately, from such other sources" :—

(1.) From Fees on admission to the Final Examinations for other Degrees and Diplomas, the University derives about 275*l.* annually.

(2.) From Parliamentary Grants the University derives about 4,242*l.* annually.

(3.) From a bequest the University derives about 60*l.* annually.

Appendix III.—(*Referred to in above letter from Queen's University.*)

(*Embodied in Professor Redfern's Evidence. See page 323.*)

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

The President and Fellows of the King and Queen's College of Physicians, in reply to the Royal Commission, beg to submit the following as the views of the College on the two subjects referred to them, viz. :—

I. The Licensing System.
II. The General Medical Council.

Query 1.

The Licensing System.

In the opinion of the College, is any alteration of the present licensing system required?

If any alteration of that system be deemed requisite, what changes therein would, in the opinion of your College, be most likely to prove beneficial to the public and the profession?

Reply.

The College are of opinion that the licensing system at present in existence in the United Kingdom, which recognises nineteen different methods of conferring licences to practise, and thereby of admitting to the Register the holder of any one of these licences, is unsatisfactory. For example :—A candidate may obtain a diploma in medicine without having been examined, or having obtained a diploma, in surgery or midwifery, and *vice versâ*, and yet he is at once entitled to be registered, and is thereby legally pronounced competent to undertake and treat all cases of disease, whether they relate to medicine, surgery, or midwifery.

The College believe that nothing would prove so beneficial to the public and the profession as the establishment of a licensing system, which would secure the following essential provisions :—

(1.) That all candidates should reach a uniform minimal standard of general education.

(2.) That all candidates should have passed through a uniform minimal curriculum of professional education.

(3.) That the standard of examination at all licensing bodies should be up to a uniform minimum.

(4.) That no person be registered until he have obtained diplomas in medicine, surgery, and midwifery.

(5.) That the total fees for diplomas in medicine, surgery, and midwifery, should have a uniform minimum in each division of the Kingdom.

Query 2.

The General Medical Council.

Do the present constitution, powers, and functions of the General Medical Council appear to your College satisfactory?

If these, or any of them, appear to need modification, what changes therein would, in the opinion of your College, be most likely to prove advantageous, either by enlarging the usefulness of the Council, or increasing the confidence in it of the profession or the public?

REPLY.

In the opinion of this College the present constitution, powers, and functions of the General Medical Council are not satisfactory.

As regards the *Constitution* of the Council, the College are of opinion that changes based upon the following principles would be beneficial :—

(*a.*) That some of the members of the General Medical Council should be elected by the direct vote of the registered members of the medical profession.

(*b.*) That the representation of the universities and corporations shall be increased so that the holders of higher degrees in the medical faculty, and Members of the bodies corporate, shall elect their representatives.

In affecting any such reform in the constitution of the General Medical Council, the college recognise the necessity of not unduly increasing the number of its members. They would suggest, therefore, that the representatives of the following bodies be dispensed with, viz., the Faculty of Physicians and Surgeons of Glasgow, the Apothecaries' Society of London, and the Apothecaries' Hall of Dublin.

The college consider that the *powers* of the General Medical Council, as defined by eminent counsel in 1862 (*Minutes, General Medical Council*, vol. ii., p 249), are adequate, so far as relates to the licensing bodies, although they cannot conceal from themselves the fact that the existing General Medical Council has *never once* exercised those powers in twenty-three years. The College, however, think that the General Medical Council should be in a position to directly recognise and supervise the method of teaching in medical schools.

The college have no desire to place upon the reformed Medical Council *functions* or *duties* other than those now imposed by the Medical Act of 1858 on education and examination, except so far as relates to the direct supervision of teaching in medical schools.

GEORGE JOHNSTON, M.D., Edin.,
President.
J. MAGEE FINNY, M.D., Dublin,
Fellow and Registrar.

July 25, 1881.

Returns.

1.

Number of Candidates who obtained registrable titles during last five years.

Years.	Fellowship.	Licentiate in Medicine.	Licentiate in Midwifery.
1876 - -	5	108	99
1877 - -	2	86	89
1878 - -	—	78	79
1879 - -	3	88	76
1880 - -	4	105	78
	14	465	421

2.

Amount of Emolument derived by College from the grant of such titles.

Fellowship.	Gross Fees.	
	Licentiate in Medicine.	Licentiate in Midwifery.
£	£ s. d.	£ s. d.
210	1,701 0 0	47 19 0
80	1,354 10 0	62 17 0
—	1,228 10 0	100 3 0
90	1,386 0 0	132 6 0
240	1,653 15 0	107 2 0
620	7,323 15 0	450 7 0

3.

Other Sources of Income for each of last five years.

—	1876.	1877.	1878.	1879.	1880.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Net profits of Medical Society -	18 0 8	10 11 7	27 7 0	11 19 4	—
Rent of part of College premises -	—	52 10 0	77 10 0	102 10 0	90 0 0
Interest on stock - - -	21 14 7	15 4 7	15 7 0	15 5 8	15 5 8
	39 15 3	78 6 2	120 4 0	129 15 0	105 5 8

By order,
J. MAGEE FINNY, M.D.,
Fellow and Registrar.

July 29, 1881.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

SIR, July 22, 1881.

I AM directed by the President and Council of this College to forward you the expression of their opinion in the form of written replies to the following questions put to them by the Royal Medical Acts Commissioners.

I have, &c.
J. STANNUS HUGHES,
Secretary of Council.

John White, Esq.,
Secretary.

QUERY No. 1.

The Licensing System.

In the opinion of the College, is any alteration of the present licensing system required?

If alteration of that system be deemed requisite, what changes therein would, in the opinion of your College, be most likely to prove beneficial to the public and profession.

REPLIES.

The College is of opinion that changes are required in the present licensing system.

The College hold that an alteration in the licensing system is desirable in the direction that no party should have their name inserted on the Medical Register who has not passed before independent Boards examinations in medicine, surgery, and midwifery conducted under the strict supervision of visitors appointed by the General Medical Council.

QUERY No. 2.

The General Medical Council.

Do the present constitution, powers, and functions of the General Medical Council appear to your College satisfactory?

If these or any of them appear to need modification, what changes therein would, in the opinion of your College, be most likely to prove advantageous, either by enlarging the usefulness of the Council, or increasing the confidence in it of the profession or the public?

REPLIES.

This College, while recognising the services rendered to the profession by the General Medical Council in the publication of a register, the issue of a National Pharmacopœia, and the occasional visitation of examinations, is nevertheless of opinion that the General Medical Council has not discharged all its functions satisfactorily, that it ought to some extent to be reconstructed and its powers extended.

The Medical Council has, in the opinion of this College, failed in the performance of its functions in the following respects:—

(*a.*) That the visitation of examinations has not been sufficiently frequent.

(*b.*) That it has not taken sufficient steps to prevent the assumption of medical titles by unqualified persons.

(*c.*) That it has not on many occasions exercised its powers to bring all the licensing bodies into conformity with its recommendations.

This College is of opinion that certain of the licensing bodies, not being by the nature of their functions, their constitution, or the place they take in the examining of candidates for admission to the profession, reasonably entitled to take part in the deliberations of the General Medical Council, ought therefore to cease to send representatives thereto.

This College is further of opinion that the Crown should assume the appointment of representatives instead of those at present appointed by certain licensing bodies who ought, in the opinion of this College, to have no representation.

In the opinion of this College the representative of each licensing body should be elected by the Medical Corporative votes of such body.

In conclusion, the College beg leave to furnish the Commissioners, according to their request, with the following returns:—

Returns.

	Year ending 5 April 1877.	Year ending 5 April 1878.	Year ending 5 April 1879.	Year ending 5 April 1880.	Year ending 5 April 1881.
1st QUERY.					
Number of Fellows admitted	13	5	6	15	14
Letters Testimonial granted to	97	99	106	122	103
Licentiates in Midwifery	11	8	10	9	10
2nd QUERY.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Fees received from Fellows	367 10 0	273 0 0	147 0 0	466 4 0	409 10 0
" " Licentiates	2,546 5 0	2,598 15 0	2,782 10 0	3,202 10 0	2,705 15 0
" " Midwifery	11 11 0	8 8 0	10 10 0	9 9 0	10 10 0
3rd QUERY.					
Interests and Dividends	569 1 9	489 18 6	417 18 7	416 2 6	416 2 6
Fees from Dental Candidates	—	—	1,527 15 0	320 5 0	1,454 5 0

APOTHECARIES' HALL OF IRELAND.

THE APOTHECARIES' HALL OF IRELAND,
Dublin, July 21, 1881.

SIR,

I BEG to acknowledge your letter of the 8th inst., addressed to me by order of the Royal Commission on the Medical Acts, and submitting certain questions in connexion therewith, to which the Commissioners request replies from the Apothecaries' Hall of Ireland.

I have the honour herewith to subjoin the replies of the Hall to the following questions submitted for its opinion.

1. *The Licensing System.*

In the opinion of your Hall, is any alteration of the present licensing system required?

If alteration of that system be deemed requisite, what changes therein would, in the opinion of your Hall, be most likely to prove beneficial to the public and the profession?

Reply to No. 1.

In the opinion of the Hall the present licensing system does require alteration, and the Hall thinks that it would prove beneficial to the public and the profession, were licenses to practise granted only to candidates, who, having undergone a sufficient course of study, have had their competency guaranteed by a board of examiners to be composed of representatives of the licensing authorities in each division of the Kingdom, and based on a uniformity both of examination and fees in each country.

2. *The General Medical Council.*

Do the present constitution, powers, and functions of the General Medical Council appear to your Hall satisfactory?

If these or any of them appear to need modification, what changes therein would, in the opinion of your Hall, be most likely to prove advantageous, either by enlarging the usefulness of the Council, or increasing the confidence in it of the profession or the public?

Reply to No. 2.

The legal powers of the General Medical Council need to be considerably strengthened and extended so as to enable it to execute the functions imposed on it by the Medical Acts.

In other respects the General Medical Council appears to this Hall to have done its work satisfactorily.

With regard to any change in the constitution of the Medical Council, what would be likely to prove advantageous to the profession or the public, the Hall is of opinion that the direct representation of the mass of the profession by the addition of four representatives to the Council, two for England, one for Scotland, and one for Ireland, would be a change both politic and popular.

To the further request of the Commissioners under the respective heads marked 1, 2, 3, I have to append the following returns :—

1. The number of candidates who have in each of the last five years obtained from your Hall the registrable title, Licentiate :—

Return under No. 1.

1876, 22; 1877, 24; 1878, 23; 1879, 34; 1880, 42.

2. The amount of emolument derived by your Hall in each of these years from the grant of that title :—

Return under No. 2.

			£	s.
1876	-	-	70	16
1877	-	-	112	16
1878	-	-	106	16
1879	-	-	127	12
1880	-	-	134	0

3. The other sources of income possessed by your Hall and the annual amount of income, approximately, from such other sources :—

Return under No. 3.

The examination of assistants, and the examination of candidates for the preliminary in arts.

Average annual amount for assistants, and for preliminary examination, 16*l.* 16*s.*

I have, &c.

(Signed) Charles H. Leet, M.D.
Secretary.

John White, Esq., Secretary,
Medical Acts Commission,
Victoria Street, London.

APPENDIX No. 2.

Statement by the Faculty of Physicians and Surgeons of Glasgow.

The following statement has been prepared in response to a courteous request made by the Royal Commission on the Medical Acts to the Faculty of Physicans and Surgeons of Glasgow, to say whether there is any practical matter bearing upon the subjects coming within the province of the Commission, to which attention has not, in the opinion of the Faculty, been sufficiently called in the evidence lately given before a Select Committee of the House of Commons.*

The Faculty are of opinion that there are some matters connected with their own position as a Medical Corporation and Licensing Body on which the Commission should have information. They believe that it will tend to save the time of the Commission to embody in a succinct statement the material points regarding which they desire the Commission to be informed. They have further to request the Commission to permit Dr. Robert Scott Orr, President of the Faculty, Dr. Andrew Fergus, and Dr. James Morton, or any of them, to appear personally before the Commission, on behalf of the Faculty, to give such explanatory, supplementary, or other information as may be required.

Historical Sketch.

The Faculty of Physicians and Surgeons of Glasgow was instituted by Royal Charter from James VI. of Scotland in 1599. The Charter was granted to Dr. Peter Lowe and Dr. Robert Hamilton, the former a very distinguished surgeon, the latter a physician, in Glasgow. The corporation were empowered to examine and license in *surgery*, and to inhibit from the practice of *medicine* all but medical graduates of a university. They were charged with other functions, medical and charitable, to which we need not here advert. The point of singularity in regard to the constitution of the Faculty was that physicians and surgeons were associated in one body corporate to carry out the provisions of the charter. But the body had not the same relation to medicine as to surgery. In surgery the Faculty were to examine and give licence to practice; while their function as to medicine was to ascertain whether those who practised it were doctors of medicine of an accredited university. The territorial jurisdiction of the Faculty embraced the city of Glasgow, and an area nearly coinciding with the counties of Lanark, Renfrew, Ayr, and Dumbarton. In 1672 the Charter was ratified by the Scottish, and in 1850 by the Imperial Parliament. In the latter year the Faculty made a legal surrender of their exclusive privilege to practise within the territory defined by the Charter, the claim to exercise it having been tacitly abandoned at a considerably earlier period. Under the provisions of the Medical Act of 1858 the Faculty continued to grant the two qualifications of fellow and licentiate. Shortly after the passing of it they also took advantage of one of its provisions [Sect. XIX.] by entering into an arrangement with the Royal College of Physicians of Edinburgh, under sanction of the General Medical Council, to grant conjointly, after one series of examinations in Glasgow, a double qualification in medicine and surgery.

In the period of nearly three centuries, during which the Faculty have had a corporate existence, there have been inscribed in the roll of fellows many names of the highest scientific renown, of which any college might well be proud.

Constitution.

The corporation consists of the entire body of fellows, numbering at present 174, of whom 107 were admitted as resident in the city. The power to administer the affairs of the body is centred, not in a council elected by the fellows, but in the fellows themselves. The council is a reference or consultative committee, with power to represent the Faculty only when authority is delegated for that purpose, and also, to a limited extent, in cases of emergency.

The Fellowship.

The mode of election to the fellowship has varied at different periods, even within the present century. Admission on the production of a satisfactory written thesis; on an oral examination with and without a thesis; and on a vote by ballot without an examination or thesis—these various methods have been in force within the last 50 years. At present admission is by ballot—two-thirds of those voting securing election. Candidates are admitted either as physicians or as surgeons. Those making applications as physicians must be doctors of medicine, whilst those applying as surgeons must possess the licence of the Faculty, or of one of the Royal Colleges of Surgeons, or a university surgical degree. There have always been some differences of opinion as to the best mode of electing fellows. It should be noted that by far the larger part of the fellows of the Faculty are university graduates, who, it may reasonably be presumed,

* Reference is here made to a circular sent by the Commission to the several Licensing Bodies on 23 May 1881. The only other reply to that circular is to be found in the Minutes of Evidence, page 129.

have already been thoroughly tested. At present out of a total of 174 fellows, 140 are graduates, and of those resident in Scotland, the proportion is even considerably larger. The council of the Faculty in all cases satisfy themselves in regard to the professional and social status of candidates, and, if necessary, they require them to appear personally before them.

THE LICENCE.

The licence is a qualification to practise surgery. The curriculum embraces all the essential subjects of a medical course of study, and the examination covers the entire field of study. The Faculty have always thought it best not to limit the tests to two or three important subjects, as anatomy and surgery, but to examine a candidate well *all round*. Accordingly, the examination for the surgical licence embraces the same subjects, and is conducted in the same manner as that for the double qualification. In regard to the double qualification examination, the principle of the arrangement is that the Royal College of Physicians have charge of the examination in medicine and materia medica, the Faculty have charge of that in surgery, while all the other subjects are examined on by examiners of both bodies. The annual number of licentiates is about 60. The larger portion of them have been educated in Glasgow, and the other Scottish schools of medicine. (*See* return made to Select Committee, Appendix to Special Report, 1880, page 90.) The arrangement as to the grouping of subjects will be seen from the regulations. For years the examinations have been steadily advancing both in stringency and in regard to the practical character of the tests employed.

BOARD OF EXAMINERS.

The Examining Board consists of two examiners in each of the subjects of examination. The only exception to the arrangement of separate examiners being allocated to each subject, is in the case of medicine and materia medica, which are grouped together, two examiners being appointed for both. In addition to this, there are appointed for clinical medicine and clinical surgery several examiners who are necessarily hospital physicians and surgeons. The two examiners in the same subjects sit and examine together. From the beginning to the end of his examinations, a candidate must have run the gauntlet of eighteen examiners. The Board is divided into two sections corresponding to the two professional examinations.

PUBLIC PROFESSIONAL OBJECTS.

It may not be out of place to mention several of the various methods in which the Faculty at present give practical effect to their sense of responsibility in respect of the privileges which they enjoy as a medical corporation. They possess a very large medical library, which has been enriched by the accumulation of centuries. Within the last sixty years only, the amount expended on books amounts to nearly 15,000*l*. The necessary annual expenditure, exclusive of the salary of a competent librarian, is between 300*l*. and 400*l*. This is barely sufficient to keep the library abreast of the medical literature of the day, including journals. This large collection the Faculty have thrown open, for consultation purposes, to the entire profession; and as it is much the largest medical library in the West of Scotland (the only other of any extent being the Medical Department of the library of Glasgow University), the privilege of consulting it has been largely taken advantage of. It is not uncommon to find practitioners visiting it for this purpose from very considerable distances.

For the purpose of stimulating medical research the Faculty have founded a lectureship and a prize. The lectureship is tenable for one year, and open to the whole profession. The prize is quinquennial, for an essay on any subject within a selected department of medical study, and is open to all fellows and licentiates of the Faculty. The salary of the lecturer is 50*l*., and the prize is of the same value. For the double purpose of affording instruction and promoting professional intercourse, the Faculty have been in the habit of inviting the medical men in the West of Scotland to conversazioni at which objects of scientific and professional interest are exhibited. These gatherings have been large, and are greatly appreciated. With the large medical societies of Glasgow the Faculty have shown their sympathy in a practical manner by giving them free accommodation in their hall, which has, on this account, necessarily come to be regarded as a medical rendezvous even by those not connected with the Faculty. Glasgow being the great centre of population in Scotland has resident within it a large number of medical men. The beneficial effects of various kinds, direct and indirect, of the existence of a medical corporation in the midst of such a large medical community, it would indeed be difficult to over-estimate.

The Faculty have always recognised it as an object worthy of them to maintain a close connexion with the great medical charities of Glasgow and the West of Scotland. For this end they have from time to time, as occasion demanded and their means allowed, made large benefactions to these institutions; thus in 1875 they contributed five hundred guineas to the Western Infirmary, and only last year one hundred guineas to the Maternity Hospital. Many similar grants could be quoted. The Faculty regard benefactions of this kind, made discriminatingly, and with special reference to the medical wants of the institutions, as contributions in aid of the practical medical education which it is one of the functions of such institutions to afford. For upwards of eighty years the Faculty have themselves maintained a vaccine station in which vaccination is performed gratuitously.

RELATION TO OTHER BODIES.

In connexion with the subject of the relation of the Faculty to other institutions it may be mentioned that on the boards of management of many of the more important of those in Glasgow the Faculty is directly represented. By the charter of the Royal Infirmary it is provided that of a total of 24 directors, four of them, that is one-sixth part of the whole, are sent by the Faculty. By Act of Parliament (55 George III. cap. 69) they are required to send two of their fellows to the Board of Directors of the Royal Asylum for Lunatics. In the same way they elect representatives on the Boards of the Western Infirmary, the Lock Hospital, the Maternity Hospital, and the Convalescent Home. To have medical representatives on the boards of management of medical charities the Faculty consider to be an object of great importance; and it may be safely said that but for the existence of the Faculty as a corporate body this object would not have been attained. In addition to the institutions of a medical character above named, the Faculty are called upon, under the constitution of a number of other local bodies to take part in their management. In this way they have long been intimately connected with the management of the Humane Society, Stirling's Library, the Asylum for the Blind, Haldane's Academy, the Royal Botanic Garden, and other local institutions. They have also imposed upon them a number of obligations in connexion with several trusts created by testamentary disposition or otherwise, the administration of which is wholly or partially vested in them.

Though the Faculty have no municipal connexion they have on several critical occasions, and especially at the visitations of virulent epidemics, given effective assistance to the civic authorities in the matter of the sanitation of the city.

REPRESENTATION IN THE GENERAL MEDICAL COUNCIL.

The Faculty elect a member of the General Medical Council. The constituency consists of the entire body of fellows. It appears from the Appendix to the Report of the Select Committee (p. 340) that in point of size of constituency the Faculty ranks sixth; and of the constituencies purely medical, it takes the third place in point of numbers. In the case of the Faculty the electoral body is not only purely medical, but it includes all the departments of the profession, both physicians and surgeons, and is largely composed of those engaged in general practice.

RELATION OF THE FACULTY TO THE GLASGOW MEDICAL SCHOOLS.

Glasgow is the seat of four medical schools, three of which are fully and the fourth partially equipped. The lectures delivered in the University School are recognised by the Faculty, simply in virtue of the lecturers being professors in the university. But under the regulations of the Faculty all other lecturers in the city must have their lectures recognised, on special application for that purpose. The essential

conditions of such recognition being accorded are that the applicants satisfy the Faculty of their fitness to teach, and of their possessing all the necessary appliances, apparatus, and materials for illustrating their lectures. To secure proper supervision it is also exacted that the applicants be fellows of the Faculty, or of some other college which has duly recognised their lectures. The lecturers are also under obligation to conform to such bye-laws for extra-academic teaching as the Faculty may from time to time enact.

The Faculty have thought it best to limit this statement so as to include only matters of fact, being convinced that questions of opinion may be best sifted by oral examination.

APPENDIX No. 3.

Letter from Sir William Gull.

74, Brook Street,
Grosvenor Square, W.,
November 21, 1881.

My dear Lord Camperdown,

In accordance with your invitation I trouble you with a remark or two on the future constitution of the General Medical Council and on the so-called "direct representation" of the profession on it.

The motion made in the Council (*see* Minutes) to the effect that the Council needed revision, and the subsequent application of the Crown-nominees to the Lord President, asking his Lordship to take steps for obtaining a Royal Commission on this matter instead of leaving it to an inquiry by a Parliamentary Committee, are sufficient indications that a feeling existed that the whole subject needed to be looked at apart from immediate professional interests, whether corporate or political.

Obviously, legislation should be in the public interest only. If it happen that for securing this interest the services of the profession in any or all its branches are required, they must be included in the plan of reconstruction, but it will very much affect the tone of the Council if its members sit to perform a public duty for the public rather than to maintain some supposed professional right.

The question of the direct representation of the whole profession in the future Council as a "right" or "quasi right," or as meeting a sentiment of right, seems outside the business now to be settled and provided for. If it should, as I have said, appear that the whole profession should be appealed to for selecting fitting persons to serve on the Council, well and good, but that appeal should clearly not rest upon any supposed right other than public duty to aid the State in carrying out legislation in the public interest. Happily the interests of the public and the advancement of the profession of medicine are one.

The long mooted "conjoint schemes" have been so fully considered that I can have nothing to add for the information of the Commission. Looked at apart from existing interests, there can be little doubt but that such "schemes," well carried out, would be fraught with public advantages, and would greatly promote medical education. Probably also no satisfactory constitution of a General Medical Council, nor any satisfactory working of one, could be secured without some such "schemes."

It has seemed to many that a lay element should enter into the constitution of the General Medical Council of the future. For the medical committees of the University of London this is provided, and the result has always been felt to be useful.

I am,
Yours very truly,
William W. Gull.

APPENDIX No. 4.

Statement by Mrs. Garrett Anderson, M.D.*

Mrs. Garrett Anderson, M.D., Paris (1870), and Licentiate of the Society of Apothecaries (1865), Co-Lecturer on Medicine at the London School of Medicine for Women, and Physician to the New Hospital for Women, London.

Witness has been engaged in the study and practice of medicine for the past 21 years. She has taken an active part in the movement for opening the profession of medicine to women, and she believes that she knows the views and wishes of medical women with regard to any change in the Medical Act of 1858.

ets as to present te of the estion.

Women have claimed to be admitted to the medical profession *on the same legal footing as men*. They have refused to enter it upon any other footing. The Society of Apothecaries was the first of the examining bodies in the United Kingdom to confer a legal qualification on a woman. This corporation admitted the witness to its examinations in 1862–5, and gave her its license in 1865.

The Society afterwards altered its byelaws in order to enable it indirectly to exclude other women. Since then the King and Queen's College of Physicians (Dublin), and the University of London have admitted women, and these two examining bodies were for some time the only ones open to women. The Royal University of Ireland is, however, now open to women on exactly the same terms as to men.

There are at the present time 26 medical women on the English Register; four of the number are practising abroad, the rest in Great Britain.

Number of women now on English Register.

A complete school of medicine has been organised in London for the exclusive use of femal medical students, and the school is connected with the Royal Free Hospital, Gray's Inn Road, W.C. The Hospital contains 150 beds. The students of the school perform in the hospital the usual duties of clinical clerks, and surgical dressers under the supervision of the physicians and surgeons of the staff.

School of Medicine for Women.

(*Prospectus of the school handed in.*)

The total number of students who have been in the school is 97. Of these 18 have passed the examinations of the Irish College of Physicians, 13 have matriculated at the London University, seven have passed the preliminary scientific, and four the first M.B. of the London University; five have taken honours, and at the first M.B. last summer one of the students of the school (Miss Prideaux) took the gold medal and the scholarship for anatomy.

Number of students.

Examinations they have passed.

In addition to the facilities offered by the London

Facilities on the continent.

* This statement contains the heads of the evidence which Mrs. Garrett Anderson was prepared to give if she had appeared before the Commission.

School of Medicine for Women, it is open to English women to study medicine and graduate abroad, and then to pass the examinations at the Irish College of Physicians in order to get upon the English Register. The medical schools of France, Italy, Sweden, Denmark, and Switzerland are all open to men and women equally, as well as some of the schools in other parts of Europe. Fifteen of the medical women now upon the English Register have studied abroad and have obtained a foreign diploma before qualifying themselves legally in England.

New Hospital for Women.

A further proof of the vitality of the demand made by women for admission into the medical profession is to be found in the success of the New Hospital for Women, 222, Marylebone Road, London. This hospital has been in existence in its present form since 1871, since 1861 as a dispensary only.

From the first it has been officered entirely by medical women. The poor have not been in any way enticed to attend it. They have had, on the contrary, to pay something for admission even to the dispensary department, though various large medical charities are in the immediate neighbourhood where patients are not required to pay anything. The out-patient department is open every day. The secretary and the dispensers, as well as the attending physicians, are all women. Frequently as many as 70 or 80 poor women come in one day as out-patients. In the wards there are 26 beds, and, as a rule, it is difficult to meet the demands for admission.

(*Report of hospital handed in.*)

Other medical charities.

Two other smaller medical charities are also at work in London (one at Notting Hill, and one in West Kensington), in each of which the medical attendant is a legally qualified woman. Similar dispensaries are also open at Manchester, Leeds, and Edinburgh.

Position of medical women in private practice.

In private practice, women are making their way steadily and surely. Fifteen years ago it required considerable courage on the part of a woman to consult a medical woman (except without the knowledge of her friends); now it has almost ceased to be thought anything exceptional to do so. Women are consulted, if they have a good reputation for skill and judgment, almost as naturally as men are. It has become increasingly evident, that to women of all ages, but especially to young and unmarried women, the opportunity of being able to get medical advice from a qualified woman is, in many cases, of real value.

The witness therefore wishes to submit that—

In any legislative changes which may be proposed the interests of women should not be overlooked.

Practically the points which chiefly concern women are these:—

I. That as the London University, the King and Queen's College of Physicians (Ireland), and the Royal University of Ireland, now admit women to their examinations and degrees, no conjoint scheme which may include these three bodies, in England and Ireland respectively, should be permitted to exclude women.

II. That in framing any conjoint scheme which shall not include the three examining bodies now open to women, it is desirable so to frame the scheme that at any future time women could be admitted without further legislation.

e.g. The College of Surgeons and the College of Physicians (London) do not at present admit women to their examinations. In the event of any conjoint examination being arranged as between these two corporations, it should be expressly enacted that they *may* admit women even if it be not thought proper to compel them to do so.

III. That in the event of any conjoint examination being made *compulsory*, i.e., *as a necessary step to getting upon the Register*, it should not be permitted to the bodies holding such a compulsory examination to exclude women.

Even if the London University examinations in England, and those of the Royal University in Ireland, were accepted as the alternative to the conjoint examination, *i.e.*, if students were obliged to pass *either* a series of University examinations or those of the conjoint board, it ought not to be possible to deprive women of the choice between the more difficult and the easier mode of entry into the profession. The degree of the London University is in medicine, practically an honour degree; that of the Royal University of Ireland promises to be so too; both will require a larger expenditure in fees and a much longer time of study than an ordinary pass at the colleges. Those women who wish to take an ordinary instead of an honour degree ought to be free to do so.

Witness considers that the only solution of the question which will be final is absolute equality between medical students of the two sexes, both in regard to their examination tests and their professional certificates or diplomas. Anything short of this equality can only be looked upon as a temporary and unsatisfactory arrangement.

APPENDIX No. 5.

Letter on Reciprocity with Foreign Countries.

217, Piccadilly, W.,
December 19, 1881.

SIR,

I BEG to represent to the Commission the hardship entailed on English medical men desirous of practising abroad among their own countrymen, by their being compelled to undergo a lengthy re-examination on medical and other subjects, in a foreign language, before permission to practise is granted.

With regard to Switzerland, which country I principally refer to, I can give personal experiences of the difficulties presenting themselves.

In the latter part of 1879 I made endeavours to obtain the right to practise among the English at Davos Platz, firstly through the Foreign Office, then by writing and personally through the British Minister at Berne, and finally through the government of the canton in which Davos is situated. No permission was granted me, and I was told on all sides that I must first obtain the Swiss diploma.

I then presented myself for the State Examination at Zürich in July 1880, failing in this I attempted Geneva in May 1881 with like success.

In each instance I was obliged to pay double fees and nothing was returned after these failures.

Both at Zürich and Geneva the remark was frequently made to me by those in authority, that as my country would not avail itself of reciprocity in diplomas with Switzerland I must pass their examination the same as a Swiss student.

I would beg to point out that Switzerland offers reciprocity to any European Government willing to enter into it. I do not think this is to be viewed as any excess of liberality, but principally as a desirable means of affording employment to the number of medical men in Switzerland, numbers of whom would immediately go over into France if France accepted reciprocity. Some, on the other hand, would no doubt try their fortunes in England and the Colonies, but I venture to think that the English medical profession is too liberal minded to offer any objection to this.

In the interests of the thousands of English who visit the Continent every year, many of whom speak no other language than their own, it is most desirable and right that in case of sickness they should be attended, if they wished it, by an Englishman; but under the present state of things this is almost impossible except at a few of the more important places.

I have, &c.

(Signed) ALFRED WISE, M.D., Brussels;
L.R.C.P., London;
M.R.C.S., England;
Late Physician to the Western General Dispensary; Hon. Medical Officer to the Kilburn and Maida Vale Dispensary; Visiting Physician to the Infirmary for Consumption, Margaret Street; House Physician, House Surgeon, and Resident Obstetric Officer, St. Mary's Hospital.

&c. &c. &c.

The Secretary of the
Medical Acts Commission,
Victoria Street.

APPENDIX No. 6.

Memorandum by the Registrar of the General Medical Council on certain difficulties arising out of the Registration-Clauses of the Medical and Dental Acts.

CONTENTS.

	page		page
(A.) Register-corrections	403	(d.) Publication of Registers	408
(B.) Local Registers	404	(e.) Distribution of Registers	408
(C.) Subordinate matters, viz.:		(f.) Certificates of Conviction	409
(a.) Restoration-Fees	407	(g.) Army Medical Officers	409
(b.) Dental Erasures	407	(h.) Medical and Dental Funds	409
(c.) Registration-Processes	407		

(A.)—In regard to Corrections of the Register.

Required addresses uncommunicated:

Through great and long continued neglect on the part of registered persons to communicate to the Medical Registrar their changes of address and other varying particulars required for the correction of entries in the Medical Register, such corrections have to be largely obtained by aid of the following correction-clause (Section 14) in the "Medical Act (1858):"—

to be obtained by aid of correction-clause in "Medical Act, 1858:"

"It shall be the duty of the Registrars to keep their respective registers correct, in accordance with the provisions of this Act and the Orders and Regulations of the General Council, and to erase the names of all registered persons who shall have died, and shall from time to time make the necessary alterations in the addresses or qualifications of the persons registered under this Act; and to enable the respective Registrars duly to fulfil the duties imposed upon them, it shall be lawful for the Registrar to write a letter to any registered person, addressed to him according to his address on the Register, to inquire whether he has ceased to practise, or has changed his residence, and *if no answer shall be returned to such letter within the period of six months from the sending of the letter it shall be lawful to erase the name of such person from the Register;* provided always, that the same may be restored by direction of the General Council, should they think fit to make an order to that effect."

a process extensively used since 1876 to remove large accumulation of errors in "Medical Register."

Since the year 1876, when the work was put into the present Registrar's hands, the process of correction pointed out in the foregoing clause has been extensively and continuously used, for the purpose of removing from the Register the accumulated errors of 18 years,—errors so numerous as to have made the volume a by-word for inaccuracy,* whereof an example (one out of many) was furnished by a publisher who, in his endeavours to sell certain copies handed over to him by Her Majesty's Stationery Office, having sent circulars to the British addresses in the Register, had received back over 7,000 of these with such superscriptions thereon as "not known" or "dead," while of the others, a very large proportion reached their destinations only after many trials and extensive postal wanderings.†

Threats of legal proceedings on part of persons temporarily dis-registered by corrective process.

In carrying out these corrections and improvements, details of which have been laid before the House of Commons' Select Committee on the Medical Acts, and published in their "Proceedings" (for 1879, pp. 427–432, and for 1880, pp. 62–63), many complaints and threats of lawsuits have been received from persons who, by their own neglect, have been thus removed from the Register; and these have recently increased in force and frequency through a magisterial decision given on October 26th 1881, in regard to one such temporarily-disregistered person, as set forth in the following extracts from (*a*) a Solicitor's letter read on November 11th 1881 before the Executive Committee of the Medical Council, and published in the Committee's "Minutes," and (*β*) the "British Medical Journal" for October 29th, 1881, whereby the decision, and its important consequences, have been made known to the whole medical profession:—

Mr Lushington's exposition of the law as to the Registrar's duty in regard to registration.

(*a.*) "Mr. Lushington to-day dismissed these summonses, but without costs, on the ground that, the defendant having once registered, the duty, under the Act, was imposed upon the Registrar of the General Medical Council, and not upon the defendant, to see that he continued so; and, therefore, he would not hold that he had wilfully and falsely pretended to be registered.

"Here is really an important new point which should be mentioned to the Commission. *It should be the duty of every medical man to see that he is registered yearly.*"

Mr. Lushington's opinion believed to be contrary to the provisions of the "Medical Act."

(*β.*) "A decision given by Mr. Lushington this week in the police court, on the subject of registration, will materially alter the arrangements of the General Medical Council for keeping the Register, if it should be maintained. Mr. Lushington refused to adjudicate on a charge of illegal practice brought against the manager of a local dispensary by the Medical Alliance on the ground that although the gentleman in question was not registered, and was signing certificates where registration was necessary, nevertheless, he had been registered at a previous time, and it was the business of the General Medical Council, and not of the individual, to see that his name was maintained on the Register. This decision appears to be *contrary to the provisions of the Medical Act*, as it is *certainly contrary to the regulations of the Medical Council as to registration*, and the matter cannot rest in this position. It has not yet, we believe, been decided whether the Medical Council will take steps to procure a reconsideration of the decision by appeal or otherwise. It is obvious that it must either do so, or take for itself a duty which it has hitherto cast upon the practitioners, and *which it would be very difficult for it to carry out.* There are *many persons who have an interest in seeing the Register incomplete, and in keeping their names off the Register, for various reasons;* and, if this decision be maintained, it will not only be *extremely difficult for the Medical Council to keep a perfect Register, but it will make future proceedings in respect to unregistered persons very difficult in many cases.*"*

Consequences resulting therefrom:

In order to obviate the occurrence of such difficulties hereafter, it is suggested that, in an Amending Medical Act, it might be well (1) to improve the present somewhat cumbrous method prescribed for obtaining the

Long-rooted belief in worthlessness of Register: difficult to remove.

* (1) The traditional badness of the Medical Register—which, although now a thing of the past, is still largely believed in—is generally alleged as the reason for neglecting to send changes of address, &c., the argument being that it is quite useless to send corrections to a volume full of errors.

Modes of procuring needed corrections of Register.

† (2) After trial of various methods for removing this stigma from the volume under his official charge, the Registrar found that the most effective mode of carrying out the corrective-process set forth in the above-cited Section was to collect data from all available sources (Army, Navy, and India Lists; Calendars or Registers of Medical Licensing Bodies; Medical and Postal Directories; Journalistic cuttings containing Obituaries, Appointment-and-Resignation Lists, &c., &c.), to collate these and other documents with his Register (a work—extending, as it does, over some 23000 entries—of enormous labour) and thereafter to send the prescribed letters of inquiry to those persons only whose entries showed some discrepancy between the Register and one of the volumes or papers collated therewith (an inquiry, with a view to minimise the number of erasures, having, in many cases, been made at the collated address as well as, always, at the registered address), without needlessly troubling persons who, from their entries presenting no such discrepancies, may fairly be assumed to have made no change or, if so, to have sent due notice thereof to the Registrar.

comment thereon.

* (3) Other medical journals also gave prominence to this case,—one of them, "The Medical Press and Circular," having, in its number for November 30, 1881, taken the subject as a text for its foremost leading article, wherein a hope was expressed that some better method of "keeping the Register free from error" might be devised and "legalised in some future Act of Parliament;" and the result of the decision was distinctly stated to be "that an erased registré may go on in practice, and enjoy "all the privileges of registration, even if he has long ceased to "appear in the official list;" while, as to the working of the correction-clause, it was added that "we can answer for the fact "that the Irish Branch Council have struck off the roll many "practitioners, some of whom are still extant, and in practice "at their original address, though they knew that such practi-"tioners were neither dead nor gone away"

Present cumbrous processes of correction require amendment.

necessary corrections of the Register; and (2) to point out more clearly that it is the duty of registered persons to send these corrections, or, failing that, to answer inquiries addressed to them by the Registrar in relation thereto—inquiries which are now often thrown aside unanswered, but without which it is obviously impossible to keep the register correct.*

(B.)—In regard to "Local" Registers.

The "Medical Act (1858)" established certain *Local* (or Branch) Registers, whose relation to the authoritative *General* Register are defined by the subjoined Sections 25 and 27 of the said Act:—

Local Registers.

"Where any person entitled to be registered under this Act applies to the Registrar of any of the said Branch Councils for that purpose, such registrar shall forthwith enter in a local register in the form set forth in schedule (D) to this Act, or to the like effect, to be kept by him for that purpose, the name and place of residence, and the qualification or several qualifications in respect of which the person is so entitled, and the date of the registration, and shall, in the case of the registrar, of the Branch Council for *Scotland* or *Ireland*, with all convenient speed send to the Registrar of the General Council a copy, certified under the hand of the registrar, of the entry so made, and the Registrar of the General Council shall forthwith cause the same to be entered in the general register; and such Registrar shall also forthwith cause all entries made in the local register for *England* to be entered in the general register; and the entry on the general register shall bear date from the local register."

The General "Medical Register."

"The Registrar of the General Council shall in every year cause to be printed, published, and sold, under the direction of such Council, a correct register of the names in alphabetical order according to the surnames, with the respective residences, in the form set forth in schedule (D) to this Act, or to the like effect, and medical titles, diplomas, and qualifications conferred by any corporation or university, or by doctorate of the Archbishop of *Canterbury*, with the dates thereof, of all persons appearing on the general register as existing on the first day of *January* in every year; and such register shall be called "the medical register;" and a copy of the medical register for the time being, purporting to be so printed and published as aforesaid, shall be evidence in all courts and before all justices of the peace and others that the persons therein specified are registered according to the provisions of this Act; and the absence of the name of any person from such copy shall be evidence, until the contrary be made to appear, that such person is not registered according to the provisions of this Act."

Disputes arising from the existence of Local Registers.

The existence of these local registers has led to incessant disagreement between the *General* Medical Council and one of its *Branch* Councils, with respect to the proper rights and privileges appertaining to the said local registers. Besides calling in the continuous aid and advice of the Solicitor to the Medical Council, three several appeals have been made to eminent counsel, in the hope that the disputes might be thereby terminated,—Mr. (now Lord Justice) Bowen having given his opinion in 1874, the Solicitor-General for Ireland a diametrically opposite opinion in 1878, and the Solicitor-General for England and Mr. Vaughan Hawkins a third opinion in 1879, differing *toto cœlo* from both of the other two.

These opinions, with other data relating to the question at issue, so far as it had then been carried, were laid before the House of Commons' Select Committee on the Medical Acts at its *last* meeting on March 8, 1880, and published on pages 64–72 of that Committee's Proceedings.

Since that date the following additional variations have appeared in the General Council's Minutes:—

(1.) *Minutes of Proceedings on March* 18, 1880.

Letter to General Registrar from Irish Branch Registrar.

"Read:—The following communication from the Irish Branch Council:—

'35, Dawson Street, Dublin,
March 10, 1880.

Sir,

The Branch Medical Council, Ireland, having had under their further consideration the question as to the proper mode of keeping the Medical Registers, have unanimously adopted the annexed resolutions, to which the special attention of the Executive Committee is requested.

I am, Sir,
Your obedient servant,
W. E. Steele,
Registrar.

W. J. C. Miller, Esq.,
Registrar of the
General Medical Council.'

'*Resolutions.*'

Irish Branch Council's proceedings in regard to Local Registers.

'(α.) Resolved:—That the Branch Medical Council, Ireland, are gratified to learn that the Executive Committee and their legal advisers have at length concurred with them respecting the following points, as regards the proper mode of keeping the Medical Registers:—

Rules for keeping Local Registers.

No discrepancies should exist between the local and general registers;

All changes must first be made in one of the local registers before being made in the general register;

Additional registrations must be entered in a local register before they are inserted in the general register;

The local registrars should send letters of inquiry, under the 14th section of the Medical Act, to those persons only who were originally registered in their respective registers:—

And that the only points left unsettled are, whether (1) additional registrations and (2) alterations should or should not be made in the local register in which a particular original registration stands.

'(β.) Resolved:—That the Executive Committee not having issued any instructions relative to the points still unsettled, as referred to in the foregoing resolution; and this Branch Council, being satisfied that the opinion of the Solicitor-General for England and Mr. Vaughan Hawkins would, if acted upon, produce and perpetuate discrepancies and confusion between the local and general registers, suggest, for the consideration of the Executive Committee, the following standing orders, which, if agreed to, will effectually remove the several objections raised by them to the mode heretofore adopted of keeping the registers:—

Suggested Standing Orders in regard to Local Registers.

When a registered practitioner applies to any local registrar, either to have an alteration made in his registered address, or to have a higher degree, or any qualification other than the qualification in respect of which he may have been registered, inserted in the register in substitution for or in addition to the qualification already registered, the local registrar to whom such application shall be made shall, if the person so applying was not originally registered in his local register, with all convenient speed send to the local registrar by whom such person was registered the application for such change of address or change of or addition

---

Some mode of *immediate* restoration to Register desirable.

* (4) The chief (and indeed almost the sole) ground of complaint would be entirely removed were the General Registrar entrusted with power to restore to the Register a name erased therefrom, as soon as he had clear evidence that the person so erased was alive and in practice. By the existing Acts, as interpreted by the Solicitor to the Council, such a restoration can be effected only by the Executive Committee, which often involves a delay that entails on the Applicant serious disadvantages, inasmuch as he does not usually find out that his name has been removed until, being a candidate for some public Appointment, or otherwise provoking inquiry, some jealous rival brings the fact to light, or else, when applying for lymph to the "National Vaccine Establishment," he is startled at receiving in answer the formula,—"Forasmuch as your name "is not in the 'Medical Register,' the rules of this Office pre-"clude me from sending you a supply of lymph." In such cases—practitioners thus temporarily disregistered being, under the hereinafter cited Section 27 of the Medical Act, treated as if they had never been registered, through the exact status of such persons having been nowhere defined—it is a matter of vital import to the Applicant that his name should be restored to the Register *immediately*.

to his qualifications; and it shall be the duty of such local registrar, on receiving the application, forthwith to enter in his local register the change or addition so notified.

It shall be the duty of each local registrar to send from time to time the letters of inquiry, as directed by the 14th section of the Medical Act, to such persons only as were originally registered by him; to change the entries of address of those requiring it, and to erase from his local register the names of those not replying, to such letters, or who have ceased to practise.'

Opinion, by Solicitor to Medical Council, in regard to Irish Branch Council's Rules and suggestions in the keeping of Local Registers.

"Read:—The following observations by Mr. Ouvry, Solicitor to the Medical Council, upon statements of the Branch Council for Ireland, relative to certain proceedings of the Executive Committee as regards medical registration:—

'The rules which I suggested were framed in accordance with the opinions of the Solicitor-General for England and Mr. Vaughan Hawkins, upon which it seems to me the Executive Committee must act, unless some judicial decision should prove that opinion to be incorrect, and I certainly framed them to meet the objections which had been urged so far as I thought the Act of Parliament would allow.

The Solicitor-General and Mr. Vaughan Hawkins did not overlook section 30, but they were of opinion that the terms of that section being general, must be read in connexion with section 25, and that the provisions of that section apply as well to original registration as to alterations in qualification.

Section 30 does not apply to "original *Registrations*" but to "*Qualifications*," original, additional, or substituted.

In this point of view, it appears to me that one rule would suffice both for changes in qualifications and changes of residence.

The rule I proposed as to names struck off was meant as to names struck off by the General Council, and I see no objection to the additional words proposed, though the expression I used, "*medical register*," could only apply to the General Register, from which a name can only be removed by the General Council.

General Register the "authentic record."

My suggested rule as to changes of residence is objected to on the ground that if a person applies to a registrar, who did not originally register him, the date and qualification must be left blank. The registrar, however, could ascertain these particulars from the authentic record, the "medical register."

Objections to Irish Branch Council's Rules.

The objection to the rule suggested by the Irish Branch Council is that if the Solicitor-General and Mr. Vaughan Hawkins are correct in their opinion, that a registered practitioner may apply to any one of the branch registrars in respect of any required alteration, either in qualification or address, the General Council would contravene the Act of Parliament in making any rule abridging the liberty the Act gives, and such rule would, therefore, be *ultra vires*.

I think the General Council should frame additional rules, to prevent discrepancies between the local and the general registers, the effect of which I have previously suggested, and which, as it seems to me, will meet the difficulties pointed out by the Irish Branch Council.

Registered persons have, by the "Medical Act," a right to apply to any Local Registrar.

I advise the Executive Committee to act on the opinion of the Solicitor-General and Mr. Vaughan Hawkins, and as, according to that opinion, *registered practitioners have a right to apply to any branch registrar, I do not think it would be competent to the General Medical Council to abridge that right by making such rules as are suggested by the Irish Branch Council.*'

Resolved:—"That a copy of the foregoing observations by Mr. Ouvry be transmitted to the Irish Branch Council."

(2.) *Minutes of Proceedings on June 16, 1880.*

"Read:—The following further observations by Mr. Ouvry upon statements of the Irish Branch Council relative to certain proceedings of the Executive Committee in regard to medical registration:—

'66, Lincoln's Inn Fields,
London, W.C.,
March 22, 1880.

My dear Mr. Miller,

Further (modified) opinion by Medical Council's solicitor in regard to Irish Branch Council's Rules.

My objection to the rules suggested by the Irish Branch Council was mainly this, viz. that they required any registered practitioner who desired to alter his address, or to add to or substitute a qualification, to apply only to the branch registrar by whom he was originally registered.

I said in my remarks that this was contrary to the Act of Parliament as construed by the Solicitor-General and Mr. Vaughan Hawkins, and could not therefore be assented to.

The Irish Branch Council have now modified their suggested rule to meet this objection, and the only difference between my suggestion and theirs is this:—

"Registrar of origin."

I suggested that where application was made to a branch registrar, other than what I may call the registrar of origin, the registrar applied to should enter the necessary alteration in his branch register, and give notice to the registrar of origin of the alteration.

In answer to this the Irish Branch Council point out that the branch registrar applied to, if not the registrar of origin, has, in his register no entry which he can add to or alter.

Now this is quite true, and to obviate this difficulty, I suggested that the printed register might be referred to, in order to enable the registrar applied to, if necessary, to make a complete entry.

But certainly addition to or alteration in a register implies that there is something existing in the register to add to or alter, and I consider it settled, by the opinions of all counsel who have been consulted, that the scheme of the Act is that the general register is to be composed from entries previously made in the several branch registers.

The rules which the Irish Branch Council now suggest do not affect the right of registered persons to apply to any branch registrar to have an alteration made, either in address or qualification, which was my main point of objection to their original rule. Under my rule the registrar applied to, not being the registrar of origin, would register the name with the altered address as he best could, and would then forward the necessary information to the branch registrar of origin.

The rule suggested by the Irish Branch Council omits the first formality, and simply prescribes the second.

No principle involved in the disputes about Local Registers:

I do not see that any principle is involved; it is simply a question of administrative detail, not in any way affecting the applicant, to whom it must be a matter of perfect indifference whether the addition or alteration he requires reaches the General Medical Register through one branch registrar or another.

There may be a small question as to fees, but that is not worth consideration.

a mere question of convenience and administrative detail.

As a matter of convenience I think that additions and alterations had better be made first in the register of origin, and to facilitate this I should add to the notification on the subject which appears at the commencement of the new volume of the register a note to the effect that it is desirable that all additions or alterations which circumstances may render necessary should be made through the branch registrar by whom the original registration was effected.

Yours truly,

W. J. C. Miller, Esq. William Ouvry.'"

Resolutions by Medical Council in regard to the questions at issue.

"Resolved:—That Clause 9 of Chapter 13 in the revised edition of the Standing Orders be altered in accordance with the following resolutions, and that copies of these resolutions be forwarded to the branch registrars:—

(a.) When a registered practitioner applies to any branch Registrar either to have an alteration made

New rules laid down by Medical Council for management of Local Registers.

in his registered address, or to have a higher degree or any qualification other than the qualification in respect of which he may have been registered, inserted in the register in substitution for, or in addition to, the qualification already registered, the branch registrar to whom such application shall be made shall, if the person so applying was not originally registered in his local register, send with all convenient speed to the branch registrar by whom such person was originally registered, the application for such change of address or change of or addition to his qualification; and it shall be the duty of such branch registrar, on receiving the application, together with the fee (if any) forthwith to enter in his local register the change or addition so notified.

(β.) The branch Registrars shall send letters of inquiry as directed by the 14th section of the Medical Act, to such persons only as were originally registered by them.

(γ.) That in order to facilitate the duties of the several branch Registrars in keeping their respective registers correct, each name in the published Medical Register shall have one of the initial letters (E. S. I.) affixed, in order to indicate the office in which the name was originally registered.

(δ.) That the several branch Registrars be directed to take immediate steps to have the entries in their local registers brought into strict correspondence with those in the General Register for 1880, and that the several branch Registrars be directed to make the necessary alterations from the published Medical Register for 1880.

(ε.) That the *Important Notice* as inserted in the Medical Register be hereafter as follows:—

Registered persons enjoined to send corrections to "Registrar of origin."

"Every registered medical practitioner should be careful to send immediate notice of any change in his address, or of any change in or addition to his qualification, to the branch Registrar by whom he was originally registered, in order that his correct address may be duly inserted in the Medical Register, otherwise by Section 14 of the Medical Act (1858), such practitioner is liable to have his name erased from the Medical Register; and thus by Sections 31 to 37 of the said Act to lose the right to hold certain appointments, to sign valid certificates, or to recover, in any court of law, charges for professional aid, advice, and visits, and the cost of any medicines or other medical or surgical appliances rendered or supplied by him to his patients."*

Local Registers troublesome and useless.

The existence of such unseemly disputes, as between the General Council and one of its branch councils, would in itself furnish a *primâ facie* cause for the abolition of local registers. Moreover, these registers are not of the slightest use. They need never be consulted or referred to for any purpose whatever: indeed, were such reference ever required, it would be well-nigh impossible, inasmuch as all of the many thousand names these local registers contain are entered therein promiscuously, without possibility of system or attempt at alphabetic arrangement, in the order they happen to present themselves for registration. Once only, as a consequence of the Council's new regulations set forth above, it became necessary to refer to local registers, for the purpose of affixing, in the published General Register, the initial letters (E,S,I.) required by such rules; and then it took one local registrar—and that one, too, with the least clientèle,—nearly a year to go through his books and supply therefrom the proper affixes.

Only the General "Medical Register" needed for references.

All references are made to the *General* "Medical Register," which is kept in *alphabetical* order, is published in successive editions at the beginning of every year, and which, pursuant to the above-cited Section 27 of the "Medical Act (1858)," furnishes legal "evidence "in all courts and before all justices of the peace and "others that the persons therein specified are registered "according to provisions of the Act."

Inconveniences resulting from the new rules as to Local Registers.

Now by the new rules, the Council's General Registrar,—who has the sole charge and responsibility of keeping, for purposes of reference and yearly publication, a strictly accurate "Medical Register,"—is absolutely precluded from making a single investigation in regard to the correctness of one-third (strictly 30·6 per cent.) of his register, even though he should have before him ample evidence of numerous inaccuracies in the forbidden third, but must rest content, as regards this third, with such corrections (or no corrections) as may be sent to him by the local registrars, one (or both) of whom may be quite satisfied to go on without making any inquiries whatever for the purpose of securing accuracy. Even the corrections or additions that are sent to the General Registrar himself must, it is emphatically contended,* be utterly ignored by him till they have been transmitted to one of the *local* registrars, thereafter entered in a local register, and ultimately (though in the interim much may have depended on the *immediate* entry of such correction or addition in the *General* Register) re-transmitted to the General Registrar through whose hands they had passed some time before.

Much labour wasted in keeping up the English Local Register.

Besides these disadvantages, whereof the pressure is felt more and more with each increasing effort put forth to produce a *perfect* General Register, there is the further inconvenience (in itself no small one) that a large part of the General Registrar's time and energies are occupied in keeping one of these above-shown useless registers, the local register for England, wherein two-thirds of the total entries (strictly 69·4 per cent.) have to be made by him and consigned to oblivion, before they are inserted in the only register (the General "Medical Register") ever referred to. Many other inconveniences result from the existence of these local registers, such as that additions or corrections are sometimes sent for insertion in the General Register, in regard to original registrations which it was thus found had never been communicated to the General Registrar by the local registrar by whom they had been effected; and that registered practitioners who either send their corrections or additions *direct* to the General Registrar, or even call at the office to hand such over to him *in person* (as very many do) feel much exasperation at the tedium and delay imposed upon them by their being compelled to go through the roundabout process prescribed by the rules, and are apt to inveigh against such a system as fit only for the "Circumlocution Office."

Abolition of Local Registers desirable.

Seeing then that the keeping of these useless local registers entails much time, care, and cost; that their existence is a serious hindrance to the production of an accurate authoritative *General* Register, and a cause of much irritation on the part of the profession; and that to determine what are the proper rights and privileges appertaining to such registers has given rise to vexed questions between the Medical Council and one of its branches; it is submitted that it would be for the public good if, in an amending Medical Act, local registers were entirely abolished, the alphabetical General Register thus made the *immediate* recipient of all registrations, additions, or corrections, and the local registrars enjoined to forward at once for insertion in such register all registrations severally effected by them, without hereafter any difficulty or delay arising from the necessity

---

Separate publication of Local Registers, long ago advocated, one mode of ending existing complications.

* (5) Had this process of Medical Home-Rule (*see* Question 107 on page 9 of the Select Committee's *Proceedings* for June 16, 1879) been, as sometimes suggested, rendered complete, by the *separate publication of the Local Registers*, all existing complications would at once have vanished. This separate publication of the *Local Registers* was, in 1859, strongly urged on the General Medical Council by the "Medical Protective Associa- "tions of Ulster and of the county and city of Cork," the Royal College of Surgeons in Ireland, and the Branch Medical Council for Ireland; but the General Council, on June 14, 1860, decided "that the *Medical Act* does not authorise the publica- "tion of separate Registers for each division of the United "Kingdom." (*See* Vol. I. of the Medical Council's *Minutes*, pp. 81–2, 183–4, 185–6, 276–7, 359–61, 391–2.)

It should, moreover, be borne in mind that, of persons registered in SCOTLAND or in IRELAND, a large number ultimately (often, indeed soon—and sometimes even immediately—after registration) come to reside and practise in ENGLAND, seeing that, as complainants significantly remind the General Registrar, there is no existing Act to forbid a man to quit the country in which he happened to have been registered.

A typical case.

* (6) One such contention occurred in reference to the Charles Lewis whose case was given as a typical illustration in the Solicitor's "Case" submitted for the Counsels' opinion last obtained. (*See* Select Committee's "Proceedings" for 1880, p. 71.) Having again changed his residence, Mr. Lewis sent the correction to the General Registrar, who being then engaged in preparing the printer's "copy" for the forthcoming edition of the Register, made, for convenience' sake, the correction therein, and forthwith forwarded the original letter to the Irish Branch Registrar, by whom it was returned with the superscription thereon "You had no right to make any alteration until you heard from me."

of a previous entry in volumes that need never be consulted.*

(C.)—On certain subordinate matters.

Certain minor matters claiming attention.

Subordinate to the main difficulties as to registration set forth in the foregoing clauses (A) and (B) of this Memorandum, there are some others which, though of lesser import, yet seem to deserve attention in any amending Act which should aim at harmonising and, if possible, rendering somewhat more homogeneous, the *twelve* existing Acts—Medical and Dental—which the Medical Council's Registrar is called upon to administer.†

The Medical and Dental Acts,—by their working, being in the hands of the *same* General Registrar,—serve to reflect mutual light upon each other; and from each, by such experience and study, something has been learnt wherein the other may be improved.

Expressed seriatim, the points to which it is desirable to call attention are as follows:—

(a.) *Restoration-Fees.*

Restoration Fees;

In every case where a name has been removed from the Medical Register, pursuant to the before-cited Section 14 of the "Medical Act (1858)," or from the Dentists' Register, pursuant to the herein-after cited Section 12 of the "Dentists' Act (1878)," a restoration fee of five shillings has been fixed by the Medical Council to be paid for the restoration of the erased name to the Register, such fee being held to be abundantly due for the labour of collation, as set forth in foot-note (2), and of correspondence necessitated by the corrective process entailed on the General Registrar through the neglect, on the part of registered persons, of so simple a precaution as sending due notice of their changes of address.

exaction thereof directly empowered by "Dentists' Act."

Power to exact this fee is clearly set forth in the following clause of Section 14 of the "Dentists Act":—

"If the General Council think fit in any case, they may direct the General Registrar to restore to the Dentists' Register any name or entry erased therefrom, either without fee or on payment of such fee, not exceeding the registration fee, as the General Council from time to time fix, and the Registrar shall restore the same accordingly."

but Exaction of Restoration Fees only indirectly (if at all) empowered in "Medical Act.'

The analogous restoring clause (at the end of Section 14) of the "Medical Act" contains, however, no similar proviso; hence the Council's power to exact a restoration fee, in the case of *Medical* Practitioners, has been sometimes called in question; and though such power is held to be *implied* in the Act, it is submitted that it would be a means of removing one cause of complaint were some such proviso as exists in the "*Dentists'* Act" introduced into an amending "*Medical* Act."*

(b.) *Erasures from the "Dentists' Register."*

Correction-clause in "Dentists' Act;"

These erasures are made pursuant to the subjoined clause (3) of Section 12 of the "Dentists' Act (1878)":—

"The General Registrar may erase from the Dentists' Register the name of a person who has ceased to practise, but not (save as herein-after provided) without the consent of that person; and the General Registrar may send by post to a person registered in the Dentists' Register a notice inquiring whether or not he has ceased to practise, or has changed his residence; and if the General Registrar does not, within three months after sending the notice, receive any answer thereto from the said person, he may, within fourteen days after the expiration of the three months, send him by post in a registered letter another notice, referring to the first notice, and stating that no answer thereto has been received by the Registrar, and *if the General Registrar either before the second notice is sent receives the first notice back from the dead letter office of the Postmaster-General*, or receives the second notice back from that office, or does not within three months after sending the second notice receive any answer thereto from the said person, that person shall, for the purpose of the present section, be deemed to have ceased to practise and his name may be erased accordingly."

a better *working* formula than the like clause in "Medical Act."

Save that the grammatical construction of this long sentence has been held to be somewhat of a puzzle (just as it is contended that, by the before-cited Section 14 of the "Medical Act," it is, grammatically, the "persons "who shall have died" that are to "make the necessary "alterations,") this corrective-clause of the "Dentists' Act" is a much better working process than the analogous clause of the "Medical Act," the words italicized being found to be especially useful, applying, as they do, to a very large proportion of the letters of inquiry sent out. It is accordingly submitted that it would be an improvement if words to this effect were introduced in an amending "Medical Act."*

(c.) *Modes of Registration.*

Process of effecting registration,—

(a.) Under "Medical Act,"

The processes of registration are ruled by the following clauses of (*a*) the "Medical Act" (last part of Section 15), and (*β*) the "Dentists' Act" (first part of Section 7):

(*a*) "It shall be lawful for the several colleges and other bodies mentioned in the said Schedule (A) *to transmit from time to time to the said Registrar lists certified under their respective seals* of the several persons who, in respect of qualifications granted by such Colleges and Bodies respectively, are for the time being entitled to be registered under this Act, stating the respective qualifications and places of residence of such persons; and it shall be lawful for the Registrar thereupon, and upon payment of such fee as aforesaid in respect of each person to be registered, to enter in the Register the persons mentioned in such lists, with their qualifications and places of residence as therein dated, without other application in relation thereto."

(*β*.) Under "Dentists' Act."

(*β*) "Where a person entitled to be registered under this Act produces or sends to the General Registrar *the document conferring or evidencing his licence or qualification*, with a statement of his name and address, and the other particulars, if any, required for registration, and pays the registration-fee, he shall be registered in the Dentists' Register."

The formers a simple and workable formula.

Here the "Medical Act" is much better than the "Dentists' Act." The process of *medical* registration is quite simple, certified lists being duly and regularly sent to the General Registrar by all the Medical Licensing

Alternative suggestions.

* (7) By carrying into effect the suggestion in the text the *status quo* would be nowise disturbed, as the local registrars would go on registering and receiving fees as heretofore. Should there be, however, a reconstruction of the administrative machinery of the Medical Acts, a much simpler way to obviate these and other difficulties would be to establish a *single* Medical Council,—no longer then requiring the distinguishing epithets "General" and "Branch," a distinction as to both name and functions puzzling to all but the initiated,—constituted in due proportions from the three divisions of the United Kingdom, and empowered to delegate any of its functions to committees of its own Body.

Medical Bills preceding the "Medical Act."

Such a constitution for a Medical Council appeared three times in the Bills that were the immediate forerunners of the "Medical Act (1858)," having been introduced into the House of Commons on June 10, 1856, on May 15, 1857, and on March 16, 1858, by Lord Elcho, Mr. Headlam, Mr. Brady, Mr. Fitzroy, and Mr. Crawfurd. (*See* Clause 7 of the Registrar's Summary of such Bills on p. 339 of the "Proceedings" for 1879 of the House of Commons' Select Committee on the Medical Acts). Besides remedying the evils in the text, the establishment of a *single* Council would put an end to the divergent decisions of the *five* existing bodies (General Council, three Branch Councils, and Executive Committee), and to the doubts as to the proper functions of these bodies, which do not work without friction (*see* Select Committee's "Proceedings" for 1879, pp. 412–414; *also* Medical Council's "Minutes," vol. xvii, Scottish Branch, p. 6, Clause 3, and vol. xviii, pp. 78, 149); and, along with other advantages, it would reduce to the utmost simplicity the present complex system of accounts, whereby the General Council, possessing hardly any funds of its own, is supported by a varying proportion of the receipts of its three Branch Councils,—a complexity increased of late by the addition of a Dentist's contribution,—so that, in regard to certain items of expenditure, it requires a nice discrimination to assign, and some arithmetical skill to compute, the parts thereof that should be borne by these five funds.

Dental registration effected without Local Registers.

Intermediate between this and the strictly conservative suggestion in the text would come the plan of having all registrations effected in *one and the same* office,—as, with admirable results, prescribed by the "Dentists' Act (1878)," in regard to all registrations of Dentists—the five administrative and executive bodies being left as at present.

Medical and Dental Acts.

† (8) These twelve Acts are set forth in the introductory matter prefixed to the later editions of the Medical Register, with an analysis of each Act in the prefixed Table of Contents.

* (9) There is, however, in the "Dentists' Act" the same need that is felt in the "Medical Act" for the introduction of a clause empowering the Registrar, as set forth in foot-note (4), to restore *immediately* a name so erased.

Need of *immediate* restoring-power for Dentists' Register.

Bodies, on forms supplied to them by him, by the aid whereof an applicant can be at once registered by *postal communications*, as indeed by far the largest number of registrations are effected.

The latter presents certain easily removable difficulties.

Dental registration is somewhat more difficult, owing to the requirement to *produce the diploma, &c.*, a document which, when thus required, it was found that some of the foremost of the Dentists had lost or destroyed, whilst others, having had their diplomas framed like a picture, are sometimes unable, and always unwilling, to overcome the difficulty of sending it to the Registrar. It would be an improvement if the process for *Dentists'* registration could, in this respect, be brought into accord with the analogous process in *Medical* registration.

(d.) *Publication of the Registers.*

The form and the date of publication of the Medical and Dental Registers are fixed by the annexed clauses of (α) the "Medical Act" (Section 27), and (β) the "Dentists' Act" (Section 11):—

Form and Date of publication,— (α.) of "Medical Register,"

(α.) "The Registrar of the General Council shall in every year cause to be printed, published, and sold, under the direction of such Council, a correct Register of the names in alphabetical order according to the surnames, with the respective *residences*, in the form set forth in Schedule (D.) to this Act, or to the like effect, and medical titles, diplomas, and qualifications conferred by any corporation or university, or by doctorate of the Archbishop of *Canterbury*, with the dates thereof, of all persons appearing on the General Register *as existing on the First Day of January in every year*; and such Register shall be called 'The Medical Register.'"

(β.) of "Dentists' Register;"

(β.) "The Dentists' Register shall contain the said lists made out alphabetically according to the surnames, and shall state the full names and *addresses* of the registered persons, the description and date of the qualifications in respect of which they are registered, and, subject to the provisions of this Act, shall contain such particulars and *be in such form as the General Council from time to time direct*.

"The General Council shall cause a correct copy of the Dentists' Register to be from time to time and *at least once a year* printed under their direction, and published and sold, which copy shall be admissible in evidence."

the latter possessing certain advantages over the former.

In regard to the words here italicised, the provisions of the "Dentists' Act" are decidedly better than those of the "Medical Act," in the following respects:—

(1.) The Dental term "Addresses" is so far preferable to the Medical term "Residences," that the Registrar solicited and obtained the Council's authorisation to introduce it as an improvement into the "Medical Register," in the last two editions of which it accordingly stands at the top of the second column of each page of the Name-Lists;

(2.) The power given to the Medical Council to alter, and thereby amend, as to details, the form of the "Dentists' Register," might with advantage be extended to the "Medical Register," seeing that the continuous and minute study given by the General Registrar to the official volumes under his care has already enabled him to improve the appearance of these Registers, and such moulding power as is here suggested would enable him hereafter still further to improve them;

Improvements hereby suggested for insertion in an amending "Medical Act."

(3.) The proviso as to *date of publication* of the "Dentists' Register" is much better than that for the "Medical Register," inasmuch as this Register is definitely fixed to be "as existing on the first day of January in every year," which precludes the Registrar from introducing any corrections that may come in (whereof there are sometimes a large number) while the sheets are passing through the press; whereas in regard to the "Dentists' Register"—although as a matter of convenience both Registers will always be brought out as early as possible in the year—such corrections can be freely made up to the time the last "revise sheet" passes out of the Registrar's hands.

(e.) *Distribution of the Registers.*

At present there are distributed gratuitously every year about 3000 copies of the "Medical Register," whereof two-fifths are supplied by the Medical Council and the remaining three-fifths by the Government, according to the following list of public officers and functionaries, to each of which there is supplied, in like manner, a copy of each year's edition of the "Dentists' Register":—

PUBLIC OFFICES and FUNCTIONARIES supplied gratis by the GOVERNMENT with copies of the MEDICAL and DENTAL REGISTERS.

Gratuitous yearly distribution of Medical and Dental Registers among Public "Offices and Functionaries."

	Total.
England and Wales.	
County Courts	517
Coroners	340
Law Courts (various)	148
Local Government Board, for the use of its several Departments.	6
Home Office	1
Library of the House of Commons	1
Library of the House of Lords	1
Privy Council Office	1
Lunacy Commission	1
Director-General of the Army Medical Department.	1
Director-General of the Navy Medical Department.	1
Registrar-General	1
Emigration Commissioners	1
Registrar of Friendly Societies	1
Detective Department, Scotland Yard	1
Superintendent of Police, Leeds	1
Chief Constable, Chester	1
Radcliffe Library, Oxford	1
Marine Department of the Board of Trade.	25
Magistrates' Clerk for the county of Denbigh.	1
	- 1051
Scotland.	
The Lord Advocate	1
The Crown Agent	1
The Clerk of Justiciary	1
Sheriff Clerks, and Sheriff Clerks Depute.	52
Clerks of the Peace	34
Procurators Fiscal	54
	- 143
Ireland.	
Chancery Court	1
Rolls Court	1
Masters' Court	1
Commissioners in Lunacy	1
Court of Exchequer Chambers	1
Court of Exchequer	1
Court of Queen's Bench	1
Court of Common Pleas	1
Chairmen of Quarter Sessions	33
Clerks of the Crown	34
Town Clerks	21
Clerks of the Peace	33
Coroners	82
Petty Sessions Courts	446
Recorders	2
Chairman of Town Commissioners	1
Divisional Magistrates for North and South Dublin.	2
The Chief Commissioners of Police, Dublin.	1
The Secretary, House of Industry, Dublin.	1
High Court of Admiralty, Dublin	1
	- 665
Total number supplied by Government	- 1859

According to the present arrangement, which has been found to work well, the Medical Council and Her Majesty's Stationery Office bear their respective parts of the cost of each edition of the Registers, proportionate to the number of copies taken, the official copies distributed by the Stationery Office being, for convenience's sake, bound in green cloth, and the Medical Council's copies in red cloth.

The like Distribution might with advantage, be extended.

Now, as by Section 45 of the "Medical Act," and by Section 36 of the "Dentists' Act," every registrar of deaths is enjoined to send to the Medical Registrar certificates of any registered Medical or Dental Practi-

tioner who may die in his district, it is much to be desired that all registrars of deaths should be added to the list of persons supplied yearly by the Stationery Office with official (green cloth) copies of both Registers.

Registrars of Deaths should be included in the distribution;

Up to the year 1877 few such death-certificates were sent to the Medical Council Office; since then, however, by the continuous use of the corrective-process set forth in Section 14 of the "Medical Act," and through the aid afforded to the Medical Registrar by the late Registrar-General, the large accumulation of names of dead men has been at last cleared out from the "Medical Register," and registrars of deaths have been especially enjoined to attend more carefully to their duties in this respect.

thereby tending to the removal of the possibility of unreported deaths of registered persons.

Notwithstanding this, cases of unreported deaths do still not unfrequently occur; and these cases the Medical Registrar tries to minimize by a careful examination of obituary lists in the Medical and other Journals, and by sending an inquiry to each registrar of deaths in whose district such an unreported death is thus found to have occurred. In the course of these investigations, registrars of deaths have repeatedly stated, in excuse for their neglect of duty, that they have had no means of knowing that A. B. was a registered medical or dental practitioner, and that they cannot efficiently carry out the provisions of the Acts, unless, as above suggested, they are supplied, yearly, with copies of the "Medical" and "Dentists' Registers."

(f.) *Certificates of Conviction.*

Certificates of conviction desirable to be forwarded to Medical Registrar.

It would be an advantage if there could be inserted in any amending Medical Act a proviso to secure that certificates of the conviction of registered Medical and Dental Practitioners (either for all, or for sundry specified, crimes and misdemeanors) should be duly forwarded to the Registrar of the Medical Council, in the same way, in fact (without fee or inquiry) that certificates of death are directed to be sent. Over these cases the Medical Council exercises quasi-judicial functions—as to whether or not to order the Registrar to erase the name from the Register—and as the matter stands under existing Acts there are always difficulties in regard to (1) knowing of the existence of such cases, (2) obtaining the legal certificates requisite to enable the Council to take action thereon, and (3) determining whether a fee should, or should not, be exacted by the recording-and-transmitting Clerk.

(g.) *Army Medical Officers.*

Entries of Army Medical Officers in "Medical Register" should be corrected yearly by Army Medical Department.

In no class of registered Medical Practitioners are there so many errors, and in none so many erasures from the Register under the correction-clause, as in the case of officers of the Army (including therein *Indian*) Medical Department. These persons frequently register, at first, a *private* address, which, when they enter the army service, they fail to correct, and it is through failing to verify these obsolete addresses that the greatest number of erasures now takes place.* So strongly was this impressed on the present Registrar, at an early period of his researches, that he reported thereon to the Executive Committee, and obtained authorisation to request the Directors-General of the Army, Navy, and Indian Medical Departments, to be so good as to undertake to correct yearly the "Medical Register" in respect to the names, addresses, and unreported deaths, of officers in their respective services. This the Director-General of the Navy at once undertook to do, and he has accordingly done it every year since (a complete copy of the proof sheets of the Register being sent to him for the purpose towards the end of the year), the result being that in regard to Navy Medical Officers the Register is now absolutely correct. The other departments, however, though more than once requested, have persistently refused to furnish these necessary corrections; and it is to remove from the Register the startling difference that exists between the strict accuracy of the entries of Navy Medical Officers, and the great inaccuracy in the entries of officers of the Army and Indian Medical Services, that it is here suggested that it would be a public advantage to ensure, in an amending Medical Act that the Army, Navy, and India Medical Departments should hereafter undertake the simple duty of correcting the entries of their officers in the Register in the same way as it is done in respect to the Navy Medical Service.*

In regard to Navy Medical Officers, such corrections are, with good results, made by Navy Medical Department.

Army medical officers often erased by corrective-process.

* (10) At present, indeed, these are almost the *only* erasures under section 14 of the "Medical Act," the small residue—now, there is good reason to hope, after five years continuous instruction in their duties, rapidly approaching the vanishing point—consisting of careless persons who will not take the infinitesimal trouble to correct (or to write "correct" if no correction is required), and return the Registrar's Inquiry-Form.

(h.) *Medical and Dental Funds.*

Medical and Dental Funds:

In case there should be any fusion or simplification of the several existing branches of the *Medical* Fund, it would be highly advantageous if the Dental Fund were also amalgamated therewith, so that all receipts and expenditure may hereafter be paid into or out of one single indivisible fund. At present the Medical and Dental Funds are entirely distinct from each other, the expenses connected with the working of the Medical and Dental Acts being paid out of the respective Funds in accordance with the following "Standing Orders":—

"Such of the Council's expenses as cannot be kept distinct (comprising salaries, house-expenses, postages, and various incidental expenses) shall be apportioned as follows:—

"The General Council shall pay one-half;
"The English Branch Council shall pay one-fourth;
"The Dental Fund shall pay one-fourth.

apportionment among these funds of Council's expenses.

"Such of the Council's expenses as can be kept distinct shall be apportioned as follows:—

"(α) The fees to Members of the Council for attendance at meetings of the General Council, and of the Executive Committee, shall be borne in proportion to the time occupied in the general and dental business respectively;

"(β) The expenses of printing, on account of the general and dental business, shall be borne as incurred by each department respectively."

This mode of payment was suggested by the Registrar, after a minute investigation into the finances of the Council, as an equitable apportionment of the general expenditure, in a report thereon read by him before the Executive Committee on May 23, 1879, whereof the following synopsis has been published in the Council's Minutes (Vol. xvi., p. 321):—

pursuant to Report thereon by General Registrar.

"*Read*:—A report by the Registrar in regard to the finances of the Council, and the equitable apportionment of the general expenditure.

"Herein it was shown that this expenditure consists of two distinct elements:—

"(α) Separable, — comprising fees to members of Council, printing, and such like;

"(β) Inseparable, — comprising salaries, house-expenses, stationery, postages, and various petty disbursements;

that the separable expenses admitted of division among the various departments at the Council's Office, and had, in fact, always been as carefully as possible assigned and charged to the funds of each several department by the Registrar; that the inseparable expenses admitted of no such assignment, but required some definite division to be laid down, whereby they might be duly apportioned to each department; and the report concluded by suggesting such an apportionment as, after a careful investigation of the whole subject, would, the Registrar believed, be simple and easy to understand and apply, and would, at the same time, taking all the data into account—such, for instance, as that, by the provisions of Section 13 of the Medical Act, the English Branch Council bears, on an average, in addition to its own

Separable and inseparable expenses.

Army Medical Officers difficult to communicate with.

* (11) Failing this, the Registrar might be empowered to correct his Register in these respects by aid of the Army and India Lists. As at present advised, he cannot, under existing Acts, make any correction save by a registered person's own written request; and these Army Medical Officers are of all registered persons the most difficult to bring to reason, or indeed, to communicate with in any way whatever. This plan would be much worse than the one suggested in the text, but it would, at all events, secure accuracy.

proper share of the general expenditure, five-eighths of the General Council's expenses—be a perfectly just and equitable division of the expenditure."*

Previous complexities of Funds.

*(12.) Previous to the simplification recommended in this *Report*, and subsequently adopted by the Council, the various items of expenditure had been apportioned among the several Funds according to varying ratios of much complexity,—the several items, for one period, in regard to three of the *inseparable* kinds of expense, being borne by the Funds of the General and English Branch Councils in the following proportions:—House Expenses in the ratio of $\frac{1}{3}$: $\frac{2}{3}$; Salaries in the ratio of $\frac{11}{19}$: $\frac{8}{19}$; Sundries in the ratio of $\frac{4\cdot5}{14}$: $\frac{1}{14}$.

But as this solution, though as simple as the problem admits of, is not free from occasional complexities, and as, moreover, dental critics are found at times to question the equitableness of the resulting apportionments of expenditure, it is suggested that the best way to put an end to both the complexities and the criticisms would be to adopt some such process of amalgamation as has been herein-above pointed out.

Residue of difficulties desirable to be removed by amalgamation of Funds.

APPENDIX No. 7.

Statement by William Bayes, Esq., M.D., Hon. Secretary to the London School of Homœopathy.

CONTENTS.

Letter.		Page
Appendix	I.—Clauses extracted from the Medical Act, 1858, and following: and Remarks	411
,,	II.—List of Qualifications held by Homœopathic Practitioners in Great Britain and Ireland in 1881	412
,,	III.—Condition of Homœopathy in England	413
,,	IV.—London School of Homœopathy:—Rules and Laws	413
,,	V.—Condition of Homœopathy in the United States	414
,,	VI.— ,, ,, Canada	415
,,	VII.— ,, ,, Spain	415

88, Lansdowne Place, Brighton.

To the Medical Acts Commission from William Bayes, M.D., Hon. Sec. to the London School of Homœopathy.

My Lords and Gentlemen,

The claims of homœopathic patients to be protected under the new Medical Act.

I have the honour to lay before you the claims of the large number of Her Majesty's subjects who elect to be medically treated by physicians and surgeons practising the homœopathic system of medicine. In any legislation under the new Medical Act they feel strongly, that they have a right to ask that they shall be protected against any avoidable ignorance on the part of physicians and surgeons professing to treat them homœopathically.

Scholastic and Hospital opposition to the teaching of Homœopathy.

Owing to the scholastic difficulties interposed at the present time, which prevent physicians from acquiring a competent knowledge of homœopathy during their state of pupillage; owing also to the difficulties which surround their obtaining hospital clinical instruction in the practice of homœopathy; owing, thirdly, to there being no examination as to the fitness, by previous education in its tenets, of those students who intend to practise homœopathy, the *homœopathic public* are unnecessarily exposed to the danger of falling into the hands of men insufficiently instructed in, or wholly ignorant of, the system of medicine they profess to practise.

The question affects both rich and poor.

In London and the other great cities there is a large 'clientèle' of homœopathic patients, not only among the wealthy and educated classes, but also among the poor, who are specially undefended against the above dangers. (In the appendix to this letter I give many particulars of the state of homœopathy both in the metropolis and in the country districts throughout Great Britain and also in some other countries. To these statements I beg to direct your careful attention.)

The demand for practitioners, versed in the system of homœopathy, is far greater than the supply. This is a real hardship to those who, being convinced that this system of medicine is the most scientific and practical, can only obtain the assistance they require in illness, by sending a considerable distance to some large town for a physician, or who have to trust to lay help, since no physician having knowledge of the system, in which they alone believe, is to be found within a reasonable distance.

To meet these difficulties I would suggest one of the following alternatives:

A school of Homœopathy.

1stly. To legitimise a medical school specially devoted to instruction in homœopathy.

To grant degrees to Physicians and Surgeons holding foreign qualifications.

2ndly. To allow physicians who have qualified themselves in Homœopathic Universities or schools existing in America or in other foreign countries to present themselves for examination before an examining body in England, and, if found competent to pass, the examiners to grant them an equivalent degree to that they already have obtained abroad.

Appointment of Homœopathic examiners.

For this purpose homœopathic examiners should be appointed to examine those who desire to possess a homœopathic license in addition to the ordinary medical degree.

London School of Homœopathy.

In the preamble to the laws of the "London School of Homœopathy, dated December 15th, 1876, it is stated that—*

"*The promoters of the London School of Homœopathy, believing that instruction in Homœopathic doctrines and practice is an essential part of a liberal and thorough medical education, desire to establish a school for the teaching of those departments of the art and science of Medicine which are affected by the Homœopathic Law. It is their intention to restrict their Courses of Lectures to these subjects alone, since the ordinary Medical Schools of Great Britain already supply all the teaching (except that of the Homœopathic doctrines) necessary for medical education. To remedy this deficiency the promoters provide the present school.*"

The lectures at present in the course of delivery are:

1stly. The Institutes of Homœopathy, including its Principles, History, and Literature.

2ndly. Homœopathic Materia Medica and Therapeutics.

3rdly. The Principles and Practice of Homœopathic Medicine.

4thly. Clinical instruction within the walls of the Homœopathic Hospital.

*The London School of Homœopathy hold its lectures at the London Homœopathic Hospital, 52, Great Ormond Street. It possesses a small library and museum of Materia Medica.

The London Homœopathic Hospital

The London Homœopathic Hospital is situated in Great Ormond Street, Russell Square. It possesses 74 beds (55 being occupied, the remaining beds lying empty only until funds permit of their being filled). Its medical staff consists of five registered practitioners having charge of in-patients, besides several registered medical men in attendance on the out-patients departments. It is thus capable of affording a fair amount of clinical instruction, and we claim that this institution should receive recognition as an Educational Medical Establishment. We also claim that the lectures as recorded above deserve recognition.

Claims of Homœopathic Practitioners to protection under the New Medical Act,

In any new Medical Act we submit that the claims of both lay and medical homœopaths cannot be ignored. As to the exact form of recognition I would venture to direct your attention to the following three schemes:

either formation of New Medical School

The one, the institution of a complete medical school within which the professors and teachers of medicine and surgery should be men who practised homœopathy. This scheme is adopted in the University of Boston, U S., *see Appendix V. to this Letter.*

or the appointment of Homœopathic Lecturers side by side with the ordinary lecturers;

The second scheme would involve the appointment of homœopathic lecturers and teachers in each medical school or college in addition to those of the ordinary allopathic school.

or the freedom to found private schools or lectures.

The third would involve the opening of licensed private lectureships to the whole profession, which lectures should be recognised as qualifying students to present themselves for examination before the central board, equally with lectures attended at the recognised schools. This scheme has the advantage of allowing any qualified physician or surgeon to bring forward any particular theory or practice of medicine or surgery without let or hindrance, and as opening the gates of science to new discoveries and doing away with medical monopolies, it would tend much to the true development of medicine and surgery as liberal sciences.

Fourth year's study.

There is still one other alternative, *i.e.*, that the fourth year of study, at the option of the student, might be devoted to the study of medicine and surgery either at home or abroad, provided it is carried out in some university, college, or school, recognised by the State in which it is situated, or under a physician or surgeon fully qualified and holding office in a public institution * in which the opportunities of clinical instruction are sufficiently large.

Admission of men holding foreign diplomas.

It appears to me that the present, presents a good opportunity for the international recognition not only of the lectures and practice at foreign and American colleges and hospitals but also a broader and more liberal international recognition of all foreign and American degrees where the courses of study demanded are equivalent to those adopted in this country. And that, where there exists a power to grant degrees after a shorter course of study, nevertheless such shorter term should count as equivalent to an equal term kept in this country.

I have the honour to subscribe myself,
My Lords and Gentlemen,
&c. &c. &c.,
William Bayes, M.D., Lambeth, 1850.
Extra Licentiate Roy. Coll. of Phy. (by exam.) London, 1853.
M.R.C.S., Eng., 1844.
Hon. Sec. London School of Homy.

Appendix I. to Dr. Bayes' Letter.

Clauses in the Medical Acts bearing upon the liberty granted to Physicians and Surgeons to practise any particular Theory of Medicine or Surgery, which seems to them best. *See Medical Act*, 1858, *and following*—

XXIII. In case it shall appear to the General Council that an attempt has been made by any Body, entitled under this Act to grant qualifications, to impose upon any candidate offering himself for examination an obligation to adopt, or refrain from adopting, the practice of any particular theory of medicine or surgery, as a test or condition of admitting them to examination, or of granting a certificate, it shall be lawful for the said Council to represent the same to Her Majesty's most Honourable Privy Council, and the said Privy Council may thereupon issue an injunction to such body so acting, directing them to desist from such practice; and in the event of their not complying therewith then to order that such body shall cease to have the power of conferring any right to be registered under this Act so long as they shall continue such practice.

XXVIII. If any of the said colleges, or the said bodies at any time exercise any power they possess by law of striking off from the list of such college or body the name of any one of their members, such college or body shall signify to the General Council the name of the member so struck off; and the General Council may, if they see fit, direct the registrar to erase forthwith from the register the qualifications derived from such college or body in respect of which such member was registered, and the registrar shall note the same therein: Provided always that the name of no person shall be erased from the register on the ground of his having adopted any theory of medicine or surgery.

LII. Provided always, that nothing herein contained shall extend to authorise Her Majesty to create any new restriction in the practice of medicine or surgery, or to grant to any of the said corporations any powers or privileges contrary to the common law of the land, or to the provisions of this Act, and that no such new charter shall in any wise prejudice, affect, or annul any of the existing statutes or byelaws of the corporations to which the same shall be granted, further than shall be necessary for giving full effect to the alterations which shall be intended to be effected by such new charters, and by this Act in the constitution of such corporation.

LVI. Nothing in the said Act contained shall prevent any person, not a British subject, who shall have obtained from any foreign university a degree or diploma of doctor in medicine, and who shall have passed the regular examinations entitling him to practise medicine in his own country, from being and acting as the resident physician or medical officer of any hospital established exclusively for the relief of foreigners in sickness: Provided always, that such person is engaged in no medical practice except as such resident physician or medical officer.

Remarks.

Prohibition against coercion.

It will be seen that the above clauses prevent any attempt to coerce physicians from adopting any particular theory of medicine or surgery. It is illegal to induce a candidate for admission into the profession to pledge himself to practise in any particular manner. It is also illegal for any of the colleges or licensing bodies to strike off from the list of their members the names of any who depart from the older methods of practice, and it may be thought that, practically, this would ensure sufficient liberty for all scientific purposes to physicians and surgeons.

Failure to protect.

But, by a combination, not unlike that which is adopted by the Trades' Unions, this liberty, so essential to the scientific physician, is withheld from him.

The allopathic branch of the profession tyrannises over the homœopathic in an manner exactly corresponding to the process at present known as Boycotting. As instances I would name that when the late Professor Henderson, after a most careful and scientific investigation, dared to acknowledge the truth of the homœopathic law and to practise it, his colleagues in the Edinburgh Infirmary insisted on his resigning his post of physician to that institution.

Professor Henderson.

Further, they attempted to expel him from his professorship of pathology in the University of Edinburgh, but fortunately were unable to do so, since the appointment vested in the hands of Edinburgh Town Council, which body proved more enlightened, and thus saved the spectacle of a gross scientific scandal.

Dr. Horner of Hull.

I also would direct attention to the fact that the late Dr. Horner, of Hull, President of the British Medical Association, having (the year after the passage of the Trades' Union resolutions of that association) convinced himself by experiment that the homœopathic law was correct, both in science and practice, and having carried the practice of homœopathy into the Hull Infirmary, of which he was senior physician, was also forced to resign that appointment.

The law of liberty broken.

Hence the law of the land was *made of none effect* by the byelaws of an association of general practitioners and physicians. Medical men were deterred from

* The London Homœopathic Hospital should be recognised as one of such institutions.

Social and medical penalties illegally enforced.

Homœopathy practically ostracised.

examining into a "new theory of medicine and surgery" by the knowledge that the law did not protect their liberty to practise that system of medicine which, by experiment, they knew to be true; social and medical penalties were put in force which curtailed their freedom to practise.

The study of homœopathy is practically prohibited when it is known that, if the result of an inquiry into its truth ends in its adoption into practice, even by those who are already in the position of leaders in the profession, they will be deposed from the public posts of honour and emolument held by them. No professor dares to teach homœopathy publicly from his professional chair, when he knows that to do so will end in the loss of his professional position.

It is felt that the considerable body of educated physicians and surgeons who have dared, in spite of professional ostracism, to openly profess their convictions of the truth and practical advantages of the law of homœopathy, are placed at an unfair disadvantage; while the medical law of this country theoretically gives them scientific liberty, yet practically it allows the majority to tyrannise over the minority, and permits the spirit of the law to be violated and set at naught.

Violation of the Law.

Furthermore, while the older colleges and teaching bodies refuse to give instruction in homœopathy, it is felt a hardship that there is no provision made for its teaching by a new medical school, and at the same time the physicians and surgeons, carefully educated in the foreign universities and colleges, are precluded by clause lvi. of the Medical Act from practising in this country except "as resident physician or medical "officer in a hospital established exclusively for the "relief of foreigners in sickness."

I append an analysis of the degrees, diplomas, and licenses under which the homœopathic medical men at present practising in Great Britain and Ireland to the number of 269 names. These are entered in the Homœopathic Directory for the year 1881. I also show, at the foot of the list quoted, the distribution of these practitioners in 20 of the principal cities and towns in this country.

Appendix II. to Dr. Bayes' Letter.

List showing the Diplomas and Degrees held by Medical Men (269 in all) practising Homœopathy in Great Britain and Ireland in 1881.

M.D.		M.B.		L.R.C.P.		F.R.C.S.		L.M.		C.M.		L.A.H.	
London	3	Lond.	8	Lond.	23	Eng.	1	Eng.	6	Edin.	10	Dub.	3
Durham	1	Edin.	10	„ „ Edin.	41	M.R.C.S. „	133	„ Edin.	14	„ Aber.	15	L.A.C. Eng.	1
Edinburgh	41	Aber.	12	F.R.C.P. Edin.	2	L.R.C.S. Edin.	33	„ Glas.	4		—	L.S.A. Lond.	59
Lambeth	2	Glas.	2	L.K.Q.C.P. Ire.	6	L.M.C.S. „	2	„ Ire.	7		25		—
Aberdeen	19	Dub.	5	M.R.C.P. Lond.	1	M.R.C.S. „	5		—		—		63
Glasgow	10	Vienna	1		—	L.F.P.S. Glas.	10		31				—
St. Andrew's	28		—		73	F.R.C.S. Dub.	1		—				
Dublin	1		38		—	L.R.C.S. Ire.	6						
M'Gill College, Montreal, Canada	1		—			F.R.C.S. Edin.	1						
Philadelphia	5					L.F.P.S. Ontario	1						
Cleveland, U.S.	3						—						
New York	2						193						
Cincinnati	1												
Pennsylvania	1												
Boston	1												
Erlangen	8												
Brussels	1												
Prague	1												
Jena	1												
Berlin	1												
Heidelberg	1												
Leipsic	1												
Pavia	1												
Havana	1												
	135												

List showing the Numbers of Homœopathic Practitioners in 20 large towns and cities.

Number of Homœopathic Practitioners in the larger towns of Great Britain in 1881.

London - 89	Birmingham 7	Hull - 3	Sheffield - 4	Norwich - 2	Edinburgh - 4	Dublin - 3
Liverpool - 15	Bath - 4	Leeds - 2	Nottingham - 3	Oxford - 2	Glasgow - 5	Belfast - 2
Manchester - 8	Brighton - 9	Leicester - 4	Northampton 3	Rochdale - 2	Dundee - 2	

Total in 20 large towns - - 173
„ in small towns or country - 96
} Total 269.

Appendix III. to Dr. Bayes' Letter

Present State of Homœopathy.

England—By Dr. Pope.

(Abridged from the reports of the International Homœopathic Convention held in London, July 1881.)

The institutions which may be made useful for the teaching of homœopathy are:

1. The London Homœopathic Hospital which may be made available at a small expense to contain 75 beds (at present the average number of beds occupied is 55; the average number of cases treated during the year is about 500; the death rate for 10 years averaged 3 per cent.)

2. The London School of Homœopathy (which has just reached the fifth year of its existence) possesses a small museum of Materia Medica, a small medical library, and has established the following lectureships:—

(*a.*) A Hahnemannian lectureship forming the introductory lecture to the winter session.

(*b.*) A course of lectures in the summer session on the Institutes of Homœopathy, including its principles, history, and literature.

(*c.*) A course of homœopathic Materia Medica and Therapeutics delivered during the winter session.

(*d.*) A course of lectures on principles and practice of homœopathic medicine, extending over both summer and winter sessions.

These lectures are delivered by registered physicians.

It is intended to add Clinical lectures as soon as arrangements can be made.

The number of students attending during the session averages from 14 to 16.

There is a small Homœopathic Hospital in Birmingham, another in Bath, and a large and important Dispensary in Liverpool; these would all be available for practical instruction in Homœopathy.

Appendix IV. to Dr. Bayes' Letter.

THE LONDON SCHOOL OF HOMŒOPATHY.

(*Founded in* 1876.)

1881.

RULES AND LAWS.

List of Officers.

President:

The Right Hon. Lord Ebury.

Treasurer:

Major William Vaughan Morgan.

Trustees:

J. B. Crampern, Esq.
Vice-Admiral G. T. Gordon.
A. R. Pite, Esq.

Honorary Secretaries:

William Bayes, M.D.
C. Lloyd Tuckey, M.B.

Committee and Medical Council:

The Right Hon. the Earl of Denbigh,
Major William Vaughan Morgan, London,
J. B. Crampern, Esq., Upper Tooting,
A. R. Pite, Esq., London,
F. Rosher, Esq., London,
H. R. Williams, Esq., London,
and others.

The President, Treasurer, Trustees, and Honorary Secretaries are "ex-officio" members of the Committee and Council.

The Medical Council consists of the whole body of Medical Governors.

RULES AND LAWS.

Preamble.

The promoters of the London School of Homœopathy, *believing that instruction in Homœopathic doctrines and practice is an essential part of a liberal and thorough medical education, desire to establish a School for the teaching of those departments of the art and science of medicine which are affected by the Homœopathic Law.*

I.

That the School of Homœopathy formed in London has for its title "The London School of Homœopathy."

II.

That the objects of the School shall be to afford sound teaching of the principles and practice of Homœopathy, (*a*) of its Institutes, including its principles, history and literature; (*b*) of its Materia Medica; (*c*) its Therapeutics, and of their application in Clinical Medicine, to such members and students of the Medical profession as may desire to be instructed therein.

III.

All subscribers of one guinea and upwards shall be governors of the school during each year in which their subscription is paid. Donors of 10*l.* and upwards shall be life governors for five years. The governors shall be classed as medical governors and non-medical. Each governor shall be entitled to one vote after having subscribed for six months. The medical governors shall consist of physicians and surgeons elected annually by the committee and council.

IV.

The officers of the school shall consist of a president, trustees, a treasurer, a committee of management and medical council (acting conjointly), and honorary secretaries, all of whom shall be elected annually at a general meeting of the governors. They shall be eligible for re-election.

V.

That the school shall provide—

1. A lectureship on the Institutes of Homœopathy, including its principles, history, and literature.
2. On Homœopathic Materia Medica and Therapeutics.
3. On the principles and practice of Homœopathic Medicine.
4. Such other lectureships as may from time to time appear to the committee to be desirable.
5. A Clinical lectureship, or lectureships, to be filled by a lecturer or by lecturers appointed from the medical officers of the London Homœopathic Hospital, or of some other hospital or dispensary in which homœopathy is practised in a manner satisfactory to the committee and council of the school.

To these lectureships salaries may be attached.

VI.

The lecturers shall be elected by the committee and council, and where there is more than one candidate approved as fit for the post, there shall ensue a general election (of which four days' notice at least shall be given), each governor having a vote, and that candidate shall be chosen who receives the greatest number of votes. All such elections must be ratified at the next ensuing general meeting. All elections shall be by personal vote of those governors present, and by letter, addressed to the honorary secretary, from those absent.

VII.

The lecturers and all other medical officers connected with the school shall hold their lectureships and offices for two years; they shall be eligible for re-election.

VIII.

The committee of management and council shall be elected at the annual general meeting of the governors. The general management of all the financial and business affairs of the school shall rest in its hands, subject to the control of the annual general meeting, or of a special general meeting. Three members to form a quorum. If after waiting 15 minutes no quorum shall be formed then two shall form a quorum.

IX.

The president, treasurer, and honorary secretaries shall, *ex officio*, be members of the committee and council of management.

X.

The general meeting of the governors of the school shall be held once in each year, on or about the 10th of April, commencing in April 1883.

XI.

A special general meeting of the governors of the school may be called on the written requisition of three governors. Such requisition must have been duly notified to the committee of management at one of its usual meetings by a letter addressed to the chairman one clear week at least before the committee meeting, and must state the reason for the summons.

XII.

No rule or law can be added to the above, or abrogated, or changed, without the consent of a general meeting.

Form of Bequest to the London School of Homœopathy.

I give and bequeath unto the Treasurer for the time being of the "LONDON SCHOOL OF HOMŒOPATHY," formed in London on the 15th day of December 1876, the sum of pounds of British money, to be paid within months after my decease, exclusively out of such part of my personal estate, not hereby specifically disposed of, as I may by law bequeath to charitable purposes, and I hereby lawfully charge such part of my estate with the said sum upon trust to be applied towards the general purposes of the said school; and I direct that the receipt of the treasurer, or the reputed treasurer for the time being, of the said school, shall be a sufficient discharge for the said legacy.

If a testator wishes the legacy to be paid free of duty, he will add the following words to the above form:—And I direct that the legacy duty upon the said legacy be paid by my executors out of the same fund.

N.B.—Devises of land, or of money charged on land, or secured on mortgage of lands or tenements, or to be laid out in lands or tenements, or to arise from the sale of lands or tenements are void; but money or stock may be given by will, if not destined to be laid out in land.

The following New Rules were passed at a Special Meeting of the London School of Homœopathy, December 15, 1881:

No. 1.

"That any student who has diligently attended the lectures during one winter or one summer session of the School, and who has passed, satisfactorily, an examination in the Principles, Materia Medica, and Practice of Homœopathy, and a clinical examination in the hospital wards, shall be awarded the diploma of 'Licentiate in Homœopathy,' and shall be entitled to add 'L.H.' to such titles qualifying him to practise as he may possess or hereafter obtain."

No. 2.

"Physicians and Surgeons who are of good repute, and who have practised Homœopathy for five consecutive years preceding the 25th of December 1881, may be elected, without examination, to the title of L.H., provided they apply to the Medical Council of the London School of Homœopathy for such license before the end of December 1883, and are elected by the vote of the majority of the members of the Medical Council."

APPENDIX V. TO DR. BAYES' LETTER.

UNITED STATES—BY PROFESSOR TALBOT.

(Abridged from the Reports of the International Homœopathic Convention, held in London, July, 1881.)

This country has upwards of 6,000 homœopathic practitioners, 26 organised State societies, more than 100 local societies, 38 hospitals, 40 dispensaries, 11 medical colleges, and 17 journals.

The American Institute of Homœopathy was the first National Medical Society in America; it was established in 1844. The institute is now divided into departments called Bureaux; at present these Bureaux are arranged as follows:—

1. Materia Medica, Pharmacy, and Provings.
2. Clinical Medicine.
3. Surgery.
4. Obstetrics.
5. Gynæcology.
6. Pœdology,
7. Anatomy, Physiology, and Pathology.
8. Othalomogy, Otology, and Laryncology.
9. Microscopy and Histology.
10. Psychological Medicine.
11. Sanitary Science, Climatology, and Hygiene.
12. Organisation, Registration, and Statistics.

Of the STATE SOCIETIES, *seventeen have received Acts of Incorporation from their several States*; the oldest State society was organised in Massachusetts in 1840, and was incorporated by the State Legislature in 1856.

HOSPITALS: The Pittsburg Homœopathic Hospital contains about 40 beds and annually provides for from 300 to 400 patients.

The hospital at Cleveland, Ohio, has 38 beds, and a college is attached.

In 1870 a Homœopathic Hospital was opened at Chicago.

The Massachusetts Homœopathic Hospital, also opened in 1870, has just received from the city of Boston a grant of land valued at $25,000.

New York has granted to the Homœopaths, Ward's Island Hospital, capable of holding 600 beds, and pays all its expenses.

New York has erected at a cost of $500,000 a Homœopathic Asylum for the insane at Middlesex. The State, besides supporting the asylum, has this year voted $175,000 for the erection of an additional building; the asylum will then be capable of receiving 350 inmates.

The following is the order in which the 11 COLLEGES were opened:

In 1848, the Philadelphia College; (in 1869 it was merged into the Hahnemann Medical College, Philadelphia, Pa.).

In 1849, the Homœopathic Hospital College, Cleveland, Ohio.

In 1858, the Homœopathic Medical Colleges of Missouri, changed in 1880 to St. Louis' College of Homœopathic Physicians and Surgeons.

In 1859, the New York Homœopathic Medical College.

In 1859, the Hahnemann Medical College and Hospital, Chicago.

In 1860, the New York Medical College and Hospital for Women.

In 1862, the Pulte Medical College, Cincinnati, Ohio.

In 1873, Boston University School of Medicine.

In 1875, Michigan University Homœopathic Medical Department, Ann Arbor, Mich.

In 1876, Chicago Homœopathic College.

In 1878, Iowa University Homœopathic Department, Iowa City, Ia.

Homœopathic Colleges were among the first, if not the very first to require a preliminary examination or matriculation. They were also the first to establish a graded course of study, with yearly examinations. They were also the first to require three full years of attendance in the College, and the first to establish a four years' course.

The average accession of physicians graduating annually from the homœopathic schools in America amounts to 290 physicians.

(The above will show that the obtaining degrees from the homœopathic colleges in America is surrounded by greater difficulties than are opposed to obtaining them from the allopathic. W.B.)

Appendix VI. to Dr. Bayes' Letter.

Canada.—By Dr. Logan.

(Abridged from the Reports of the International Homœopathic Convention, held in London, July, 1881.)

In 1858, Parliament was petitioned for a legal right to practise. An Act was passed by the Ontario Legislature entitled "An Act respecting Homœopathy," under which the Homœopathic Medical Board of Ontario was established, with power to examine and recommend to the Governor General properly qualified medical men to practise homœopathy in Ontario. A medical board consisting of five homœopathic medical men was formed. Ultimately the Board was incorporated into the Ontario Medical Council in 1869.

In 1870 the Ontario Medical Council was composed of one representative from each of the teaching bodies in medicine. The schools sent seven, general profession 12, homœopathists 5, and eclectics 5; afterwards one more was added, making in all 30 members composing the Medical Council.

Under an amended Medical Act a new election took place in 1875, five homœopathic representatives were elected, the five eclectic members were absorbed into the general profession. Our men have received a fair share of the offices and honours of the council from 1875 to 1880. Dr. Campbell, homœopathist, was elected Vice-President in 1876–7 and President in 1879. Dr. Logan, also a homœopathist, was elected Vice-President in 1880.

We have two examiners, one for our speciality (homœopathic examiner), one on one of the general subjects so far, there have been:—

Surgical Pathology, Physiology, Poxicology, Medical Jurisprudence.

The course of studies is as follows: The homœopathic student, in common with all students, must matriculate before the examiner appointed by the Council on all the subjects included in the matriculation of the Council; having passed successfully he is registered as a medical student; *he has then the option of pursuing his studies in this country or outside it, provided the college he selects is approved by the homœopathic members of the Council, and in any case the time spent at winter lectures must correspond to the time exacted of all students* by the Council, as shown by his certified tickets of attendance on lectures. He must take all the examinations of the Council in the same room with the other students. His homœopathic papers are known only to the registrar, by whom they are numbered and returned to the homœopathic examiner who has entire control over them; this ensures perfect fairness.

(The above method of giving fair representative power to homœopathic medical men within the Medical Council, and of ensuring a fair examination to students desiring to practise homœopathy, would do much to satisfy the claims of the homœopathists, both lay and medical, in Great Britain and Ireland. W.B.)

Appendix VII. to Dr. Bayes' Letter.

Spain.

(Condensed from the Reports of the International Homœopathic Convention, held in London, July, 1881.)

In Madrid, Dr. Nuñez, by royal permission, founded the homœopathic hospital and institute of St. Joseph, in 1850, and arrangements were made for the appointment of professors and examiners in the following subjects, viz.:

The Institutes of Homœopathy,
Materia medica and Therapeutics.
Pathological Medicine and Surgery.
Clinical Medicine and Surgery.

The title of "Homœopathic Doctor" was to be given to the students who passed an examination and obtained a certificate of competency in the subjects studied.

Queen Isabella created Dr. Nuñez a Marquess and Grandee of Spain. He died at the end of 1879.

INDEX TO THE MINUTES OF EVIDENCE OF INDIVIDUAL WITNESSES.

ACLAND, H. W., M.D.:
- Buccleuch compromise, 164–8.
- Complete qualification, 15–6.
- Education:
  - Curriculum, 63–6, 101.
  - Freedom, 48–50, 96.
  - Improvement, 51.
  - Preliminary, 116–20.
- Examination:
  - Admission, 67–79, 103–4.
  - Combined Corporation, 172–3.
  - Improvement, 51.
  - Minimum standard, 134–41.
  - Preliminary, 34, 85–8.
  - Professional, 34–8, 80–6, 89–96, 160–78.
  - Rules, 38.
  - Uniformity, 38–9.
  - Visitation, 147–50.
- Examiners:
  - Appointment, 22.
  - Assessors, 27–31.
  - Supply, 26.
- Foreign and Colonial practitioners, 58–61, 105–13, 121–33.
- Oxford University, 138, 146.
- Medical Council:
  - Committees, 43–6, 99, 144–5, 182–93a.
  - Constitution, 42, 182–3, 198–204.
  - Finances, 44, 99.
  - Laymen, 42.
  - Numbers, 10–3, 42, 179–82, 193a–201.
  - Payment of members, 42–4.
  - Powers and functions, 32, 34, 38–9, 46, 52–62, 68, 100, 115–26, 135–8, 143–5, 184–91.
  - Reporters, 42, 97–8.
  - Visitation, 51.
- Schemes (licensing), 22–5, 151–78.
- Titles, 134, 137, 146.

ARMSTRONG, L., M.D.:
- Durham University:
  - Curriculum, 4439–40.
  - Examinations, 4424–31, 4547–8, 4569.
  - Fees, 4460.
  - Newcastle School, 4465–71, 4547–8.
  - Residence, 4454.

BARTON, J. K.:
- Affiliation, 5015, 5066–7.
- Complete qualification, 4988, 5039–41, 5080.
- Education:
  - Curriculum, 4986–7, 5023–8.
  - Lectures, 5077–9.
- Examination:
  - Inequality, 4986–7.
  - Preliminary, 5095–7.
  - Professional, 4988–90.
  - State, 5018–21, 5066–7.
  - Superadded final, 5018–21.
  - Uniformity, 4986–7, 5017, 5035.
  - Visitation, 5041–2.
- Examiners:
  - Appointment, 5031, 5082–9.
  - Peripatetic, 5032–5.
- Medical Authorities:
  - Apothecaries (Dublin), 5062, 5030, 5068–9, 5092.
  - Competition downwards, 5018–9.
  - Dublin University, 4991–7.
  - Pecuniary loss, 4987, 5010–5, 5066–7.
  - Physicians (Ireland), 5068–9.
  - Queen's University, 4995–8, 5060–1.
  - Surgeons (Ireland):
    - Curriculum, 5022–8, 5049–53, 5077–9.
    - Dental candidates, 5099–106.
    - Examinations, 5043–7.
    - Fellows, 5064, 5074–6.
    - Licentiates, 5056–9.
    - Members, 5064–5.
    - Museum, &c., 5010–5.

BARTON, J. K.—*cont.*
- Medical Council:
  - Constitution, 5092–4, 5098.
  - Powers and functions, 4999, 5088–91.
  - Recommendations, 4999–5001, 5023–8, 5048–53, 5077, 5090–1.
  - Representation on:
    - Crown, 5002.
    - Medical Authorities, 5002, 5092–4.
    - Profession:
      - Direct, 5004–9, 5036–8.
      - Indirect, 5003–4, 5054–6, 5074–6.
  - Visitation, 5041–2, 5088–9.
- Schemes (licensing), 4988–90, 5016–21, 5029–33, 5039–42, 5060–2, 5066–7, 5080–9.
- Titles, 5015, 5020, 5063–5, 5067.

BILLINGS, DR. (U.S.A.):
- Foreign and Colonial practitioners:
  - Foreign titles, 4865, 4889–90.
  - Reciprocity, 4888.
  - Registration, 4841–9, 4888–9.
- United States:
  - Army and Navy appointments, 4869–79.
  - Bogus diplomas, 4850–3, 4889.
  - Curriculum, 4827–9.
  - Dental surgery, 4854–60a.
  - Harvard University, 4828, 4841–2, 4859–61, 4890.
  - Pennsylvania University, 4852–61.
  - Philadelphia University, 4852–4.
  - Registers, 4830–6.
  - Schools, 4843–4, 4890–2.
  - State license, 4882–7.
  - Supervision, 4862–4, 4883–7.

BYASS, T. S., M.D.:
- Examination:
  - Preliminary, 2881–2.
- Medical Authorities:
  - Apothecaries (London):
    - Admission, 2862.
    - Constitution, 2862, 2867–71.
    - Examinations, 2865, 2880–3, 2887–91, 2898–909, 2937–42, 2951–65, 2972–4.
    - Examiners, 2866, 2872–8, 2884–902, 2924–5, 2930–6.
    - Fees, 2903–4, 2929, 2943–50.
    - Finances, 2911–29.
    - Licentiates, 2862, 2879, 2948–51, 2975–9.
    - Trading, 2862.
  - Physicians (London), 2862, 2883, 2958–71.
  - Surgeons (Eng.), 2951–61.
- Memorandum (*Extract from evidence proposed to be given before the Select Committee*), 2862.

COLLINS, T.:
- Education:
  - Lectures, 5779.
- Examinations:
  - Fees, 5708.
  - Improvement, 5775–8, 5782–3.
  - Preliminary, 5706–7.
  - Professional, 5708, 5775–84.
  - Uniformity, 5708.
- Examiners:
  - Appointment, 5705, 5708.
  - Teachers and pupils, 5794.
- Medical Authorities:
  - Apothecaries (Dublin):
    - Examinations, 5702, 5774–84.
    - Examiners, 5697–702, 5785–94.
    - Extinction, 5715–8, 5724.
    - Fees, 5712, 5759–66.
    - Licentiates, 5692–6, 5703, 5723, 5725–37.
    - Trading, 5717–22, 5725, 5751–2, 5767–70.
    - Use and importance, 5722, 5744–56.
  - Extinction, 5715–8, 5724.
  - Surgeons (Edin.), 5753, 5757.

COLLINS, T.—*cont.*
Medical Council:
Constitution, 5714.
Numbers, 5714.
Powers and functions, 5704–5.
Representation on:
Crown, 5714.
Medical authorities, 5714.
Profession:
Direct, 5714.
Visitation, 5774–84.
Memorandum (*Digest of the history, status, and rights of the Irish Apothecaries*), 5691.
Schemes (licensing), 5704–11, 5771–3.

COOKE, T.
Affiliation, 4923–7.
Complete qualification, 4945–8.
Education:
Curriculum, 4972.
Foreign, 4978.
Freedom, 4950–1.
Preliminary, 4973–9.
Professional, 4928–37, 4972.
Schools, 4914–5, 4930–7, 4950.
Teachers, 4930–4.
Examination:
Inefficiency, 4911–2.
Inequality, 4899–912, 4938–9, 4953–69.
Uniformity, 4919.
Foreign and Colonial practitioners, 4970–1.
Medical Authorities:
Apothecaries (London), 4911–2.
Competition downwards, 4916, 4924.
Durham University, 4964–6.
St. Andrew's University, 4912, 4963–9.
Scottish Corporations, 4899–910, 4956–60.
Surgeons (Eng.), 4902–3, 4961–2.
Medical Practitioners:
Incompetence, 4912, 4940–4.
Migration of students, 4904–7, 4950–8.
Schemes (licensing), 4917–24, 4945–8.

CRICK, F. W.:
National Association of Medical Herbalists:
Constitution, proceedings, &c., 6635–46, 6683–93.
Curriculum, 6708–11.
Disabilities and relief sought, 6647–80, 6712–5, 6731–41.
Examinations, 6640, 6645–6, 6680–707, 6720, 6724–30.
Examiners, 6642, 6682, 6690–1, 6700.
Practice, 6716–28.
Unlicensed practice, 6649–56, 6717–28.

EDGELOW, T.:
Association of Surgeons practising dental surgery, 6403–6, 6430.
British Dental Association, 6439.
Dental titles, 6416–26, 6431–2, 6438–9.
Dentists' Act, 6414–29, 6433–9.
Dentists' Register, 6417, 6422, 6433–9.
Medical Council:
Constitution, 6411–3.
Powers and functions, 6414.
Representation on:
Dentists, 6409–10.

ERICHSEN, J. E.:
Affiliation, 601–4, 657–8, 677–82, 792–7.
Complete qualification, 554, 648, 686–8.
Education:
Curriculum, 781–91.
Professional, 605–8.
Schools, 605–8.
Examination:
Admission, 784.
Combined Corporation, 695–703.
Inequality, 562, 740–5.
Preliminary, 581–6, 593, 772–80, 786–91, 819–23.
Professional, 587–97, 833–40.
Publicity, 572–3, 833–6.
Rules, 609.
Uniformity, 562, 659, 751.
Visitation, 751–2.

ERICHSEN, J. E.—*cont.*
Examiners:
Appointment, 557–61, 563–4.
Assessors, 571–80, 770–1, 825.
Peculiarities, 593.
Peripatetic, 659–60.
Supply, 660, 738, 806.
Teachers and pupils, 573–6, 761–71, 825–30.
Foreign and Colonial practitioners, 628–32.
Medical Authorities:
Apothecaries (London), 656–8, 740–5.
Extinction, 656–8, 675–80.
Pecuniary loss, 792–7.
Surgeons (Eng.):
Examinations, 555–6, 704, 727–37, 740–5, 828–9, 836–40.
Fees, 705–6.
Fellows, 621–4, 721–6.
Finances, 707–10, 719–20.
Medical Council:
Laymen, 643–7.
Numbers, 614–5, 810.
Powers and functions, 563–4, 585–6, 609–13, 631–9, 773, 781–2.
Reporters, 809.
Representation on:
Medical Authorities, 615–8.
Profession:
Direct, 619–27, 640, 665–9, 812–8.
Indirect, 620–4, 641–2, 662–4.
Midwifery, 556.
Schemes (licensing), 649–58, 670–9, 686–704, 711–20, 738, 746–56, 792–808.
Titles, 683–5, 792–7.
Unlicensed practice, 633–8.

FINNY, J. M., M.D.:
Affiliation, 5270–1, 5294, 5296, 5302, 5333–4, 5352.
Army and Navy Medical Board, 5306–8, 5345.
Complete qualification, 5279, 5291–4, 5302, 5305, 5307, 5352, 5391–8, 5410.
Education:
Curriculum, 5292, 5299, 5302.
Improvement, 5276.
Examination:
Admission, 5294, 5396.
Combined corporation, 5300, 5396–8.
Cost, 5361–3.
Fees, 5292, 5295, 5299, 5302, 5309–26, 5355–73, 5386–8.
Improvement, 5276.
Minimum standard, 5292, 5302, 5346–7, 5354, 5412.
Professional, 5299.
Publicity, 5266.
State, 5294, 5306–8, 5335–53, 5360–70, 5374–85, 5389–96, 5403–12.
Superadded final, 5306–8, 5351–2.
Uniformity, 5292, 5299, 5302, 5354, 5412.
Visitation, 5283–4.
Medical Authorities:
Apothecaries (Dublin), 5345.
Apothecaries (London and Dublin), 5288.
Competition downwards, 5302.
Corporations, 5413.
Dublin University, 5413–9.
Extinction, 5339–40.
Faculty (Glasgow), 5288.
Pecuniary loss, 5351–2.
Physicians (Ireland):
Charters, 5244.
Constitution, 5249.
Curriculum, 5259–61.
Examinations, 5257–8, 5262–8, 5272–5, 5304.
Examiners, 5250, 5266, 5322–5.
Fees, 5322–6.
Fellows, 5252, 5255.
Irish schemes, 5300–2.
Lectures, 5259–61.
Licentiates, 5254, 5256–7, 5262–75.
Members, 5253.
School of Physic, 5245–7.
Sir Patrick Dun's Hospital, 5245–8.
Physicians (London), 5413–4.
Queen's University, 5419.
Scottish Universities, 5419.
Surgeons (Ireland), 5413.
Universities and Corporations, 5413.

FINNY, J. M., M.D.—*cont.*
Medical Council:
Complaints against, 5276–84, 5290.
Constitution, 5279, 5283, 5285–8.
Laymen, 5327–9.
Numbers, 5287–8.
Powers and functions, 5276–7, 5279–81, 5284, 5289–94, 5297, 5312, 5354.
Representation on:
Crown, 5288, 5327.
Medical Authorities, 5283, 5288, 5327–32.
Profession:
Direct, 5285–7, 5327.
Indirect, 5285–6, 5327.
Visitation, 5275, 5283–4, 5290.
Midwifery, 5259, 5272–4.
Migration of students, 5302, 5310–6, 5357, 5386–8.
Schemes (licensing), 5290–318, 5333–413.
Titles, 5252–5, 5302, 5419.
Unlicensed practice, 5406–7.
Women (medical), 5269, 5274.

FRASER, PROFESSOR.
Complete qualification, 6259–62, 6270, 6336–7.
Examination:
Combined corporation, 6260–3, 6270, 6273.
Combined university, 6278.
Fees, 6338.
State, 6338.
Superadded final, 6268, 6338.
Visitation, 6263–7.
Examiners:
Appointment, 6279–86.
Supply, 6338.
Medical Authorities:
Corporations, 6328–37.
Edinburgh University:
Examiners, 6281–4, 6319–27.
Governing Body, 6280.
Queen's University, 6319.
Scottish Universities, 6319–27.
Surgeons (Ireland), 6312–8.
Universities and Corporations, 6256–63, 6270–86, 6292–304.
Medical Council:
Powers and functions, 6266–7.
Representation on:
Profession:
Indirect, 6305–11.
Medical practitioners:
Supply, 6338.
Memorandum (*Examinations at Edinburgh University. Scheme*), 6253.
Schemes (licensing), 6253–304.

GAIRDNER, PROFESSOR:
Buccleuch compromise, 4756, 4773–5, 4809–11.
Complete qualification, 4750–1, 4776–7.
Education:
Curriculum, 4795.
Professional, 4792–5.
Examination:
Combined Corporation, 4750, 4776–80.
Inequality, 4802–7.
Minimum standard, 4795–9.
Professional, 4772.
Visitation, 4762.
Examiners:
Remuneration, 4768–9, 4813–6.
Supply, 4768.
State payment, 4773, 4813–5.
Teachers and pupils, 4750.
Medical Authorities:
Competition downwards, 4802–7.
Glasgow University, 4750.
Scottish Universities, 4750, 4787–99.
Surgeons (Eng.), 4799.
Medical Council.
Powers and functions, 4750.
Representation on:
Medical authorities, 4750, 4787–9.
Profession:
Direct, 4800–1.
Memorandum (*Education, examination, and degrees at Glasgow University. Criticisms on schemes. Medical Council.*) 4750.
Schemes (licensing), 4752–83, 4790–9, 4808–12, 4823–4.
Titles, 4753–4.

GAMGEE, SAMPSON:
Birmingham memorial, 3206, 3345–57, 3383–4.
British Medical Association, 3350–1, 3354–7.
Complete qualification, 3267–8.
Education:
Apprenticeship, 3264–5.
Curriculum, 3255–65.
Foreign, 3319.
Grinding, 3250–4, 3316–20.
Professional, 3309–22.
Examination:
Inefficiency, 3228–32, 3273–8, 3373–5.
Inequality, 3227–32, 3273–6, 3283, 3373–4.
Preliminary, 3305–7.
Professional, 3270–304.
State, 3271–304, 3367–72.
Superadded final, 3295–9.
Uniformity, 3226–7, 3233.
Examiners:
Appointment, 3234–5, 3368–9.
Peripatetic, 3414.
Medical Authorities:
Apothecaries (London), 3276.
Apothecaries (London and Dublin), 3214.
Competition downwards, 3273–8, 3291, 3299–300.
Faculty (Glasgow), 3214, 3276.
Scottish Corporations, 3228–32, 3276.
Medical Council:
Complaints against, 3386–7, 3404.
Numbers, 3210–7, 3246–8.
Powers and functions, 3218–23, 3307–8, 3343–4, 3358–61, 3397–412.
Representation on:
Medical Authorities, 3211–5.
Profession:
Direct, 3207–9, 3236–48, 3342–58, 3361–6, 3384–90, 3402–11.
Indirect, 3207–8, 3351–2, 3384, 3391–2.
Schools, 3413.
Visitation, 3307.
Medical practitioners:
Incompetence, 3229–31, 3278, 3374–5.
Memorandum (*Birmingham memorial. Medical Council. Licensing System. Unlicensed practice*), 3206.
Migration of students, 3228–32, 3373–5.
Schemes (licensing), 3224–7, 3233–5, 3270–308.
Unlicensed practice, 3221–3, 3323–42.

GLOVER, J. G., M.D.:
Army and Navy Medical Board, 2170–2.
Complete qualification, 1899, 2092.
Education:
Cost, 2186–9.
Curriculum, 2074–80.
Lectures, 2079.
Examination:
Combined corporation, 1973–9.
Cost, 2194–201.
Fees, 2176–8, 2189–201.
Inequality, 1900, 1975–9, 2088–9, 2201–2.
Minimum standard, 2088–90, 2202.
Preliminary, 1920–9, 2039–57, 2164–7.
Rules, 1954, 1989–90.
State, 2157–202.
Superadded final, 2156, 2177–85, 2206–7.
Uniformity, 1901–3, 2088–90.
Examiners:
Peripatetic, 2135.
Medical Authorities:
Amalgamation (sec. 50 of Medical Act, 1858), 1962–3.
Apothecaries (Dublin), 2190–1.
Apothecaries (London), 1942–3, 2220–4.
Apothecaries (London and Dublin), 1909.
Competition downwards, 1979, 2201.
Edinburgh University, 2114.
Extinction, 1909, 1961–4, 2160–3, 2220–7.
Faculty (Glasgow), 1909, 1961–6.
Pecuniary loss, 2160–2.
Physicians (Edin.), 1979, 2110–1, 2242.
Physicians (London), 1942, 1980–6, 2110.
Scottish Corporations, 1918–9, 1979, 2026–7.
Surgeons (Edin.), 1979, 2026–38, 2126–30, 2133.
Surgeons (Eng.), 1918, 1970–3, 2015, 2099–103, 2124–7, 2133.

GLOVER, J. G., M.D.—*cont.*
Medical Council:
Complaints against, 1911–37, 1949, 1986–8, 1993–2069, 2073, 2085–7, 2097–8, 2136, 2174.
Constitution, 1986–8, 2215.
Numbers, 1939–40, 2209–10, 2213, 2219–20.
Powers and functions, 1905–7, 1912–4, 1936–7, 1947–59, 1989, 1997–2013, 2078, 2164–5, 2232–5, 2239–41.
Recommendations, 1913, 1929–32, 2074–7, 2137–9, 2164–5.
Reporters, 2211–2.
Representation on:
Medical authorities, 1938, 1988, 1991–2.
Profession:
Direct, 1941–2, 1945–6, 2208–9, 2214–9, 2228.
Visitation, 2275–7*a*.
Midwifery, 1944, 1970, 2097–105.
Schemes (licensing), 1902–10, 1932–6, 2058–69, 2131–2, 2155–63, 2168–207, 2223–7.
Titles, 1917–20, 1997–2038, 2083–7, 2109–30, 2242.
Unlicensed practice, 1949–52, 1967–8, 2229–41.

GREENWOOD, PRINCIPAL:
Examination:
Minimum standard, 6586, 6624–5.
Uniformity, 6583.
London University, 6620–2.
Medical Council:
Numbers, 6599.
Representation on:
Medical Authorities, 6600–1.
Memorandum (*Grant of Medical Degrees by Victoria University*), 6602.
Schemes (licensing), 6585–7, 6593–5, 6618–26.
Titles, 6585–6.
Victoria University:
Degrees, 6578–80, 6588.
Examiners, 6590, 6611–7.
Medical Schools, 6603–10.
Representation, 6598–601.
Residence, 6597.
Students, 6592.

HALDANE, D. R., M.D.:
Affiliation, 2793–9, 2847–56.
Appendix (*Rejections at final examinations of Royal College of Physicians, Edin.*), *page* 143.
Complete qualification, 2629, 2781.
Education:
Apprenticeship, 2722–31, 2828–30.
Curriculum, 2618–28, 2632, 2737–40, 2743, 2817–30, 2843–6.
Professional, 2623–5.
Teachers, 2656, 2741–2.
Examinations:
Combined Corporation, 2651, 2782.
Combined University, 2652.
Improvement, 2633.
Inequality, 2775–80.
Minimum standard, 2630–3, 2736–9, 2803–5, 2840.
Preliminary, 2660–6, 2811–6, 2857.
State, 2784–802, 2808–10.
Uniformity, 2630–5.
Visitation, 2633–4, 2804–9, 2835–8.
Examiners:
Appointment, 2642–4.
Supply, 2810.
Teachers and pupils, 2652.
Medical Authorities:
Amalgamation (sec. 50 of Medical Act, 1858), 2677–80.
Apothecaries (London and Dublin), 2668.
Durham University, 2668.
Edinburgh University, 2631, 2700–21.
Faculty (Glasgow), 2675–80.
Physicians (Edin.):
Curriculum, 2743.
Examinations, 2618–22, 2631, 2681–99, 2713–20, 2840–2.
Examiners, 2681–2.
Scottish Corporations, 2651.
Scottish Universities, 2622, 2639–47.
Surgeons (Eng.), 2688–95, 2831–4.
Universities and Corporations, 2653–62.

HALDANE, D. R., M.D.—*cont.*
Medical Council:
Constitution, 2668.
Number, 2672.
Powers and functions, 2632, 2667.
Representation on:
Medical Authorities, 2668, 2672–6.
Profession:
Direct, 2669–72.
Visitation, 2633–4, 2744–5, 2835–9.
Memorandum (*History of the Royal College of Physicians, Edin. Observations on Sir Dominic Corrigan's evidence before the Select Committee*), *page* 129.
Schemes (licensing), 2636–66, 2732–6, 2744–60, 2787–802.
Titles, 2792–3, 2799–802, 2854–6.

HARDY, H. NELSON:
Statement made on behalf of the Medical Alliance Association. (*Titles. Education. Scottish Corporations. Examinations. Unlicensed practice. Medical Council. Medical Act*, 1858. APPENDIX. *The Society of Apothecaries* v. *Shepperley*), *page* 247–62.

HAUGHTON, REV. S., M.D.:
Army and Navy Medical Board, 6450–3.
Complete qualification, 6444–5, 6451.
Education:
Grinding, 6481.
Lectures, 6497, 6523.
Examination:
Fees, 6451.
Minimum standard, 6447–51, 6468.
State, 6447–57, 6460–73, 6478–81.
Superadded final, 6451, 6481.
Uniformity, 6451.
Visitation, 6447–8, 6451, 6469, 6.
Examiners:
Appointment, 6509–15.
Assessors, 6515–9.
Medical Authorities:
Apothecaries (London and Dublin), 6498.
Competition downwards, 6481.
Dublin University:
Degrees, 6490–2.
Education, 6482–6.
Examiners, 6487, 6509–17.
Residence, 6484–5.
Teachers, 6486–7.
Visitation, 6515–21.
Edinburgh University, 6498.
Extinction, 6446–50.
Pecuniary loss, 6446–50, 6481.
Surgeons (Eng.), 6498.
Surgeons (Ireland), 6491–3.
Medical Council:
Complaints against, 6495–7, 6503, 6522–3.
Constitution, 6498.
Payment of members, 6503.
Powers and functions, 6447–8, 6501–8.
Recommendations, 6523.
Representation on:
Crown, 6498.
Medical Authorities, 6498.
Profession:
Direct, 6459, 6494–6.
Visitation, 6447–8, 6451, 6501–8.
Memorandum (*Licensing system. Medical Council. Dublin University*), 6444.
Midwifery, 6497.
Schemes (licensing), 6444–58, 6481, 6509–16.
Titles, 6500–1.
Unlicensed practice, 6471–80, 6499–500.

HEATH, C.:
Education:
Curriculum, 4004–21, 4027–30, 4054–9.
Grinding, 4014–6.
Professional, 4008–21, 4027–30, 4054–9.
Examination:
Inefficiency, 3992–4002, 4022–5.
Inequality, 3991–4002, 4022–3, 4060–8.
Marks, 4064.
Minimum standard, 4003–6.
Professional, 3994–4012, 4022–6, 4031–52.
Uniformity, 4030, 4064–7.

HEATH, C.—*cont.*
Medical Authorities:
Durham University, 4041–53, 4060–2.
Faculty (Glasgow), 3994–4002.
Scottish Corporations, 3994, 4023, 4031–40.
Surgeons (England), 4069–72.
Migration of students, 3991–4002, 4022–6, 4031–40.
Schemes (licensing), 4065–8.

HEATH, G. Y.:
Durham University:
Admission, 4390.
Curriculum, 4390–6, 4399–403, 4436–8, 4441, 4476–89, 4516–7.
Degrees, 4396–400, 4432–4, 4437–8, 4456–9, 4514–24, 4572–8.
Examinations, 4494–523, 4518–23, 4534–47, 4564–71, 4576–8.
Examiners, 4413–4, 4435, 4490–513.
Fees, 4462–4, 4524–33.
License, 4396–7, 4436, 4559–63.
Newcastle School, 4390, 4400–2, 4442–53, 4463–5, 4472–9, 4526–33, 4537–47, 4549–58.
Residence, 4399–403, 4450–3, 4514.
Medical Council:
Numbers, 4415.
Representation on:
Medical Authorities, 4416–22.
Profession:
Indirect, 4416–9.
Victoria University, 4420–2.

HUMPHRY, PROFESSOR
Affiliation, 1725–8, 1846–59.
Anatomy Acts, 1149–51, 1710–4.
British Medical Association, 1886–8.
Complete qualification, 1140.
Education:
Curriculum, 1141–8, 1205–26, 1302–3, 1639–40, 1653–9, 1700–23, 1788–95.
Freedom, 1647–56.
Grinding, 1657.
Examination:
Combined Corporation, 1270.
Cost, 1823–5.
Fees, 1639, 1823–33.
Improvement, 1165–6.
Inefficiency, 1685–6.
Inequality, 1155–7.
Minimum standard, 1769–70, 1835–8.
Preliminary, 1169–71, 1213–22, 1234, 1662.
Professional, 1148–51, 1163–6, 1172–5, 1223–47, 1660–5.
Rules, 1160, 1302–6.
Superadded final, 1733–4, 1736, 1748–83, 1801–3, 1823–45, 1859–68, 1881–4.
Uniformity, 1162, 1281–2.
Visitation, 1248, 1253, 1283–5.
Examiners:
Peripatetic, 1162, 1279–80.
Foreign and Colonial practitioners, 1199–204.
Medical Authorities:
Amalgamation (*sec.* 50 of Medical Act 1858), 1288–99.
Apothecaries (London), 1155.
Apothecaries (London and Dublin), 1196.
Extinction, 1675–6, 1849–50.
Faculty (Glasgow), 1196, 1286–99, 1675–7.
Pecuniary loss, 1726–8, 1850–9, 1869–74, 1883–4.
St. Andrew's University, 1157–8.
Surgeons (Edin.), 1288–99.
Medical Council:
Constitution, 1177–84, 1197–8, 1266–9, 1309–11.
Numbers, 1266, 1631–5, 1892.
Payment of Members, 1893–5.
Powers and functions, 1160–1, 1185, 1278, 1283–5, 1300–8, 1639, 1744.
Recommendations, 1187.
Representation on:
Medical Authorities, 1197, 1268–73, 1287, 1632.
Profession:
Direct, 1178, 1275–7, 1311–36, 1606–30, 1635–6, 1886–91.
Indirect, 1276, 1337–9.
Visitation, 1188, 1228–9, 1283–5, 1804–22.

HUMPHRY, PROFESSOR—*cont.*
Medical practitioners:
Remuneration, 1672–4.
Supply, 1167–8, 1671.
Memorandum (*Education. Examination. Medical Council; its functions and constitution*), *pages* 58–9.
Schemes (licensing), 1152–4, 1159–62, 1190–4, 1223–41, 1729–884.
Titles, 1256–65, 1852–7.

JACOB, A. H., M.D.:
Affiliation, 1395–400, 1542–69.
Complete qualification, 1269.
Education:
Cost, 1371–4.
Curriculum, 1371–4, 1384–90, 1416, 1499–510, 1524–8, 1583–90.
Improvement, 1490–6.
Lectures, 1371–4, 1504–10, 1587, 1590.
Examination:
Improvement, 1517.
Inequality, 1371.
Superadded final, 1399–402, 1423–36.
Visitation, 1402, 1511–7.
Examiners:
Appointment, 1415.
Irish Medical Association, 1341–4.
Medical Authorities:
Apothecaries (Dublin), 1371.
Apothecaries (London and Dublin), 1594.
Dublin University, 1371, 1595.
Durham University, 1594.
Faculty (Glasgow), 1594.
London University, 1508–10.
Pecuniary loss, 1398, 1423–32, 1546–55.
Queen's University, 1371, 1374.
Scottish Corporations, 1374.
Medical Council:
Complaints against, 1353–60, 1364–7, 1383–4, 1417–8, 1456–502, 1570–82.
Constitution, 1409–10, 1480–8.
Finances, 1465–72.
Numbers, 1410.
Powers and functions, 1354–63, 1389, 1407, 1415–6, 1440–56, 1530–3, 1564–73, 1598–605.
Recommendations, 1473–9, 1496–502, 1597.
Reporters, 1408, 1596.
Representation on:
Medical authorities, 1353–4, 1364–5, 1380–4, 1593–5.
Profession:
Direct, 1348–54, 1366–8, 1380–3, 1406, 1409–14, 1419, 1488–90, 1518–9, 1534–41.
Indirect, 1595.
Medical Register, 1414.
Migration of students, 1371–4, 1503–7, 1520–9, 1583–92.
Schemes (licensing), 1375–9, 1389–1404, 1415–6, 1423–36, 1542–55.
Titles, 1390–4, 1533.
Unlicensed practice, 1354–60, 1380–2, 1437–59, 1489, 1530–3.

MACNAMARA, N. C.:
Affiliation, 4218–21, 4226–33.
Education:
Curriculum, 4286–93, 4307–9.
Foreign, 4083–4, 4094–8, 4121–3, 4136–7, 4141–6, 4167–73, 4281–5.
Freedom, 4164.
Improvement, 4254, 4262–5.
Lectures, 4110–1, 4167, 4236–9, 4286–94, 4307–9.
Preliminary, 4109.
Professional, 4109–11, 4161–7, 4240–53, 4279–80.
Schools, 4240–53, 4294, 4304–6.
Teachers, 4157–60, 4187.
Examination:
Foreign, 4084–93, 4168–9, 4271–5.
Improvement, 4138, 4255–70, 4303.
Inefficiency, 4099, 4131–2.
Inequality, 4124–7.
Minimum standard, 4123–32.
Professional, 4164–5, 4275–8.
State, 4147–60, 4221–35.
Visitation, 4138–40.
Examiners:
Appointment, 4187–92, 4199–201, 4234–5, 4311.

MACNAMARA, N. C.—*cont.*
Medical Authorities:
Competition downwards, 4124–35.
Extinction, 4193–6, 4220–4.
Pecuniary loss, 4118, 4152–7, 4220–33.
Physicians (London), 4228–33.
Surgeons (Eng.) 4194–8, 4227–33.
Medical Council:
Complaints against, 4099, 4108–13, 4180–1, 4297–8.
Constitution, 4099–105.
Laymen, 4208–17.
Numbers, 4099–100, 4105–6, 4202–5.
Powers and functions, 4099, 4105, 4113–6, 4179–83, 4201–5, 4305–6.
Recommendations, 4299–302.
Representation on:
Crown, 4099–100.
Medical Authorities, 4099–105, 4119–20.
Profession:
Direct, 4099–101, 4174–8, 4182.
Schools, 4310.
Visitation, 4304–6.
Medical practitioners:
Incompetence, 4099, 4109, 4131–2, 4161.
Memorandum (*Licensing system. Attempts at reform. Medical Council; its constitution, powers, and functions*), 4099.
Migration of students, 4124–7.
Schemes (licensing), 4099, 4147–60, 4186–235.
Titles, 4147–51.

MARSHALL, PROFESSOR:
Affiliation, 2403–8, 2445–61, 2526–40, 2596–8, 2606–9.
Appendix (*Scheme. Reasons in support*), *page* 121.
Army and Navy Medical Board, 2419.
Complete qualification, 2521.
Education:
Curriculum, 2388, 2415–7.
Examination:
Combined Corporation, 2521–2.
Cost, 2409.
Fees, 2403–4, 2409–12, 2499.
Foreign, 2509–10.
Improvement, 2470–1, 2491, 2523–5.
Inefficiency, 2489–90.
Inequality, 2489–90.
Minimum standard, 2481–2, 2518–20, 2603–5.
Professional, 2393–7, 2402, 2412, 2425–33, 2572, 2597–605.
Rules, 2388–91, 2417.
State, 2492, 2597–601.
Superadded final, 2422–4.
Uniformity, 2566–8.
Visitation, 2422–6, 2468–72, 2568, 2599.
Examiners:
Appointment, 2381, 2388, 2392, 2590–6.
Peripatetic, 2568.
Teachers and pupils, 2569.
Medical Authorities:
Apothecaries (London), 2412–3.
Competition downwards, 2381, 2518.
Durham University, 2428–36.
Extinction, 2411–2, 2485–8.
Pecuniary loss, 2460–1, 2493–5, 2513–8.
St. Andrew's University, 2428–37.
Scottish Corporations, 2496–7, 2506.
Scottish Universities, 2400–1, 2493–7, 2503–8, 2516–8.
Surgeons (Eng.), 2470–3, 2523–5, 2533–6.
Medical Council:
Committees, 2558–9.
Complaints against, 2418.
Constitution, 2419.
Numbers, 2553–9.
Powers and functions, 2388–91, 2415–20.
Representation on:
Crown, 2419.
Medical Authorities, 2419, 2574–5.
Profession:
Direct, 2419–21, 2438–43, 2541–54.
Indirect, 2438–41, 2547–50.
Schools, 2419.
Visitation, 2483–4.
Schemes (licensing), 2379–412, 2422–37, 2444–540, 2560–73, 2576–610.
Titles, 2405.
Women (medical), 2539–40.

MOORE, J. W., M.D.:
Army and Navy Medical Board, 5559.
Affiliation, 5444–7, 5466, 5468–85, 5547–53.
Education:
Curriculum, 5433, 5436, 5446, 5538, 5555–6.
Grinding, 5433.
Improvement, 5433, 5528.
Lectures, 5528–38, 5555–7.
Preliminary, 5431, 5527–8.
Professional, 5433, 5528–38.
Examination:
Fees, 5435, 5446–7, 5467.
Inefficiency, 5437.
Inequality, 5434.
Preliminary, 5431.
State, 5487–8.
Superadded final, 5476–7, 5557–60.
Uniformity, 5446–8, 5511–5, 5561–2.
Visitation, 5513–7.
Irish Medical Association, 5426–30, 5505–10.
Medical Authorities:
Apothecaries (London and Dublin), 5442, 5448.
Competition downwards, 5437, 5444, 5446, 5538.
Dublin University, 5451–5.
Durham University, 5442, 5449.
Extinction, 5489–93.
Faculty (Glasgow), 5442, 5449.
Surgeons (Ireland), 5456.
Medical Council:
Complaints against, 5438, 5462–3, 5519–42.
Constitution, 5438–41, 5448–61.
Laymen, 5494–503.
Numbers, 5442.
Powers and functions, 5443, 5448, 5462–3, 5513–5, 5536–9, 5549–54.
Recommendations, 5539–41.
Representation on:
Medical Authorities, 5439, 5442, 5448–56.
Profession:
Direct, 5441–2, 5448, 5457–61.
Indirect, 5440–1, 5447–60.
Visitation, 5513–21, 5554.
Medical practitioners;
Incompetence, 5437.
Migration of students, 5434.
Schemes (licensing), 5446–8, 5464–77, 5486–93, 5543–8, 5557–60.

MORRIS, H.:
Affiliation, 4615–21, 4630–44.
Education:
Apprenticeship 4650–4, 4741–3.
Curriculum, 4648–54, 4657–64, 4697–733, 4740–1.
Preliminary, 4646–7, 4667–78.
Professional, 4657–8, 4679–727, 4730–1, 4740.
Schools, 4679–96, 4728–30.
Teachers, 4584–5, 4687–93.
Examination:
Admission, 4731, 4737.
Inequality, 4588–99, 4655–6, 4732–7.
Minimum standard, 4738–9.
Preliminary, 4647.
Examiners:
Appointment, 4604–13.
State payment, 4745.
Medical Authorities:
Apothecaries (London), 4596, 4655–6.
Competition downwards, 4590–6.
Extinction, 4639–44.
Pecuniary loss, 4618–21, 4630–7, 4744–5.
Physicians (London), 4597–600, 4637.
Scottish Corporations, 4593–5.
Surgeons (Eng.), 4597–600, 4631–5, 4744–5.
Medical Council:
Constitution, 4622.
Powers and functions, 4623–5, 4658–9, 4663–4, 4728–9.
Representation on:
Medical Authorities, 4622.
Profession:
Direct, 4622, 4626–8.
Schools, 4622.
Visitation, 4728–9.
Migration of students, 4590–5, 4735–6.
Schemes (licensing), 4601–20, 4629–44.
Titles, 4591, 4611, 4615–8, 4632–7, 4642–3.

ORR, R. SCOTT, M.D.:
Complete qualification, 2334, 2352–4.
Examination:
Combined Corporation, 2265–7, 2344–54.
Minimum standard, 2353.
Uniformity, 2280–1.
Visitation, 2280.
Medical Authorities:
Faculty (Glasgow):
Amalgamation (sec. 50 of Medical Act, 1858), 2310–2.
Antiquity and utility, 2311–8.
Constitution, 2248–58, 2359.
Disfranchisement, 2337–41.
Examinations, 2261–77, 2335–6, 2344–58.
Fellows, 2248–57, 2359–60.
Finances, 2342–3.
Licentiates, 2256–8.
Single qualification, 2259–62.
Pecuniary loss, 2364–70.
Physicians (Edin.), 2265–7.
Physicians (London), 2349–51.
Surgeons (Edin.), 2363.
Surgeons (Eng.), 2349–51, 2363.
Medical Council:
Representation on:
Medical Authorities, 2337–41.
Profession:
Direct, 2283–6, 2295–301, 2371–3.
Medical practitioners:
Supply, 2353.
Migration of students, 2362–3.
Schemes (licensing), 2281–2, 2287–94, 2302–7, 2319–33, 2364–7.
Titles, 2307–9.

PAGET, SIR JAMES:
Affiliation, 262–3, 307–14.
Army and Navy Medical board, 410–4.
Buccleuch compromise, 222–3.
Complete qualification, 208, 406.
Education:
Curriculum, 209, 224, 264–6, 274–89, 367–75, 397–409, 447–69.
Freedom, 460–2, 543.
Grinding, 370, 470–5.
Lectures, 276–80, 373–5, 454–67.
Preliminary, 392–5.
Schools, 325–7.
Examination:
Admission, 264–5, 275–89.
Improvement, 244, 376.
Inefficiency, 241, 259.
Inequality, 241.
Minimum standard, 244, 259, 366, 376–7, 383–8, 492–6.
Preliminary, 225, 239–41, 315–21.
Professional, 226–41, 322–32.
Publicity, 245, 383.
Rules, 244, 378–9.
State, 383–4.
Uniformity, 223, 366–7, 490–1, 526.
Visitation, 245, 273, 525–9.
Examiners:
Appointment, 210–4, 225–8, 290–4, 497–8.
Assessors, 220–1, 231–2, 415–21.
Peripatetic, 483–6, 541–3.
Remuneration, 218, 524.
Supply, 218, 424–7, 520–4.
Teachers and pupils, 220–1, 231–2, 415–22.
Foreign and Colonial practitioners, 267–71, 333–65.
Medical Authorities:
Apothecaries (London), 241, 296–7.
Edinburgh University, 223.
Extinction, 380–2.
Pecuniary loss, 223.
Physicians (London), 241
Queen's University, 542.
Scottish Corporations, 241, 445–6.
Scottish Universities, 433–6.
Surgeons (Edin.), 241, 437–46.
Surgeons (Eng.), 241, 296–7, 431–2, 444.
Medical Council:
Laymen, 546.
Numbers, 256, 533–4, 540.
Powers and functions, 247–50, 272, 378, 387–8, 489–96, 525–9.
Recommendations, 251–2.

PAGET, SIR JAMES—*cont.*
Medical Council—*cont.*
Representation on:
Medical Authorities, 257–8.
Profession:
Direct, 253–5, 530–40.
Indirect, 535.
Visitation, 245–7, 273.
Medical practitioners:
Supply, 390–1.
Migration of students, 241, 437–46.
Schemes (licensing), 210–7, 382–7, 481–508.
Titles, 260–1, 295–314, 509–19, 547–52.
Unlicensed practice, 272.

PAGET, PROFESSOR:
Affiliation, 921–6, 1005–8.
Army and Navy Medical board, 918.
Buccleuch compromise, 866.
Complete qualification, 847–8.
Education:
Apprenticeship, 933–9, 1025–6.
Curriculum, 870, 879–82, 1046–50.
Freedom, 879–80, 939, 1050.
Professional, 931–9.
Examination:
Admission, 880–2.
Combined Corporation, 852, 871–2.
Improvement, 1107.
Marks, 1074–9.
Minimum standard, 849–50, 866–7, 898–9, 947–50, 1004, 1013, 1044–6.
Preliminary, 868–9, 941–6, 958.
Professional, 870, 959–63.
Rules, 873, 894.
State, 904–30.
Superadded final, 901–30, 1008–11.
Uniformity, 1044–9.
Visitation, 849, 852, 1054–63.
Examiners:
Appointment, 845–6, 855, 864–5.
Teachers and pupils, 1067–8.
Foreign and Colonial practitioners, 889–96.
Medical Authorities:
Cambridge University:
Degrees, 1027–31.
Education, 1035–6.
Examiners, 1065.
Statutes and Ordinances, 1032–4.
Competition downwards, 846, 908–9, 1064–5.
Edinburgh University, 867.
Pecuniary loss, 857, 1022.
Scottish Corporations, 1107.
Scottish Universities, 857.
Surgeons (Eng.) 1022–3.
Medical Council:
Constitution, 874, 1072.
Numbers, 883.
Powers and functions, 873, 875–9, 892–5, 942–3, 1013–20, 1073, 1092–9.
Representation on:
Crown, 883.
Medical Authorities, 883–4, 1072.
Profession:
Direct, 885–6, 1080–1, 1089–100.
Indirect, 1082–8, 1101.
Visitation, 849, 852, 866, 914–5, 947–57, 984–99, 1054–63.
Medical practitioners:
Incompetence, 932.
Midwifery, 1035.
Schemes (licensing), 849–67, 879–930, 958–85, 1012–24, 1837–55, 1068–71, 1102–20, 1125–35.
Titles, 891, 920–1, 983, 1000–3.
Women (medical), 1089–91.

PITMAN, H. A., M.D.:
Affiliation, 3709, 3712–25, 3728–43, 3770–4, 3780–810, 3849–57, 3940–51, 3966.
Complete qualification, 3705–6.
Examination:
Combined Corporation, 3934–9.
Inefficiency, 3747.
Inequality, 3747.
State, 3777–81.
Superadded final, 3920–1.
Visitation, 3748–59.

PITMAN, H. A., M.D.—*cont.*
Examiners:
Appointment, 3705, 3747, 3888–900, 3912–7, 3924–7.
Medical Authorities:
Apothecaries (London), 3744–6.
Pecuniary loss, 3857–64, 3983–4.
Physicians (Ireland), 3977.
Physicians (London):
Control, 3774, 3788–807, 3967–75, 3983–4.
Examinations, 3869–71, 3906–9, 3928–33, 3957–64.
Finances, 3857–67.
Licenses, 3775–6, 3831–56, 3871–87.
Medical Council:
Constitution, 3705, 3708, 3980–1.
Numbers, 3705, 3727.
Powers and functions, 3705, 3708, 3760–9, 3785–9, 3797–808, 3981.
Representation on:
Crown, 3705, 3980.
Medical Authorities, 3980–1.
Profession:
Direct, 3705, 3726, 3982.
Visitation, 3748–59.
Schemes (licensing), 3705–25, 3728–59, 3777–927, 3940–56.
Titles, 3731–6, 3849–55, 3976–9, 3983–4.
Unlicensed practice, 3760–70.

POCOCK, F. E.:
Brussels University, 4314–23, 4339–69.
Examination:
Admission, 4324–33, 4347, 4370–85.
Visitation, 4365–7.
Medical Authorities:
Durham University, 4331.
London University, 4371–9.
St. Andrew's University, 4331–2.
Medical Council:
Constitution, 4337–8.
Petition (*Hindrances to obtaining a British M.D. degree; prayers for removal thereof, and for registration of degree of Brussels University as an additional qualification*), 4314.
Titles, 4314–33, 4346–7, 4354–64.

QUAIN, R., M.D.:
Affiliation, 6824–5, 6838, 6885–92, 6935–41.
British Medical Association, 6803, 6843–51.
Complete qualification, 6890–2.
Dentists' Act, 6932–3.
Dentists' Register, 6932–3.
Examination:
Fees, 6878–87, 6892–8.
Foreign, 6799.
Inequality, 6800.
Minimum standard, 6762–3, 6862–6.
Preliminary, 6913–6.
Professional, 6758–65, 6917–8.
Rules, 6770–4.
Superadded final, 6784–6.
Uniformity, 6762–4, 6796, 6833–4, 6862.
Visitation, 6764–74.
Examiners:
Appointment, 6919.
Assessors, 6788–9, 6793, 6797–800.
Remuneration, 6797, 6869–77.
Teachers and pupils, 6835.
Medical Authorities:
Apothecaries (London), 6892–8.
Competition downwards, 6794–5, 6800.
Extinction, 6838–42, 6895–8.
London University, 6789, 6858–63, 6868.
Oxford University, 6840–2.
Pecuniary loss, 6792.
Physicians (London), 6937–41.
Scottish Universities, 6787–92, 6810–2, 6856–7.
Surgeons (Eng.), 6878–84.
Medical Council:
Complaints against, 6751–5, 6800.
Constitution, 6777–9, 6826–30.
Finances, 6751–5.
Laymen, 6818, 6830.
Numbers, 6778*a*, 6804–5.
Powers and functions, 6746–50, 6764–76, 6914–5, 6920, 6923, 6932.
Recommendations, 6749–50.
Reporters, 6819.

QUAIN, R., M.D.—*cont.*
Medical Council—*cont.*
Representation on:
Crown, 6777–8*a*, 6827–8.
Medical Authorities, 6777–83, 6827–9.
Profession:
Direct, 6802–5, 6816–7, 6846–52, 6907–12.
Indirect, 6820–3, 6827–9, 6908.
Visitation, 6920–2.
Medical Register, 6923–31.
Migration of students, 6865.
Schemes (licensing), 6757–76, 6784–800, 6806–15, 6824–26, 6831–40, 6853–906, 6913–22, 6935–9.
Titles, 6762–8, 6792, 6800, 6887–92.
Women (medical), 6934–41.

REDFERN, PROFESSOR:
Affiliation, 6180.
Appendix (*Letter from the Secretary of Queen's University to the Registrar of the Medical Council*), *page* 234.
Complete qualification, 6158–9.
Education:
Apprenticeship, 6176–9.
Cost, 6096–124.
Curriculum, 6162–78.
Grinding, 6041, 6052, 6199.
Improvement, 6155.
Professional, 6199–205.
Examination:
Combined corporation, 6049–52.
Fees, 6038–40, 6075–6, 6083–5.
Inefficiency, 6043–7, 6130–1.
Inequality, 6035–6, 6152–3, 6222.
Minimum standard, 6041–7, 6128–9, 6154–7.
Professional, 6144–8.
State, 6132–4.
Superadded final, 6132–4.
Uniformity, 6214–7.
Visitation, 6067–70, 6074–5.
Examiners:
Peripatetic, 6216.
Remuneration, 6075–6.
Teachers and pupils, 6057–9, 6199.
Foreign and Colonial practitioners, 6160–1.
Medical Authorities:
Apothecaries (Dublin), 6046.
Apothecaries (London), 6213.
Competition downwards, 6223.
Edinburgh University, 6243.
London University, 6204–6.
Queen's University:
Curriculum, 6058.
Education, 6119.
Examinations, 6058–63, 6190–4.
Examiners, 6058–65, 6190–7, 6218–21.
Extinction, 6239–41.
Irish scheme, 6181–3.
St. Andrew's University, 6233–5.
Scottish Universities, 6198–201.
Medical Council:
Abolition, 6066–7, 6077–82, 6086–95, 6135–45, 6149–60, 6180, 6224–7.
Complaints against, 6066–7, 6071–3.
Constitution, 6242–4, 6247.
Finances, 6067, 6071–3.
Numbers, 6247.
Powers and functions, 6067.
Representation on:
Medical Authorities, 6243, 6247.
Profession:
Direct, 6162–4, 6244–5.
Indirect, 6246.
Visitation, 6059–63, 6067, 6225.
Medical practitioners:
Supply, 6070–3, 6101–2, 6106–8, 6118, 6123.
Schemes (licensing), 6049–55, 6132–6, 6181–3, 6207–17, 6222–9.
Victoria University, 6229.

RICHARDSON, B. W., M.D.:
Affiliation, 5674.
Complete qualification, 5597–8.
Education:
Curriculum, 5628, 5675–8.

RICHARDSON, B. W., M.D.—*cont.*
Examination:
Inequality, 5618.
Minimum standard, 5615–7.
State, 5671–80.
Superadded final, 5678.
Examiners:
Appointment, 5609–11, 5627.
Foreign and Colonial practitioners, 5586–90.
Medical Authorities:
Apothecaries (London and Dublin), 5620.
Competition downwards, 5617.
Pecuniary loss, 5614–6.
Medical Council:
Constitution, 5619–23, 5638–46.
Numbers, 5619, 5624–5.
Powers and functions, 5588, 5599–601, 5609–12, 5626–9, 5675.
Representation on:
Crown, 5619, 5654–6.
Medical Authorities, 5619–25, 5639–42.
Profession:
Direct, 5619, 5643–56.
Visitation, 5612.
Medical Defence Association, 5563–73, 5630–2.
Schemes (licensing), 5605–13, 5671–80.
Titles, 5584–96, 5608, 5613–6, 5633–6, 5679–86.
Unlicensed practice, 5574–603, 5630–2, 5637, 5657–70.

SEMPLE, R. H., M.D.:
Affiliation, 3635–6.
Examination:
Inequality, 3631, 3667–73, 3679–80.
Minimum standard, 3627–32, 3672–3.
State, 3625–33.
Medical Authorities:
Apothecaries (London):
Governing Body, 3523–4.
Examinations, 3549–56, 3571–5, 3579–85, 3594–605, 3613–9, 3638–85.
Examiners 3525–49, 3557–70, 3575–9, 3586–93, 3620–4, 3685–94.
Members, 3696–703.
Medical Council:
Recommendations, 3583, 3684–5.
Representation on:
Profession:
Direct, 3609–12.
Visitation, 3579–84.
Migration of students, 3670–7.
Titles, 3634.

SPENCE, PROFESSOR J.:
Affiliation, 3417, 3440.
Complete qualification, 3417.
Education:
Curriculum, 3435–7.
Foreign, 3445, 3494–512.
Preliminary, 3421–3.
Schools, 3456.
Teachers, 3417, 3455–6.
Examinations:
Combined Corporation, 3417, 3426–7, 3475
Foreign, 3504–22.
Inefficiency, 3434, 3453–4.
Inequality, 3434, 3453–4.
Minimum standard, 3438.
Preliminary, 3417–23.
Professional, 3417, 3457–60.
State, 3488–93.
Uniformity, 3437, 3493.
Visitation, 3417, 3425–6, 3472–87.
Examiners:
Peripatetic, 3473.
Supply, 3438, 3489–92.
Medical Authorities:
Amalgamation (sec. 50 of Medical Act, 1858), 3427.
Competition downwards, 3431–3.
Faculty (Glasgow), 3428–30.
Pecuniary loss, 3459.
Physicians (Edin.), 3417.
Scottish Corporations, 3417, 3426.
Scottish Universities, 3417, 3426.
Surgeons (Edin.):
Examinations, 3430, 3453–4.
Examiners, 3452.
Fellowships, 3417, 3440–1.
Teachers, 3417, 3455.
Surgeons (Eng.), 3434, 3440–1.

SPENCE, PROFESSOR J.—*cont.*
Medical Council:
Constitution, 3417.
Payment of members, 3417.
Powers and functions, 3417, 3456.
Representation on:
Crown, 3417.
Medical Authorities, 3417.
Profession:
Direct, 3417, 3449–50.
Medical practitioners:
Incompetence, 3453–4.
Memorandum (*Examinations. Education. Medical Council; its constitution, powers, &c. Fellowships of the Royal College of Surgeons, Edin.*), 3417.
Migration of students, 3433–4, 3453–4.
Schemes (licensing), 3438, 3457–92.
Titles, 3439–41.

STOKER, W.:
Education:
Cost, 5140–1, 5202–4.
Curriculum, 5140–1, 5147–8.
Grinding, 5149, 5197–201, 5226–7.
Examination:
Cost, 5139–46, 5205–6.
Inefficiency, 5191–3, 5209–11.
Inequality, 5119–38, 5149–51, 5174–83, 5191–3, 5213.
Minimum standard, 5208, 5233–4.
Uniformity, 5215–8, 5232, 5237.
Visitation, 5167–72, 5229–31.
Examiners:
Appointment, 5235.
Peculiarities, 5152–63.
Supply, 5155.
Teachers and pupils, 5164–6, 5228.
Medical Authorities:
Apothecaries (Dublin), 5116–26, 5138.
Extinction, 5238.
London University, 5128–37.
Queen's University, 5121–4, 5129, 5141, 5175–82, 5219–24.
Scottish Corporations, 5116–26, 5174–83, 5219–27.
Surgeons (Ireland), 5220–2.
Medical Council:
Powers and functions, 5234–41.
Recommendations, 5240–1.
Visitation, 5167–72, 5229–31, 5239.
Migration of students, 5116–26, 5151, 5174–89, 5193, 5212–24.
Schemes (licensing), 5235–41.

STRUTHERS, PROFESSOR:
Army and Navy Medical Board, 5886–7, 5890.
Complete qualification, 5800–1, 5808, 5831–2, 5839, 5875–6, 5994.
Education:
Foreign, 6000.
Grinding, 5971.
Professional, 6013–26.
Teachers, 5971–5, 6016–22.
Examination:
Combined corporation, 5800–7, 5831–5, 5874–6, 5880, 5899–900, 5935–6, 5974, 5993.
Fees, 5990–2.
Foreign, 5876–7, 5913–4.
Minimum standard, 5871–3, 5968–9.
Professional, 5892–903, 5950–2.
State, 5878, 5885–7, 5890–914, 6006–12.
Superadded final, 5846, 5885–7, 5891–905, 5914, 5933–5.
Visitation, 5834, 5842–6, 5879–84, 5953–7.
Examiners:
Appointment, 5887, 5985.
Assessors, 5844–6.
State payment, 5846, 5906–12.
Teachers and pupils, 5830, 5915.
Medical Authorities:
Aberdeen University, 5824, 5852.
Amalgamation (sec. 50 of Medical Act, 1858), 5934.
Apothecaries (London), 5855, 5874, 5991, 6008.
Apothecaries (London and Dublin), 5934.
Competition downwards, 5871–8, 5958–60, 5995–6.
Corporations, 5801–5, 5810–2, 5831–2, 5937–41.
Dublin University, 5920–1.

STRUTHERS, PROFESSOR—*cont.*
Medical Authorities—*cont.*
Durham University, 6005.
Extinction, 6006–8.
London University, 5846, 5965, 6004.
Oxford University, 5942–4.
Pecuniary loss, 5891–905, 5914, 6006–10.
Physicians (Edin.) 5805.
Physicians (London), 5874, 5939.
St. Andrew's University, 5821–3, 5852, 5962–7.
Scottish Corporations, 5832, 5835, 5874.
Scottish Universities:
Complete qualification, 5808–9, 5812–3, 5831, 5876.
Degrees, 5824, 5929–32, 5934, 5961.
Education, 6015–20, 6026.
Examinations, 5808–9, 5820, 5824–6, 5831, 5835–9, 5846, 5860, 5876, 5969–70.
Examiners, 5816–8, 5825–30, 5915.
Ordinances, 5813–5, 5819–20, 5826, 5925, 5966–7.
Residence, 5924–8, 5966.
Teachers, 5808–9, 5915, 5971.
Surgeons (Edin.), 5938–9.
Surgeons (Eng.), 5801–5, 5810, 5915, 5917, 5938–9, 5941, 5946–51, 5973.
Surgeons (Ireland), 5918–23, 5940.
Universities and corporations, 5807–13, 5862–73, 5916–28, 5934–44, 5958–87.
Medical Council:
Constitution, 5848–54.
Numbers, 5847, 5851.
Payment of members, 5799.
Powers and functions, 5834, 5842, 6027–8.
Representation on
Medical authorities, 5849–54.
Profession:
Direct, 5980.
Visitation, 5824, 5834, 5842, 5880–4.
Memorandum (*References to evidence given before Select Committee. Schemes. Medical Council*), 5799.
Midwifery, 5802–5, 5808–9, 5839.
Migration of students, 5874.
Schemes (licensing), 5800–46, 5855–912, 5933–6, 5945–6, 5976–93, 6006–12.
Titles, 5891, 5903–5, 5914, 5934, 5942–4, 5997–6005, 6008–14.
Victoria University, 5852.

TOMES, J.:
Appendices (*Cases and opinions on the construction of the Dentists' Act*, 1878. *The prosecution of Mr. Gould in* 1859 *for using the title of Surgeon-dentist*), *page* 344.
Association of Surgeons practising dental surgery, 6353–4.
British Dental Association, 6340–56.
Dental titles, 6367–71.
Dentists' Act, 6341–5, 6353–5, 6360–1, 6367–71, 6378, 6383–4.
Dentists' Register, 6382–4.
Education:
Dental curriculum, 6379–82, 6394.
Foreign and colonial dentists, 6378–81, 6385–92.
Medical Council:
Committees, 6360–1, 6371, 6400.
Complaints against, 6348, 6359–61, 6372–7.
Constitution, 6348, 6359, 6362–3.
Numbers, 6365.
Powers and functions, 6369–71, 6379–81, 6385, 6393–5.
Recommendations, 6349–50.
Representation on:
Dentists, 6357–66, 6377, 6396–400.
Specialities, 6400.
Memorial supporting Dentists' Bill, 6353.
Petition approving Dentists' Bill, 6353.
Surgeons (Eng.), 6357–8.

WATERS, E., M.D.:
Affiliation, 3051, 3198–200.
Army and Navy Medical Board, 3155–7.
British Medical Association:
Addresses, 3091.
Constitution, work and objects, 2980.
Complete qualification, 2982.
Education:
Curriculum, 3201–3.
Foreign, 3034–7, 3119, 3137, 3169, 3183–90.

WATERS, E., M.D.—*cont.*
Education—*cont.*
Freedom 3202.
Improvement, 3032–4.
Preliminary, 3034–7, 3091, 3139–50, 3152–3.
Professional, 3151–7.
Examination:
Combined Corporation, 3168.
Foreign, 3119.
Minimum standard, 3120–1.
Preliminary, 3033–4, 3139–50, 3191–3.
Professional, 3158–68.
Rules, 3003–7, 3201.
Uniformity, 3044–7, 3203.
Visitation, 2991, 3046–7.
Examiners:
Peripatetic, 3046.
Irish Medical Association, 8330.
Medical Alliance Association, 3083–9.
Medical Authorities:
Apothecaries (Dublin) 2998.
Apothecaries (London), 2997.
Apothecaries (London and Dublin), 2985–7, 3088.
Competition downwards, 2983, 3038, 3091, 3118, 3165.
Durham University, 2985–8, 2998.
Edinburgh University, 3136–7.
Extinction, 2985–8.
Faculty (Glasgow), 2986, 2999–3000, 3088.
Pecuniary loss, 2990.
Physicians (Edin.), 3000.
Scottish Universities, 2989–91, 3166–7.
Surgeons (Edin.), 3000.
Surgeons (Eng.), 3172.
Medical Defence Association, 3083–6.
Memorandum (*British Medical Association, its constitution, work, and objects*), 2980.
Medical Council:
Complaints against, 3032–4, 3092–3, 3108, 3193.
Constitution, 2996–3001, 3010, 3114.
Numbers, 2995–6, 3094.
Powers and functions, 3002–31, 3046, 3110–3, 3175–82, 3191, 3201–3.
Recommendations, 3147.
Representation on:
Crown, 2996.
Medical Authorities, 2996–3000.
Profession:
Direct, 2996, 3001, 3052–114, 3126–33, 3151–4, 3194–7.
Indirect, 3088.
Schools, 3048–9.
Specialities, 3050.
Medical practitioners:
Incompetence, 3155–7.
Midwifery, 3050, 3108–12, 3154–5.
Migration of students, 3038.
Schemes (licensing), 2982–94, 3010, 3039–47, 3158–68.
Titles, 3089–90, 3175–8, 3202.
Unlicensed practice, 3013–21, 3084–8, 3175–8.
Victoria University, 2988, 3115–8.
Women (medical), 3051.

YOUNG, PROFESSOR:
Complete qualification, 6526, 6529–32, 6557–8.
Examination:
Combined corporation, 6530–2, 6540, 6558, 6574.
Minimum standard, 6559.
Superadded final, 6539.
Visitation, 6526, 6533.
Examiners:
Appointment, 6533–5.
Medical Authorities:
Amalgamation (section 50 of Medical Act, 1858), 6571.
Competition downwards, 6569–70.
Faculty (Glasgow), 6527, 6546–51, 6559.
Glasgow University, 6546–51.
St. Andrew's University, 6540.
Scottish Universities, 6533–8.
Surgeons (Ireland), 6554–6.
Universities and corporations, 6557–65.
Medical Council:
Constitution, 6540–5.
Powers and functions, 6573.
Representation on:
Crown, 6542–3.
Medical Authorities, 6526, 6540–1, 6544.
Profession:
Direct, 6545.
Schemes (licensing), 6526, 6529–39, 6557–65, 6574–5.
Titles, 6546–53, 6564–5, 6573–4.

GENERAL INDEX TO THE MINUTES OF EVIDENCE.

ABERDEEN UNIVERSITY. *See* Medical Authorities.

AFFILIATION. — (*Sir J. Paget*), 262–3, 307–14; (*Erichsen*), 601–4, 657–8, 677–82, 792–7; (*Prof. Paget*), 921–6, 1005–8; (*Humphry*), 1725–8, 1846–59; (*Jacob*), 1395–400, 1542–69; (*Marshall*), 2403–8, 2445–61, 2526–40, 2596–8, 2606–9; (*Haldane*), 2793–9, 2847–56; (*Waters*) 3051, 3198–200; (*Spence*), 3417, 3440; (*Semple*), 3635–6; (*Pitman*), 3709, 3712–25, 3728–43, 3770–4, 3780–810, 3849–57, 3940–51, 3966; (*Macnamara*), 4218–21, 4226–33; (*Morris*), 4615–21, 4630–44; (*Cooke*), 4923–7; (*Barton*), 5015, 5066–7; (*Finny*), 5270–1, 5294, 5296, 5302, 5333–4, 5352; (*Moore*), 5444–7, 5466, 5468–85, 5547–53; (*Richardson*), 5674; (*Redfern*), 6180; (*Quain*) 6824–5, 6838, 6885–92, 6935–41.

ANATOMY ACTS.—(*Humphry*), 1149–51, 1710–4.

APOTHECARIES' SOCIETIES. *See* Medical Authorities.

APPRENTICESHIP. *See* Education.

ARMY AND NAVY MEDICAL BOARD.—(*Sir J. Paget*), 410–4; (*Prof. Paget*), 918; (*Glover*), 2170–2; (*Marshall*), 2419; (*Waters*), 3155–7; (*Finny*), 5306–8, 5345; (*Moore*), 5559; (*Struthers*), 5886–7, 5890; (*Haughton*), 6450–3.

ASSESSORS. *See* Examiners.

ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY. — (*Tomes*), 6353–4; (*Edgelow*), 6403–6, 6430.

BIRMINGHAM MEMORIAL. — (*Gamgee*), 3206, 3345–57, 3383–4; (*Nelson Hardy*), *page* 255.

BRITISH DENTAL ASSOCIATION. — (*Tomes*), 6340–56; (*Edgelow*), 6439.

BRITISH MEDICAL ASSOCIATION.—(*Humphry*), 1886–8; (*Waters*), 2980, 3091; (*Gamgee*), 3350–1, 3354–7; (*Quain*), 6803, 6843–51.

BRUSSELS UNIVERSITY. — (*Pocock*), 4314–23, 4339–69.

BUCCLEUCH COMPROMISE.—(*Acland*), 164–8; (*Sir J. Paget*), 222–3; (*Prof. Paget*), 866; (*Gairdner*), 4756, 4773–5, 4809–11.

CAMBRIDGE UNIVERSITY. *See* Medical Authorities.

COMPETITION DOWNWARDS. *See* Medical Authorities.

COMPLETE QUALIFICATION.—(*Acland*), 15–6; (*Sir J. Paget*), 208, 406; (*Erichsen*), 554, 648, 686–8; (*Prof. Paget*), 847–8; (*Humphry*), 1140; (*Jacob*), 1369; (*Glover*), 1899, 2092; (*Scott-Orr*), 2334, 2352–4; (*Marshall*), 2521; (*Haldane*), 2629, 2781; (*Waters*), 2982; (*Gamgee*), 3267–8; (*Spence*), 3417; (*Pitman*), 3705–6; (*Gairdner*), 4750–1, 4776–7; (*Cooke*), 4945–8; (*Barton*), 4988, 5039–41, 5080; (*Finny*), 5279, 5291–4, 5302, 5305, 5307, 5352, 5391–8, 5410; (*Richardson*), 5597–8; (*Struthers*), 5800–1, 5808, 5831–2, 5839, 5875–6, 5994; (*Redfern*), 6158–9; (*Fraser*), 6259–62, 6270, 6336–7; (*Haughton*), 6444–5, 6451; (*Young*), 6526, 6529–32, 6557–8; (*Quain*), 6890–2.

CURRICULUM. *See* Education.

DEGREES. *See* Titles.

DENTAL TITLES.—(*Tomes*), 6367–71; (*Edgelow*), 6416–26, 6431–2, 6438–9.

DENTISTS' ACT. — (*Tomes*), 6341–5, 6353–5, 6360–1, 6367–71, 6378, 6383–4; (*Edgelow*), 6414–29, 6433–9; (*Quain*), 6932–3.

DENTISTS' REGISTER.—(*Tomes*), 6382–4; (*Edgelow*), 6417, 6422, 6433–9; (*Quain*), 6932–3.

DIPLOMAS. *See* Titles.

DIRECT REPRESENTATION. *See* Medical Council.

DUBLIN UNIVERSITY. *See* Medical Authorities.

DURHAM UNIVERSITY. *See* Medical Authorities.

EDINBURGH UNIVERSITY. *See* Medical Authorities.

EDUCATION:

APPRENTICESHIP.—(*Prof. Paget*), 933–9, 1025–6; (*Haldane*), 2722–31, 2828–30; (*Gamgee*), 3264–5; (*Morris*), 4650–4, 4741–3; (*Redfern*), 6119, 6176–9.

COST.—(*Jacob*), 1371–4; (*Glover*), 2186–9; (*Stoker*), 5140–1, 5202–4; (*Redfern*), 6096–124.

CURRICULUM.—(*Acland*), 63–6, 101; (*Sir J. Paget*), 209, 224, 264–6, 274–89, 367–75, 397–409, 447–69; (*Erichsen*), 781–91; (*Prof. Paget*), 870, 879–82, 1046–50; (*Humphry*), 1141–8, 1205–26, 1302–3, 1639–40, 1653–9, 1700–23, 1788–95; (*Jacob*), 1371–4, 1384–90, 1416, 1499–510, 1524–8, 1583–90; (*Glover*), 2074–80; (*Marshall*), 2388, 2415–7; (*Haldane*), 2618–28, 2632, 2737–40, 2743, 2817–30, 2843–6; (*Waters*), 3201–3; (*Gamgee*), 3255–65; (*Spence*), 3435–7; (*C. Heath*), 4004–21, 4027–30, 4054–9; (*Macnamara*), 4286–93, 4307–9; (*G. Y. Heath*), 4476–89; (*Morris*), 4648–54, 4657–64, 4697–731, 4740–3; (*Gairdner*), 4795; (*Cooke*), 4972; (*Barton*), 4986–7, 5023–8, 5049–50, 5077–9; (*Stoker*), 5140–1, 5147–8; (*Finny*), 5259–61, 5292, 5299, 5302; (*Moore*), 5433, 5436, 5446, 5538, 5555–6; (*Richardson*), 5628, 5675–8; (*Redfern*), 6162–78.

DENTAL CURRICULUM.—(*Tomes*), 6379–82, 6394.

FOREIGN.—(*Waters*), 3034–7, 3119, 3137, 3169, 3183–90; (*Gamgee*), 3319; (*Spence*), 3445, 3494–512; (*Macnamara*), 4083–4, 4094–8, 4121–3, 4136–7, 4141–6, 4167–73, 4281–5; (*Cooke*), 4978; (*Struthers*), 6000.

FREEDOM.—(*Acland*), 48–50, 96; (*Sir J. Paget*), 460–2, 543; (*Prof. Paget*), 870, 879–82, 1050; (*Humphry*), 1647, 1656; (*Waters*), 3202; (*Macnamara*), 4164; (*Cooke*), 4950–1.

GRINDING.—(*Sir J. Paget*), 370, 470–5; (*Humphry*), 1657; (*Gamgee*), 3250–4, 3316–20; (*C. Heath*), 4014–6; (*Stoker*), 5149, 5197–201, 5226–7; (*Moore*), 5433; (*Struthers*), 5971; (*Redfern*), 6041, 6052, 6199; (*Haughton*), 6481.

IMPROVEMENT. — (*Acland*), 51; (*Jacob*), 1490–6; (*Waters*), 3032–4; (*Macnamara*), 4254, 4262–5; (*Finny*), 5276; (*Moore*), 5433, 5528; (*Redfern*), 6155.

LECTURES.—(*Sir J. Paget*), 276–80, 373–5, 454–67; (*Jacob*), 1371–4, 1504–10, 1587, 1590; (*Glover*), 2074, 2079; (*C. Heath*), 4018–21; (*Macnamara*), 4110–1, 4167, 4236–9, 4286–94, 4307–9; (*Nelson Hardy*), *page* 247; (*Barton*), 5077–9; (*Finny*), 5261; (*Moore*), 5528–38, 5555–7; (*Collins*), 5779; (*Haughton*), 6497, 6523.

PRELIMINARY. — (*Acland*), 116–20; (*Sir J. Paget*), 392–5; (*Waters*), 3034–7, 3091, 3139–50, 3152–3; (*Spence*), 3421–3; (*Macnamara*), 4109; (*Morris*), 4646–7, 4667–78; (*Cooke*), 4973–9; (*Moore*), 5431, 5527–8.

PROFESSIONAL. — (*Erichsen*), 605–8; (*Prof. Paget*), 931–9, 1035–6; (*Haldane*), 2623–5; (*Waters*), 3151–7; (*Gamgee*), 3309–22; (*C. Heath*), 4008–21, 4027–30, 4054–9; (*Macnamara*), 4109–11, 4161–7, 4240–53, 4279–80; (*Morris*), 4657–8, 4679–727, 4730–1, 4740; (*Gairdner*), 4792–5; (*Cooke*), 4928–37, 4972; (*Finny*), 5259–61; (*Moore*), 5433, 5528–38; (*Redfern*), 6199–205; (*Struthers*), 6013–26.

SCHOOLS.—(*Sir J. Paget*), 325–7; (*Erichsen*), 605–8; (*Spence*), 3456; (*Macnamara*), 4240–53, 4294, 4304–6; (*Morris*), 4679–96, 4728–30; (*Cooke*), 4914–5, 4930–7, 4950; (*Struthers*), 6017–26.

TEACHERS.—(*Haldane*), 2656, 2741–2; (*Spence*), 3417, 3455–6; (*Macnamara*), 4157–60, 4187; (*Morris*), 4584–5, 4687–93; (*Cooke*), 4930–4; (*Nelson Hardy*), *page* 247; (*Struthers*), 5971–5, 6016–22.

EXAMINATION:

ADMISSION.—(*Acland*), 67–79, 103–4; (*Sir J. Paget*), 264–5, 275–89; (*Erichsen*), 784; (*Prof. Paget*), 880–2; (*Pocock*), 4324–33, 4347, 4370–85; (*Morris*), 4731, 4737; (*Finny*), 5294, 5396.

EXAMINATION—*cont.*

COMBINED CORPORATION.—(*Acland*), 172–3; (*Erichsen*), 695–703; (*Prof. Paget*), 852, 871–2; (*Humphry*), 1270; (*Glover*), 1973–9; (*Scott-Orr*), 2265–7, 2344–54; (*Marshall*), 2521–2; (*Haldane*), 2651, 2782; (*Waters*), 3168; (*Spence*), 3417, 3426–7, 3475; (*Pitman*), 3934–9; (*Gairdner*), 4750, 4776–80; (*Nelson Hardy*), *pages* 247–8; (*Finny*), 5300, 5396–8; (*Struthers*), 5800–7, 5831–5, 5874–6, 5880, 5899–900, 5935–6, 5974, 5993; (*Redfern*), 6049–52; (*Fraser*), 6260–3, 6270, 6273; (*Young*), 6530–2, 6540, 6558, 6574.

COMBINED UNIVERSITY.—(*Haldane*), 2652; (*Fraser*), 6278.

COST.—(*Humphry*), 1823–5; (*Glover*), 2194–201; (*Marshall*), 2409; (*Stoker*), 5139–46, 5205–6; (*Finny*), 5361–3.

FEES.—(*Erichsen*), 705–6; (*Humphry*), 1639, 1823–33; (*Glover*), 2176–8, 2189–201; (*Marshall*), 2403–4, 2409–12, 2499; (*Byass*), 2903–4, 2929, 2943–50; (*G. Y. Heath*), 4524–33; (*Finny*), 5292, 5295, 5299, 5302, 5309–26, 5355–73, 5386–8; (*Moore*), 5435, 5446–7, 5467; (*Collins*), 5708, 5712, 5759–65; (*Struthers*), 5990–2; (*Redfern*), 6038–40, 6075–6, 6083–5; (*Fraser*), 6338; (*Haughton*), 6451; (*Quain*), 6878–87, 6892–8.

FOREIGN.—(*Marshall*), 2509–10; (*Waters*), 3119; (*Spence*), 3504–22; (*Macnamara*), 4084–93, 4168–9, 4271–5; (*Struthers*), 5876–7, 5913–4; (*Quain*), 6799.

IMPROVEMENT.—(*Acland*), 51; (*Sir J. Paget*), 244, 376; (*Prof. Paget*), 1107; (*Humphry*), 1165–6; (*Jacob*), 1517; (*Marshall*), 2470–1, 2491, 2523–5; (*Haldane*), 2633; (*Macnamara*), 4138, 4255–70, 4303; (*Finny*), 5276; (*Collins*), 5775–6, 5782–3.

INEFFICIENCY.—(*Sir J. Paget*), 241, 259; (*Humphry*), 1685–6; (*Marshall*), 2489–90; (*Gamgee*), 3228–32, 3273–8, 3373–5; (*Spence*), 3434, 3453–4; (*Pitman*), 3747; (*C. Heath*), 3992–4002, 4022–5; (*Macnamara*), 4099, 4131–2; (*Cooke*), 4911–2; (*Stoker*), 5191–3, 5209–11; (*Moore*), 5437; (*Redfern*), 6043–7, 6130–1.

INEQUALITY.—(*Sir J. Paget*), 241; (*Erichsen*), 562, 740–5; (*Humphry*), 1155–7; (*Jacob*), 1371; (*Glover*), 1900, 1975–9, 2088–9, 2201–2; (*Marshall*), 2489–90; (*Haldane*), 2775–80; (*Gamgee*), 3227–32, 3273–6, 3283, 3373–4; (*Spence*), 3434, 3453–4; (*Semple*), 3631, 3667–73, 3679–80; (*Pitman*), 3747; (*C. Heath*), 3991–4002, 4022–3, 4060–8; (*Macnamara*), 4124–7; (*Morris*), 4588–99, 4655–6, 4732–7; (*Gairdner*), 4802–7; (*Cooke*), 4899–912, 4938–9, 4953–69; (*Nelson Hardy*), *page* 247; (*Barton*), 4986–7; (*Stoker*), 5119–38, 5149–51, 5174–83, 5191–3, 5213; (*Moore*), 5434; (*Richardson*), 5618; (*Struthers*), 5875; (*Redfern*), 6035–6, 6152–3, 6222; (*Quain*), 6800.

MARKS.—(*Prof. Paget*), 1074–9; (*C. Heath*), 4064.

MINIMUM STANDARD.—(*Acland*), 134–41; (*Sir J. Paget*), 244, 259, 366, 376–7, 383–8, 492–6; (*Prof. Paget*), 849–50, 866–7, 898–9, 947–50, 1004, 1013, 1044–6; (*Humphry*), 1769–70, 1835–8; (*Glover*), 2088–90, 2202; (*Scott-Orr*), 2353; (*Marshall*), 2481–2, 2518–20, 2603–5; (*Haldane*), 2630–3, 2736–9, 2803–5, 2840; (*Waters*), 3120–1; (*Spence*), 3438; (*Semple*), 3627–32, 3672–3; (*C. Heath*), 4003–6; (*Macnamara*), 4123–32; (*Morris*), 4738–9; (*Gairdner*), 4795–9; (*Stoker*), 5208, 5233–4; (*Finny*), 5292, 5302, 5346–7, 5354, 5412; (*Richardson*), 5615–7; (*Struthers*), 5871–3, 5968–9; (*Redfern*), 6041–7, 6128–9, 6154–7; (*Haughton*), 6447–51, 6468; (*Young*), 9559; (*Greenwood*), 6586, 6624–5; (*Quain*), 6762–3, 6862–6.

PRELIMINARY.—(*Acland*), 34, 85–8; (*Sir J. Paget*), 225, 239–41, 315–21; (*Erichsen*), 581–6, 593, 772–80, 786–91, 819–23; (*Prof. Paget*), 868–9, 941–6, 958; (*Humphry*), 1169–71, 1213–22, 1234, 1662; (*Glover*), 1920–9, 2039–57, 2164–7; (*Scott-Orr*), 2268–77; (*Haldane*), 2660–6, 2713–21, 2811–6, 2857; (*Byass*), 2865, 2881–2; (*Waters*), 3033–4, 3139–50, 3191–3; (*Gamgee*), 3305–7; (*Spence*), 3417–23; (*G. Y. Heath*; *Armstrong*), 4538–43, 4564–71; (*Morris*), 4647; (*Barton*), 5095–7; (*Finny*), 5265; (*Moore*), 5431; (*Collins*), 5702, 5706–7; (*Quain*), 6913–6.

EXAMINATION—*cont.*

PROFESSIONAL.—(*Acland*), 34–8, 80–6, 89–96, 160–78, (*Sir J. Paget*), 226–41, 322–32; (*Erichsen*), 555–6, 587–97, 704, 727–45, 833–40; (*Prof. Paget*), 870, 959–63; (*Humphry*), 1148–51, 1163–6, 1172–5, 1223–47, 1660–5; (*Scott-Orr*), 2261–7; (*Marshall*), 2393–7, 2402, 2412, 2425–33, 2572, 2597–605; (*Haldane*), 2618–22, 2686–99, 2840–6; (*Byass*), 2887–93, 2951–79; (*Waters*), 3158–68; (*Gamgee*), 3270–304; (*Spence*), 3417, 3430, 3457–60; (*Semple*), 3549–56, 3571–5, 3595–608, 3638–85; (*Pitman*), 3928–33; (*C. Heath*), 3994–4012, 4022–6, 4031–52; (*Macnamara*), 4164–5, 4275–8; (*Armstrong*), 4426–8; (*G. Y. Heath.*) 4494–523, 4535–6; (*Gairdner*), 4772; (*Barton*), 4988–90; (*Finny*), 5257–8, 5262–4, 5267–8, 5272–4, 5299; (*Collins*), 5708, 5775–84; (*Struthers*), 5892–903, 5950–2; (*Redfern*), 6144–8; (*Quain*), 6758–65, 6917–8.

PUBLICITY.—(*Sir J. Paget*), 245, 383; (*Erichsen*), 572–3, 833–6; (*Finny*), 5266.

RULES.—(*Acland*), 38; (*Sir J. Paget*), 244, 378–9; (*Erichsen*), 609; (*Prof. Paget*), 873, 894; (*Humphry*), 1160, 1302–6; (*Glover*), 1954, 1989–90; (*Marshall*), 2388–91, 2417; (*Waters*), 3003–7, 3201; (*Collins*), 5787; (*Quain*), 6770–4.

STATE.—(*Sir J. Paget*), 383–4; (*Prof. Paget*), 904–30; (*Glover*), 2157–202; (*Marshall*), 2492, 2597–601; (*Haldane*), 2784–802, 2808–10; (*Gamgee*), 3271–304, 3367–72; (*Spence*), 3488–93; (*Semple*), 3625–33; (*Pitman*), 3777–81; (*Macnamara*), 4147–60, 4221–35; (*Barton*), 5018–21, 5066–7; (*Finny*), 5294, 5306–8, 5335–53, 5360–70, 5374–85, 5389–96, 5403–12; (*Moore*), 5487–8; (*Richardson*), 5671–80; (*Struthers*), 5878, 5885–7, 5890–914, 6006–12; (*Redfern*), 6132–4; (*Fraser*), 6338; (*Haughton*), 6447–57, 6460–73, 6478–81.

SUPERADDED FINAL.—(*Prof. Paget*), 901–30, 1008–11; (*Humphry*), 1733–4, 1736, 1748–83, 1801–3, 1823–45, 1859–68, 1881–4; (*Jacob*), 1399–402, 1423–36; (*Glover*), 2156, 2177–85, 2206–7; (*Marshall*), 2422–4; (*Gamgee*), 3295–9; (*Pitman*), 3920–1; (*Barton*), 5018–21 (*Finny*), 5306–8, 5351–2; (*Moore*), 5476–7, 5557–60; (*Richardson*), 5678; (*Struthers*), 5846, 5885–7, 5891–905, 5914, 5933–5; (*Redfern*), 6132–4; (*Fraser*), 6268, 6338; (*Haughton*), 6451, 6481; (*Young*), 6539; (*Quain*), 6784–6.

UNIFORMITY.—(*Acland*), 38–9; (*Sir J. Paget*), 223, 366–7, 490–1, 526; (*Erichsen*), 562, 659, 751–6; (*Prof. Paget*), 1044–9; (*Humphry*), 1162, 1281–2; (*Glover*), 1901–3, 2088–90; (*Scott-Orr*), 2280–1; (*Marshall*), 2566–8; (*Haldane*), 2630–5; (*Waters*), 3044–7, 3203; (*Gamgee*), 3226–7, 3233; (*Spence*), 3437, 3493; (*C. Heath*), 4030, 4064–7; (*Cooke*), 4919; (*Barton*), 4986–7, 5017, 5035; (*Stoker*), 5215–8, 5232, 5237; (*Finny*), 5292, 5299, 5302, 5354, 5412; (*Moore*), 5446–8, 5511–5, 5561–2; (*Collins*), 5708; (*Redfern*), 6214–7; (*Haughton*), 6451; (*Greenwood*), 6583; (*Quain*), 6762–4, 6796, 6833–4, 6862.

VISITATION.—(*Acland*), 147–50; (*Sir J. Paget*), 245, 273, 525–9; (*Erichsen*), 751–2; (*Prof. Paget*), 849, 852, 1054–63; (*Humphry*), 1248, 1253, 1283–5; (*Jacob*), 1402, 1511–7; (*Scott-Orr*), 2275–7*a*, 2280; (*Marshall*), 2422–6, 2468–72, 2568, 2599; (*Haldane*), 2633–4, 2804–9, 2835–8; (*Waters*), 2991, 3046–7; (*Spence*), 3417, 3425–6, 3472–87; (*Pitman*), 3748–59; (*Macnamara*), 4138–40; (*Pocock*), 4365–7; (*Gairdner*), 4762; (*Barton*), 5041–2; (*Stoker*), 5167–72, 5229–31; (*Finny*), 5283–4; (*Moore*), 5513–7; (*Struthers*), 5834, 5842–6, 5879–84, 5953–7; (*Redfern*), 6067–70, 6074–5; (*Fraser*), 6263–7; (*Haughton*), 6447–8, 6451, 6469, 6501–9; (*Young*), 6526, 6533; (*Quain*), 6764–74.

EXAMINERS:

APPOINTMENT.—(*Acland*), 22; (*Sir J. Paget*), 210–4, 225–8, 290–4, 497–8; (*Erichsen*), 557–61, 563–4; (*Prof. Paget*), 845–6, 855, 864–5, 1065; (*Jacob*), 1415; (*Marshall*), 2381, 2388, 2392, 2590–6; (*Haldane*), 2642–4; (*Byass*), 2866, 2872–8, 2889–96; (*Gamgee*), 3234–5, 3368–9; (*Semple*), 3525–47, 3620–4; (*Pitman*), 3705, 3747, 3888–900, 3912–7, 3924–7; (*Macnamara*), 4187–92, 4199–201, 4234–5, 4311; (*G. Y. Heath*), 4490–3, 4500; (*Morris*), 4604–13; (*Barton*), 5031, 5082–9; (*Stoker*), 5235; (*Finny*), 5250; (*Richardson*), 5609–11, 5627;

Examiners—*cont.*

(*Collins*), 5697–701, 5705, 5708; (*Struthers*), 5817, 5827–30, 5887, 5985; (*Fraser*), 6279–86; (*Haughton*), 6509–15; (*Young*), 6533–5; (*Quain*), 6919.

Assessors.—(*Acland*), 27–31; (*Sir J. Paget*), 220–1, 231–2, 415–21; (*Erichsen*), 571–80, 770–1, 825; (*G. Y. Heath*), 4499–500; (*Collins*), 5785–6; (*Struthers*), 5844–6; (*Haughton*), 6515–9; (*Quain*), 6788–9, 6793, 6797–800.

Peculiarities.—(*Erichsen*), 593; (*Stoker*), 5152–63.

Peripatetic.—(*Sir J. Paget*), 483–6, 541–3; (*Erichsen*), 659–60; (*Humphry*), 1162, 1279–80; (*Glover*), 2135; (*Marshall*), 2568; (*Waters*), 3046; (*Gamgee*), 3414; (*Spence*), 3473; (*Barton*), 5032–5; (*Redfern*), 6216.

Remuneration.—(*Sir J. Paget*), 218, 524; (*Byass*), 2924–8; (*Spence*), 3452; (*Gairdner*), 4768–9, 4813–6; (*Finny*), 5323–5; (*Collins*), 5790; (*Redfern*), 6075–6; (*Quain*), 6797, 6869–77.

State Payment.—(*Morris*), 4745; (*Gairdner*), 4773, 4813–5: (*Struthers*), 5817, 5846, 5906–12.

Supply.—(*Acland*), 26; (*Sir J. Paget*), 218, 424–7, 520–4; (*Erichsen*), 660, 738, 806; (*Haldane*), 2810; (*Spence*), 3438, 3489–92; (*Gairdner*), 4768; (*Stoker*), 5155; (*Fraser*), 6338.

Teachers and Pupils.—(*Sir J. Paget*), 220–1, 231–2, 415–22; (*Erichsen*), 573–6, 761–71, 825–30; (*Prof. Paget*), 1067–8; (*Marshall*), 2569; (*Haldane*), 2652; (*G. Y. Heath*), 4499–512; (*Gairdner*), 4750; (*Stoker*), 5164–6, 5228; (*Collins*), 5794; (*Struthers*), 5830, 5915; (*Redfern*), 6057–9, 6199; (*Quain*), 6835.

FEES. *See* Examination.

FOREIGN AND COLONIAL DENTISTS. —(*Tomes*), 6378–81, 6385–92.

FOREIGN AND COLONIAL PRACTITIONERS.—(*Acland*), 58–61; 105–13, 121–33; (*Sir J. Paget*), 267–71, 333–65; (*Erichsen*), 628–32; (*Prof. Paget*), 889–96; (*Humphry*), 1199–204; (*Billings*), 4825–92; (*Cooke*), 4970–1; (*Richardson*), 5586–90; (*Redfern*), 6160–1.

GLASGOW UNIVERSITY. *See* Medical Authorities.

GRINDING. *See* Education.

HERBALISTS.—(*Crick*), 6634–741.

HIGHER TITLES. *See* Titles.

IRISH MEDICAL ASSOCIATION.—(*Jacob*), 1341–4; (*Waters*), 3083; (*Moore*), 5426–30, 5505–10.

LECTURES. *See* Education.

LICENSING.—*See* Schemes.

LONDON UNIVERSITY. *See* Medical Authorities.

MEDICAL ALLIANCE ASSOCIATION.—(*Waters*), 3083–9; (*Nelson Hardy*), *pages* 247–62.

MEDICAL AUTHORITIES:

Aberdeen University.—(*Struthers*), 5824, 5852.

Amalgamation (sec. 50 of Medical Act, 1858).—(*Humphry*), 1288–99; (*Glover*), 1962–3; (*Scott-Orr*), 2310–2; (*Haldane*), 2677–80; (*Spence*), 3427; (*Struthers*), 5934; (*Young*), 6571.

Apothecaries (Dublin).—(*Jacob*), 1371; (*Glover*), 2190–1; (*Waters*), 2998; (*Barton*), 5002, 5030, 5068–9, 5092; (*Stoker*), 5116–26, 5138; (*Finny*), 5345; (*Collins*), 5687–794; (*Redfern*), 6046.

Apothecaries (London).—(*Sir J. Paget*), 241, 296–7; (*Erichsen*), 656–8, 740–5; (*Humphry*), 1155; (*Glover*), 1942–3, 2220–4; (*Marshall*), 2412–3; (*Byass*), 2860–979; (*Waters*), 2997; (*Gamgee*), 3276; (*Semple*), 3523–605, 3613–24, 3637–703; (*Pitman*), 3744–6, 3845–8; (*Morris*), 4596, 4655–6; (*Cooke*), 4911–2; (*Struthers*), 5855, 5874, 5991, 6008; (*Redfern*), 6213; (*Quain*), 6892–8.

Apothecaries (London and Dublin).—(*Humphry*), 1196; (*Jacob*), 1594; (*Glover*), 1909; (*Haldane*), 2668; (*Waters*), 2985–7, 3088; (*Gamgee*), 3214; (*Nelson Hardy*), *page* 255; (*Finny*), 5288; (*Moore*), 5442, 5448; (*Richardson*), 5620; (*Struthers*), 5934; (*Haughton*), 6498.

Medical Authorities—*cont.*

Cambridge University.—(*Prof. Paget*), 1027–36, 1065.

Competition downwards.—(*Prof. Paget*), 846, 908–9, 1064–5; (*Glover*), 1979, 2201; (*Marshall*), 2381, 2518; (*Waters*), 2983, 3038, 3091, 3118, 3165; (*Gamgee*), 3273–8, 3291, 3299–300; (*Spence*), 3431–3; (*Macnamara*), 4124–35; (*Morris*), 4590–6; (*Gairdner*), 4802–7; (*Cooke*), 4916, 4924; (*Barton*), 5018–9; (*Finny*), 5302; (*Moore*), 5437, 5444, 5446, 5538; (*Richardson*), 5617; (*Struthers*), 5871–8, 5958–60, 5995–6; (*Redfern*), 6223; (*Haughton*), 6481; (*Young*), 6569–70; (*Quain*), 6794–5; 6800.

Corporations.—(*Finny*), 5413; (*Struthers*), 5801–5, 5810–2, 5831–2, 5937–41; (*Fraser*), 6328–37.

Dublin University.—(*Jacob*), 1371, 1595; (*Barton*), 4991–7; (*Finny*), 5413–9; (*Moore*), 5451–5; (*Struthers*), 5920–1; (*Haughton*), 6482–93, 6509–21.

Durham University.—(*Jacob*), 1594; (*Marshall*), 2428–36; (*Haldane*), 2668; (*Waters*), 2985–8, 2998; (*C. Heath*), 4041–53; 4060–2; (*Pocock*), 4331; (*G. Y. Heath, Armstrong*), 4388–414, 4423–578; (*Cooke*), 4964–6; (*Moore*), 5442, 5449; (*Struthers*), 6005.

Edinburgh University.—(*Sir J. Paget*), 223; (*Prof. Paget*), 867; (*Glover*), 2114; (*Haldane*), 2631, 2700–21; (*Waters*), 3136–7; (*Redfern*), 6243; (*Fraser*), 6280–4, 6319–27; (*Haughton*), 6498.

Extinction.—(*Sir J. Paget*), 380–2; (*Erichsen*), 656–8, 675–80; (*Humphry*), 1675–6, 1849–50; (*Glover*), 1909, 1961–4, 2160–3, 2220–7; (*Marshall*), 2411–2, 2485–8; (*Waters*), 2985–8; (*Macnamara*), 4193–6, 4220–4; (*Morris*), 4639–44; (*Stoker*), 5238; (*Finny*), 5339–40; (*Moore*), 5489–93; (*Collins*), 5715–8, 5724, 5745–50; (*Struthers*), 6006–8; (*Haughton*), 6446–50; (*Quain*), 6838–42, 6895–8.

Faculty (Glasgow).—(*Sir J. Paget*), 241; (*Humphry*), 1196, 1286–99, 1675–7; (*Jacob*), 1594; (*Glover*), 1909, 1961–6; (*Scott-Orr*), 2243–77*a*, 2310–70; (*Haldane*), 2675–80; (*Waters*), 2986, 2999–3000, 3088; (*Gamgee*), 3214, 3276; (*Spence*), 3428–30; (*C. Heath*), 3994–4002; (*Nelson Hardy*), *page* 255; (*Finny*), 5288; (*Moore*), 5442, 5449; (*Young*), 6527, 6546–51, 6559.

Glasgow University.—(*Gairdner*), 4750; (*Young*), 6546–51.

London University.—(*Jacob*), 1508–10; (*Pocock*), 4371–9; (*Stoker*), 5128–37; (*Struthers*), 5846, 5965, 6004; (*Redfern*), 6204–6; (*Greenwood*), 6620–2; (*Quain*), 6789, 6858–63, 6868.

Oxford University.—(*Acland*), 138, 146; (*Struthers*), 5942–4; (*Quain*), 6840–2.

Pecuniary loss.—(*Sir J. Paget*), 223; (*Erichsen*), 792–7; (*Prof. Paget*), 857, 1022; (*Humphry*), 1726–8, 1850–9, 1869–74, 1883–4; (*Jacob*), 1398, 1423–32, 1546–55; (*Glover*), 2160–2; (*Scott-Orr*), 2364–70; (*Marshall*), 2460–1, 2493–5, 2513–8; (*Waters*), 2990; (*Spence*), 3459; (*Pitman*), 3857–64; (*Macnamara*), 4118, 4152–7, 4220–33; (*Morris*), 4618–21, 4630–7, 4744–5; (*Barton*), 4987, 5010–5, 5066–7; (*Finny*), 5351–2; (*Richardson*), 5614–6; (*Struthers*), 5891–905, 5914, 6006–10; (*Haughton*), 6446–50, 6481; (*Quain*), 6792.

Physicians (Edinburgh).—(*Glover*), 1979, 2110–1, 2242; (*Scott-Orr*), 2265–7; (*Haldane*), 2618–31, 2681–99, 2713–20, 2743, 2840–2; (*Waters*), 3000; (*Spence*), 3417; (*Struthers*), 5805.

Physicians (Ireland).—(*Pitman*), 3977; (*Barton*), 5068–9; (*Finny*), 5244–75, 5300–4, 5322–6.

Physicians (London).—(*Sir J. Paget*), 241; (*Glover*), 1942, 1980–6, 2110; (*Scott-Orr*), 2349–51; (*Byass*), 2862, 2883, 2958–71; (*Pitman*), 3774–6, 3788–809, 3831–87, 3906–9, 3928–39, 3957–79, 3983–4; (*Macnamara*), 4228–33; (*Morris*), 4597–600, 4637; (*Finny*), 5413–4; (*Struthers*), 5874, 5939; (*Quain*), 6937–41.

Queen's University.—(*Sir J. Paget*), 542; (*Jacob*), 1371, 1374; (*Barton*), 4995–8, 5060–1; (*Stoker*), 5121–4, 5129, 5141, 5175–82, 5219–24; (*Finny*), 5419; (*Redfern*), 6058–65, 6119, 6181–3, 6190–7, 6218–21, 6239–41; (*Fraser*), 6319.

St. Andrew's University.—(*Humphry*), 1157–8; (*Marshall*), 2428–37; (*Pocock*), 4331–2; (*Cooke*), 4912, 4963–9; (*Struthers*), 5821–3, 5852, 5962–7; (*Redfern*), 6233–5; (*Young*), 6540.

Medical Authorities—*cont.*

Scottish Corporations.—(*Sir J. Paget*), 241, 445–6; (*Prof. Paget*), 1107; (*Jacob*), 1374; (*Glover*), 1918–9, 1979, 2026–7; (*Marshall*), 2496–7, 2506; (*Haldane*), 2651; (*Gamgee*), 3228–32, 3276; (*Spence*), 3417, 3426; (*C. Heath*), 3994, 4023, 4031–40; (*Morris*), 4593–5; (*Cooke*), 4899–910, 4956–60; (*Nelson Hardy*), *pages* 247–8; (*Stoker*), 5116–26, 5174–83, 5219–27; (*Struthers*), 5832, 5835, 5874.

Scottish Universities.—(*Sir J. Paget*), 433–6; (*Prof. Paget*), 857; (*Marshall*), 2400–1, 2493–7, 2503–8, 2516–8; (*Haldane*), 2622, 2639–47; (*Waters*), 2989–91, 3166–7; (*Spence*), 3417, 3426; (*Gairdner*), 4750, 4787–99; (*Finny*), 5419; (*Struthers*), 5808–9, 5812–31, 5835–9, 5846, 5857–60, 5915, 5924–34, 5961, 5966–71, 6026; (*Redfern*), 6198–201; (*Fraser*), 6319–27; (*Young*), 6533–8; (*Quain*), 6787–92, 6810–2, 6856–7.

Surgeons (Edinburgh).—(*Sir J. Paget*), 241, 437–46; (*Humphry*), 1288–99; (*Glover*), 1979, 2026–38, 2126–30, 2133; (*Scott-Orr*), 2363; (*Waters*), 3000; (*Spence*), 3417, 3427, 3430, 3440–1, 3452–5; (*Collins*), 5753, 5757; (*Struthers*), 5938–9.

Surgeons (England.)—(*Sir J. Paget*), 241, 296–7, 431–2, 444; (*Erichsen*), 555–6, 621–4, 702–10, 719–45, 828–31, 836–40; (*Prof. Paget*), 1022–3; (*Glover*), 1918, 1970–3, 2015, 2099–103, 2124–7, 2133, 2242; (*Scott-Orr*), 2349–51, 2363; (*Marshall*), 2470–3, 2523–5, 2533–6; (*Haldane*), 2688–95, 2831–4; (*Byass*), 2951–61; (*Waters*), 3172; (*Spence*), 3434, 3440–1; (*C. Heath*), 4069–72; (*Macnamara*), 4194–8, 4227–33; (*Morris*), 4597–600, 4631–5, 4744–5; (*Gairdner*), 4799; (*Cooke*), 4902–3, 4961–2; (*Struthers*), 5801–5, 5810, 5915, 5917, 5938–9, 5941, 5946–51, 5973; (*Tomes*), 6357–8; (*Haughton*), 6498; (*Quain*), 6878–84.

Surgeons (Ireland).—(*Barton*), 5010–6, 5022–8, 5043–79, 5099–106; (*Stoker*), 5220–2; (*Finny*), 5413; (*Moore*), 5456; (*Struthers*), 5918–23, 5940; (*Fraser*), 6312–8; (*Haughton*), 6491–3; (*Young*), 6554–6.

Universities and Corporations.—(*Haldane*), 2653–62; (*Finny*), 5413; (*Struthers*), 5807–13, 5862–73, 5916–28, 5934–44, 5958–87; (*Fraser*), 6256–63, 6270–86, 6292–304; (*Young*), 6557–65.

MEDICAL COUNCIL:

Abolition.—(*Redfern*), 6066–7, 6077–82, 6086–95, 6135–43, 6149–60, 6180, 6224–7.

Committees.—(*Acland*), 43–6, 99, 144–5, 182–93*a*; (*Marshall*), 2558–9; (*Tomes*), 6360–1, 6371, 6400.

Complaints against.—(*Jacob*), 1353–60, 1364–7, 1383–4, 1417–8, 1456–502, 1570–82; (*Glover*) 1911–37, 1949, 1986–8, 1993–2069, 2073, 2085–7, 2097–8, 2136, 2174; (*Marshall*), 2418; (*Waters*), 3032–4, 3092–3, 3108, 3193; (*Gamgee*), 3386–7, 3404; (*Macnamara*), 4099, 4108–13, 4180–1, 4297–8; (*Nelson Hardy*), *page* 255; (*Barton*), 5093; (*Finny*), 5276–84, 5290; (*Moore*), 5438, 5462–3, 5519–42; (*Redfern*), 6066–7, 6071–3; (*Tomes*), 6348, 6359–61, 6372–7; (*Haughton*), 6495–7, 6503, 6522–3; (*Quain*), 6751–5, 6800.

Constitution.—(*Acland*), 42, 182–3, 198–204; (*Prof. Paget*), 874, 1072; (*Humphry*), 1177–84, 1197–8, 1266–9, 1309–11; (*Jacob*), 1409–10, 1480–8; (*Glover*), 1986–8, 2215; (*Marshall*), 2419; (*Haldane*), 2668; (*Waters*), 2996–3001, 3010, 3114; (*Spence*), 3417; (*Pitman*), 3705, 3708, 3980–1; (*Macnamara*), 4099–105; (*Pocock*), 4337–8; (*Morris*), 4622; (*Nelson Hardy*), *pages* 254–5; (*Barton*), 5092–4, 5098; (*Finny*), 5279, 5283, 5285–8; (*Moore*), 5438–41, 5448–61; (*Richardson*), 5619–23, 5638–46; (*Collins*), 5714; (*Struthers*), 5848–54; (*Redfern*), 6242–4, 6247; (*Tomes*), 6348, 6359, 6362–3; (*Edgelow*), 6411–3; (*Haughton*), 6498; (*Young*), 6540–5; (*Quain*), 6777–9, 6826–30.

Finances.—(*Acland*), 44, 99; (*Jacob*), 1465–72; (*Redfern*), 6067, 6071–3; (*Quain*), 6751–5.

Laymen.—(*Acland*), 42; (*Sir J. Paget*), 546; (*Erichsen*), 643–7; (*Macnamara*), 4208–17; (*Finny*), 5327–9; (*Moore*), 5494–503; (*Quain*), 6818, 6830.

Numbers.—(*Acland*), 10–3, 42, 179–82, 193*a*–201; (*Sir J. Paget*), 256, 533–4, 540; (*Erichsen*), 614–5, 810; (*Prof. Paget*), 883; (*Humphry*), 1266, 1631–5, 1892; (*Jacob*), 1410; (*Glover*), 1939–40, 2209–10, 2213, 2219–20; (*Marshall*), 2553–9; (*Haldane*), 2672;

Medical Council—*cont.*

(*Waters*), 2995–6, 3094; (*Gamgee*), 3210–7, 3246–8; (*Pitman*), 3705, 3727; (*Macnamara*), 4099–100, 4105–6, 4202–5; (*G. Y. Heath*), 4415; (*Finny*), 5287–8; (*Moore*), 5442; (*Richardson*), 5619, 5624–5; (*Collins*), 5714; (*Struthers*), 5847, 5851; (*Redfern*), 6247; (*Tomes*), 6365; (*Greenwood*), 6599; (*Quain*), 6778*a*, 6804–5.

Payment of Members.—(*Acland*), 42–4; (*Humphry*), 1893–5; (*Spence*), 3417; (*Struthers*), 5799; (*Haughton*), 6503.

Powers and Functions.—(*Acland*), 32, 34, 38–9, 46, 52–62, 68, 100, 115–26, 135–8, 143–5, 184–91; (*Sir J. Paget*), 247–50, 272, 378, 387–8, 489–96, 525–9; (*Erichsen*), 563–4, 585–6, 609–13, 631–9, 773, 781–2; (*Prof. Paget*), 873, 875–9, 892–5, 942–3, 1013–20, 1073, 1092–9; (*Humphry*), 1160–1, 1185, 1278, 1283–5, 1300–8, 1639, 1744; (*Jacob*), 1354–63, 1389, 1407, 1415–6, 1440–56, 1530–3, 1564–73, 1598–605; (*Glover*), 1905–7, 1912–4, 1936–7, 1947–59, 1989, 1997–2013, 2078, 2164–5, 2232–5, 2239–41; (*Marshall*), 2388–91, 2415–20; (*Haldane*), 2632, 2667; (*Waters*), 3002–31, 3046, 3110–3, 3175–82, 3191, 3201–3; (*Gamgee*), 3218–23, 3307–8, 3343–4, 3358–61, 3397–412; (*Spence*), 3417, 3456; (*Pitman*), 3705, 3708, 3760–9, 3785–9, 3797–808, 3981; (*Macnamara*), 4099, 4105, 4113–6, 4179–83, 4201–5, 4305–6; (*Morris*), 4623–5, 4658–9, 4663–4, 4728–9; (*Gairdner*), 4750; (*Barton*), 4999, 5088–91; (*Stoker*), 5234–41; (*Finny*), 5276–7, 5279–81, 5284, 5289–94, 5297, 5312, 5354; (*Moore*), 5443, 5448, 5462–3, 5513–5, 5536–9, 5549–54; (*Richardson*), 5588, 5599–601, 5609–12, 5626–9, 5675; (*Collins*), 5704–5; (*Struthers*), 5834, 5842, 6027–8; (*Redfern*), 6067; (*Fraser*), 6266–7; (*Tomes*), 6369–71, 6379–81, 6385, 6393–5; (*Edgelow*), 6414; (*Haughton*), 6447–8, 6501–8; (*Young*), 6573; (*Quain*), 6746–50, 6764–76, 6914–5, 6920, 6927, 6932.

Recommendations.—(*Sir J. Paget*), 251–2; (*Humphry*), 1187; (*Jacob*), 1473–9, 1496–502, 1597; (*Glover*), 1913, 1929–32, 2074–7, 2137–9, 2164–5; (*Waters*), 3147; (*Semple*), 3583, 3684–5; (*Macnamara*), 4299–302; (*Barton*), 4999–5001, 5023–8, 5048–53, 5077, 5090–1; (*Stoker*), 5240–1; (*Moore*), 5539–41; (*Tomes*), 6349–50; (*Haughton*), 6523; (*Quain*), 6749–50.

Reporters.—(*Acland*), 42, 97–8; (*Erichsen*), 809; (*Jacob*), 1408, 1596; (*Glover*), 2211–2.

Representation on:

Crown.—(*Prof. Paget*), 883; (*Marshall*), 2419; (*Waters*), 2996; (*Spence*), 3417; (*Pitman*), 3705, 3980; (*Macnamara*), 4099–100; (*Nelson Hardy*), *page* 255; (*Barton*), 5002; (*Finny*), 5288, 5327; (*Richardson*), 5619, 5654–6; (*Collins*), 5714; (*Haughton*), 6498; (*Young*), 6542–3; (*Quain*), 6777–8*a*, 6827–8.

Medical Authorities.—(*Sir J. Paget*), 257–8; (*Erichsen*), 615–8; (*Prof. Paget*), 883–4, 1072; (*Humphry*), 1197, 1268–73, 1287, 1632; (*Jacob*), 1353–4, 1364–5, 1380–4, 1593–5; (*Glover*), 1938, 1988, 1991–2; (*Scott-Orr*), 2337–41; (*Marshall*), 2419, 2574–5; (*Haldane*), 2668, 2672–6; (*Waters*), 2996–3000; (*Gamgee*), 3211–5; (*Spence*), 3417; (*Pitman*), 3980–1; (*Macnamara*), 4099–105, 4119–20; (*G. Y. Heath*), 4416–22; (*Morris*), 4622; (*Gairdner*), 4750, 4787–9; (*Barton*), 5002, 5092–4; (*Finny*), 5283, 5288, 5327–32; (*Moore*), 5439, 5442, 5448–56; (*Richardson*), 5619–25, 5639–42; (*Collins*), 5714; (*Struthers*), 5849–54; (*Redfern*), 6243, 6247; (*Haughton*), 6498; (*Young*), 6526, 6540–1, 6544; (*Greenwood*), 6600–1; (*Quain*), 6777–83, 6827–9.

Profession:

Direct.—(*Sir J. Paget*), 253–5, 530–40; (*Erichsen*), 619–27, 640, 665–9, 812–8; (*Prof. Paget*), 885–6, 1080–1, 1089–100; (*Humphry*), 1178, 1275–7, 1311–36, 1606–30, 1635–6, 1886–91; (*Jacob*), 1348–54, 1366–8, 1380–3, 1406, 1409–14, 1419, 1488–90, 1518–9, 1534–41; (*Glover*), 1941–2, 1945–6, 2106–8, 2208–9, 2214–9, 2228; (*Scott-Orr*), 2283–6, 2295–301, 2371–3; (*Marshall*), 2419–21, 2438–43, 2541–54; (*Haldane*), 2669–72; (*Waters*), 2996, 3001, 3052–114, 3126–33, 3151–4, 3194–7; (*Gamgee*),

MEDICAL COUNCIL—*cont.*

3207-9, 3236-48, 3342-58, 3361-6, 3384-90, 3402-11; (*Spence*), 3417, 3449-50; (*Semple*), 3609-12; (*Pitman*), 3705, 3726, 3982; (*Macnamara*), 4099-101, 4174-8, 4182; (*Morris*), 4622, 4626-8; (*Gairdner*), 4800-1; (*Nelson Hardy*), *page* 255; (*Barton*), 5004-9, 5036-8; (*Finny*), 5285-7, 5327; (*Moore*), 5441-2, 5448, 5457-61; (*Richardson*), 5619, 5643-56; (*Collins*), 5714; (*Struthers*), 5980; (*Redfern*), 6162-4, 6244-5; (*Haughton*), 6459, 6494-6; (*Young*), 6545; (*Quain*), 6802-5, 6816-7, 6846-52, 6907-12.

Indirect.—(*Sir J. Paget*), 535; (*Erichsen*), 620-4, 641-2, 662-4; (*Prof. Paget*), 1082-8, 1101; (*Humphry*), 1276, 1337-9; (*Jacob*), 1595; (*Marshall*), 2438-41, 2547-50; (*Waters*), 3088; (*Gamgee*), 3207-8, 3351-2, 3384, 3391-2; (*G. Y. Heath*), 4416-9; (*Barton*), 5003-4, 5054-6, 5074-6; (*Finny*), 5285-6, 5327; (*Moore*), 5440-1, 5448-60; (*Redfern*), 6246; (*Fraser*), 6305-11; (*Quain*), 6820-3, 6827-9, 6908.

Schools.—(*Marshall*), 2419; (*Waters*), 3048-9; (*Gamgee*), 3413; (*Macnamara*), 4310; (*Morris*), 4622.

Specialities.—(*Waters*), 3050; (*Tomes*), 6357-66, 6377, 6396-400; (*Edgelow*), 6409-10.

VISITATION.—(*Acland*), 51; (*Sir J. Paget*), 245-7, 273; (*Prof. Paget*), 849, 852, 866, 914-5, 947-57, 984-99, 1054-63; (*Humphry*), 1188, 1228-9, 1283-5, 1804-22; (*Scott-Orr*), 2275-7*a*; (*Marshall*), 2483-4; (*Haldane*), 2633-4, 2744-5, 2835-9; (*Gamgee*), 3307; (*Semple*), 3579-84; (*Pitman*), 3748-59; (*Macnamara*), 4304-6; (*Morris*), 4728-9; (*Barton*), 5041-2, 5088-9; (*Stoker*), 5167-72, 5229-31, 5239; (*Finny*), 5275, 5283-4, 5290; (*Moore*), 5513-21, 5554; (*Richardson*), 5612; (*Collins*), 5774-84; (*Struthers*), 5824, 5834, 5842, 5880-4; (*Redfern*), 6059-63, 6067, 6225; (*Haughton*), 6447-8, 6451, 6501-8; (*Quain*), 6920-2.

MEDICAL DEFENCE ASSOCIATION.—(*Waters*), 3083-6; (*Richardson*), 5563-73, 5630-2.

MEDICAL PRACTITIONERS:

INCOMPETENCE.—(*Prof. Paget*), 932; (*Waters*), 3155-7; (*Gamgee*), 3229-31, 3278, 3374-5; (*Spence*), 3453-4; (*Macnamara*), 4099, 4109, 4131-2, 4161; (*Cooke*), 4912, 4940-4; (*Moore*), 5437.

REMUNERATION.—(*Humphry*), 1672-4.

SUPPLY.—(*Sir J. Paget*), 390-1; (*Humphry*), 1167-8, 1671; (*Scott-Orr*), 2353; (*Redfern*), 6070-3, 6101-2, 6106-8, 6118, 6123; (*Fraser*), 6338.

MEDICAL REGISTER.—(*Jacob*), 1414; (*Redfern*), 6067, 6093-5; (*Quain*), 6923-31.

MIDWIFERY.—(*Erichsen*), 556; (*Prof. Paget*), 1035; (*Glover*), 1944, 1970, 2097-105; (*Waters*), 3050, 3108-12, 3154-5; (*G. Y. Heath*), 4501-4; (*Finny*), 5259, 5272-4; (*Struthers*), 5802-5, 5808-9, 5839; (*Haughton*), 6497.

MIGRATION OF STUDENTS.—(*Sir J. Paget*), 241, 437-46; (*Jacob*), 1371-4, 1503-7, 1520-9, 1583-92; (*Scott-Orr*), 2362-3; (*Waters*), 3038; (*Gamgee*), 3228-32, 3373-5; (*Spence*), 3433-4, 3453-4; (*Semple*), 3670-7; (*C. Heath*), 3991-4002, 4022-6, 4031-40; (*Macnamara*), 4124-7; (*Morris*), 4590-5, 4735-6; (*Cooke*), 4904-7, 4950-8; (*Stoker*), 5116-26, 5151, 5174-89, 5193, 5212-24; (*Finny*), 5302, 5310-6, 5357, 5386-8; (*Moore*), 5434; (*Struthers*), 5874; (*Quain*), 6865.

MINIMUM STANDARD. *See* Examination.

OXFORD UNIVERSITY. *See* Medical Authorities.

PHYSICIANS, Colleges of. *See* Medical Authorities.

ST. ANDREW'S UNIVERSITY. *See* Medical Authorities.

SCHEMES (LICENSING).—(*Acland*), 22-5, 151-78; (*Sir J. Paget*), 210-7, 382-7, 481-508; (*Erichsen*), 649-58, 670-9, 686-704, 711-20, 738, 746-56, 792-808; (*Prof. Paget*), 849-67, 897-930, 958-85, 1012-24, 1037-55, 1068-71, 1102-20, 1125-35; (*Humphry*), 1152-4, 1159-62, 1190-4, 1223-41, 1729-884; (*Jacob*), 1375-9, 1389-1404, 1415-6, 1423-36, 1542-55; (*Glover*), 1902-10, 1932-6, 2131-2, 2155-63, 2168-207, 2223-7; (*Scott-Orr*), 2281-2, 2287-94, 2302-7, 2319-33, 2364-7; (*Marshall*), 2379-412, 2422-37, 2444-540, 2560-73, 2576-610; (*Haldane*), 2636-66, 2732-6, 2744-60, 2787-802; (*Waters*), 2982-94, 3010, 3039-47, 3158-68; (*Gamgee*), 3224-7, 3233-5, 3270-308; (*Spence*), 3438, 3457-92; (*Pitman*), 3705-25, 3728-59, 3777-927, 3940-56; (*C. Heath*), 4065-8; (*Macnamara*), 4099, 4147-60, 4186-235; (*Morris*), 4601-20, 4629-44; (*Gairdner*), 4752-83, 4790-9, 4808-12, 4823-4; (*Cooke*), 4917-24, 4945-8 (*Barton*), 4988-90, 5016-21, 5029-33, 5039-42, 5060-2, 5066-7, 5080-9; (*Stoker*), 5235-41; (*Finny*), 5290-318, 5333-413; (*Moore*), 5446-8, 5464-77, 5486-93, 5543-8, 5557-60; (*Richardson*), 5605-13, 5671-80; (*Collins*), 5704-11, 5771-3; (*Struthers*), 5800-46, 5855-912, 5933-6, 5945-6, 5976-93, 6006-12; (*Redfern*), 6049-55, 6132-6, 6181-3, 6207-17, 6222-9; (*Fraser*), 6253-304; (*Haughton*), 6444-58, 6481, 6509; (*Young*), 6526, 6529-39, 6557-65, 6574-5; (*Greenwood*), 6585-7, 6593-5, 6618-26; (*Quain*), 6757-76, 6784-800, 6806-15, 6824-26, 6831-40, 6853-906, 6913-22, 6935-9.

SCHOOLS. *See* Education.

SURGEONS, Colleges of. *See* Medical Authorities.

TEACHERS. *See* Education.

TITLES.—(*Acland*), 134, 137, 146; (*Sir J. Paget*), 260-1, 295-314, 509-19, 547-52; (*Erichsen*), 621-4, 683-5, 721-6, 792-7; (*Prof. Paget*), 891, 920-1, 983, 1000-3, 1027-31; (*Humphry*), 1256-65, 1852-7; (*Jacob*), 1390-4, 1533; (*Glover*), 1917-20, 1997-2038, 2083-7, 2109-30, 2242; (*Scott-Orr*), 2249-53, 2307-9, 2359-60; (*Marshall*), 2405; (*Haldane*), 2792-3, 2799-802, 2854-6; (*Waters*), 3089-90, 3175-8, 3202; (*Spence*), 3439-41; (*Semple*), 3634; (*Pitman*), 3731-6, 3849-55, 3976-9, 3983-4; (*Macnamara*), 4147-51; (*Pocock*), 4314-33, 4346-7, 4354-64; (*G. Y. Heath*), 4396-400, 4432-8, 4456-9, 4572-8; (*Morris*), 4591, 4611, 4615-8, 4632-7, 4642-3; (*Gairdner*), 4753-4; (*Nelson Hardy*), *page* 247; (*Barton*), 5015, 5020, 5063-5, 5067; (*Finny*), 5252-5, 5302, 5419; (*Richardson*), 5584-96, 5608, 5613-6, 5633-6, 5679-86; (*Collins*), 5723; (*Struthers*), 5891, 5903-5, 5914, 5929-31, 5934, 5942-4, 5961-2, 5997-600, 6008-14; (*Haughton*) 6500-1; (*Young*), 6546-53; 6564-5, 6573-4; (*Greenwood*), 6585-6; (*Quain*), 6762-8, 6792, 6800, 6887-92.

UNLICENSED PRACTICE.—(*Sir J. Paget*), 272; (*Erichsen*), 633-8; (*Jacob*), 1354-60, 1380-2, 1437-59, 1489, 1530-3; (*Glover*), 1949-52, 1967-8, 2229-41; (*Waters*), 3013-21, 3084-8, 3175-8; (*Gamgee*), 3221-3, 3323-42; (*Pitman*), 3760-70; (*Nelson Hardy*), *pages* 248-62; (*Finny*), 5406-7; (*Richardson*), 5574-603, 5630-2, 5637, 5657-70; (*Haughton*), 6471-80, 6499-500; (*Crick*), 6649-56, 6717-30.

VICTORIA UNIVERSITY.—(*Waters*), 2988, 3115-8; (*G. Y. Heath*), 4420-2; (*Struthers*), 5852; (*Redfern*), 6229; (*Greenwood*), 6576-633.

VISITATION. *See* Examination, and Medical Council.

WOMEN (MEDICAL).—(*Prof. Paget*), 1089-91; (*Marshall*), 2539-40; (*Waters*), 3051; (*Finny*), 5269, 5274; (*Quain*), 6934-41.

LONDON:
Printed by GEORGE E. B. EYRE and WILLIAM SPOTTISWOODE,
Printers to the Queen's most Excellent Majesty.
For Her Majesty's Stationery Office.