

Special report from the Select Committee on the Medical Act (1858) Amendment (No. 3) Bill [Lords] : together with the proceedings of the Committee, minutes of evidence, and appendix.

Contributors

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Royal College of Physicians of London

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SPECIAL
REPORT

FROM THE

SELECT COMMITTEE

ON THE

MEDICAL ACT (1858) AMENDMENT
(No. 3) BILL [LORDS];

TOGETHER WITH THE

PROCEEDINGS OF THE COMMITTEE,

MINUTES OF EVIDENCE,

AND APPENDIX.



Ordered, by The House of Commons, to be Printed,
29 July 1879.

Ordered,—[Friday, 16th May 1879]:—THAT the MEDICAL ACT (1858) AMENDMENT (No. 3) BILL [LORDS] be read a second time, and committed to a Select Committee.

THAT the MEDICAL ACT (1858) AMENDMENT BILL be read a second time, and committed to the Select Committee on Medical Act (1858) Amendment (No. 3) Bill [Lords].

THAT the MEDICAL APPOINTMENTS QUALIFICATION BILL be read a second time, and committed to the Select Committee on Medical Act (1858) Amendment (No. 3) Bill [Lords].

THAT the MEDICAL ACT (1858) AMENDMENT (No. 2) BILL be read a second time, and committed to the Select Committee on Medical Act (1858) Amendment (No. 3) Bill [Lords].

[Monday, 9th June 1879]:—Select Committee nominated of—

Mr. William Edward Forster.
Dr. Cameron.
Mr. Dalrymple.
Mr. Errington.
Mr. Goldney.
Mr. Heygate.
Lord George Hamilton.
Sir Trevor Lawrence.

Dr. Lush.
Mr. Mitchell Henry.
Mr. Arthur Mills.
Dr. Lyon Playfair.
Mr. Serjeant Simon.
Mr. David Plunket.
Mr. Wheelhouse.

Ordered,—THAT the Committee have power to send for Persons, Papers, and Records.

THAT Five be the Quorum of the Committee.

Ordered,—[Tuesday, 17th June 1879]:—THAT the Petition of *W. H. Llewelyn*, for alteration, be referred to the Committee.

Ordered,—[Wednesday, 18th June 1879]:—THAT the Committee do consist of Seventeen Members.

THAT Mr. *O'Leary* and Mr. *John Maitland* be added to the Committee.

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SPECIAL REPORT.

THE SELECT COMMITTEE to whom the MEDICAL ACT (1858) AMENDMENT (No. 3) BILL [LORDS], the MEDICAL ACT AMENDMENT BILL, the MEDICAL APPOINTMENTS QUALIFICATION BILL, and the MEDICAL ACT (1858) AMENDMENT (No. 2) BILL, were referred ;—HAVE agreed to the following SPECIAL REPORT :—

YOUR COMMITTEE are of opinion that at this late period of the Session it is not possible to complete the evidence which bears on the Bills referred to them. That it is, therefore, not desirable to proceed further with the said Bills during the present Session, and that they be reported to the House, without Amendments, together with the Minutes of Evidence taken before them, and an Appendix.

MEDICAL ACT (1858) AMENDMENT (No. 3) BILL [LORDS].

THE SELECT COMMITTEE on the MEDICAL ACT (1858) AMENDMENT (No. 3) BILL [LORDS], have agreed to report the same, without Amendment, to the House.

MEDICAL ACT (1858) AMENDMENT BILL.

THE SELECT COMMITTEE on the MEDICAL ACT (1858) AMENDMENT BILL, have agreed to report the same, without Amendment, to the House.

MEDICAL APPOINTMENTS QUALIFICATION BILL.

THE SELECT COMMITTEE on the MEDICAL APPOINTMENTS QUALIFICATION BILL, have agreed to report the same, without Amendment, to the House.

MEDICAL ACT (1858) AMENDMENT (No. 2) BILL.

THE SELECT COMMITTEE on the MEDICAL ACT (1858) AMENDMENT (No. 2) Bill, have agreed to report the same, without Amendment, to the House.

29 July 1879.

PROCEEDINGS OF THE COMMITTEE.

Friday, 13th June 1879.

MEMBERS PRESENT :

Mr. William Edward Forster. Mr. Arthur Mills. Mr. Errington. Dr. Lush. Mr. Serjeant Simon.		Dr. Lyon Playfair. Dr. Cameron. Lord George Hamilton. Mr. Dalrymple.
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Mr. WILLIAM EDWARD FORSTER was called to the Chair.

The Committee deliberate.

[Adjourned till Monday next, at Twelve o'clock.]

Monday, 16th June 1879.

MEMBERS PRESENT :

Mr. WILLIAM EDWARD FORSTER in the Chair.

Mr. Arthur Mills. Sir Trevor Lawrence. Mr. Errington. Mr. David Plunket. Mr. Goldney. Mr. Dalrymple.		Mr. Mitchell Henry. Lord George Hamilton. Mr. Wheelhouse. Dr. Lyon Playfair. Dr. Cameron. Dr. Lush.
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Dr. *Acland*, M.D., F.R.S., was examined.

[Adjourned till Friday next, at One o'clock.]

Friday, 20th June 1879.

MEMBERS PRESENT :

Mr. WILLIAM EDWARD FORSTER in the Chair.

Mr. Wheelhouse. Mr. David Plunket. Mr. Mitchell Henry. Dr. Lyon Playfair. Mr. Dalrymple. Mr. Arthur Mills.		Mr. Errington. Dr. Cameron. Dr. Lush. Mr. John Maitland. Mr. Serjeant Simon. Sir Trevor Lawrence.
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Dr. *Acland* was further examined.

Mr. *John Simon*, C.B., F.R.S., was examined.

[Adjourned till Monday next, at Twelve o'clock.]

Monday, 23rd June 1879.

MEMBERS PRESENT :

Mr. WILLIAM EDWARD FORSTER in the Chair.

Mr. Dalrymple.
Mr. Errington.
Mr. Mitchell Henry.
Mr. David Plunket.
Mr. Wheelhouse.

Mr. John Maitland.
Sir Trevor Lawrence.
Dr. Cameron.
Mr. Serjeant Simon.
Dr. Lyon Playfair.

Mr. John Simon, C.B., F.R.S., was further examined.

[Adjourned till Friday next, at Twelve o'clock.]

Friday, 27th June 1879.

MEMBERS PRESENT :

Mr. WILLIAM EDWARD FORSTER in the Chair.

Dr. Cameron.
Dr. Lush.
Mr. John Maitland.
Mr. Errington.
Lord George Hamilton.
Mr. Arthur Mills.

Mr. Mitchell Henry.
Dr. Lyon Playfair.
Mr. Wheelhouse.
Mr. Dalrymple.
Mr. David Plunket.
Sir Trevor Lawrence.

Mr. John Simon, C.B., F.R.S., was further examined.

[Adjourned till Tuesday next, at Twelve o'clock.]

Tuesday, 1st July 1879.

MEMBERS PRESENT :

Mr. WILLIAM EDWARD FORSTER in the Chair.

Mr. Dalrymple.
Mr. Errington.
Mr. David Plunket.
Mr. Wheelhouse.
Mr. Arthur Mills.

Dr. Lyon Playfair.
Mr. John Maitland.
Mr. Mitchell Henry.
Dr. Cameron.
Sir Trevor Lawrence.

Mr. John Simon, C.B., F.R.S., was further examined.

Dr. Quain, M.D., and Dr. Lyons, were severally examined.

[Adjourned till Friday next, at Twelve o'clock.]

Friday, 4th July 1879.

MEMBERS PRESENT:

Mr. WILLIAM EDWARD FORSTER in the Chair.

Mr. Dalrymple.	Mr. David Plunket.
Sir Trevor Lawrence.	Mr. Mitchell Henry.
Dr. Lush.	Dr. Cameron.
Mr. Arthur Mills.	Mr. John Maitland.
Mr. Wheelhouse.	Dr. Lyon Playfair.
Mr. Errington.	

Dr. E. Waters was examined.

[Adjourned till Monday next, at Twelve o'clock.

Monday, 7th July 1879.

MEMBERS PRESENT:

Mr. WILLIAM EDWARD FORSTER in the Chair.

Mr. John Maitland.	Mr. Wheelhouse.
Mr. Arthur Mills.	Mr. Errington.
Sir Trevor Lawrence.	Mr. Mitchell Henry.
Dr. Lyon Playfair.	Mr. David Plunket.
Mr. Dalrymple.	

Dr. Edward Waters, M.D., was further examined.

Dr. J. G. Glover, M.D., was examined.

[Adjourned till Friday next, at Twelve o'clock.

Friday, 11th July 1879.

MEMBERS PRESENT:

Mr. WILLIAM EDWARD FORSTER in the Chair.

Mr. Errington.	Dr. Lyon Playfair.
Mr. Mitchell Henry.	Lord George Hamilton.
Sir Trevor Lawrence.	Dr. Lush.
Mr. Arthur Mills.	Mr. Wheelhouse.
Dr. Cameron.	Mr. Goldney.
Mr. O'Leary.	

Sir James Paget, Bart., F.R.S., F.L.S., and Mr. William John Clark Miller, B.A., were severally examined.

[Adjourned till Tuesday next, at Twelve o'clock.

Tuesday, 15th July 1879.

MEMBERS PRESENT:

Mr. WILLIAM EDWARD FORSTER in the Chair.

Mr. Errington.	Mr. David Plunket.
Mr. Arthur Mills.	Mr. Dalrymple.
Mr. O'Leary.	Dr. Lyon Playfair.
Mr. Wheelhouse.	Dr. Cameron.
Mr. Mitchell Henry.	Lord George Hamilton.

Sir Dominic Corrigan, Bart., M.D., was examined.

Mr. William John Clark Miller, B.A., was further examined.

[Adjourned till Friday next, at Twelve o'clock.

Friday, 18th July 1879.

MEMBERS PRESENT:

Mr. WILLIAM EDWARD FORSTER in the Chair.

Dr. Lush.	Mr. Wheelhouse.
Mr. Mitchell Henry.	Dr. Cameron.
Dr. Lyon Playfair.	Mr. Errington.
Sir Trevor Lawrence.	Mr. Dalrymple.
Mr. John Maitland.	Mr. Goldney.
Mr. David Plunket.	Lord George Hamilton.

Professor *William Turner*, M.D., F.R.S., was examined.

[Adjourned till Tuesday next, at Twelve o'clock.]

Tuesday, 22nd July 1879.

MEMBERS PRESENT:

Mr. WILLIAM EDWARD FORSTER in the Chair.

Mr. Heygate.	Mr. Wheelhouse.
Sir Trevor Lawrence.	Dr. Cameron.
Dr. Lush.	Dr. Lyon Playfair.
Mr. David Plunket.	Mr. Errington.
Mr. Arthur Mills.	Mr. John Maitland.
Mr. Mitchell Henry.	

The Rev. Dr. *Haughton*, M.D., D.C.L., F.R.S., and Mr. *Ernest Hart*, M.R.C.S., were severally examined.

[Adjourned till Friday next, at Twelve o'clock.]

Friday, 25th July 1879.

MEMBERS PRESENT:

Mr. WILLIAM EDWARD FORSTER in the Chair.

Dr. Lush.	Mr. David Plunket.
Mr. Arthur Mills.	Mr. Errington.
Mr. Mitchell Henry.	Mr. John Maitland.
Mr. Wheelhouse.	Dr. Lyon Playfair.
Sir Trevor Lawrence.	Mr. Heygate.

Mr. *Ernest Hart*, M.R.C.S., was further examined.

Dr. *Andrew Wood* was examined.

Mr. *William John Clark Miller*, B.A., was further examined.

Adjourned to Tuesday next, at Twelve o'clock.

Tuesday, 29th July 1879.

MEMBERS PRESENT :

Mr. WILLIAM EDWARD FORSTER in the Chair.

Mr. Dalrymple.
Mr. John Maitland.
Mr. Arthur Mills.
Mr. Mitchell Henry.

Dr. Lyon Playfair.
Mr. Errington.
Lord George Hamilton.

Mr. *William John Clark Miller*, B.A., was further examined.

The Committee deliberated.

SPECIAL REPORT proposed by the *Chairman*, read the first and second time, and *agreed to*.

Ordered, To Report the Medical Act (1858) Amendment (No. 3) Bill [Lords], without Amendment, to the House.

Ordered, To Report the Medical Act (1858) Amendment Bill, without Amendment, to the House.

Ordered, To Report the Medical Appointments Qualification Bill, without Amendment, to the House.

Ordered, To Report the Medical Act (1858) Amendment (No. 2) Bill, without Amendment, to the House.

Ordered, That the Special Report, together with the Minutes of Evidence, and an Appendix, be reported to the House.

EXPENSES OF WITNESSES.

NAME OF WITNESS.	PROFESSION OR CONDITION.	From whence Summoned.	Number of Days Absent from Home, under Orders of Committee.	Allowance during Absence from Home.	Expenses of Journey to London and Back.	TOTAL Expenses allowed to Witness.
Sir Dominic Corrigan, Bart., M.D.	Physician - -	Dublin -	3	£. s. d. 9 9 -	£. s. d. 5 9 -	£. s. d. 14 18 -
The Rev. Dr. Haughton M.D., &c.	Physician - -	Dublin -	4	12 12 -	- Nil -	12 12 -
Dr. Andrew Wood, M.D.	Physician - -	Edinburgh	3	9 9 -	5 15 -	15 4 -
TOTAL - - - £.						42 14 -

MINUTES OF EVIDENCE.

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MINUTES OF EVIDENCE.

Monday, 16th June 1879.

MEMBERS PRESENT :

Dr. Cameron.
Mr. Dalrymple.
Mr. Errington.
Mr. William Edward Forster.
Mr. Goldney.
Lord George Hamilton.
Mr. Mitchell Henry.

Sir Trevor Lawrence.
Dr. Lush.
Mr. Arthur Mills.
Dr. Lyon Playfair.
Mr. David Plunket.
Mr. Wheelhouse.

THE RIGHT HONOURABLE W. E. FORSTER, IN THE CHAIR.

Mr. HENRY WENTWORTH ACLAND, M.D., F.R.S., called in; and Examined.

Chairman.

1. YOU are President, are you not, of the Medical Council?—Yes.

2. How long have you been so?—Just five years. I have been a member of the council 20 years, since its formation.

3. By which of the bodies were you first appointed member?—By the University of Oxford.

4. And you had been, I suppose, their member until you were elected president of the council?—Yes.

5. When was the council instituted?—In the year 1858.

6. Was there absolutely no council before, or nothing at all corresponding to a council?—Nothing of the kind; all the bodies which regulated the affairs of the medical profession were separate bodies, and they had no bond of union.

7. What is its present composition?—A member is selected by every university in the kingdom, except in the case of Edinburgh and Aberdeen, which select one member, and Glasgow and St. Andrew's another, but otherwise, a member is sent by each university in England, Scotland, and Ireland.

8. Is there one for Trinity University and another for the Queen's University in Ireland?—Yes.

9. That makes how many university members?—The members from England are eleven: four appointed by the Crown, four by the four universities, and three by the three corporations. Those from Scotland are six: one appointed by the Crown, two by the four universities, and

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Chairman—continued.

three by the three corporations. Those from Ireland are six: one appointed by the Crown; two by the two universities, and three by the three corporations.

10. Then there are eleven from England, six from Scotland, and six from Ireland?—Yes, and a president.

11. How many from the universities altogether?—Eight.

12. How many from the corporations?—Nine, and there are six nominated by the Crown.

13. And the number 24 is made up by the president?—Yes.

14. How is the president chosen?—He is chosen by the council, and he may be either a member of the council, or he may be any other person whatsoever.

15. Supposing that he be chosen by the council out of their members, is his place filled up?—Yes; for instance, when Dr. Paget was elected, he having been sent by Cambridge, his place was then filled up by Professor Humphry; and in my own case, I having been selected by Oxford three times, my place was filled up by Professor Rolleston.

16. Now we come to the duties of the council, I will take them in order; one of its duties is the publication of a register, is it not?—That may be stated to have been the first duty, which was the publication of a register of every person in the United Kingdom who was qualified, or supposed to be qualified, to practise. That had to be carried out under the terms of the Act of 1858. I have brought, for the information of the Committee, a copy of the Register (*delivering in the same*).

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17. Until

Mr. Acland,
M.D., F.R.S.
16 June
1879.

Mr. Acland,
M.D., F.R.S.

16 June
1879.

Chairman—continued.

17. Until the constitution of the council, I presume there was no authorised Register?—There was no authorised Register at all.

18. There was a Register published by the different bodies, was there not?—Yes, by all the different bodies.

19. Has there been much alteration in the mode of publication since the beginning, since 1858?—No, the form was settled upon in 1858, and, with very little variation of type or otherwise, it has been carried out as it now is in your hands.

20. The next duty, I suppose, would be the publication of the Pharmacopœia?—Up to that time there were three Pharmacopœias: one in England, one in Scotland, and one in Ireland; the proportions and strength of the drugs varied in the three parts of the kingdom, which led to a great deal of confusion, and sometimes even one may say to risk in the composition of medicines, and one of the chief works of the council was to prepare a British Pharmacopœia, which I have here (*delivering in the same*).

21. When did you bring out your first Pharmacopœia?—The date of the first edition was 1864; it was prepared as rapidly as possible; it was a much more troublesome undertaking than might have been supposed, because several interests, as well as many opinions, had to be consulted.

22. I see this is put down as the third reprint, with additions made in 1874?—Yes, additions have been made from time to time; and, altogether, near 50,000 copies have been sold.

23. Will you describe to us a little in what way the council set to work to do this?—A committee was appointed by the council of 10 members fairly representing England, Scotland, and Ireland; they added to the knowledge existing in the old Pharmacopœias such additional knowledge as they obtained; and with the assistance of skilled pharmacists and other persons, they constructed a new Pharmacopœia, and then when once it was constructed it was the property of the British Medical Council, and it became the national Pharmacopœia.

24. That is a committee which is still in existence, and which makes additions from year to year?—It makes additions as they may seem to be required, and lately some additions have been made in a small volume which is circulated in addition to the existing Pharmacopœia.

25. You have what you call a Pharmacopœia committee?—Yes, there is a standing Pharmacopœia committee.

26. What is the number of that committee?—Five.

27. And with one or more members from both Scotland and Ireland?—Yes. Dr. Quain, chairman, Dr. Pitman, Dr. Haldane, Dr. Aquila Smith, and Mr. McNamara. The case is different now to what it was originally, when there were various interests, and many different opinions. As soon as the Pharmacopœia was once the property of the Medical Council, and therefore a national Pharmacopœia, it was a much easier transaction; it was not necessary to have the same complicated committee.

28. But in the first edition both Scotland and Ireland were represented, were they not?—Certainly, and still are so.

29. Now, will you state what you have done

Chairman—continued.

with regard to examinations?—The third great duty, which in some respects must be considered as the chief duty, was the superintendence of the examinations. A complete history of this department of the council's work would of course be very long, and at this stage of the examination, perhaps it would be undesirable for me to trouble the Committee with all the details, but it is briefly this: There were 19 licensing bodies. Their examinations either were, or were reputed to be, very diverse in character and severity, and one of the first functions of the council clearly was to ascertain the actual condition of the examinations. They employed visitors, who generally were members of the council, accompanied by some other distinguished person who would take that office. All the licensing bodies and their examinations were visited, and the reports, when printed and circulated, have been published, and accessible to any person who desired to possess them. Here is a copy of one series of reports (*delivering in the same*).

30. Just take one visitation, for instance, and tell us how it would be conducted. I open this book upon the University of Glasgow. What would be done, I presume, you would appoint two or three visitors to go down to Glasgow?—In every case two visitors were appointed who, for instance, in the case of Glasgow, went thither, and were required to be present at the whole of the examinations, to see all the papers, to attend the oral examinations, and to be present during the whole course of the examination.

31. Were the visitors always members of the council?—There was one member of the council, accompanied by some other gentleman, I think, in almost every case.

32. I do not suppose that the University of Glasgow, or, indeed, that any other body, made any difficulty about the visits, but was it the case that there was no difficulty made about the visits?—I cannot say that no difficulty ever occurred, because the powers of the medical council under the Act of 1858 are really very limited; they may require information, and, of course, may, to a certain extent, pass judgment, but, substantially, there was never any difficulty at all. But I remember this question case arose at Oxford (in illustration of the difficulty suggested), whether it was right for persons not members of the university to carry away with them to London the answers of the candidates, as there were no special powers or precedents authorising that step.

33. What is the section which gives that power?—The 18th: "The several colleges and bodies in the United Kingdom mentioned in Schedule (A) to this Act shall from time to time, when required by the general council, furnish such council with such information as they may require as to the courses of study and examinations to be gone through in order to obtain the respective qualifications mentioned in Schedule (A) to this Act, and the ages at which such courses of study and examination are required to be gone through, and such qualifications are conferred, and generally as to the requisites for obtaining such qualifications; and any member or members of the general council, or any person or persons deputed for this purpose by such council, or by any branch council, may attend and be present at any such examinations."

34. Practically,

Chairman—continued.

34. Practically, you found no obstacle put in your way by any of the examining bodies to your carrying out this visitation?—Practically none whatever.

35. Have you visited every examination by every body?—Yes, every one except the University of London.

36. Having done so, do you revisit them?—Yes; the council would at any time that it thought desirable revisit any one of those bodies, or the whole of them, if requisite, but it is clearly an expensive and troublesome operation, and one which should not be unnecessarily performed. But I must observe, also, that there has been so much question raised with regard to legislation, and to what is called technically the conjoint scheme, and generally as to all the details of the Medical Act, that a good deal of work of that kind has necessarily somewhat hung fire. Everything is kept in a state of uncertainty pending the conclusion of the legislation by the Legislature; so that if it had not been likely or possible that there would have been a system of conjoint examinations established in the whole country, I daresay that the visitations would have been more frequent; I cannot say positively whether they would or not, for if deemed unnecessary the council would not institute them.

37. Have the medical council drawn up any report of the results of the different examinations?—I have handed the volume to you containing such reports or resolutions.

38. Has there been any final report upon the visitation generally?—I should say that we print and publish annually a volume of the minutes. I thought it might seem a liberty to bring the whole series to the Committee; but there are 16 volumes of minutes, and there is a careful and elaborate index to the whole subject-matter of those several volumes, containing therefore the council's resolutions hereon.

39. The object of my question is to know whether the council have ever under their authority given any opinion at all bearing upon the question whether there is much difference of examination or not?—Yes; if we were to go over the several resolutions and discussions which have taken place in the council, and which are recorded in those minutes, I could furnish the Committee precisely with every resolution which has been passed by the council on that subject. But there is one general one which has a bearing upon it, which was passed on the 10th of May 1877: "That having regard to the good spirit in which the visitations of examinations, and the reports of the visitors have been generally received by the licensing bodies, and to the improvements which have been made in all, or nearly all the examinations for admission to the register, it is desirable not to enter now into a discussion on the reports of the committee on the visitations of examinations and the answers of the licensing bodies, but to send copies of the Report of 1876 to each of the licensing bodies for consideration." That is to say, that when the reports have been received from the visitors, they are usually referred to a committee for discussion, the committee reports its opinion upon the whole of them, and refers it to the council, and the council resolves thereupon, and sends its opinion to each of the bodies, and not only to each body separately, but to the whole of the bodies

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Chairman—continued.

for their general information. There has been therefore a system at work a good many years by which each body has been reported upon, and has been discussed by the committee and then by the council. The opinions have been sent down to each body separately, and to all the licensing bodies collectively. Their replies form a separate volume, which volumes I do not hand in because they are so voluminous, but will have them laid upon the table. Then, if I might be allowed to complete my answer, there have been reports further constructed, giving the opinion of eminent persons upon the several questions which have been raised by the examinations, and that forms a volume of really great interest in respect of medical and scientific education. A great many persons who are known to be men of the utmost eminence in all parts of the country have given their opinions in this volume.

40. There does not appear to be any short report or resolution embodying the general results, and therefore I would ask you, speaking not on behalf of the council but simply from your own personal knowledge from having watched this part of their work for some time past, to give us your opinion with regard to those visitations; do they, or do they not, show that there is much difference of examination by the bodies?—Perhaps the most important answer that could be given to that question in order to bring out the gravest fact in the whole subject is this, that some of those bodies are surgical bodies, that is to say, bodies granting a surgical qualification, and some give a medical qualification; as, for instance, the College of Surgeons of England confers a surgical qualification, and the University of Oxford, of which I am supposed to know something, although I am not speaking on its behalf now, professes only to confer a medical qualification. Either of those qualifications admits the successful candidate to the register. (*The Witness handed in the list of qualifications.*)

41. My question was not a comparison of the surgical with the medical examination, but taking the different subjects of examinations, and taking the different medical examinations, is there much difference between them or not?—Some of the examinations no doubt aim at being a minimum examination, and some aim, as the London University is always supposed to aim, at a higher standard. I am speaking only my personal opinion. I have no authority to give an authoritative opinion upon the subject; but giving a general answer to a question, which I think can only be answered generally, the University of London aims at what may be called an honour standard or a higher standard. It professes to do so, and other bodies perhaps do not so profess. Therefore it would not be true to say that the examinations are all the same, and I do not suppose that they are. I would observe further that the function of the medical council is not to discuss the question with reference to examinations for the higher qualifications or honour qualifications, but the Act requires it only to settle what is the minimum qualification for practice. It must be understood at the very outset of the inquiry, that the council has only to satisfy itself that the examination required to be gone through has been sufficient for the practice of the profession.

42. Where do you get the statement in the Act

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Act that it is to be sufficient?—In Clause 20: "In case it appear to the general council that the course of study and examination 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 Honourable Privy Council;" therefore it is substantially to fix what might be called the minimum standard, clearly an extremely difficult thing.

43. As I understand what you think was intrusted to you by Parliament was, first, that you were to find out what were the examinations; and, secondly, that you were instructed to represent to the Privy Council any examination which appeared to you not to give the requisite knowledge and skill for efficient practice?—Quite so.

44. Have you ever had to do that?—It never has been done.

45. Leaving that part of your duties, I see by the 19th section that you have power to sanction a combination of any two or more of the colleges and bodies in the United Kingdom; has that brought upon you any work?—In Scotland there has been limited scale; I will hand in the exact terms of it; in England it has been attempted to combine all the examining bodies in the kingdom into one board; and in Ireland I believe I am correct in saying that it was attempted. But it has never been completely carried out in England or in Scotland, or in Ireland.

46. But in England has it gone beyond a scheme?—No, it has not gone beyond a scheme; the scheme is still in abeyance, there having been over 70 conferences on the subject alone of the mode of carrying the scheme out, with Sir James Paget in the chair at every one of them, I believe, without exception.

47. What is the number of examining bodies at the present time?—Nineteen.

48. What are those 19 bodies?—Page 76 of this pamphlet which I hand in will give a list of the 19 bodies, which are as follows:—The Royal College of Physicians of London; the Royal College of Surgeons of England; the Society of Apothecaries of London; the University of Oxford; the University of Cambridge; the University of Durham; the University of London; the Royal College of Physicians of Edinburgh; the Royal College of Surgeons of Edinburgh; the Faculty of Physicians and Surgeons of Glasgow; the University of Edinburgh, conjointly with the University of Aberdeen; the University of Glasgow, conjointly with the University of St. Andrew's; the King and Queen's College of Physicians in Ireland; the Royal College of Surgeons in Ireland; the Apothecaries Hall of Ireland; the University of Dublin, and the Queen's University in Ireland.

49. How many of the examinations by those bodies are for both physicians and surgeons?—I will furnish, at the next meeting of the Committee, a complete printed table, because there are several titles and forms of license which are given by the different bodies. They are all tabulated in a document which I have here. For instance, the Royal College of Physicians of London gives a license and membership in medicine

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and surgery; the College of Surgeons gives membership for surgery only, a license in midwifery, and a fellowship; the Society of Apothecaries gives a license; the University of Oxford gives an M.B., an M.D., with a license to practise medicine and go on the Register; but the University of Cambridge not only gives a license in medicine, but also a license in surgery.

50. Do not you do so in Oxford?—No, we do not, and I will give you the reason, which has an important bearing upon the inquiry of the Committee. It was decided by the University of Oxford as very undesirable to add to the complication of the whole question by instituting any new diplomas, and it was decided not to bring forward a new diploma in surgery, because it was believed a few years ago that the great object of the Legislature, and the object of all those who were paying attention to the subject, was to diminish the multitude of different licences; and therefore, although Oxford would have been very glad to have had an examination and qualification in surgery, they thought it was a public duty not to do it till the question of a conjoint board was settled.

51. Will you, in handing in this statement, also give us the division of the examining bodies into the three classes of medicine and surgery together, medicine or surgery separate, and special examinations?—Yes. (*Inserted after Question 40.*)

52. With regard to the special examinations, will you state what they are?—Besides surgery and medicine there is an examination in midwifery, and there are now examinations instituted in dental surgery or in dentistry, for which there was a special Act passed last Session.

53. Neither of those, I presume, would be amongst those 19 bodies?—The license in midwifery is attached always to an existing licensing body; it is not an independent body, so that it does not add to the number; it adds to the titles or number of qualifications, but not to the number of examining bodies.

54. You say there has been some combination in Scotland of the two bodies?—At page 9 of the pamphlet which I have handed in, under heading No. 4: "The giving sanction and direction to the union of authorities in conducting examinations;" it says: "The council has sanctioned the conjunction, for the purpose of examinations of the Royal Colleges of Physicians and Surgeons of Edinburgh, and a like conjunction of the Royal College of Physicians of Edinburgh with the Faculty of Physicians and Surgeons of Glasgow; and examinations by these bodies have, for nearly 20 years, been conducted in accordance with that sanction." Then, for the further explanation of the subject of the Chairman's question, the next two lines are unimportant, but it proceeds: "The council can only give its sanction and direction to proposals for union which may be submitted by any of the authorities. The council is not required or authorised to take the initiative or to make any proposals, still less is it empowered to enforce them." The council cannot take the initiative in this matter at all; it can only proceed under the Act to approve of the conditions.

55. Taking what has been done, there has been a combination of physicians and surgeons at Edinburgh, the result being that a diploma given by

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by that combination will be for either or both?—Yes.

56. And in like manner at Glasgow?—Yes.

57. There has been no combination of Glasgow and Edinburgh together, has there?—Yes, there has been a combination of the College of Physicians of Edinburgh with the Faculty of Physicians and Surgeons of Glasgow.

58. Then there is only one examining body in Scotland, besides the universities?—I suppose that is not quite so, because there is power reserved to examine separately.

Mr. Plunket.

59. The College of Physicians and Surgeons of Edinburgh combined together, and the College of Physicians combines with the Faculty of Physicians and Surgeons in Glasgow?—Yes.

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60. But at Edinburgh what is the combination?—There is a combination between the physicians and the surgeons, the university not combining; therefore, there are three licensing bodies in Edinburgh, of which two combine, and the third does not.

61. Is the College of Physicians of Edinburgh combined both with the surgeons of Edinburgh and also, separately, with the physicians and surgeons of Glasgow?—I believe that to be the case. May I add, also, they are able to give a separate qualification besides the combination, as will be seen in the table which I have handed in.

Mr. Plunket.

62. Has that been done in practice?—I have not had it officially before me, but I have no doubt that it is so.

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63. What has been done in Ireland is this: you have sanctioned, have you not, the conjunction of the University of Dublin, the King and Queen's College of Physicians in Ireland, and the Royal College of Surgeons in Ireland?—Yes.

64. But that has not been carried out?—I believe not.

65. When was your sanction given?—On 31 March 1873; but, like all those other combinations, it is in abeyance waiting the settlement of the whole.

66. Of course you were asked to sanction it by each one of the bodies?—Yes.

67. Will you just tell the Committee what has been done, or rather tried to be done, in England?—In England many years ago it was generally felt that, as a national question, it was desirable to diminish, if possible, the number of the 19 bodies, and I think that many persons even felt that even though the examinations could be said to be all equal, and all equally good, and all adequate, it was very desirable that a national examination board should be formed; of course I am aware that that may be made, and has been made, very much the subject of discussion and debate, but that was the opinion.

68. Then what was done to carry out that opinion?—All the bodies in England met, and after a great deal of difficulty a combination was agreed upon which received the sanction of the Medical Council, and all the bodies, that is to say, the universities and the corporations of physicians and surgeons, and subsequently the Society of

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Apothecaries. They agreed together that they would not in any case give a license to practise to any person connected with them, unless that person had passed the combined examination of the whole nine.

69. That is a movement, I believe, since 1870, is it not?—I answer that with hesitation, as this question of forming a combination of examinations had been debated in England prior to the Act of 1858.

70. A scheme has been finally agreed upon, has there not?—All but finally agreed upon.

71. What do you mean by "all but"?—If I were to hand in on another day, which perhaps I may be allowed to do, the scheme, it would be at once evident to you and to the Committee that it implies an intricate and difficult operation, with a great number of examiners. We should have to select 100 persons, from whom 48 would be appointed examiners. Questions concerning the payment of those gentlemen, for which we have very little funds, questions concerning the subjects of examination, and the extent to which the examinations are to be carried, and so forth have to be discussed. The details are, every one of them, especially among equally skilled men, subjects of debate; and then when once they have been agreed upon in committee No. 1, or by the committee of reference as it is called, in London, of course this agreement has to go down to all the licensing bodies; that is to say, to the universities, to the Colleges of Physicians and Surgeons, and to the Apothecaries; and then it is quite possible that one of those bodies may raise an objection at any time, and then it must go back again. But all this applies only to starting the scheme.

72. What I wanted to arrive at was how far you have agreed; you could put in, could you not, a scheme up to the point of the present agreement, which I imagine, from your answer, would be an agreement as to the general principle, but leaving certain details still to be determined?—So entirely so that I think, if I may venture to give my opinion, there is no detail unsettled which would need to take five minutes to settle.

73. Could you hand in a scheme with any minute of the council for instance upon it?—I will do so by the next meeting of the Committee. It is in type and can be sent in at once. A statement made by Sir James Paget will settle the whole matter. It is a statement in answer to a question put by me at the meeting of the Medical Council last year. Sir James Paget said that: "Shortly after the conjoint scheme proposed by the English medical authorities received the sanction of the general Medical Council, the authorities appointed a committee of reference by whom regulations had been framed for the education and examination of candidates for qualifications for registration. The regulations were now complete, and the copy of them which he had in his hand might be published, but that they required the sanction of the authorities." I cannot officially say that they are complete before the formal sanction.

74. Giving your opinion merely as president, do you or do you not think that, without any assistance from Parliament, and without any fresh Bill, you will be able to get a conjoint English examination?—I am unable to answer that as

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president, because the only answer of course that I can give officially, as president, would be what has been resolved upon by the council.

75. I meant to ask you merely what was the result of your experience gained as president?—I have no hesitation in saying that I think that the only reason why this conjoint scheme has not been put in operation is the extreme uncertainty of what the course of legislation will be, an uncertainty with which every Member of the Committee is at least as well acquainted as I am.

76. Supposing that the council and the medical body generally were satisfied that there was going to be no legislation, do you think then that you would be able by yourselves, or with the assistance of the profession, to get at this examination?—We should be able, without a doubt. But supposing it were known that there would be no legislation in respect of medical affairs for the next 10 years; I am not at all sure what the several bodies would think it desirable to do. The conduct of an examination by universities and corporations conjointly is extremely troublesome and a very difficult thing. If they thought there was likely to be no change at all, probably they would discharge their duty to the best of their ability. I cannot tell what would happen. My hesitation arises because many in England do not feel satisfied that there should be a single board in England, unless there be a similar arrangement with all the bodies in Scotland and in Ireland.

77. I understand your answer to be rather that the expectation of a change has been a stimulus to them to agreement, so far as they have hitherto made it?—I suppose it must vary very much with the different bodies, or with the persons that represent them. I do not think it has been so in the case of the body that I know most about, namely, the University of Oxford, because it was always of opinion that a conjoint board was desirable for the nation, and they wished to further it, but I could not say that that was the opinion of everyone. That is the opinion and has been the opinion of my university for a long time.

78. Now will you go on and state what your duties are in the supervision of medical education?—That is substantially already answered by what has passed. The duty of the council is mainly in respect of education to regulate the *examinations*; whether it should have been required to control *methods of teaching* in detail is a further question.

79. That does not refer to any clause in the Act other than those two that you have told us of I suppose, the 18th and 20th?—Only to those clauses. But I would hand in the recommendations of the council, which are not orders, because (and this is very important with a view to future legislation) the council are only empowered to represent insufficiency to the Privy Council; and therefore, although great fault, I am aware, has been found at various times with the council for not issuing *orders*, it has no power to do it. It has gone as far as its powers justify in issuing careful recommendations, and those recommendations and regulations are worth while, I think, to be specially banded in. They are short, but they have been very carefully and elaborately considered, but they are not *orders*; they are only *recommendations* (*delivering in the same*).

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80. Do you think that being only recommendations, they have had much effect?—I think they have had this effect, that there is probably not a single body that does not attempt to carry them out to the best of its ability.

81. I see that one of the recommendations which you have given me is dated 1879; is that the first recommendation?—No; there are successive editions which we frequently change, because fresh details connected with the education and examination are constantly brought forward. One member of the council proposes further examination in surgery, another in midwifery, and another in some scientific department; and then whatever resolution the council comes to is embodied in fresh recommendations, and fresh editions are issued as often as they are required.

82. Do you think if you had the power of issuing orders in the place of recommendations, you would then touch matters which you do not touch now?—There is one very important particular in which I have no doubt that an order would have been issued, and that is that no one shall be entered on the Register who had not passed an adequate examination, both in medicine and surgery. Of course no such order can be issued in the nature of the case, because all the licensing bodies put their licentiates upon the Register. Any person once upon the Register has unquestionably the power to practise, according to his qualification it is true, but he is on the Register. There is strong feeling that at all events there should be a complete minimum examination, and no doubt an order would have been issued to that effect, had it been possible.

83. I think I must ask you, if you could give us in general terms the purport of your recommendations, and first of all, what was the date of your first paper of recommendations?—August 1859, then 1863, 1864, 1865, and other years up to 1879.

84. Will you kindly tell us what are the objects that you have endeavoured to arrive at by your recommendations?—I may state it shortly thus, that the council has felt strongly that it was its duty to look into the whole subject: 1st. Of the preliminary or general education; 2nd. Of the scientific education; and 3rd. Of the practical education, and, as far as possible, of the means for acquiring adequate instruction under each of those three heads. Therefore they have issued recommendations concerning what was absolutely requisite in the *testamur* for general education, with a list of the works in which they thought the students should show proficiency. They have done the same as regards the various branches of the scientific portion of medical education in the preliminary sciences fundamental to medicine; and lastly, with regard to the practical details of their professional examination, three quite distinct subjects. In the case, first of all, of the test of general education, the council will approve no certificate from any university or examining body in general education unless that certificate testifies that the student to whom it has been given has been examined in certain subjects of which a list is furnished, the English language, arithmetic, algebra, geometry, Latin, and so on. Perhaps it would be going too far if I say that upon the whole, at all events in the earlier years of the council, the council felt strongly how all important for

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for the future medical profession in Great Britain was attention to general education; and it is still their opinion that further powers if necessary should be granted to enable it to see thoroughly to the question of that general literary fundamental education. The discussion concerning each one of those departments of the general, the scientific, and the final or professional, have been most elaborate, and reports have been issued on each one of those subjects. Of course the list of subjects on which the council has given definite recommendations is a short document; it includes chemistry, anatomy, physiology, materia medica, pathology, medicine, surgery, midwifery and forensic medicine. Of course these words give no idea excepting to experts. With reference to the first set of examinations, English language, arithmetic, algebra, geometry, Latin, and so forth, their value, of course, depends upon the standard that is fixed. Those mere lists give no idea either of the education or the examinations. We therefore wished, as far as possible, that the general education should be tested and regulated by the great national educational bodies, and not by the medical licensing bodies.

85. Do you exercise any judicial functions?—Yes; under the Act the council is bound to keep a register, of which you already have a copy; and Section 29 says: "If any registered medical practitioner shall be convicted in England or Ireland of any felony or misdemeanour, 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;" that has been done in a certain number of cases. I have a list of persons whose names have been removed, but I think it is not desirable to hand it in; we are obliged to keep a list of such guilty persons; the number of persons that have been so judicially removed for various offences of a grave kind is 30 up to the present time.

86. What is the meaning of the word "infamous" in that clause?—Every individual case has, in fact, to be tried by the general council; it has been ruled, or, at all events, the council has been advised that it cannot delegate that function to a smaller body, and therefore it is a very serious, and one must say laborious function which happily we have not to exercise very often; but it is, in fact, an investigation of what is the real meaning of that word; in a case of conviction of felony in a court of law, it is simple enough, because there we take the judgment of the court of law upon it under the Act, and we remove the name; but if it is a nice question as to professional misconduct, that, of course, is a very grave and difficult question.

87. But infamous conduct in any professional respect, I suppose, does not include any incompetency however great?—That question, I think, has never been referred to us. A case of incompetency, that is to say of *mala praxis*, would probably be tried in a court of law, and then if a conviction happened in that way it would come in that form; but it does not follow as a matter of course even then that his name would be removed; the council "may, if it see fit," remove him (Section 29, Medical Act, 1858). I may give

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an instance so that the Committee may be aware of the difficulty. Some time since two cases of drunkenness were referred to us by one of the Government departments under very peculiar circumstances, and the question was whether we were to adjudge that particular crime and that particular misconduct of the medical man on duty, as ground for depriving him wholly of his civil rights as a medical practitioner, and a very difficult question it was.

88. The case that you would have to inquire into would be a charge of drunkenness which happened in the performance of professional duty?—Certainly, under very grave circumstances, and it was referred to us by the Government, and we had to decide after inquiry.

89. You are instructed by Parliament, are you not, to do something about the carrying out of the Dentist Act?—Yes, under the Act that was passed last year, and passed as a private Bill of Sir John Lubbock, the medical council has been charged with the duty of, in fact, superintending the education and regulating the affairs of the body of practitioners called dentists, and in that special department our office is now engaged in carrying out the will of Parliament. I will just show the Committee a rough proof of the Dentist Register (*delivering in the same*). We are carrying out the same regulations, *mutatis mutandis*, with regard to that branch of medicine as I have already stated with regard to the department of medicine and surgery generally.

90. I have taken you through what might be called your seven special duties; of course, your body cannot exist without having other work to do. Are you often referred to by the Government on medical questions?—From time to time questions often intricate and difficult are referred to us, of which I will take one illustration, the question of colonial and foreign practitioners, that is, of English practitioners in foreign countries, and *vice versa*, foreign practitioners in this country; and now and then the departments of the Government have referred special instances to the council. I will note particularly what is known as Monsieur Roger-Marvaix's Bill, which has been the subject of much correspondence with the departments. That is a Bill by which, if it becomes an Act in France, no English practitioner will be able to practise in France without being re-examined in France, and that has given rise to a great deal of anxiety, not only to members of the medical profession in France, but to English invalids all over the Continent, who are living in places which are health resorts. That has been referred to us, and has given rise to a considerable amount of correspondence.

91. A somewhat similar subject has been referred to you I believe with reference to Canadian legislation?—Yes. At first sight it would seem strange that the Council of Education should have great national questions of this kind referred to it, but then one also sees that it is not unnatural that the Government should confer on such subjects with a body which contains eminent representatives of every branch of the profession throughout the kingdom. It is a duty not assigned by the Act of 1858, but the questions come to us and they have to be answered.

92. But you have designated yourselves by the title of a Council for Education, and that means that you consider that your primary principle,

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ciple, your *raison d'être*, as it were, is that you have to do with the education of your profession?—Yes, and the registration, which incidentally brings in of course such questions as the relation of foreign practitioners and their education and qualifications to us.

93. The registration may be said to be a pass degree upon education?—Yes.

95. Every now and then one sees questions in which what you may call the peculiar pecuniary interests of the profession are concerned, especially in State remuneration or State employment. Do you have such questions referred to you?—I do not remember anything of that kind ever being referred to the council.

95. Not such questions for instance as the payment of the medical officers of guardians?—No.

96. As regards what the State has done in medical matters, for instance the State action with regard to vaccination, have you had anything at all to do with that?—We have had to do with it in respect of examinations as to the qualifications to be vaccinators, and dissatisfaction at students not having been properly examined in vaccination. We have had to inquire into and report upon these, but not with regard to vaccination as a subject of general State administration.

97. The question of compulsory vaccination, for instance, has never been referred to you?—No; but in respect of vaccination as a portion of medical education and examination, a great deal has been referred to us.

98. Has a question which has occupied a great deal of attention as to the proper provision or condition of the vaccine virus been referred to you?—Only incidentally, as I said in respect to education and examination; that is to say, as to the qualification and examination of the vaccinators.

99. There is another medical question which has excited much interest, which I should like to ask you upon, and that is the Contagious Diseases Acts; has that ever been referred to you?—No, I do not think that it has; if it has been it has been quite incidentally; I do not remember it ever being mentioned.

100. I need not ask you whether you issue publications and books, because you have already referred to several, but you annually issue a report I suppose?—No, we do not always. May I say a word with regard to your previous question. It is only this, that every now and then what I may call stray subjects get put down upon the agenda of the council, which are for discussion, and therefore I might not be quite right in saying of any particular subject that it has never been mentioned to the council, because we might rule that it was not a proper subject-matter.

101. Your main business is education and registration; but do you, or do you not, consider yourselves the medical body representing what may be called the interests of the profession, that is to say, its pecuniary claims, and its status and position generally?—In a body constituted as the medical council is, and I might go a step farther and say, constituted as the medical profession is, with so many interests, national and social, no doubt there is a tendency to bring before the council a great variety of questions which really are not alluded to in the Act of Parliament; and it

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is often very difficult to keep clear of those questions. But there is a sentence bearing upon that which I will read, as the shortest possible answer to your question, at page 16 of the Report which I have handed in. "It is maintained by some, especially by those who desire that a part of the members of the council should be elected by the votes of all registered practitioners, that it ought to undertake other and much larger duties than any yet assigned to it. They would have a council which should occupy itself not only with subjects relating to medical education and registration, but with the consideration of the pecuniary and other interests of the profession." But there is a tendency, no doubt, to press some subjects upon the time of the council that really have nothing to do with the Act. I do not wish to express any opinion at present as to whether they ought or ought not, but I merely say that they are not in the Act, and a great part of the time of the council has been occupied of late years, because of impending, and I will further say, interrupted legislation; and that compelled the council to occupy a great deal of valuable time which should be spent in educational matters, in the discussion of legal and administrative questions, because they get referred to us. We receive deputations or memorials and are obliged to attend to them, but they are not in the Act.

102. How often do you issue a report?—We do not issue any formal report. We keep minutes of our proceedings; and, as often as there are subjects which require publication in a printed volume, such as the report of the examinations, or the like, we circulate it, and it is accessible to all those who desire information concerning the education for the medical profession. We have to present our accounts annually to Parliament, and always do so at the beginning of every year; and we are compelled (and this may be called a report) by the Act of Parliament to issue the Register annually, and also we publish a register of medical students, but we have no annual report as such.

103. Have you fixed times of meeting?—No, we have no fixed time. The president is required to summon the council as often as he considers that there is work for the council to do, in fact. But it is highly inconvenient to many members of the council to come; and it is the duty of the president not to summon the council unnecessarily. Besides which, it is attended with great expense, and it rests with the judgment of the president as to when it is summoned, or in his default eight members can summon it.

104. Will you fill up the number of meetings of the council for the last few years?—We have a complete list of all the meetings of the council, which I will hand in. We generally have one annually; that is for educational purposes; but last year, in consequence of the Bills which were before Parliament, we were obliged to meet three times for discussing legislative matters. I can hand in a return of the number of meetings since 1858. (*The same was handed in, vide Appendix.*)

105. What is your quorum?—Nine.

106. I see in the book which you have handed in, that you have put down the number of meetings of the executive committee, and of the English branch of the council, the Scottish branch,

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branch, and the Irish branch; do not the members of the council, of what you may call the Scottish or Irish body, meet the Scottish and Irish members by themselves in Scotland and Ireland?—Perhaps I may state the working of the council in that direction. The whole council, that is the general medical council, can only perform its functions as a general council, when summoned as such; England, Scotland, and Ireland are then all represented; that is, the general council. Besides that, there is in England, in Ireland, and in Scotland, a separate council which is called a branch council, and this meets for certain purposes which affect only what may be called local questions; but neither the English branch nor the Scotch branch, nor the Irish branch, can perform any function on behalf of the general council.

107. Then as regards this Home Rule, as you may call it, in Ireland and Scotland, what are they able to do there; do they also register specially for Ireland and Scotland?—A register has to be kept in England, Scotland, and Ireland, and those three registers combined constitute the "Medical Register." Therefore the copies of the Scotch and the Irish branch have to come up to the central office, and the general Register is so framed.

108. What sort of business is conducted by this special meeting in Ireland and Scotland?—The regulations and details of the students; I should say chiefly local questions affecting the students.

109. Do you mean questions as regards the visitations of examinations in the medical education of the two kingdoms?—No; because those are questions affecting the general council. The general council may refer anything, as, for instance, the visitation of examinations; it may delegate its functions in that special respect to a branch council, and sometimes it may delegate it to other persons, and it has done so to save travelling and other expenses. But in order to finish my statement with regard to the working of the general council, I add that the general council as an official body deposes its own functions to an "executive committee." This executive committee, which is constituted by the Act, has to carry on the work of the council at all times if the council is not sitting; and when the executive council, is not sitting, the president is responsible for the work with the aid of the registrar; otherwise the business of the council could not be carried on.

110. Taking this table of the number of the days of session, does that mean the number of meetings of the whole council?—No, not the number of meetings, but the number of days on which it has been in meeting; we call it ordinarily a session of council when all the members come to London; they might meet anywhere, I suppose, but they do meet in London.

111. You mean that this applies to the general council?—Yes, it applies to the general council; in short, the general council sits when all the members of council are summoned to London; the branch councils sit in England, in Scotland, and in Ireland, composed of the English, Scotch, and Irish respectively, for certain definite business laid down in the Act, and in the bye-laws of the council; then the council itself may be represented in all matters which it delegates by

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power of the Act by an executive committee, which consists of seven persons; those seven persons being four from England, one from Scotland, one from Ireland, and the president, who is a bond of union for all.

112. Is that by Act of Parliament?—Yes, it is by Act of Parliament; the numbers of the executive committee are not by Act of Parliament, but the constitution of the committee is, and without the existence of that committee, I do not think that the business of the council could possibly be carried on for the reasons which I will state. In the absence of the executive committee the president has to act, and the responsibility rests with the president whether he will undertake definite acts of responsibility himself, and act in the absence of the council and take the consequences, or whether he will avoid the responsibility, and summon either the whole council, which costs over 400 *l.* for a single day, or the executive committee, which costs over 80 *l.* for a single day in travelling expenses and hotel expenses.

113. When you talk of 400 *l.*, is there any provision made by Parliament for the payment of it?—Yes, that is all done under the Act of Parliament.

114. But that does not in the slightest degree measure the cost to individuals; they are most of them men in large practice, to whom it is a great inconvenience to leave home and to take a journey?—Yes, of course; the fee is fixed by the Treasury at five guineas for each day, and travelling expenses. There are detailed regulations sanctioned by the Treasury.

115. But it is paid by the registration fees; you are a self-supporting council, I believe?—Entirely; the country gives nothing; the whole expense of the publication, and the printing and everything, is entirely covered by the fees of the students upon their registration; that is to say, each medical student pays five guineas upon becoming a member of the medical profession, and that small payment covers the whole expense of arranging the national affairs which you have been asking me to endeavour to describe, and the total cost of obtaining for life permanent legal status of a registered medical practitioner.

116. I will ask you to hand in at the next meeting of the Committee the names at present of members of the council, of the executive committee, and of the branch committees in Scotland and in Ireland?—I shall be happy to do so; if it is not thought a liberty, I think I had better send a copy of the index of our minutes to the Committee, because such information will be found therein.

117. You have very fully given us a history of the Council and also its mode of action; I will now ask you whether, in your opinion, the council works satisfactorily?—I do not know otherwise. It is a very difficult thing to judge in one's own case. Sir Benjamin Brodie was the first president; Joseph Henry Green was the next. Then we have in the list of former members Christison, Watson, Lister, Beggie, Stokes, Caesar Hawkins, Burrows, Syme, Allen Thomson, Sharkey, Parker, Teale, almost the most eminent men that I could name. The present council is printed in the Register. (*A Paper was handed in, vide Appendix.*)

118. Could you give us the names of the different

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different presidents from the beginning?—The presidents have been Sir Benjamin Brodie, Joseph Henry Green, Dr. Burrows, and Dr. Paget, of Cambridge.

119. I think by the Act of Parliament the president may be a layman, but he never has been so, I suppose?—There is no reason, excepting the votes of the council, why the president should not be a layman.

120. I think by the Act of Parliament the several bodies may elect laymen?—The universities may. I was going to say that it is a remarkable thing, which is not generally known, that it is only the medical corporations that need send registered practitioners. The physicians and surgeons, and the apothecaries are obliged by the Act to elect registered practitioners. All the others, including the Crown, may elect if they please non-professional persons, and it rests with them to send eminent educational persons, or eminent scientific persons, and they do so accordingly. Professor Rolleston, sent by Oxford, is registered, but he is not a practitioner, but in practice. Dublin sent Professor Apjohn, who was not a practitioner. There is, in short, great latitude of choice.

121-2. Do you think that the council needs any alteration as to its working?—It would be difficult to say, I suppose, of any administrative body, that it would be impossible to improve it, and it would be a very useless observation to say that it might be improved without saying how it could be done, and certainly the history of the formation of the council is a curious and interesting one. For many years prior to 1858 public men had turned their attention to the subject of the construction of a Medical Council, and in a document which I have handed in to the Committee, you will find at page 70 a list of several proposals which were made; of course the council might be altered by having a larger number of persons, or it might be altered by having the same number of persons differently appointed, or it might be altered by having a smaller number of persons, and so on.

123. Taking the number, do you think that it would work better if it was either larger or smaller?—As I said, I think it would be very rash to say that 20 would be better than 24, or that 30 would be either much better or much worse; but I was about to remark that Mr. Walpole and Mr. Cowper-Temple's plan of constructing the council as they did, was extremely skilful, because they took all the institutions which up to that time had raised British medicine and surgery to the high position which they hold in the world, and they thought that each of those bodies was entitled to combine to conduct the future medical education of Great Britain, adding a certain number of persons, six, to be named on behalf of the public by the Crown. I do not know whether they were supposed to have a different interest from the interest of the medical profession; I do not know whether it would have been better had there been four, or whether it would have been better if there had been eight Crown nominees. In two instances in Scotland, each university did not have a representative; and therefore the universities of Scotland might say, "Why do not we have an additional representative for each of us? Why should only one be given to two great universities such as Aberdeen

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and Edinburgh?" I do not see exactly why they should not have had one each, just in the same way that Durham has, except to keep a certain proportion between the nationalities; nor do I see why the Crown should not have appointed eight if it was thought better. If anybody asked me what experience I have had, I may say that I have never been absent one single day that the council has sat, except once, when I had to attend convocation at Oxford; and if anybody were to ask me whether it would materially alter the working of the council to reduce it to 20, or to increase it to 30, I do not suppose it would; I think it is mainly a question of internal management of its duties if good men are sent in.

124. As regards the constitution, has it worked well upon the whole, that the Crown should appoint a certain proportion?—Certainly; I do not doubt it; I feel that the whole subject, if I may speak quite frankly, is a public much more than a professional question; it is certainly one which does not specially concern the president of the council, or the council, because what we have to do, and what men like Brodie and Watson, and all such men have done, is to do their best to fulfil the intentions of the Legislature. They were appointed for a certain work, and if you can find other men to do it better, well and good; but it is hardly for us, I think, to consider that subject, except in so far as our experience goes.

125. It strikes me that it must be rather difficult for the Crown to find eminent men who would not naturally have come in either from the universities or from one of the different corporations?—Practically that is so. The Crown nominees have always been eminent persons; I am very much afraid of occupying the time of the Committee unnecessarily, because every branch of the subject runs into many details, but I will just read the names of those who as a matter of fact have been appointed by the Crown; and then the Committee will bear in mind that it is hardly conceivable that the great medical institutions in the country, as for instance, the College of Surgeons of England, with its traditions of Hunter, and its great prestige, should not have the opportunity of sending the best and most effective members; they have, for instance, sent Arnot, Caesar Hawkins, and Paget; but the officers of the Crown can surely find some other eminent members of the College of Surgeons to send in. This is the list which the Crown, in fact, has sent for England: Sir James Clark, Dr. Baly, one of the most eminent young men of his time, Dr. William Sharpey, the great physiologist, Sir Charles Hastings, representing the provinces, Dr. Parkes, one of the first men of the day, William Lawrence, Richard Quain, the surgeon, Mr. Teale, Mr. Rumsey, Sir William Gull, Mr. Simon; and for Scotland, Sir Robert Christison, Dr. Begbie, whose death was a national loss, and Lister; and for Ireland, William Stokes, as great a genius as Ireland ever produced in his profession, and Alfred Hudson; those have all been the Crown nominees.

126. Do the Crown appoint their representatives for life or until resignation?—All those appointments are for five years, unless specified otherwise. Some of the bodies elect annually, but they generally elect for five years; the Crown appoints for five years.

127. With

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127. With the power of renewal?—Yes.

128. How do the universities appoint?—The University of Oxford, for instance, appoints for five years, and the University of Cambridge for five years.

129. They are appointed for a term of years, I suppose, with a power of renewal?—Yes, the president also is appointed for five years.

130. There have been proposals for a change in the constitution of the council; I suppose the principal proposal has been one for direct representation?—Yes, I suppose it has.

131. Can you tell us when that proposal was first made?—I do not know precisely; it was many years ago. There was a proposal made by Mr. Warburton in 1840; it is a very old proposal.

132. I mean since the constitution of the council?—I do not exactly know when it first came before us; it was prior to Lord Ripon's Bill and your own, but what the exact year was I am not sure.

133. I suppose that, generally speaking, those proposals have been for a certain number of the members to be elected by the profession generally?—Yes; six is the number generally proposed, I think.

134. Have you formed any opinion with regard to that change in the constitution?—As president, I should refer to what has passed in the council on the subject. The document which you have in your hand, which is a report of the executive committee, has not been adopted by the council. It has been placed upon its minutes. It has not been discussed; but it is a very full and careful consideration of the subject from a dispassionate point of view, with a number of documents appended to it.

135. You say that that has not been adopted by the council; when was it submitted to the council?—It has been presented to the council this year, and is on the minutes.

136. Had the council come to any resolution before with regard to this matter?—I do not think that there is any resolution about it.

137. I will not ask you in any way to make the council responsible for your statement, but what is your personal opinion?—My opinion is as I expressed just now, that practically the increasing of the number of the members of the council would, I do not think, add anything to the force and benefit of its deliberations; whereas, on the other side, I cannot say that I think if there were 30 it would work very differently from what it does when there are 24; and the mere addition of six members I do not think would make much difference to it.

138. Independently of the question of number, do you or do you not think that it would be an advantage to have in the constitution of the council, members elected directly by the profession?—I think that that is a question which concerns the Government and the Legislature, and on which I have personally very little opinion. It is a question of the way in which the council could most efficiently discharge its duties, first of all to the public as regulating the education of the profession, and secondly to the profession to which we all belong; but as to the best way of constituting that council, and whether it would be the best way to have a general election by the 22,000 practitioners of the country

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recurring every two or three years, that I think is a public and a national question, in which I really have very little experience. I do hold this opinion, that supposing six persons had to be elected from the medical profession for five years, considering moreover the vacancies which will occur by death or resignation, or otherwise, to have a constant system of elections by 22,000 voters could not be an advantage, in my opinion, to the profession in any sense. I do not myself think that it would be an advantage to the profession, although it might be no disadvantage to the council. It would only send in six persons, who probably would be as excellent and valuable members as any others; but the introduction of a system of perpetual elections in that manner, I do not think myself would be an advantage to the profession, far otherwise.

139. It has been stated that your recommendations would carry more weight if a part of the recommending body were the actual representatives of the profession; do you think that there is much in that?—I am well aware that that is what is stated, and no doubt correctly stated, by those who hold that opinion, but in what way it would be possible to have a more representative man than Christison was for Scotland, or Lister for Scotland, or Paget is for England, I am at a loss to say. It is a subject on which I really feel personally very little interest. If others think that it would be greatly to the advantage of medical education and to the advantage of the public, I do not think, as I have stated, that the addition of six members would make much difference in one way or the other, but I look upon it as a public and administrative question, and not as a system by which better men could be got than the Watsons, and the Listers, and the Christisons, and the Stokeses, for that could not be.

140. As a general question, do you think that there is any way in which you can be aided to discharge your duties more satisfactorily?—When I pointed out just now what is the practical working of the council, that a general council has to be summoned at great cost to transact any work belonging to its functions as a general council, I named its chief danger when I said that there was an executive committee of seven which should represent it at other times, I think I pointed out what really is the safety of the council as an administrative body. It is charged, as we all know, with the regulation of education, and therefore with interference with the details of all the licensing bodies, the universities, and the corporations in the country. I think that the way in which it can be aided to carry on its national work is by its committees being both entrusted with special work, and when so entrusted, thoroughly trusted; and that as far as possible its executive committee, in the absence of the whole council, should carry equal weight in its decisions and its regulations with those of the whole council.

141. Would you require an alteration in the Act of Parliament for that?—No, I think not; because the Act appoints this executive committee, and enables the general council to delegate to it any of its duties, I do not think that probably any legislative change is required in the mere machinery.

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142. Then

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142. Then you do not want the aid of Parliament for it?—I do not think so in this respect.

143. You stated that the expenses were defrayed by the registration fees?—Have you any other source of income?—None at all.

144. Is your income adequate?—Scarcely. That is a treasurer's question. If the council meets often, and the same fees are to be paid as now, and if the increasing work of the council shows that it must meet much more frequently, I do not see how it can be carried on. Many of the members of the council desire that they should have no payment, or a very small nominal payment, and in that case a few hundred a year more would be thrown into our power of printing, issuing reports, and sending visitors examiners. Many of us are of opinion that it would be much better if the members of the council were paid only a nominal sum, but the committee and executive should be adequately paid.

145. Is the balance made up and reported every year?—Yes, it is presented to Parliament every year.

146. Does your Register bring in any profit?—There is a loss on the Register, or rather I should say it is as nearly as possible sold at cost price.

147. How is it with regard to the Pharmacopœia?—The Pharmacopœia is also published as nearly as possible at cost price. We aim at selling both of those in the most convenient way. About 50,000 copies of the Pharmacopœia have been published and sold, and the total gain is very little.

148. Upon the whole, do you think that the functions of the council ought to be enlarged?—If the medical profession considers that all the general questions to which allusions have been incidentally made in the course of my examination should be really a part of the legal duty and functions of the council, then they must be assigned to it; but that is converting it from a body to superintend education, general, scientific, and practical, into a Parliament of another class altogether.

149. There is no one who has taken more interest in the general position and work of the medical profession, or in the good that it does to the country, and there are very few more competent than yourself to form an opinion; do you yourself think that the functions of the Medical Council ought to be enlarged?—I cannot say that I do personally; I do not know what would be the general wish of the council, but personally I think not; I think that the good that we shall do to the country and to the profession is to limit ourselves, as far as possible, to all questions which pertain, first, to the general education, character, and culture of our profession; then, second, to its scientific teaching, education, and attainments; and then to the examinations in the practical knowledge of its students. I know that a variety of opinions will necessarily arise on even this class of questions. There is much danger in debating them in public before reporters by 24 or 30 members; I know that the time of the members may easily be devoted to discussing other matters with very little advantage to the profession, and necessarily distracting from the really great functions of the council.

150. I suppose you have no functions imposed

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upon you which you do not think it is right for you to undertake?—I think not.

151. Then I understand your answer to this question, should the functions of the council be enlarged or diminished, would be, would it not, that you do not see any ground for any alteration?—If you would allow me to give a final answer to that at another time I should be obliged; I consider it is a very grave question to say yes or no absolutely to it, but at present I think that its educational functions, and those which are generally assigned to it under the Act, are those which are of most service to the profession and to the public.

152. Am I to understand that the council are responsible in the teaching as well as in the examining of medical students?—Not directly, only in so far as it regulates the examinations; but therefore they ought to be able to control the teachings in certain directions.

153. I suppose you consider that, in fact, your responsibility extends to recommending for general education, as well as technical or scientific education?—Yes, which means interference, more or less, with the course of university studies, general, scientific, and technical.

154. Does the council, as a whole, work in harmony with the several licensing bodies which send representatives into it?—Entirely.

155. Have you had the Government Medical Bill before you?—The Government Medical Bill has been much discussed, and certain resolutions have been drawn up concerning it which have been forwarded to the Lord President, so that I need at present say nothing on that subject. I will send copies of those resolutions to the Committee, with your permission.

156. You have suggested certain amendments of the Bill. Will you state what are the most important of those amendments?—I do not know whether it is out of order for me to say so, but I should be very glad if I were not called upon to go into the details of the Bill now. I think it would be a waste of the time of the Committee.

157. Are your amendments amendments bearing upon the subject of the principle of the Bill, or are they amendments simply as to the details?—They are both, because, when the Bill came before the council clause by clause, the different members of the council proposed amendments, taking each clause, and then there were divisions, and some resolutions were carried by a small majority and some by a large majority.

158. Were the resolutions for those amendments passed in the council before the Government Bill left the House of Lords?—If I remember rightly, it was just at the time.

159. Have any of those amendments been embodied in the alterations which have been made in the Bill by the Government?—Yes. The Bill of last year underwent a great many changes, and then it was brought forward this year and underwent certain other changes, and then those were brought before the Medical Council. Upon the whole, I believe that the suggestions and resolutions of the council are embodied in the Bill, but then it gets to be a question of words, and I am very much afraid, especially when I have neither of the Bills before me, of committing myself, lest I should be deceiving the Committee in some way, and causing them trouble; but I think if the Bills could be taken

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taken up on another occasion, that would probably be the time to go into any detail on the subject.

160. I hold in my hand the resolutions passed by the Medical Council upon the Government Bill of 1878; they were certain amendments proposed by the council and submitted to the Government?—Yes.

161. Therefore the amendments which you have handed in are amendments upon the Bill of last year?—Practically, that is so.

162. I understand you to say that you are aware that those amendments have to some extent, at any rate, been carried out; but that you are not prepared at this moment to say exactly to what extent?—No; but generally, I believe, they are introduced into the Bill; but I should just wish to add that the Bill in several particulars was changed as it passed through the House, and the amendments were very numerous; some were taken and some were not, and it would be quite a useless thing to go into them without having the Bills before me.

163. There has been one considerable change in the Government Bill as it now comes before us, from the form in which it first came before the country in 1878, which is that a conjoint body has been established in Scotland and in Ireland?—Yes; that was done last year.

164. Was that in accordance with the suggested amendment by the council?—There is no doubt that the council, as you will find in the document before you, reaffirmed the principle of the conjoint scheme, as I said before, by a majority. Being extremely anxious that the Committee should have the most precise information upon the subject before it, I want to distinguish between what was the unanimous resolution of the council, and what was carried on divisions, because there was a good deal of difficulty on this subject, and the council is not united.

165. As regards the amendment in relation to the conjoint body, was it unanimous?—No.

166. As you have had it before you, you might give us the resolution, and the numbers voting for and against?—The Committee will observe that there is no part of the discussion in the minutes; it is just merely a resolution upon the clause of the Bill. We have got the Bill printed opposite to the resolutions. The council merely say, "On Clause 3: Whereas in 1870 this council passed the following resolution by a large majority, and after much deliberation, '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 recognised in Schedule (A) to the Medical Act shall be required, previously to such registration, to appear before one of these boards, and be examined in all the subjects which may be deemed advisable by the medical council; the rights and privileges of the universities and corporations being in all other respects the same as at present: And whereas the council has subsequently sanctioned a scheme for an examining board for England made in conformity with that resolution, the council adheres to the principle of that resolution, and is of opinion that no medical legislation relating to examinations will be satisfactory which does not provide for the formation of an examining board in each of the three

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divisions of the kingdom, and direct that every person who desires to be registered under the Medical Act shall be required to appear before one of the boards, and be examined in the subjects which may be deemed necessary by the Medical Council; carried, on the following division: majority 14, minority 10."

167. In the majority of 14, were there any Irish or Scotch gentlemen?—In the majority were the President, who seldom votes, Dr. Pitman, Sir James Paget, Mr. Bradford, Dr. Rolleston, Dr. Humphry, Dr. Pyle, Dr. Storrar, Dr. Leet, Dr. Quain, Sir William Gull, Mr. Simon, Mr. Teale, and then Dr. Hudson, who is the Crown nominee for Ireland.

168. Was there any other Irish or Scotch representatives?—Dr. Leet for Ireland, was representative of the Apothecaries' Society; in the minority there were Dr. Haldane, Dr. Andrew Wood, Dr. Scott Orr, Mr. Turner, Mr. Pettigrew and Dr. Fergus; those are the Scotch; Dr. Aquilla Smith, Dr. Macnamara, Dr. Apjohn, and Sir Dominic Corrigan (Irish).

169. Then the minority were all either Scotch or Irish representatives?—Yes, all.

Sir Trevor Lawrence.

170. What was the majority in 1870?—The majority in 1870 was much larger.

Chairman.

171. Will you be so good as to mention what the majority and minority were in 1870?—Seventeen for the motion; one against; and four did not vote.

172. What was the date of the resolution which you have just read?—It was on the 16th April last year, at the close of the Session; you will see that the Session was from April the 10th to the 17th.

Mr. Arthur Mills.

173. Was that resolution passed at the time when the Bill was in what I may call its preliminary shape, that is to say, in the form in which it was first introduced; that is, when the conjoint scheme was permissive, or was it after the Bill had changed its shape and the conjoint scheme was in its compulsory form?—It was in the intermediate stage, between the permissive and the compulsory stage; this was an amendment upon the original clause.

Dr. Lyon Playfair.

174. If there is any revision of the constitution of the Medical Council, do you think that the representation of the different interests is satisfactory at the present moment?—I do not know whether the honourable Member's question refers to the interests of the special bodies or the interests of the public.

175. I will give you one example in point: the three teaching universities of England give 3 per cent. of the qualifications (that is to say, of the persons qualified in the year), the teaching universities of Scotland give 36 per cent. of the qualifications, and the teaching universities of Ireland 30 per cent. of the qualifications; do you think it fair that the University of Durham, for example, teaching very few persons and qualifying very few, and Oxford and Cambridge teaching few and qualifying few, should each have one representative, and that Edinburgh, with 1,000

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students, and qualifying so many, should only have half a representative?—In answering a question of that kind I have to consider the sense in which I should answer it; that is to say, whether I am to answer it as a medical practitioner, or as a member of the council, or on public grounds. The principle upon which this Council of Education was constructed, as I understand it, was that of taking the existing universities and existing corporations of the country, and giving to each of those bodies a single member.

176. Do the Scotch universities get a single member each, like the English universities?—They do not; why that was so arranged at the time of the Bill I do not know, but the principle of the original Act of 1858 was that of taking the existing bodies as they were, and letting each of them send a member; and then the Crown nominated, as has been already stated, a certain proportion besides. That is a very clear principle. If you shift the principle, and ask whether the bodies such as Durham or Oxford, or Cambridge, or London, or Edinburgh are to have representatives according to the number of students that they graduate, that is an altogether different principle.

177. I am speaking of the principle of the Bill, and whether it was carried out in practice; whilst each of the corporations obtained a representative, whether a small corporation or a large corporation, is it not the fact that each of the Scotch universities has not obtained a representative?—That is a fact which I would say at once has led to considerable inconvenience, as probably you are aware, in the case of Edinburgh and Aberdeen.

178. Then that principle was not carried out in the Bill?—That principle was not completely carried out, because everyone of those bodies, as you suggest, did not have a single vote.

179. Were there any other bodies united, except the Scotch universities, to send a single representative?—No, I think not.

180. If those bodies really are represented on the Medical Council, is it not a curious fact that the universities of Scotland, which last year gave 210 licentiates to the profession, have only two representatives for the four, whereas the Universities of England, which altogether gave only 44 licentiates to the profession, have themselves four representatives?—Yes; but then, as I have before implied, I do not know that my judgment on a matter of principle of that kind is worth anything, and I should have a great difficulty in making up my mind about it, because if you shift the principle from that of each of those institutions sending a member to constitute a national council, to the principle of the number of graduates that it makes, of course that is quite a different principle, and I would besides demur to the term "representative." I carefully in my evidence (unless by chance I erred once or twice, which I do not think I did) have said, "persons elected by." I have always looked upon the Medical Council as a body which was constituted of members elected by certain public institutions for a national purpose, and I do not think it desirable that we should intentionally or unintentionally slip into the idea that those persons go to the general council as representatives of particular interests. The particular interest which they do represent, in fact, is the interest

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of the whole nation in the matter. It is essentially a general council for the common purpose of medical education. Therefore I feel considerable difficulty in admitting, by any answer that I might give, the idea that the propriety of one or more representatives should be wholly regulated by the number of the students graduating.

181. Is not it exactly the same as in Parliamentary procedure. I am the representative for the Universities of Edinburgh and St. Andrew's; but I am no less the representative of the universities, although I look to the national interests?—Yes, that is so, certainly.

182. And therefore, really, the members of the council are the representatives of the bodies that elect them, is not that so?—I know this, that while I represented the University of Oxford, if I had wished not to be re-elected (supposing I had wished it) there is no better way that I should have taken to get that result than to do something publicly in the council by which I should seem specially to further the interest of the body who had sent me as against the interest of some other bodies. That would have been so distasteful to the minds of the constituents, if I may so call them, who sent me, that I believe such would have been the result. They would have felt it to be discreditable to them because they look upon the council as constituted in the way that I have said, for a common purpose, and that when there we have to consider the elements common to the whole profession for the benefit of the public, and for national education. Therefore I confess that personally (which I hope will be the answer which you will accept to your question) I look upon the council, not as representing particular individuals or local interests, but as constituted for a common national purpose. If you wish to reopen the whole question of the constitution of the council, which I think must be reopened if you touch it at all, and if you depart from its present fundamental principle, the question of diminishing or increasing the numbers must necessarily come in in the nature of the case.

183. I think I understood you that whilst you had not made up your mind as to any representation according to the number of licentiates or the number of students, you are clearly of opinion that the original principle of the Act ought to have been carried out, and that each institution ought to have had one representative?—I am not prepared to say that; it would have seemed to be more natural that it should have been so done; but what were the particular reasons of the two Governments that were concerned I do not know; it so happened that this Bill was brought in by one Government, and carried on by another, that is, by Mr. Cowper Temple and by Mr. Walpole respectively, and I do not know why they particularly made this arrangement with respect to Scotland, and gave Durham a vote.

184. Do you see any justification for it now?—No, I do not; and I will go a step farther and say, that I think that if the principle of giving power or duty to individual bodies to send a member is to be preserved at all, there is no doubt that Edinburgh, as being, I believe, the largest medical school in the Empire, and at all events one of the most important, the idea of Edinburgh being tied up with another body is one which cannot be maintained. That I have no hesitation

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hesitation in saying, but then this is a particular case.

185. Is there not a considerable demand throughout the country for a direct representation upon the Medical Council?—I really do not know; I know that a great deal is written and said about it, and I know that large numbers of names have been affixed to memorials and papers on the subject; but what is the real conviction of the thinking men in the profession, as to the best way of conducting the education of the country in that direction in the future, I do not know, and I have taken no particular steps to ascertain, because there were plenty of other persons engaged on the subject. When any subject of that kind crops up, in which it is represented that the masses of the nation are tyrannised over, and are not represented, one knows perfectly well when that is started in this country it is very easy to get hundreds and thousands of signatures to anything; but what is the real conviction on the part of the best educated people, and the most serious thinkers in this direction, as to the right way to constitute and manage a Council of Education, is another question.

186. Amongst the eminent members who now constitute the council, is the general practitioner of the country fairly represented?—The best answer that I can give to that is one which I gave to the Apothecaries' Society on a public occasion two years ago, that I should very much like to know which member of the Medical Council it is that would rise in his place, and say that he was indifferent to the interests of any student in medicine, or any practitioner in medicine in the country, and that in the council in dealing with subjects affecting the medical profession he had an interest in one class over another class.

187. I will give you a case which will perhaps elicit my meaning; eminent consulting surgeons rarely practise midwifery; do not you think that if the general practitioner were directly represented upon the council, he might press more for the recognition of a longer time for teaching midwifery than the conjoint scheme gives; the conjoint scheme, as I understand, gives three months for a student's education in midwifery; in the universities of Scotland and Ireland six months are given: do you not think that if the general practitioner was recognised upon your medical council he would demand that a longer time should be given for teaching midwifery than three months?—I do not think that it either does work so, or need work so. I am not aware of any case in which any improvement in education has been suggested to the Medical Council by any person or persons whatsoever, that it is not seriously considered; and with regard to the principle which you suggest, I know that it is the opinion of many persons; I do not say it is my own opinion, I would rather not express that; but it is the opinion of many persons that it is very undesirable that on this general council anything like specialities should be represented, and when in connection with the lately passed Act concerning the education of dentists, I suggested that an eminent dentist should be on the council, that person told me (and he was a very eminent person) that he thought it would be a most undesirable principle to adopt;

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and he strongly dissuaded me from doing anything which would seem to be representing specialities on the council; it may be right or it may be wrong.

188. You will perhaps kindly answer the question; is not midwifery a subject practised by almost all the medical practitioners throughout the country?—Yes.

189. Is it not the fact that midwifery is to have a three months' course only under the conjoint scheme?—Yes.

190. I will read you a letter, which I take from the "British Medical Journal," from the professor of midwifery of King's College; the letter is to this effect: "At any rate it ought to be well understood that if, after protesting that it is impossible to teach the subject in three months, I and my fellow lecturers send their pupils into the world ignorant of midwifery, knowing next to nothing of the application and uses of obstetric instruments, and scarcely ever having heard of the diseases of women, the responsibility will not rest on us, but rather on those who have imposed upon us a task that is impossible." If a professor of midwifery writes in that way, and represents the feelings of students and practitioners who have to learn midwifery in three months, do you think that this limitation to a three months' course would continue if you had representatives of the general profession upon the council?—I really cannot say; there has been a great deal of discussion upon that subject I know, but whether the decision of the gentlemen on the committee of reference would have been otherwise (I understand the argument to be that it would have been otherwise, if there had been representatives of general practitioners), I really cannot tell. I know that the matter was very much considered and discussed, and that Dr. Matthews Duncan, I believe, had some correspondence in the journals with Dr. Playfair on the subject.

191. Do not you see that supposing the influential men who had formed the conjoint scheme, and the medical council which you have told us to-day, and who sanctioned that conjoint scheme, were to make it uniform for Scotland as well as for Ireland, it would be a very serious departure from their mode of teaching medicine, if we were to reduce all over the kingdom the six months' courses three months' courses, and examine only for a three months' course in such an important subject as midwifery?—This would be going into the question of the details of education; but by the nature of the question as suggested by you, it would not be the mere opinion of a physician that would be asked, but you would have to get the opinion of an accoucheur, such as Dr. Matthews Duncan.

192. My question was of a different character; one of the clauses of the Act is, that uniformity, as nearly as possible, is to be established in the three kingdoms; here the majority of the Medical Council have approved this scheme, which is a three months' course; if you establish that uniformity in Scotland and Ireland, then a very much lower course of education in one important subject of medicine is introduced into the curriculum, that is a matter of principle and not of detail, and the question is whether, if you had a more general representation of the medical profession, they might not form different interests in education

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education from those which are now given by merely distinguished consulting surgeons and physicians being members of your council?—I really very much doubt that; I must look at this point in a large and national point of view, because I have to look to the interests as they are called, not only of the nation but of all the different parts of the profession, and all its different institutions; and I cannot myself doubt that any subject of this kind which is pressed upon the attention of the council from without, will have the fullest consideration given to it. I understand the force of the argument to be, that in order to correct something which is supposed to be an error in our educational arrangements, it is necessary to have general practitioners upon the council. I am not going into the question of whether midwifery can be learned in three months or in six months; but it is an argument to show that certain other persons must be on the council. I have to say about that, that if accoucheurs and the most competent teachers in that department represented to the Medical Council that the conjoint scheme for England is inadequate in a certain direction, it would be discussed at the general council, and I for one should be satisfied with the decision of the council upon that point.

193. You have already decided it by sanctioning it?—Yes, but it is not yet in operation. I have to look at it not only nationally but practically as to what will happen. I cannot deal with an hypothesis on the subject; but what will happen after this examination, will be that this matter will be assuredly reconsidered. I have it from you that this is a ground of dissatisfaction with the conjoint scheme; very well, what will happen? This will be brought before the council, which is going to meet next month, and I will undertake to say as a matter quite of certainty, that this subject will come before the council, and it will be represented to the authority in England that in that respect the course of education is inadequate. It does not require a general practitioner or any special person to do that. It will be done by somebody. But besides this there are general practitioners on the council. There is Dr. Fergus for instance, the last Crown nominee; there is Mr. Teale, who is not only a surgeon in a large practice, but he is eminent in every part of his profession. Dr. Fergus is put in specially as a general practitioner of eminence in Glasgow; so that it is not necessary for that reason to put specially a person of that kind upon the council.

194. I think you mentioned that in the conjoint scheme as arranged, or all but finally arranged, by the different authorities in England, there would be 100 examiners named?—I think that is the number. I have not got the scheme with me. There were to be two examiners appointed in each subject, and out of those two one is to be selected; that was to be the method of nomination, and then, supposing those figures to be right, there would be 50 examiners; that is the largest number.

195. How many subjects would there be?—There are the subjects of both the first and the second practical examination.

196. How many subjects would those 100 examiners require to examine upon, taking the heads of the different divisions?—All the ordinary subjects which are down on the list, such

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as physics, chemistry, anatomy, physiology, and all the subjects of practical examination.

197. Are there 20 of them?—There cannot be very much less, it will be something of that kind.

198. Supposing it to be the case, the 100 examiners could not examine together; they must be divided into committees for examination?—Yes, of course.

199. Say eight or ten committees?—Yes.

200. And that is for England alone?—Yes.

201. How do you propose to establish the uniformity which is so desirable, with 10 committees for England alone, and perhaps as many for Scotland and Ireland, say 20 different committees examining; may there not be as much variety as amongst all the 19 licensing bodies at the present moment?—That is to say, what is my opinion on that subject? I suppose that the point of the arrangements of what is called the conjoint board is that there should be the highest guarantee for getting the best possible staff of examiners. In England you will have a managing committee composed of representatives of all the universities that we have now sitting (although not at the present moment, but it has been sitting for the last five years) to consider those arrangements. Then, consider what that means, viz., the presence and the qualities of such examiners as are sent by the London University, or by Oxford and Cambridge, or by the College of Surgeons, and the Apothecaries, and the College of Physicians, and so forth, a very mixed body, who assemble for the purpose of getting the best possible staff that they can; to my mind it has always presented itself in this light, that you would thus get the highest guarantee possible, and a better guarantee than you get probably from any individual body. That is all. I suppose that to be the essence of the thing. I do not wish to deal in truisms, but all these human institutions are fallible, and I dare say that any arrangement may break down; but I cannot imagine but that all the authorities of the Colleges of Physicians and Surgeons, and the universities, agreeing together to appoint the best staff of men, are more likely on the whole to make a thoroughly good selection than any individual body.

202. I understand you to mean this, that you have a joint committee of eminent men from the different corporations and universities, who will take the supervision over the examiners, and see that they examine according to uniform standard; is that what you mean?—Yes.

203. If you have got 10 of those committees of examiners, and you have a joint committee of the authorities supervising them, in what respect does that differ very much from your present plan of giving to the Medical Council full power to supervise the examinations of the 19 licensing bodies?—Because in England there would be simply one examining board.

204. I think I explained to you just now, that there being 100 examiners, they could not all sit together as one examining board, but they must be divided into about 10 committees, in order to get through the examination of those in England alone, and probably there would be 10 committees of examiners in Scotland and Ireland, so that there would be 20; who is to supervise those 20 examining committees, and see that there is uniformity, or how is that better

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better than the formal oversight that the medical council could exercise over the 19 licensing bodies at the present moment?—I am sure that Dr. Lyon Playfair, with his great experience of these subjects, will be able to illustrate that much better than I can do; but I can only explain the matter as it strikes me. I will take the case of the examiners in chemistry; there will be certain persons appointed by the committees, which cannot be other than picked representative committees, because they would be committees appointed as the result of the wisdom and care of all the differently constituted authorities. Very well; they will select as well as they can examiners in chemistry, and those same examiners in chemistry will examine all the students who go in for the chemical examination; and, therefore, there cannot be any question of divergence from a standard in them. They will be the same examiners in England who will examine all the students from the corporations in England, not from the universities, because there is a separate arrangement for them, and therefore there can be no diversity. The only question is whether the gentlemen who examine in London in chemistry will give the same examination as will be given under similar circumstances in Scotland. It may be that they will be worse than the Scotch examiners, or it may be that they may be better, or it may be that they may be the same. Yet, as you I am sure are fully aware, there is one blot, if it may be so called, in the arrangement, viewed as a perfect scheme, in any Bill which has three conjoint boards, that is, one for England, one for Scotland, and one for Ireland. In order to avoid that particular blot it has been proposed that there should be the one peripatetic board that shall examine for the whole country in order to insure absolute uniformity; but practical men feel that really, with a central Medical Council, they would have no difficulty in knowing whether the chemical examination, for example, in England, Scotland, and Ireland, was one of a reasonably uniform standard or no; you may feel sure that it is easier to ascertain that with regard to three sets of examiners so carefully selected, than it is with regard to nineteen.

205. As I understood you just now, there would not be 10 committees, but there might be 30 committees, each upon one of 30 subjects upon which they were to be examined in London, and I want to know who is to undertake the supervision to see that those act according to a uniform standard; is it to be a joint committee of the whole of the corporations and the universities; take one case which you have taken yourself; you say that there may be three or four examiners in chemistry; who is to supervise and to be responsible that they examine according to the uniform standard laid down by the Medical Council?—Perhaps I may be allowed to say that I am not quite sure as to the use of the word "committee." What I imagine you mean by committees of examiners, is that the examiners would be chemical examiners, or anatomical examiners; I do not know whether you should call them committees?

206. Yes, I will call them committees?—We will revert to the case of chemistry; they appoint the best chemical examiners that they can for the purpose in London. First of all there is the character of those gentlemen, and then there is

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the experience of those gentlemen; because you have not persons just beginning this work; I cannot myself think that practically there would be any real difficulty about uniformity; I think the only difficulty would be in fixing the standard. The real difficulty will not be in getting the same amount of chemistry taught and examined in, in Scotland, and in Ireland, and in England; but I think that the real difficulty of this matter will be (and no one can appreciate it more completely than yourself) that in the present state of science and the vast amount of knowledge in all its departments, the anxiety about it is how to construct the best board. That is what we are aiming at. When I say "we," I mean the council or whoever it is that desires improvement in education and legislation. The real difficulty is to affix the standard, because we know that we are dealing with the minimum, and the difficulty is how to get a proper examining board, either one for the whole kingdom, or one in each branch of the kingdom, so that the English, the Scotch, and the Irish students shall know what is essential in their several subjects, and that they shall not be overburdened. The question of being overburdened is quite as important a one as keeping them up to a particular standard in the present state of knowledge. There is no higher guarantee, I think, to be had than in the personal character and attainments and experience of the gentlemen who are appointed. You may say *quis custodiet custodes*; I am well aware, of course, that that may be raised as an abstract question; but I say, appoint the examiners in the best way, and get a general understanding between the representatives of Scotland, Ireland, and England, as to what the students shall be taught, and how they shall be examined, and I believe that all difficulties will disappear, and disappear much more easily in dealing with three boards than in dealing with 19; that is my honest opinion upon the subject.

207. I understood you to say repeatedly that such conjoint board must aim at a minimum and not at a maximum examination?—I am dealing with an Act of Parliament; that Act of Parliament requires that we shall only ask for what is requisite for the knowledge, skill, and practice of their profession.

208. That is in the last Act of Parliament; but supposing that a new Act of Parliament regulates your duties, and the duties of those conjoint boards, it would be a minimum examination that the conjoint board would have to deal with, and not a high standard or maximum examination; is that your view of what the conjoint board ought to aim at? I will quote you the words of Sir William Gull, in the discussion on the Medical Council, where he said, "Our aim is to obtain a better lowest examination." Is that what you think a conjoint board should aim at, a better lowest examination?—If I understand it, the question is, whether I think that a different duty should be assigned to the Medical Council, and that we should have to supervise the higher examinations as well as the lower.

209. No, I am not speaking of that at all; I want to know what is the object of having a conjoint board at all?—In order the more efficiently to carry out the provisions of the Act which we have to administer, the provisions for a conjoint board being expressly suggested in the

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Act, and the council, as we are all aware, having expressly assigned to it the duty of arriving at the terms under which those colleges or bodies should unite, as has been the case to a certain extent among the corporations of Scotland, although up to the present time we have united voluntarily to do this very thing.

210. For the examinations that I am speaking of, must not such a conjoint board make the best minimum examination that it can, to admit persons into the profession; can it take a high standard of examination?—It has to take a standard which would satisfy the conscience of the medical council, who will be ultimately responsible for it; but primarily the conscience of the examiners who examine.

211. You have already repeatedly said that it was to be a minimum examination; that I understand to be your distinct opinion?—I have not stated anything to the contrary.

212. Then you think it is to be a maximum examination?—I have not stated that.

213. At all events, must it be an examination that will not discourage a person from entering into the medical profession?—I might explain that these last questions were suggested by you, and I referred to what is by me at all events entirely unquestionable, the words of the Act which we have to administer. I was saying, and it is by some entire lapse of speech if I have said otherwise, that we have to attend to the requirements of the Act; we have to provide in all those subjects qualifications sufficient for the practice of the profession. I have not intended to say anything otherwise.

214. I will quote your own words which I took down. "Our great aim is not a maximum examination on a large honour standard such as the London University gives, but we aim at a minimum examination, which is the purpose of the 1858 Act," that is to say what the conjoint board, as I understand, would aim at is a minimum examination, and not a maximum or honour standard?—The Act does not empower us to require that at all, and I stated what I did not give as my personal opinion, but what is the generally received fact, that the University of London has always aimed at a standard higher than a minimum; that is its profession; whether it is so or not I am not now discussing, but that is the generally received opinion; and I mention that as an illustration. It applies to other bodies also; it applies to the University of Edinburgh, because I have understood repeatedly that the University of Edinburgh (speaking, of course, under correction and with due deference) aims at a higher standard than some of the corporations; at least so it is stated. Of course they may aim at that, and so long as they are individual bodies they can do it, but that is not the aim of the conjoint scheme under the Act.

215. What is a minimum examination?—The examination laid down by the Act of Parliament to be sufficient, by whatever name it may be called. I like to avail myself, as far as possible, of the words of the Act; it is to be sufficient for the practice of the profession.

216. We will commence with what you gave us as, I think very properly, the example of the high standard of examination of the University of London; there passed last year, under this high examination, 35 persons to enter the profession;

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would an examination of such a high standard at all supply the wear and tear of the profession?—No, not as students are at present constituted.

217. Is it not a fact that there is a tendency for the medical profession not to increase according to the increase in the population, even at the present moment?—I believe that is so.

218. In 1851 the English census says that there were 15,241 medical men; in 1861 they had become reduced to 14,414 medical men; and in 1871 they had increased by a very small number to 14,684 medical men; so that between 1861 and 1871 the increase in the population was 13·2 per cent., but the medical men only increased 1·9 per cent.; those are simply the census figures, and does not that show that you must not put between the medical men and the country such a high standard of examination by the conjoint board as would prevent the flow of persons into the ranks of medicine?—Yes, I think there is no doubt of that. I may just say, before you pass from that, that the Registrar General, or rather Dr. Farr, called my attention to that subject some years ago, and I mentioned the details of it in an address to the Medical Council, and those statistics were called in question. I did not go into the calculation, and I am not quite sure whether the objections which were raised were correct or not; however, objections were raised by statisticians to some of Dr. Farr's conclusions; and I then referred them again to Dr. Farr, and he stood by his guns, and thought they were quite right, so that we will accept them.

219. It is a fact, is it not, that the army and navy have great difficulty in getting medical men, now?—Yes, I believe that is notorious, but I do not know that that is owing to any difference in the examinations. But lest any general statement should go forth from this Committee on that subject, which might be misapprehended, I would say that that, of course, is a very comprehensive question, and involves considerations very important, and also complicated in themselves; and I do not know how far you wish to go into all of them.

220. I think practically you admit that the conjoint examination must not be so high as to prevent a proper flow of medical men for the purposes of the public?—I stated just now, in speaking of the conjoint examination some minutes ago, that personally I looked upon the conjoint board as a great national board, that it is desirable to have a good and proper standard, not only for the purpose of having it severe enough, but to hinder its being too severe. I meant to draw the attention of the Committee to it. There certainly is the danger to which you are alluding, of making those examinations so high that ordinary students cannot pass them, and that the education might be so long that they would not if they could. I am afraid of seeming to be controversial, but I wish to say that there are very great dangers in that direction, I think, is an argument for the conjoint board, namely, to have the best possible board, not the one that would press forward the most scientific attainment, but the one which would be the wisest, and the best able to look at the subject from all sides, including the very danger to which you are referring, of raising any part of the examination so high as to stop the supplies. This danger

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danger was pointed out to me by Sir Benjamin Brodie as far back as the year 1848, when I wrote a pamphlet on the subject, though many persons think it to be quite exaggerated. However, I quote Sir Benjamin Brodie's opinion to show that in taking up the question of raising medical education and examination, especially the scientific parts of them, we must be extremely careful not to have a standard of that kind, not only of that severity, but of that kind, that would stop the supply of ordinary practitioners. But then immediately you touch that question, as you, Sir, know so well, you touch the question of what they call the uniportal system. It is therein assumed that all students are on an equality, and all their circumstances as regards examination the same. Thereupon the whole question of honours, a very intricate educational question, is raised, and it is not one which is proper for me to enter into now or to draw the Committee into accidentally.

Mr. Arthur Mills.

221. In answer to the Right honourable Chairman, I think I understood you to express an opinion that it formed an important part of the duty of a Medical Council to supervise or to secure the general as well as the professional education of all the candidates of the medical profession?—Yes.

222. The preamble of the Act of 1858 is very short, and is in these words: "Whereas it is expedient that persons requiring medical aid should be enabled to distinguish qualified from unqualified practitioners, be it therefore enacted," and so on; these are the words of the preamble, and, I suppose, gathering from the language of the preamble, the main object of that Act was to provide a machinery by which the public at large might be able to discriminate between qualified and unqualified practitioners?—Certainly.

223. That is what I suppose, but mainly in this way, that it was thought desirable to provide, as far as practicable, a uniform portal by which all should enter the profession, and with reference to the so-called conjoint scheme that has been their object?—Yes.

224. I think that you said that the discussions in reference to the past proceedings of the Medical Council, and on points not in the Act, have been originated in the Medical Council rather to the delay of its business in consequence of impending and interrupted legislation; may I ask what sort of points you had in view with reference to that?—For instance, the subject of discussing new Bills; sometimes a Bill is referred to us, and the discussion of that Bill may take two or three days. The first object which makes Sir James Paget, or Professor Lister, or Sir Robert Christison, leave all their own important work, and come to London and stay many hours a day at the council, is to consider medical education, and not to be discussing the details of a Bill, which, when presented to them, compels them to go very often into merely verbal questions. Necessarily discussions go on, which are entirely irrelevant to the main business of education, but are quite unavoidable, and they are obliged to defer questions of very great educational consequence.

225. Then the various projects of law which

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have been submitted to Parliament which have led to discussions in the council, have taken it off what you conceive to be its main business?—Yes, occupying their time; the council meets, as I explained before, generally once a year, or perhaps twice a year; it has sometimes had to meet solely on account of these legislative subjects; and then these gentlemen really cannot remain, and will not remain more than a certain time, say a week or 10 days, and if three or four days are occupied in those collateral subjects; those three or four days cannot be occupied in the serious discussion of schemes of examination and educational questions. It is the simple fact that it is unavoidable, and that the council indeed laments it very much, and some persons I believe are quite unwilling to join the council on account of the public business which, as I say, so often comes before them, although they would willingly give their time to the real educational work of their profession.

226. You mentioned a close division which took place last year in the medical council, a division of 14 to 10, with reference to the conjoint scheme. Apart from the question whether it is desirable to enlarge or reduce the number of the Medical Council, do not you think that those differences in the body itself tend also to increase the difficulties of legislation?—I think so without doubt, because the council resolves one thing, and then the duty of the president is to support the resolution of the council, even if it be carried by a majority of only one; but outside the council individual members do as they think fit of course.

227. The Medical Council being like other human institutions, not unanimous, differences arise of course in the discussions, either about projected legislation, or matters which more naturally come before them?—Yes.

228. Did I understand you to state that of the 22,000 of registered practitioners, in round numbers, who have been registered under the provisions of the Act of 1858, they contribute by their registration fees a sum which provides for the costs of the Medical Council?—Yes.

229. There is no other fund, I believe?—No other fund whatever.

Sir Trevor Lawrence.

230. Have the Medical Council found any serious practical evils occasioned by the number of those examining bodies?—At the outset when the medical council was first formed 20 years ago there was evidence, I think, of a quite conclusive kind, that somehow, persons really not qualified did get their names upon the Register. Of course the actual evidence of that could be obtained in the records of the council, but it was very carefully gone into, and I may say that there was a very perfect and conclusive test of that in the army examinations at Netley; and great pains were taken on that subject by the late Dr. Parkes, because persons, who were already qualified, applied to enter the army service and were found incompetent, and on some occasions exceedingly competent, and in that way there was a test; and it was a good deal by that agency that many facts came out, but I think that that is very much altered now.

231. I understood you to say that the various bodies have not made any substantial difficulty with regard to such modifications and improve-

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ment of their examinations as have been suggested by the council, on the reports of the visitors?—That is so.

232. So that now the examinations of the bodies have so far improved that they come much more nearly to the standard which the council would lay down, than they did originally?—I believe that is true.

233. Is there any ground for the belief which prevails in certain quarters, that there is a certain amount of competition amongst the various bodies to attract students, by the ease with which degrees are given, or in other ways?—This kind of allegations are extremely difficult either to prove or to disprove; they have been very freely made and are banded about from one body to the other, but it is extremely difficult, I think, to form a just estimate of them.

234. You would not, perhaps, wish to give an opinion as to whether any solid ground exists for such an imputation?—It is a kind of subject in which a person with a due sense of responsibility should be extremely careful in giving an opinion. It has been very currently said and certainly was entirely believed many years ago to a great extent, but I cannot say that I myself am disposed to give much credit to it.

235. One of the principal objects of the Medical Council being to supervise the education of medical men, have the council taken any active share in indicating the deficiencies in the existing curriculum of the various bodies?—Yes, in the volume of reports of which the Chairman has one, there are the reports of all the visitors, and they go into great detail as to the conduct of every part of the examination; those are all printed.

236. My question referred to the curriculum of any special place, and not to the examination?—The instructions have related to the curriculum as well as to the examinations; but in speaking of any special place they would refer rather to the examinations, because the recommendations as to courses of study of course are the same for the whole kingdom.

237. Then the visitors at a certain examination, if they thought that the knowledge of the students was not sufficient, and that any particular subject was not sufficiently embraced in the curriculum of that place, would report it to the council?—Yes, and in other ways it would come before it, because the licensing bodies all furnish full information with regard to the courses of study that they require their students to go through, and that coming up from the bodies in the form of reports, is repeatedly commented upon by the council as a whole. You will find in the reports of all the different licensing bodies that they have repeatedly made observations upon the reports of the examiners; so that the matter has been tested and retested, and checked and rechecked, I do not know how often, but as often as appeared to be required. I think I stated in my examination in chief to the Chairman, that the reports of the visitors went down to the licensing bodies, who made commentaries upon them, and then when they were returned to the council, the whole were printed and circulated among all.

238. Evidence was given before a Committee of which I was a member, and also the honourable Member for Salisbury, that there was very great

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difficulty in students qualifying themselves for the treatment of mental disease, because there were extremely few facilities for the study of mental disease; have those and similar objections come under the cognisance of the council?—I do not at the moment remember that that subject has been formally brought before the council, but with regard to the question of whether there are facilities for the study, that is a question separate I would observe, from the question of examination in those subjects; and I dare say, that the opportunities of students in that direction vary in different places, but I should be unwilling to involve the Committee in any detail of that kind; still I would like to be allowed to add this, that the opportunities for the instructions of the students can certainly be found. There was no compulsion in the matter when I was a student at Edinburgh; but I had the great advantage of constantly being at the Morningside Asylum, although nobody compelled me to be so. When my examination came on I was examined on the subject, and the examiner did not ask where I had learned what I knew. One important point for the Committee to observe is, that the instrument in the hands of the council is the examination system, and the examination system guides the studies. For instance, at Oxford, we have been always for years past in the habit (it may seem almost a paradox to say so) of putting written questions on subjects which we have every reason to believe that the students have not studied; and why? Because all the examination papers were public, and then future students knew that they were likely to be examined in those subjects. In that way we gradually have pushed on the study of particular departments by drawing their attention to those papers, as embodying subjects which they might be examined in.

239. Have the Irish and Scotch corporations and universities decided on a conjoint scheme in the same way as the English?—The Irish had; but it has not been carried out. The Scotch have partially done so, as I have already stated. But the combination is only between the corporations, and not between the corporations and the universities. We, in England, have a strong feeling, rightly or wrongly, that for the purpose of making a first-rate examination board, one that shall be neither too hard nor too mild, which should be the wisest possible examining board, it is positively an advantage to combine the universities and the corporations, because we think they furnish different elements. That is our belief, and therefore we do not think that the combination of the corporations alone and the universities alone would be so good a thing for the regulation of a system of national average medical education, as the combined help and wisdom of the classes of minds furnished by both the universities and the corporations.

240. Take for one moment the powers possessed by the council under Section 29 to which you referred, for the removal of names from the Register for infamous conduct; has the council ever originated action in that matter?—No, we never have. They are cases which either came before us, by decisions in the courts of law, or cases which are represented to us, and which we have to deal with.

241. Take, for instance, that someone has sent to

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to the council a pamphlet of a clearly infamous and immoral nature, written by a medical man who is on the Register, I presume the council would not take action upon that, and of whatever nature the pamphlet might be the council has not in the past taken action in such a case?—I do not think it has originated action in more than one case. Unless it is formally brought before us, the council, like any other public body, does not act as public prosecutor; but it is in the power of any member of the council at any time to put upon the agenda any question of that kind, and in that way cases do come before us.

242. Do I understand you to say that no such cases have been brought before the council like the case of Kahn's Museum?—I do not at the moment bear in mind the occasion on which such a case, or that case, came before us. Generally speaking, in those cases we receive a letter on the subject. For instance, I may receive a letter that has to be dealt with as the council sees best; probably I send it to the executive committee, and the executive committee decides whether it is a case in which it is its duty to take action, and then it takes action by referring it to the general council. At the risk of being tedious, I wish the Committee to be thoroughly informed as to the working of the council in these cases. The referring a case of that kind to the general council involves a grave responsibility, because it occupies it a whole afternoon, perhaps; and therefore the executive committee is very unwilling to refer a matter of that kind to the general council excepting under the most serious conviction that it must be dealt with; it may occupy the whole day, with a cost of perhaps about 200 l.

243. As a matter of fact, no such case, as far as your recollection goes, has been dealt with, no name has been removed from the Register excepting in a case where the law courts previously have taken action?—I cannot say that; I think I can find one or two instances where that has been the case, but we do not feel it to be our duty, and therefore not our right, to take the initiative in prosecution. We do not think it is desirable that the council should be a prosecuting body, and we would far prefer that the initiative should, if possible, be taken by someone else. It is awkward to be prosecutor, jury, and judge. I am rather perhaps speaking my own personal opinion; yet I have no doubt I speak the general sense of the council. We think it better that it should be generally decided by a court of law, and then if we concluded that a person who had been found guilty of an offence, besides being punished by the law of the country, should also have his name removed from the Register, we remove it. You will observe at once that there is a broad difference between a person having a punishment for some comparatively trifling offence, although proper to be punished by a court of law, and being deprived of his whole status as a citizen, in respect of his medical rights, by removal from the Register. They are two different considerations.

244. The law, of course, has no power to take cognisance of his conduct where he is professionally concerned?—Not in all imaginable cases, for if a man is guilty of conduct which makes his corporation or university remove him from their

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lists, then having no qualification he drops off the Register.

245. Have the debates, which have already occupied the medical council, interfered at all with the transaction of business?—They have occupied so many days, as I have said before, which days have interrupted their proper work, and this is a good deal owing to the suspended legislation for the last 10 years. You will bear in mind that Lord Ripon's Bill, in which all these questions were raised, was as far back as the year 1870, and since that time Private Bills and Government Bills, and this kind of business, have been constantly before us. They have not only deferred the settlement of several questions, but they have necessarily distracted the attention of the council. They were occupied for days upon a Bill, when they might otherwise have been occupied in settling some important point of education or examination, and after all nothing has come of the Bill.

246. Having regard to what you say as to the great value of the time of the eminent men who are members of the council, is there not a danger that, in a case in which a serious principle is raised, something in the nature of "obstruction" may take place (a term which is generally understood now), of a course of conduct tending to delay a conclusion being arrived at. I understood you to say that the time of those men who are members of the council is so valuable, that you are often exceedingly careful about summoning the council; having regard to that circumstance, it may be that where some question of great importance, as a question of principle is raised, some member may think it of so much importance, that he may think it necessary to delay the proceedings, by making use of what may be described as an obstruction; have you had any experience of that nature in the council?—I think that that is a process of "Evolution," to use a popular word, which we have not at present reached I am happy to say. I would not say that it never has occurred, but I do not think for years past. I think they are far too much in earnest, and far too practical men, to occupy the time of their colleagues in that way.

247. It might be an indication of earnestness?—It might.

248. Have you any fear that if the council is increased, as has been suggested it may be, by direct representation, the debates would be so far extended as seriously to interfere with the transaction of the business of the council?—I am by no means sure that that would be the result; I have thought a great deal about it, and I am by no means sure. Supposing there were 30 members instead of 24, I do not know that the six additional members would all speak, and if they did, I do not know whether six of the 24 would be silent instead. *Solvitur ambulando*, it only remains to be seen what is to be done. But if I am asked whether on serious questions of education (confining ourselves to them, and leaving for the moment the idea of undertaking other new and general professional questions), I cannot think that 30 persons would more easily settle minutiae of education debating before reporters than 24; in fact, on the contrary, I suppose a smaller number, like the executive committee, can do the work really better.

249. Having regard to the question put to you

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you by Dr. Lyon Playfair, of course any examination, which is to be a pass examination into the profession, must necessarily be a minimum examination?—No, I think not.

250. What would any examination be that would be lower than a pass examination into the profession?—Take the case of the medical examination at Oxford, which I mentioned two or three times, because it happens to be very convenient for the purpose. It can only be passed by a person who has gone through a complete course of arts, as it is called, prior to his medical studies, therefore occupying between three and four years in the course of arts, and four years at least in medicine, that is about eight years. You could call that a minimum course of education, or a minimum examination, even if the professional examination were simply a pass one; and yet it is the only way that a person can get a medical qualification through Oxford; it will take him at least eight years. The use is different with the London University. This university, professing a very high standard, admits persons who are already licensed by other bodies. A certain number of persons passed by other bodies will be rejected there, so that examination would be *ipso facto* an honour examination, if the rejected men had passed already a fair examination. You will observe I avoid the word minimum, because it is sometimes unfairly used for a word of contempt.

251. With regard to the question as to the supply of medical officers to the army and navy, are there not grounds to suppose that the deficiency in the supply is due to the inducements which are held out being insufficient to attract to those services?—Certainly; and I endeavoured to throw out a hint to Dr. Lyon Playfair that the subject was very complicated, and that no answer which I could now give ought to be taken as solving the question. Of course there are many other things besides the examination and the qualifications which make a young man go into the army or navy, and therefore it is only a question of examination; I do not say that examination does not enter into it, but it is mixed up with many other considerations.

252. According to your personal experience, there is no real deficiency of competent medical men to undertake the duties of such positions as they may be required for; but you are well aware that there are cases where it has been found difficult to find sufficient inducement for competent men to undertake the duties, whatever the position may be?—That opens a very large question; because if I say that there are sufficient, that would imply that I guaranteed their qualifications, and one must know all the conditions before doing so.

Mr. Errington.

253. You mentioned, I think, that you individually and the Medical Council were in favour of a conjoint scheme of some sort?—Yes; the Medical Council has passed a resolution to that effect by a majority.

254. I think that you said that the majority in favour of the scheme, which in 1878 was 14 to 10, was much larger in 1879?—Yes.

255. Do you not conclude from that that many of those who voted for it in 1870 must have, on a more careful investigation of the diffi-

Mr. Errington—continued.

culties, found themselves compelled to change their mind?—They are not all the same members; the council is a fluctuating body; there are many members, I am sorry to say, who are dead. Of the original members I think that there are only seven now in the council, and therefore it would require a careful analysis to be quite certain as to what the significance of it was, but no doubt there has been, to a certain extent, a change of opinion upon that subject.

256. Could you mention any of the members who have changed their minds?—I could, of course, very easily ascertain by comparing the lists exactly, but I cannot off-hand do so.

257. Was not Dr. Wood a member of the council in 1870?—Yes, he was.

258. And he voted in the minority, I think, in 1878?—Yes, he did this time.

259. Do you think that the change of opinion reflects at all the more matured views now entertained on the subject, I mean of the profession especially?—That of course must depend entirely upon what part of the country you make your inquiries in; it is very well known that there is a strong objection in Scotland to a conjoint board; whether rightly or wrongly, it is very well known that, upon the whole, the conviction in England is that it is the best thing to have it; therefore, if you ask the question in England, you will find everybody on the whole in favour of it, whereas in Scotland you will find the contrary.

260. But altogether less in favour of it now than there were in 1870?—There was partly a reason for it, that in 1870 (for it was before Lord Ripon's Bill), there was no doubt an expectation that it would be compulsory in some shape, and one sees that considerations of that kind of course weigh very much in forming what is called public opinion, but it is very difficult fairly to test it, except by the most careful analysis and inquiry.

261. The present Bill is compulsory, is it not?—Yes, it is now.

262. Do you think the fact of its being compulsory has made it more acceptable to the profession, or to the members of the Medical Council?—It made it more acceptable to those who were in favour of a conjoint scheme, and a resolution of the majority of the Medical Council was, with regard to the Bill in its early stage in the House of Commons last year, that it was unsatisfactory, because it did not contain a compulsory conjoint scheme; that was the point of the resolution, that no Bill would be satisfactory which had not got it.

263. Was the conclusion of the Medical Council by a small majority that the Act of 1858 does require amendment, and especially with regard to the question of education?—Yes, that was the conclusion of the council.

264. Are we to judge from that, that the opinion of the council is that the standard of education is falling off in a very alarming and rapid degree all over the country?—Certainly not.

265. On the contrary, I suppose the evidence is that since 1858 there has been a great progress and improvement both in examination and in education; may I take that to be your opinion?—I should think so upon the whole, but in saying that I must add that which is of common and ordinary knowledge in society, that the growth of natural knowledge, and notably of medical knowledge,

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knowledge, and of all the sciences connected with it, is in such a condition of change and advancement that there has never been anything like it in any period as in the last 25 years, and that therefore the whole question of education, even more than that of examination, is a subject of the utmost care and anxiety to those who are best informed upon the subject, and that they would speak with the greatest care and reserve, about what was better and was worse, for pass or minimum qualification. The knowledge in the profession has become so great, and the dimensions of the sciences fundamental to it are so large, that they all feel that the sole question is not how to have the severest examinations, but how to have the best education, and therefore how to have the best possible kind of examiners.

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266. On that point I should like to refer you to a paragraph in the statement addressed to the Lord President in 1869, on page 65 of the Report of 1879, because it illustrates very forcibly the question which I have just asked you: "From a table prepared by a committee of the council during its last session, it is evident that the examination tests adopted by all the licensing bodies are of a tolerably stringent kind, and though, on rare occasions, incompetent men may pass one board, and be rejected by another, there is little encouragement for an incompetent man to present himself before any of the boards;" that, I suppose, is quite inconsistent with any suggestion that there was an alarming depreciation or falling off in the standard of medical education since the Act of 1858?—I have never heard it stated that there is.

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MEMBERS PRESENT:

Dr. Cameron.
Mr. Dalrymple.
Mr. Errington.
Mr. W. E. Forster.
Mr. Mitchell Henry.
Sir Trevor Lawrence.
Dr. Lush.

Mr. Maitland.
Mr. A. Mills.
Dr. O'Leary.
Dr. Lyon Playfair.
Mr. David Plunket.
Mr. Serjeant Simon.
Mr. Wheelhouse.

THE RIGHT HON. W. E. FORSTER, IN THE CHAIR.

Mr. HENRY WENTWORTH ACLAND, M.D., F.R.S., called in; and further Examined.

Mr. Errington.

267. FROM the evidence which you gave, and from the Papers which you put in the other day, I think we may conclude that the standard of proficiency amongst the men admitted to the profession has been steadily improving since 1858?—I suppose the correct statement with regard to that is, that that has been the case with certain bodies, but that, with those examining boards, whose standard was adequate and right, there has been very little change.

268. What, then, would you say is the pressing necessity for such a drastic, and, indeed, I may say, revolutionary measure, as the proposed conjoint scheme, if the standard of improvement has been steadily kept up since 1858?—I am free to confess that I think there are two distinct kinds of grounds on which those who advocate the conjoint scheme justify their support of it. One is, to go very far back into the history of this subject, in order to have a correct notion about it, that it is quite sufficient to look at the list of the proposals which have been made at various times, and which are summed up in the report of the executive committee, which is in the hands of all the members of this Committee, to see generally what was formerly the sentiment both of the profession and of the country on the subject. It was felt that the existence of so many licensing bodies was unnecessary, and had arisen, like other things in the British Constitution, by accident. For the purpose of obtaining a really uniform standard, it was extremely difficult to argue that they could all be maintained. I therefore do not think that it is sufficient to say that the students who now pass into the medical profession are generally improved in respect of their education and examination. To be quite frank in the matter, I would just remind you that there are two ways in which I have to answer questions of this kind: one as President of the Council, what I officially believe to be their view; and the other what I may personally think about it. As an illustration of my personal view I will take the case of Ireland. There the examining bodies are all in one city, in the metropolis, in Dublin. Supposing there was a general

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feeling that a State examination of some kind, or a single examination was desirable for Ireland, I confess that I am at a loss for any valid argument to satisfy my mind that there could be any real injury in a true and proper sense to any interest by there being a combined system of examination in that metropolis. That is the way in which the subject presents itself to my own mind, and I think it is unanswerable. I take the case of Dublin, because, as you are aware, that is the only case where all the different licensing bodies, which happen, as I said, to exist in the progress of the voluntary exertions of our country, sit in one town. If, generally, it is shown that it would be to the public advantage that they should unite and conduct the pass examination, I do not know what argument to bring to show that they cannot do it.

269. You said the other day, and you again repeat somewhat the same sort of thing, that there are persons who are in favour of uniformity; that is to say, of reducing the large number of examining boards to either one, or to three, even if those boards could be shown to be quite efficient; I gather that it is more or less your own opinion that it is desirable, apart altogether from their efficiency, to reduce the number of these bodies?—Yes, I think there are persons who are satisfied on general and public grounds, or on doctrinaire grounds, if you please to call them so, that it is absolutely impossible to have so many bodies all exercising the same function with equal perfectness. They base many of their arguments upon the fact (although that is often misapprehended) that there is in Germany what is called a Staats examen. This really is not a single examining board, but it is a system by which it is supposed that one uniform minimum standard is maintained in the country, (not misinterpreting the word "minimum," but one proper standard which is ensured by the State), without depriving all the other educating bodies of their functions and powers.

270. The right honourable Member for the Edinburgh University asked you the other day about the difficulties which would arise in working

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ing the scheme; assuming that those difficulties could be got over, and that the scheme was actually worked, do you think that the advantages in introducing this scheme would be entirely unmixed?—I do not know of any disadvantages that would accrue. There may be such, but I really do not know what they are, excepting this. One must say that it is more trouble at first to the individual authorities. Indeed it has hitherto given a very great deal of trouble, as I stated the other day, for we have had in England, as I remarked, many more than 70 conferences at one time and another, in order to produce this union. If I am asked why, I think it is because it was not entirely voluntarily done. No body specially wished to give up its privileges and its independence. The old university, to which I am attached, for instance, 25 or 30 years ago was aghast at the idea of surrendering any privileges. That was their way of looking at the matter. The bodies do not voluntarily combine, there is no doubt; but in England it is equally true that although there is this feeling of unwillingness, yet we feel that it is a desirable thing, looking to the education of the future, that there should be uniformity of examination for passmen. Therefore, for the sake of the students, for the sake of the teachers, for the sake of the examiners, and for the sake of the public, we all agree to forego our original unwillingness.

271. Do you completely ignore the aid in education of the variety and of the upward competition which the existence of a number of teaching and examining bodies confers?—I think there is a little confusion in mixing the idea of education and of examination together. Education is one thing and examination is another. I should be one of the last persons to advocate a uniform system of education; I should wish as much elasticity as you please in that direction; but that is quite a different thing to the particular question of ascertaining that, as the Act of 1858 lays down, every person who is admitted legally to practise medicine has a general and sufficient knowledge for the practice of every part of his profession. That has nothing to do with education nor has it to do with the higher qualifications of the different bodies, as I may have occasion to show presently, with reference to the question which arose about midwifery at our last meeting.

272. Do not you think that a uniform standard of examination will ultimately lead to a uniform system of education, and ultimately to crushing out all upward competition?—I cannot say that I think so, and I could give good reasons for that. I am afraid that on a question of this kind it is very difficult not to digress beyond what the Committee have really time for, but I could give ample reason to prove that it would not be so.

273. I suppose you would admit that if it can be shown, or if it be probable that this would be the result of a conjoint scheme, you would in that case not be in favour of a conjoint scheme?—I am afraid that I am not imaginative enough to be able to conceive that, because I am fully satisfied that that would not be the result.

274. The Right honourable Member of the Edinburgh University asked you the other day whether the same result which you propose to attain by means of the conjoint scheme could not

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be attained by a Medical Council with increased power and increased activity, which should supervise education and supervise examination in the three kingdoms; is it your opinion that the conjoint scheme is on its own merits a preferable one to that?—That raises another question, and I am sorry to say a very complicated one, branching out into so many directions, but I cannot help it. There again we touch upon the question of education. The Medical Council under the Act of 1858 has no power to order a particular mode of education. I believe that quite unconsciously, and certainly unintentionally, I may have given the Committee the impression, at my last examination, that the Council has the power to compel a mode of education. I stated that the Council has power to make recommendations, that is all, and I am not at all sure that it would be a desirable thing to give the Council the power, and, therefore, the duty, to make compulsory this and that detail of education. That is quite a different thing from the testing of the education; and there is no power in the Act to enforce a particular mode or extent of education.

275. You are aware that the medical schools are not controlled in any way by the Medical Council?—Quite.

276. You are no doubt aware that it is often stated that in many medical schools students can obtain certificates which are accepted by the examining bodies, of having attended lectures without ever having attended a single lecture; is not that a system which is well known?—It is a dangerous thing for an official person to say yes or no to a question of that kind, unless he is prepared with the proof, because one immediately gets into difficulties. I know that that has been openly stated, but I also am really convinced that evils of that kind do not exist now to any extent, comparable to what they did many years ago. And there again that touched on the question of what are the best modes of teaching, whether the best modes be by lectures entirely, or by many lectures, or by few. But the custom of making lectures compulsory, and requiring students to produce certificates of so many lectures, had reached such a burden and became such an evil many years ago, that there was a strong feeling with many persons of great intelligence and authority indeed, that it was desirable to have no certificates at all.

277. If certificates are to be kept up surely it shows a very strange state of things if the certificates of having attended lectures do not convey what they profess to convey?—Of course; but I repeat that, to the best of my belief (I cannot prove it, and I cannot get you the proof at once), but I am inclined to think that it does not exist to the extent which it did 30 or 40 years ago.

278. If the Medical Council had power to deal with education, would not this be one of the questions which would at once require investigation?—Most unquestionably.

279. Again, with regard to hospitals, I believe that hospital education is not inspected in any way?—No.

280. And, in fact, clinical education, which is so important, is absolutely without any inspection?—I had better repeat, once for all, that it is no necessary part of the duty of the Council at present to inspect the education. I may say, in order not to convey an erroneous impression, that this

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subject has been considered, and that some members of the Council have thought that it was a very desirable power to have, and to endeavour to exercise; but so far as I know the majority felt that they had no function in the matter, and that, therefore, they must not interfere. But no doubt those who are zealous about medical education do extremely wish both for the sake of the public and for the sake of the students, to bring a knowledge of what is the best mode of conducting a medical education under the notice of all the different educating bodies, not as meaning to censure them, but to give them the result of the central experience, if I may say so. But there is no power in the Council to enforce it.

281. I have asked you these questions in order to ascertain whether it is not the case that it would be a very imperfect view of the question of medical reform to confine it to examinations; that the question of medical education requires reform as well as the question of examination; is not that your opinion?—No, I am not prepared to say that at once. It would require a great deal of consideration before I should say that it was a desirable thing for a central body to enforce detailed regulations for the purpose of study on all the teachers and on all the students throughout the country. It is perfectly clear that the testing and ascertaining that the results are good is one thing, and compelling them to attain those results by some particular mode or another is quite a different question. I think that the growth and extension of medical and scientific knowledge are such that unceasing consultation by a combination of representative men for its management is necessary. But I do not like to call this reform which seems to imply blame.

282. With reference to the Pharmacopœia, which you spoke of the other day, can you state anything about the average cost of its production?—Not off-hand.

283. And can you state the profit which has been made on its sale for the last five years?—Very slight. It can be furnished.

284. Can you tell the Committee what means are taken to keep the profession informed officially of new drugs, and of the preparations of them which have been successfully introduced and practised in the hospitals?—An appendix is published from time to time, according to the judgment of the Pharmacopœia committee; whose exact names I have filled in in correcting my notes, as the Chairman desired me. The first committee consisted of Dr. Burrows, Dr. Apjohn, Dr. Christison, Dr. Sharpey, and Dr. Quain, with others; and the present committee consists of Dr. Richard Quain, of London, the chairman, who is constantly watching the matter; Dr. Pitman, Dr. Haldane, of Edinburgh; Dr. Aquilla Smith, of Dublin; and Mr. Macnamara, of Dublin, and they confer on these matters, and would be at liberty to publish an appendix every year if the Council thought fit.

285. When, as a matter of fact, was the last appendix published?—There was one in 1877.

286. Is it your opinion that the Pharmacopœia may be said to be kept up to the practice of the day, and that there are no drugs in general use which are not to be found in it?—I should be very sorry to say that, for there are a great many things in general use which had much better not be in the Pharmacopœia. The Phar-

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macopœia is a national work, and should admit no temporary notions, or else it would become a very large volume indeed.

287. Are you of opinion that the Pharmacopœia is kept up to the measure of the practice of the day?—I have never myself heard an adverse criticism of any importance on the Pharmacopœia, and I have the fullest confidence in the English, Scotch, and Irish representatives who have charge of it.

288. Could you give us the figures of how often the examinations have been visited by the Medical Council?—I have a complete list of them prepared, which I will hand in with the dates.

289. What action has ever been taken by the Council in consequence of the visitations?—The action that has been taken, as I stated at the last meeting of the Committee, has been to consider the reports of the visitors, to comment upon them, and send them down to the licensing bodies with observations, and receive observations in return; some of those observations have been favourably received and some otherwise. All those documents are ultimately made public, and anyone can obtain them. I produce a list of reports of that kind (*delivering in the same*).

290. Can you state any actual improvements which have taken place in the examinations in consequence of the visitations?—I cannot, off-hand, give you the date, but it has been definitely stated before the Council that there is hardly any recommendation of the Council that has not generally been brought into operation. This is true, so far as I know.

291. But you cannot mention any prominent, or any great change or improvement which has resulted from those visitations?—I think you may say that the greatest change or improvement is the general upward tendency of the education throughout the country, and the gradual getting a fairly uniform standard of scientific and practical knowledge. That is really the highest result, for we must always bear in mind that we are dealing in this case with the masses of students who cannot all be the ablest or honoursmen, and the most that ought to be asked is a general steady, quiet increase in the mastery of subjects which are really essential for practice. That we suppose to be going on.

292. The most important change, perhaps, which has taken place recently in the examinations, is the introduction of clinical or bedside examinations, which is one of the most marked features of the change; is that due to the action of the Medical Council?—No, I do not think it is, because, for instance, we had them in Oxford before the subject was brought before the Medical Council at all, and in the London University in the same way. I may observe, if you will allow me to say so, that there is a great practical difficulty with a large number of students in the conduct of clinical examinations, and a part, perhaps, of the slowness of adoption, if there be slowness, is really from the intrinsic difficulty of managing, but I believe all that is being honestly endeavoured to be carried out.

293. I wish to ascertain whether the introduction of those examinations arose from the action of the Medical Council, and I understand you to say that it did not do so?—That is a question simply of date. I think, with regard to that adoption, it may be said that it arose from

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from the discussion which has taken place on the whole subject, in which, of course, the Medical Council takes an active part; but there is a general progress of opinion and of knowledge on the whole subject in the country.

294. With regard to the power which is contained in the 21st clause of the Act of 1858, empowering the Medical Council to report to the Privy Council, has that ever been exercised?—No, never

295. Were all the examinations found to be so efficient as not to need this action on the part of the Council?—That, of course, was a matter of discretion. The Council has exercised, I suppose, the best judgment that it could form upon the matter, viz., whether a question so grave arose as to make it absolutely necessary to go to the Privy Council to exercise the very important and grave functions which it has the power of discharging. It is quite clear that the Council being in earnest to bring about a real improvement in education, where it was required, wished to do so, by carrying the teachers and examiners in the whole kingdom along with them, and not by engaging in legal arguments, or discussions as to whether this, that, or the other detail was required to be altered or not. When you came to the point, it would very likely be upon some such question as this, as to whether Greek should be compulsory or not. Supposing a small majority of the Medical Council endeavoured to enforce something, which one of the licensing bodies will not agree to, the Council has the power to refer the dispute to the Privy Council. It will have then to be argued before them, and that argument will necessarily turn on detail, as, for instance, in the case mentioned by the Right honourable Member for the Edinburgh University the other day, upon the question whether there should be a three months' or a six months' course; supposing the Medical Council went to the Privy Council about that, the Medical Council might chance to be defeated.

296. Supposing there was no case for taking action, I do not quite understand what case there is for this reform which we are asked for; if the examination is in such a perfect state as not to require the exercise of these powers, is not that rather a proof that there is no great demand for reform, if the Medical Council did its duty?—I am afraid that I must revert to what I said at the outset, that there are quite two views about this. There may be simply the doctrinaire view that 19 bodies are a bad thing, and that it is very desirable that they should be concentrated into a fewer number; that is one view; and another is, what I should regard as a more serious and philosophical view than that, namely, that the best way of conducting the education and examination for so important a branch of the public as medical students, is by not having those numerous examinations. I do not say that they cannot be carried on, but I imagine, like all other things in the British constitution, it is a system which you would not originate now; and, therefore, whilst changes are being made, we ask ourselves which is the best way of regulating and conducting this education in the present state of human experience, and in a free country.

297. Therefore it comes to this, that although there has been no question of sufficient importance to report to the Privy Council, still you are

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in favour of making a very great change, indeed, a change which has caused considerable agitation for a great many years, and which at present appears to produce a great difference of opinion in the profession?—In answering that question, first as President of the Council, I may say that although it is well known that it is divided on the subject, it is ruled by a very large majority in favour of this, which is called, I will not say reform, but this improvement in the conduct of the education and the examinations. Personally I am convinced that it is a very much simpler method, and in the long run I have no doubt myself that it is the best. Lastly, I cannot myself see the grave objections which I often hear raised to it. Referring to what I said in regard to the case of Dublin, and carrying that on certainly to the case of England, where you know that the bodies have all agreed, and would gladly combine for the purpose. I wish to point out that the universities outside the metropolis agree to join the corporations in the metropolis for this purpose, not because it is absolutely necessary, but that they are satisfied that on the whole it is the best thing. There are many reasons which may be given for this.

298. I suppose what we seek is to obtain efficiency, and that that should be obtained in the easiest way, and in the way which produces the least objection; in Scotland, among the Scotch bodies the opposition to a standard of uniformity is almost universal, is it not?—I can hardly admit that, because the principle of combination was adopted and carried out in Scotland first of all, and in Scotland, so far as I know, speaking, of course, under the correction of my Scotch colleagues, the question is, therefore, only how far it is to be carried; but the principle has been recognised from the very first, because the Scotch corporations were those who at once agreed to act under the permissive clause of the Act and to combine, as was stated in evidence by me before; that is, the Colleges of Physicians and Surgeons of Edinburgh have combined with each other, and also with Glasgow. Therefore they have no objection to the principle of combination; it can only be to the extent of it, or to the mode of carrying it out.

299. As to the representation on the Medical Council you mentioned in answer to the Right honourable Member for the Edinburgh University that the Scotch universities were the only universities which had not each a representative, and that you were not aware on what ground that system of representation had been arranged, but does not it strike you that if each of the universities in Scotland had a representative the balance of representation would be completely upset?—Yes, that was one of the circumstances which I have mentioned to the Chairman as omitted by me, and which I wished to point out. I did say that there were other reasons also why I was then unwilling to give an opinion upon that point, and I hoped that I should be able to state something farther on the subject by-and-by. I expressed myself as very unwilling to say anything in the present state of the inquiry to disturb the existing balance of things, because I suspected that it would lead to more difficulties than people are generally aware of. Altering the proportions of the "nationalities" is one of the ways in which it would do so at once. Abstractedly, it is certainly remarkable, of course, taking that point

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point by itself, that the Apothecaries' Societies should each send a member, and also that Durham should send one, when Edinburgh University sends only half a one; but then directly Mr. Walpole and Mr. Cowper Temple's Act is disturbed, you raise a number of other questions which I personally do not wish to open. With reference to a former question, I ought to observe that the General Medical Council last year, in its report upon the Medical Bill, on Clause 14, passed a resolution objecting to the powers of the Medical Council being extended to the initiation of examination.

300. And I think that the section was omitted in consequence of that; might I ask you why the Medical Council came to that conclusion?—I do not know how far you will think it desirable to take me into the details of the Medical Bills now before you.

301. There is only this one point, which is, how this clause, which is now Clause 15 in the Bill of 1878, has been restored, and I was anxious to know whether there was any special reason on the part of the Medical Council why they objected to the clause?—That has reference to a number of discussions which took place, not public discussions, but discussions which took place between the various licensing bodies, between the corporations and the members of the Medical Council, as to what is the best way of framing these rules. Some persons, for instance, think that it is very much better that the several licensing bodies should frame rules, and submit them. Others think that it would be much better that the Medical Council should frame them, and send them down. Upon that I would venture to make one personal observation, from my experience of the Medical Council. This Committee must bear in mind that, when you speak of the Medical Council for purposes of that sort, you speak of 24 persons brought from all parts of the country, at a great expense to the office of the Council itself, but at a still greater loss, in the case of many, to themselves individually. To impose a quantity of detailed work unnecessarily upon them I think extremely undesirable. But if it is the wish of the Committee to go into the details of the Bill, I should like to have notice, as far as possible, of the questions, or it would be interminable.

302. In the present Bill, as it comes to us from the House of Lords, a similar clause is contained, is it not?—Yes.

303. With reference to the financial condition of the Medical Council, you were asked, at Question 144, by the Right honourable Chairman, whether your income was adequate, and you replied, "scarcely"; would you state, on an average, what the income has been?—We send a return every year to the House of Commons, as we are required by the Act, and at page 60 of the Register for 1879, of which there is a copy in the room for every Member of the Committee, you will find a summary of the accounts, and the average income for seven years has been 5,979*l.*, and the average expenditure 5,867*l.*

304. Can you state what balance there is to the credit of the Medical Council at present?—There is a considerable balance belonging to the Branch Council of England, as you will observe at page 61. At page 58, you will find the total of the General Council's special receipts, and also the amount which is invested from the

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receipts of the English branch of the Council, amounting to 25,000*l.* 3 per Cent. Consols, invested as an accumulation fund, which has been long going on. The meaning of that is, that the receipts come, to a great extent, from the English students upon the English Register, and in certain proportions, from the Scotch and Irish students. There is a complicated system of balancing, taking the per-centages of the whole of them. The greatest accumulation has been in the English Branch Council; but then all those items are thrown into a common fund, with the total result that you see in pages 60 and 61.

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305. You stated, did you not, and, I think, very correctly, that it was one thing to test the results of education, and another to prescribe the methods of education?—Yes.

306. But in testing the methods, is it in the power of the Council to state that examinations shall be held in this or that subject?—No, I do not think it is. I have already explained how that is, and that the Council must draw its own conclusions as to whether the examinations are adequate or not; and if it thinks them inadequate it has to represent that to the Privy Council. But then it is not satisfied with what might be called a perfunctory view of its duties in that way, and therefore it issues recommendations; but those recommendations they cannot enforce. I alluded just now to this, because I thought perhaps I overstated the power of the Council. It has power to issue recommendations at present, but it has not the power to enforce them.

307. Has it the power to issue recommendations as to the examinations and as to the subjects in which professional examinations should be conducted?—No, I do not think it has exactly power to do that. It has power to inquire. It has power to get the fullest information as to the course; and then, as practical men, they meet together, and they endeavour to frame resolutions, according to the best of their combined judgment, as to what is the best course of education. These resolutions constitute the recommendations, but they cannot be enforced.

308. The Right honourable Member for the Edinburgh University alluded to the subject of midwifery; is there any examination in midwifery, or any course of midwifery prescribed by the College of Surgeons in England?—The examination for the College of Surgeons in England is an examination in surgery, and their license is a license in surgery; but they have an examination in midwifery too, and a license in midwifery; that is a separate examination, and the subject of a separate license; so that there are licentiates in midwifery as well as licentiates in surgery.

309. Does a licentiate in surgery require to undergo any examination or instruction in midwifery, or is it optional with him to become a licentiate in midwifery, or is it compulsory?—Optional.

310. Therefore a licentiate in surgery can obtain a license without any instruction or examination in midwifery, can he?—I will get for the Committee by the next meeting the regulations of all those bodies, if you please, and they will furnish an answer precisely to every one of these questions.

311. I have

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311. I have looked over this report, which you handed in the other day, and I see that, amongst the work which has been done by the Council, you refer to the visitations of the examinations, and you mention that, in general, the reports of the visitors were attended to by the medical authorities; were there any exceptions, or any marked exceptions, to that rule?—I think that the conclusion upon that subject has been, that upon the whole almost all the recommendations of the Council have been adopted; and there was a resolution passed to that effect, to which I alluded in my evidence. It was a resolution passed the year before last, that there was no occasion then for revisiting the examination bodies, because upon the whole the recommendations of the Council had been attended to.

312. How often has any one body been visited, do you know?—Two or three times, I think, in the case of some of them, and some only once; but I have handed in a list of all those particulars already.

313. In the course of 20 years surely two visitations could not have had any great effect; you stated that some complication arose between Oxford and the visitors as to the power of taking away copies of the answers; was that settled amicably?—Yes. No formal or official difficulty arose at all, but that obvious question arose when the visitors came down to the University for the first time. The question was whether the answers of the students could be removed from the office of the University. It was an entirely new question, and very properly it was discussed. What really happened was, that the visitors were told unofficially by the examiners that they had full permission to do what they thought fit. They had the papers in their hands, and the question arose whether, for their own convenience, they might take them home with them, and they were allowed to do so, but it was a new case in the history of the university.

314. You refer, in this report, with satisfaction, and I think justifiable satisfaction, to your having been able to improve the standard of the preliminary examinations; but what I wish to ask is, whether you have directed your attention to, or effected anything similar, with regard to the final, the professional examinations, or whether you have attempted, in any other way than by visitations, to improve the character of the professional examinations by the introduction of new subjects and new methods?—Certainly, by the recommendations which have been made by the Council from time to time as to the subjects which would constitute a satisfactory course, both of education and of examination. Then, as I said before, those recommendations were not orders, but they were recommendations, and, of course, it is the fulfilment of those recommendations which justifies the Council in believing that an improvement has taken place.

315. Do you believe that if the power of ordering, instead of recommending, were given to the Council, any great benefit would accrue?—I am not clear about that. I should like to say on that subject what I was about to add just now in answer to a previous question, that I am sure the Committee will bear in mind in dealing with the whole of this question, that we are not dealing with bodies that are supposed to be either wilfully careless or ignorant, or desirous not to discharge their duty, but that we are

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dealing with the universities of the country, and with great institutions like the College of Surgeons of England, which is the trustee of all John Hunter's work, and that those bodies are not to be looked upon as children to be driven about. Take the case of the University of Oxford, or Cambridge or London; the Medical Council has not to sit in judgment upon them, and to suppose that of necessity they are doing otherwise than their duty. And I am not at all sure that it is desirable to exercise, or to attempt to exercise, or to say that we ought to exercise, compulsory powers over all those institutions. They have their character and their honour to maintain; I think much the wiser course has been to take them into co-operation with the council.

316. I do not wish to find any fault either with the Council or with the bodies, but I ask the question which I am about to ask, simply with regard to this Bill, which proposes that no person shall be entitled to be registered as a medical practitioner who has not received a qualification in both medicine and surgery?—Practically speaking, that is so.

317. I think you stated, in reply to the Right honourable Chairman, that the Medical Council, and you also, entirely concurred in the justice of that provision?—Yes; in the substantial justice of it.

318. And in the desirability of it?—Yes.

319. I quite agree with you, and what I want now to ask is this, have you any power of obtaining an examination in medicine as a *sine qua non* for the granting of a surgical degree or license, or *vice versa*; could you at the present moment say, to the College of Surgeons for instance, "You must examine in medicine"?—We have no such power.

320. The College of Surgeons' license authorises a man to practise medicine as well as surgery, does it not?—To practise surgery.

321-2. The fact of a man getting on the Medical Register authorises him to practise everything, does it not?—It authorises him to be on the Register according to his qualifications; that is a question of legal interpretation; as you are aware, it puts on the Register, with the qualification of surgeon, one who is examined in medicine. I stated the other day, with regard to Oxford, where there is only a degree in medicine, a man goes on the Register with only a "qualification" in medicine, and so there are a great number with only surgical qualifications upon the Register. There is no power in the Medical Council to say that a surgeon shall not go on with the surgical qualification, or a bachelor of medicine with a medical qualification, because the Act puts him on.

323. What I wish to get is whether a surgeon is not, after he becomes registered, entitled to practise in medicine, and whether, as a fact, he does not practise medicine as a general practitioner?—As a matter of fact he does; and no doubt that is done to a very great extent.

324. Of course I quite understand that the Medical Council has no power to say to the College of Surgeons, "You shall not license, or give a degree," but could not the Medical Council say to the College of Surgeons, "If you give a license which entitles a man to practise medicine, you must examine him in medicine, and see that he has a proper knowledge of medicine before

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fore granting him this licence?"—I imagine that the Council has no such power; it has simply the power to administer this Act, which enables surgeons to go on the Register with their surgical qualification, and the Apothecaries' Societies' licentiates to go on with their licences.

325. Has not the Medical Council power to make a representation of the views of the Council on the point?—Yes, it could make a representation to that effect, but then that would not be in conformity with the working of the Act at all, which especially enables persons with those several qualifications to go on the Register, *valeat quantum valeat*. But, speaking upon that point, the idea of this conjoint scheme is, that these different bodies, in this metropolis for instance, will combine together, and will agree that no one shall have a qualification that has not been examined in both. The proposal which I understand you to suggest would be, that the surgeons should also set up machinery for a complete examination in medicine, whereas the essence of the idea of combination is, that the physicians should go on with the examination in medicine in London, and that the surgeons should go on with the examinations in surgery; just what, at this moment, we do in Oxford. Because although, as I said the other day, we do not think it desirable in Oxford to set up a new surgical diploma in the country, we say to a man, We cannot forbid you to come for our degree of Bachelor of Medicine, but we advise you to go to the College of Surgeons and get a qualification in surgery.

326. The object of my question was to ascertain from you whether the Medical Council acting in conjunction with the Privy Council has not at the present moment the power to effect what is proposed to be done under this present Bill?—That is a law question; but unless I am quite misinformed, I do not think so. That would be running across the essential construction of this Act. I do not think there can be a doubt about that. It would, in fact, be requiring the College of Surgeons to give a medical qualification.

327. Does Oxford grant any degree in surgery; for instance, does it grant the degree of Master in Surgery?—No. We thought it better to make no change because of all these changes that were going on. I speak with some reserve and caution about a point of this kind, because they are legal questions, and it is not for me to say off-hand what the College of Surgeons can or cannot do. But I may say, taking the case of the College of Physicians, that the College of Physicians appears to have the power to license in surgery, and does do so, and does confer a double qualification. Whether that is so with the College of Surgeons it is not for me to say. But upon that, again, a law opinion could be obtained. I think upon the general principle I am right.

328. You mentioned that the Council had always taken up any recommendation that was brought before it, and you mentioned as an illustration that what the Right honourable Member for Edinburgh University said, regarding midwifery, would almost certainly bring about some discussion in the Medical Council. Were there not some very strong recommendations as to the curricula of study made to the Medical Council?—Yes.

329. Were those ever discussed, or was any

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discussion arrived at regarding them?—I scarcely know to what the honourable Member alludes?

330. I understand that shortly after the institution of the Medical Council, very strong representations were made to it by the general body of medical practitioners, that it should turn its attention to its deficiencies of the various curricula of study prescribed by the various medical authorities?—You will find in looking through the minutes of the Council, that a great part of its meetings are occupied with very many details on subjects of that kind, and that there were discussions concerning the amount of study, and the amount of examination which should take place on all questions, whether of general, scientific, or practical education, and that till we got diverted by those questions of what are called medical reform, these subjects of the curricula and courses of study were constant subjects of discussion in the Council, and most resolutions are on subjects of that kind.

331. I believe there was a very large petition signed by 2,000 medical practitioners, including a number of leading hospital surgeons and physicians throughout the country, for a consideration at the hands of the Council of the constitution of the Oxford medical faculty, and the system of medical education pursued at Oxford; was that ever reported on?—I never heard of its being mentioned to the Council, and I have never seen it.

332. What is the machinery for teaching medicine at Oxford?—If I mistake not, I think that that question was put by the honourable Member for Glasgow to the Government last year; and I think that a very suitable answer was given. If the Committee desire to go into the details of the system in the University of Oxford, with regard to medical education on this occasion, I shall be most happy to do so.

333. Without going into details, but generally as it would be useful in connection with the consideration of the weight to be attached to the Scotch universities or the English universities as medical educational bodies, I should like to have generally one or two points stated by you in connection with Oxford; I wish to put it as inoffensively as possible, but have you a regular medical school at Oxford including lectures?—That again depends upon what significance you attach to the words "medical school." If I am to answer that question in detail I should desire that those words should be defined. It has been the subject of a good deal of discussion in the Medical Council on various occasions. It was formerly, at the early meetings of the Medical Council decided upon discussion, more especially by Mr. Syme, whom you probably knew very well, that nothing was a medical school which was not attached to a hospital, and which was not really a place of complete medical education. Others opposed Mr. Syme's opinion, and thought that it was not at all necessary for a complete medical education to have a medical school. Therefore, if you ask the question whether Oxford is or is not a medical school, I must know the sense which you attach to the word.

334. What number of professors are attached to the medical faculty?—I have no desire to avoid any question of any kind, but I must there again

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again know what is meant by the medical faculty, I will answer it in my own way, if you please, and then it will be perfectly clear. There never, at any time, has been in the University of Oxford a medical school in the sense in which I should use the words "medical school," that is to say, a complete system of education in every part of medicine. Such a thing had never existed. About 30 years ago, my attention was drawn to that subject, and I thought it extremely desirable that attempts should be made to carry on in Oxford that kind of education in relation to medicine and the subjects fundamental to medicine which might be most useful to the nation. The university has within the last 25 or 30 years spent a great amount of money, and carried on a series of exertions for laying the groundwork of a complete system of biological and scientific education generally such as never had been carried on in the history of the university before. The general view which we hold on that subject is, that it is desirable that the university (I do not speak of Cambridge) should take charge as far as it can of the general preliminary literary education of as many as can come to the university of all classes, the medical classes amongst the rest; and that to that which was the old traditional character of the university as a place of classical and mathematical education should be added the means of scientific study. The exertions which have been made by the university for establishing on a great and liberal scale the means of this scientific education, including all the departments of physics, chemistry, biology, and subjects fundamental to medicine, are entirely unparalleled in its history, and are a great success thus far. One of the results, I believe, is, that in conjunction with the much improved medical examinations, we are getting gradually a class of really highly educated youths, who having had the best arts education, and the best fundamental scientific education, go to the great practical schools of the metropolis, and study the practical parts of their profession. That is the general view which we have held. You thought it a duty to inform me of a memorial, with a sight of which I had not been favoured, from a large number of practitioners on this subject. I have not seen the memorial, but I know that there is such a thing, and it is drawn up, as I understand, upon an entire misapprehension, and with a very scanty knowledge of the nature of the subject. In reply to a former question, I had occasion to remark that medical education consists of three great parts, the literary, the scientific, and the practical, and I think that some of the gentlemen who are extremely anxious to convert Oxford into a practical school, very ill understand the great importance for the social status, as they call it, and to the general improvement of the profession which we are now considering to have in connection with the old universities a complete system of general and scientific culture such as we are now forming there; but the details of which are far too numerous for the present occasion. Lastly, I think, that some of those who advocate the view which you suggest are probably hardly aware of the enormous advantages that the medical schools proper, at the great hospitals of this metropolis, or at such places as

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Edinburgh, and Dublin and Manchester, must always have for practical work over the smaller hospitals of provincial towns, except a few of the very largest. I am sorry to have given so long an answer to the question, but I thought it better at once to state the principle of the case shortly; I cannot say that I think it has much bearing on the present inquiry.

335. I wished to bring it out, as I tell you, for the purpose of eliciting the great difference between the English universities as medical schools and the Scotch universities?—I entirely agree to that; if I may be allowed to add to that somewhat long sentence, it is simply this, that having paid a great deal of attention to this subject for many years, long before I was on the Medical Council, it is my opinion that it would be an extremely unfortunate thing if any action were taken by the Legislature, or by the Medical Council, or by any body having power and influence in this country, to endeavour to force the education connected with medicine into precisely one form; I think that nothing could be more unfortunate, but that has nothing to do, I humbly submit, with the question of a minimum examination. The courses of education should be as free as possible, and the opportunities of the highest kind of education whether literary, scientific, or practical, should be as complete as possible in their several departments; and then the country had better see to it that the pass examination has tolerable uniformity over the whole kingdom. That is my view, and therefore the last thing that I should desire to do would be to endeavour to force the different places of education to be constructed exactly on the same type; I think that that would be a most undesirable thing.

336. Have you any anatomical school at Oxford?—I am really most unwilling to discuss terms, but it may appear that the word anatomical is a very simple word, whereas it is not so.

337. Is there a dissecting-room there, or a professor of anatomy?—Certainly; but I should be glad if I may be allowed to answer it thus: An anatomical school, or a system of anatomical education may be of two kinds; it may be merely human anatomy for surgical and purely medical purposes, and it may be the highest kind of philosophical anatomy, such as John Hunter laid the basis of in this country, and I may almost say in all Europe. More than 30 years ago, in Oxford, we, believing that it was in the public interest to have a philosophical department of anatomy carried on, began to make an anatomical collection on the model of the Hunterian collection here in London, and we have carried it on to a very great extent; I believe that there is no more philosophical anatomical teaching carried on in Great Britain than is carried on at this moment by the very eminent philosophical anatomist, Professor Rolleston. It may not be uninteresting to you to be aware that the seeds of all this opportunity of biological study in Oxford are owing to John Goodsir, a pupil of the Monroes, of Edinburgh. There is a large anatomical establishment carried on by Professor Rolleston with extraordinary energy in the sense of philosophical anatomical study; to some extent also in human anatomy; but not in the sense of detailed surgical anatomy, as exclusively for medical men, though he does teach surgical anatomy

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anatomy where occasion requires it. I know it is represented otherwise.

338. Is there any dissecting-room licensed under the Anatomy Acts for the dissection of human subjects?—Yes, and has long been so.

339. How many medical students are registered as medical students in connection with the Oxford Medical School who would be at present studying at Oxford?—I, of course, can get that return, but it may be entirely misleading, for this reason, that the system at Oxford, unlike the system of an ordinary medical school, is a system of scientific study; the scientific school there, in which anatomy is taught, is the Natural Science School for honours, and the Honours School of Natural Science in Oxford now stands on the same level as the old Classical and Mathematical School, in which men used to get "first classes," as, for instance, Sir Robert Peel and Mr. Gladstone did, but they could only get what was called "double first class," that is to say, in classics and mathematics. Now they can take the highest honours in natural science, as physics, chemistry, biology, and their sub-divisions in anatomy, the same as they can in classics and mathematics, and as they can in two other subjects besides, viz., law and history, and lately in theology; therefore the value of the university to medicine is not to be estimated merely by its so-called medical students in the medical school, but by the effect on the whole culture of the profession through the scientific studies of our honoursmen, who are steadily and largely increasing in number.

340. Can you state the number of medical graduates at Oxford, and also the number of Oxford graduates who practise medicine in virtue of other licenses?—I will apply to the authorities for this. Singularly enough there was a larger number of graduates in medicine the year before last in Oxford, I believe, than at any time for two centuries, which is a curious fact, because the examinations have been steadily increased in severity. Indeed, within the last 20 years our whole system of examination has been altered. Nevertheless there was a larger number of medical degrees in the year 1877 than at any time since the year 1520. I have this on the authority of Mr. Turner, of the Bodleian, to whom I am indebted for examining the archives for me.

341. You mentioned that the Medical Council had been occupied by the subject of foreign degrees; in what way would that arise?—In two ways: first of all in the construction of Lord Ripon's Bill and in the construction of the present Lord President's Bill. It had been found to be necessary to inquire into the terms on which persons holding foreign diplomas should be allowed to practise in England, and, therefore, there were clauses specially with regard to foreign and colonial graduates. And then also a question has lately arisen with regard to Mr. Roger Marvaise's Bill, which I alluded to the other day. A question arose in France which caused a good deal of anxiety to our practitioners residing there, and I mentioned at our last meeting that there were communications between the English and French Governments on the subject which were referred to the Council. We reported upon them, and the clause exists as you see it in our minutes.

342. With regard to that question, can you

Dr. Cameron—continued.

allow the registration of the holders of degrees of the University of France?—No; at present we cannot register foreign degrees at all, and the object of the Bill, and the object of a great deal of deliberation by the Medical Council has been to ascertain upon what proper terms foreign degrees shall be admitted in future to our Register. The subject has been carefully gone into, and you will find it in this document, the Minutes of the General Medical Council and of the Executive Committee (*delivering in the same*).

343. You mentioned several combinations of the medical authorities had taken place for considering the whole question; for instance, in Edinburgh, the College of Surgeons and the College of Physicians; and in Glasgow, the College of Physicians and the College of Surgeons; and King and Queen's College, and the College of Physicians and the College of Surgeons in Ireland; could these schemes have been carried out without the interposition of the Medical Council at all before the Medical Council was started?—I do not know; that is a legal question. I suppose it depends upon their charters; but I do not know that.

Dr. Lush.

344. The Right honourable Chairman has read the 18th and 20th sections of the present Act, under which your body exists, but there is an intermediate section, the 19th section, which says that "any two or more of the colleges and bodies in the United Kingdom, mentioned in Schedule A to this Act may, with the sanction, and under the directions of the general council, unite or co-operate in conducting the examinations required for qualifications to be registered under this Act," does not that very much foreshadow the powers which are given under the Conjoint Examination Bill; is it not at the present moment in your power to represent to the Privy Council the advisability of such unity of two or more bodies?—I do not think that that clause has any relation to the representation to the Privy Council which is for another specific object. Of course the Medical Council can memorialize the Government, and can make to it representations on any subject it thinks fit, and it has done so by resolutions. The next section, which refers to the preceding section which allows you to combine, goes on to say, "In case it appears 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 Honourable Privy Council."

344*. In that case you have the power, have you not, to represent to the Privy Council any deficiency which in your opinion exists in the curricula of examination?—That has no relation to Clause 19, I think; it is that in case the courses of study to be gone through are inadequate, it may be represented to the Privy Council; that is really the only power of the Council in this matter.

345. The power of the Council, as I read this 20th section, is extended to the union of the other bodies, for the purposes of examination?—

Of

Dr. Lush—continued.

Of course if two bodies united, as in the case of Edinburgh, the Colleges of Physicians and Surgeons, and it then gave an inadequate examination, the Council could represent that examination as inadequate, the same as they could have done in the case of single separate bodies.

346. I understand you to say that you have not at the present moment power to influence the mode of examination directly as a Council?—We have no power to influence them any further than by visiting them and reporting upon them, and if insufficient, to represent them to the Privy Council.

347. And the power of representing to the Privy Council, I presume, puts the Privy Council into action?—Yes.

348. Is not that as much power to influence the examinations as if it were stated in express terms in the Act?—It seems to me to be the same thing.

349. Then you have power at present to influence the examinations?—Of course we have in that way, because that is the whole power of the Council.

350. But you have not, I believe, as a matter of fact, represented to the Privy Council any deficiency?—No, that has never been done.

351. Therefore you do not know in what mode the Privy Council would proceed after such representation?—No, the question has never arisen.

352. As to the question of the honourable Member for Glasgow with regard to the Medical School at Oxford, you gave a very elaborate description of the very valuable curriculum which is now about to be carried out in Oxford for scientific education generally, as to biology and natural science, and you stated that that was about to be or that it would be carried out as a preliminary education in the University of Oxford?—I did not think I put it in that form.

353. Would you kindly repeat what you said, because I understood you to say, that although there was no special medical school in the sense of a Metropolitan Medical School, there is a scheme in progress for such a great improvement in the scientific education of the Oxford students, that they will take a very high class in the future of the medical profession?—That is entirely true, but there is nothing new in that; the basis of it was originated 30 years ago. It is as far back as 25 years ago, that what is well known as the Museum in Oxford, for a complete system of scientific study was begun to be founded, and has been in operation for 19 years. The Natural Science School, which requires a very high standard of biological examination in those who take that line, has been in operation for many years, and I have often supposed that many persons, certainly some of the critics, are in entire ignorance of what is carried on there. And further, they seem to me not to be aware of such a fact, as that at this moment no less than three physicians of St. Bartholomew's Hospital are comparatively young Oxford men, who have gone through this course of study. The point is that at present, whatever may happen hereafter, looking at the thing in a national point of view, the university thought it well to lay the foundation of a great plan of scientific study without going into the foundation of a complete school of all depart-

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Dr. Lush—continued.

ments of practical medicine and surgery, and midwifery, intended to compete with the metropolitan hospitals. I feel almost ashamed of going into those details, but, personally, I am surprised that I should be called upon to answer this here, and without notice, although I have no objection to do so.

354. If this were not a Special Committee, referring to the medical profession, and you were simply asked what is the general progress of the course of education in the University of Oxford, you would have given exactly the same answer to the question, that whether they qualify in arts or in medicine, the same course of education is pursued in all?—No, not quite that. The course of literary education for all is the same up to a certain period; that is to say, to the second examination, which is called moderations, and after that time they may bifurcate or quadrifurcate, and may go out, either in classics, or in mathematics, or in natural science, or in law and history, and take honours in them. The science school is entirely an honours school. There are no pass men in it; and a number of honours men, therefore, although they are few, get a degree in arts upon it. That is quite true, but that is not the course of study in arts for all students, as I understood you to say, only of those who go out in the scientific line, the natural science school.

355. It is not necessary, is it, that those should subsequently go out in medicine?—No, and a large proportion of them do not.

356. I am afraid in the few questions that I shall put to you, I shall have a difficulty in dividing them; you come here in the honoured position of the chairman of the Medical Council; you are also a very old member of the Medical Council, and you have your own private opinion?—Yes, but I endeavour to keep that as quiet as I can, because I think that it is not for that purpose that I come. I come to give information, as I understand, with regard to the working of the Medical Council, and, therefore, it was, I confessed, I was unwilling to be drawn off into another direction, because I think it a waste of the time of the Committee.

357. With regard to the functions of the Medical Council, I understood you, in your reply to the honourable Chairman, to limit them practically to the supervision of education, to the supervision of the examinations, to the registration of those who have been examined, and to the correction of the morals of those who have in some way offended?—Yes.

358. And so far has your course has hitherto proceeded, you, as chairman of the Council, generally are satisfied with the result of the operation of those powers which you possess?—I venture to say that I am as satisfied with it as with most administrative bodies, but if I am asked whether I suppose that the constitution of the Medical Council, or its working either, is perfect, I am not prepared to say that.

359. I understood you to say that you thought that there were no additional powers or functions necessary?—That had reference to a tendency which there is, and especially, I think, on the side of the medical profession rather than on the side of the public, to press various duties on the Council which are not connected with education. Now, I am not at all surprised at that. I think

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that the profession acts very naturally in this. They have 24 representative men; typical men met for a public purpose, and it is natural enough that they should press various questions upon them for their opinion and help. But I will give a single illustration: The Medical Council have often been blamed because it does not undertake prosecutions. To most of us who have paid attention to the subject, it would seem to be a very undesirable thing that we should be both prosecutor and judge, to put it on that ground alone. We are blamed because when some misconduct has taken place we do not take it up, but we are not disposed to ask for the additional duty of public prosecutor. I would just add to that, that if the Committee reflects they will see that the discussion of an individual case of professional misconduct, and a judgment upon it by 24 persons sitting as judges, is clearly a very difficult case.

360. You alluded to the very distinguished names which we have seen are in the list of the general council; I entirely agree that a very large number of them are very distinguished and eminent men, but do you think that fact alone is sufficient to give general satisfaction to the profession who are not members of the council?—The opposition is never very well satisfied with its place, and those that are out often wish to be in.

361. It has been pressed by many that those gentlemen distinguished as they are, are the nominees of certain colleges, universities, and medical institutions, and nominees of the Crown; do you think after your experience of 20 years that that constitution of the Medical Council is one which does not require amendment?—I think that under all the circumstances of the case it will be extremely difficult to reconstitute the Council so as to make its constitution on the whole better. It will reopen or it will open a great many questions which many writers on the subject are very little aware of. It is generally supposed that the addition of six members by general popular election is the only thing which will be required to satisfy the country, but I think that when the question is opened in the House of Commons, many other questions will arise. It will be asked whether 30 members will constitute the best kind of body for the supervision of education. And it is sufficient that I should draw your attention to a summary, at page 76, of the Report of the Executive Committee, which gives the various proposals which have been made at different times for the constitution of the council, because it is very interesting, and because I understand your question really to be what I suppose would be a better council.

362. Is it not the fact, that by the very eminence of those gentlemen who are on the present council, and which is admitted, they are thereby removed from a community of interest with the great bulk of the profession, and that they are really so much above them in their sphere of usefulness, that they cannot have much sympathy with the struggling branches of the profession who are the general practitioners?—I really do not think so; I think that it would be most unjust to a person like Sir James Paget, the first name which occurs to me, and one about whose position there is no question, to suppose that any one would be more likely to know, to use your own

Dr. Lush—continued.

words the wants of the struggling general practitioners, than a man like Sir James Paget, and to have a wider and fuller knowledge of the true interests of the profession.

363. Of course my question was not a personal one in any sense; is it not a fact that the great bulk of the profession differ from you in your opinion, and the opinions of the council as known to them, and that they do desire an entire remodelling of the present council?—I do not know that to be the fact. I know that a great deal is written on the subject, but I cannot say that I am at all satisfied, or that the thoughtful members of my profession are satisfied that it would be an advantage to have this kind of general election. I have taken great pains to ascertain, and from what I know, I cannot say that I am at all satisfied that that is so. I remember some years ago there were a good many representations made that the Council was ineffective. I hardly like to say that no alteration is desirable or possible, but I wish to point out that when the question is opened a great many other questions will arise at the same time. Therefore I am unwilling to be driven into a corner, and to be taken as saying that this can or cannot be done.

364. The Right honourable Chairman has referred to the Bill which has been introduced into the House of Commons coming down from the House of Lords; but no question that I have heard from him has related to the other Bills which have been referred to this Select Committee, and I would ask you whether in each of those Bills there is not a deliberate and careful attempt to remodel the Council in a very important matter?—Yes, I believe that it is so.

365. Is it not the fact that in one of the Bills there is a proposal to add to the Council, and in the other an attempt to very materially restrict the number of the council?—Yes.

366. In each of these Bills there is a proposal, is there not, that a direct representation of the general body of the profession should take place in the remodelled General Medical Council?—Yes.

367. Have you considered both those Bills in that particular, and are you in a position to give the Committee an opinion as to the propriety of either of those recommendations?—I think that I can substantially add little or nothing to what I have said already on that subject excepting only this, that if there be an addition of such members, I have no reason for supposing that the Council would work very differently from what it does now.

Chairman.

368. I understand the honourable Member for Salisbury's question to be this, whether you have considered the suggestion in those Bills for an alteration in the distribution of the Council by the admission of direct representation, and whether you are in favour of that or not?—I have answered that so often that I hardly like to trouble the Committee again with it. My objection is not to the admission of these other members. I want to make that quite clear. I daresay, if those other members are there it will not alter the working of the Council much, or very little. It will make it the more numerous, and so much the worse. But the great objection that I have is to the mode of admitting those

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those members, and that is by the perpetual recurrence of general elections every two or three years. That I think myself would be a great evil. Of course that is a matter of opinion, but it is not to the admission of gentlemen of this particular class or that particular class, but to the mode of election and to the increase of the members that I strongly object.

Dr. Lush.

369. The mode of election is rather a popular election, is it not, than a scientific election?—I understand that the method is to be a general election by the 22,000 members of the profession, and I think that that is unnecessary for the purposes of guiding medical education, and in itself is not to be desired.

370. I need not ask you if you have observed that though the three Bills go generally on the same lines, yet that this is really the crucial point of difference between them?—Yes, I know that is so, and I much regret it.

371. The Act of 1858 under which you exist as a council was, and is in fact up to this present time, a perpetration of the old corporations for granting licenses?—Yes; the corporations and the universities, the old licensing bodies.

372. Including Apothecaries' Hall of London, and the Apothecaries' Hall of Dublin, I think?—Yes.

373. When you say that you consider the present constitution of the council requires no or very little amendment, is it not an anomaly that such a corporation as Apothecaries' Hall of Ireland should send a representative to London to the General Medical Council; I ask you that as chairman, and not in any personal way, because I do not know who the representative is?—Of course, if one gives an opinion about any particular body, that is doing what I endeavour to avoid in all such questions, as disturbing the existing principle upon which this council was constructed. I do not say it is the best possible principle, but directly I am asked whether the Apothecaries' Society of Dublin is a proper body to send a member, then the same question will arise in regard to the Apothecaries' Society of England, and then as to the University of Durham, and then, generally, as to the whole constitution, I have no objection to the re-opening of the whole question. But directly the whole question is reopened, as I hinted just now to the Right honourable Chairman, if I am to give my honest opinion I must do so. You immediately raise the question whether a large council of this kind constructed on the present principle, is the best for the purpose of conducting the medical education of a great country. You are then placed on a very different platform altogether. Whereas if you take the principle upon which Mr. Walpole and Mr. Cowper Temple went, by taking all the existing medical institutions and all the great universities as the basis, with certain Crown nominees, that is a very simple thing, and your plan goes on all fours. There is very little to be said against it. But directly you touch that simple fabric you necessarily raise a number of other questions. Otherwise I daresay, from what we have heard of the system of the Apothecaries' Society of Dublin, very likely one would not have started with giving that body a repre-

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sentative in a council for conducting the education of the whole empire.

374. In your opinion, provided that good men are sent, it does not signify who are their constituents?—That really expresses exactly what I feel about it; I feel that it is extremely desirable, in the interests of natural science in England, not only of medicine, but of the whole scientific studies of the country, that there should be a first-rate council connected with medical education. That will put exactly my view about it, and I have no more to say. Appoint the best body for the national purpose that it is possible to get, and, for my part, I should have but little choice, whether it was composed of Crown nominees entirely, or appointed by the universities or by corporation. But that is a political question, and therefore I think it should be left to the Government.

375. I would ask you whether that, logically, would not lead you to a much simpler reform and make them all Crown nominees?—Many persons think that that would be the best thing; I have heard it said repeatedly.

376. Do you disagree with them?—That would be a way of doing it that would save a great deal of trouble.

377. I observe that you yourself have been a member of the council for more than 20 years, and that a great number of your colleagues have also been members for a very long time?—I am sorry to say that there are only, I think, seven of the original members left.

378. Practically, although a member of the General Medical Council is elected nominally for five years, he is as a rule re-elected, and may continue a member of the General Medical Council as long as he likes?—That has been so very often, but not always; and if you look over the list you will see that the changes are very great; some have resigned and retired, and from that and from deaths the changes have been very numerous.

379. Do you admit, as a general principle, that it is better that there should be a frequent infusion of fresh blood into all those presiding councils, apart from your own position, of course?—General principles in matters of this kind are somewhat dangerous guides. There is another general principle that I would venture to lay down, that in any body of this kind it is of extreme consequence that there should be persons who are familiar with the whole working of it; and with all the regard that I have for my present colleagues, it is a very serious loss indeed to the council that many of our members who are amongst the most experienced have been removed, either by death or otherwise; I could name many instances of that; the taking away of old members in a body of that kind, in a certain proportion, is always very disturbing to the working of such a body, for the working is very intricate and complex, and there are many questions of difficulty that arise if several persons of great experience were to leave about the same time.

380. I gather generally from your replies that the council exists in its corporate capacity rather for the discussion of first principles than for practical interference in any professional matters?—Yes, generally that expresses my personal opinion, the laying down of general principles which

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which should be carried out by the various bodies over whom it has surveillance.

381. The discussion of first principles plus the natural bias which every representative of a corporation has for its constituency?—Certainly, because the surgeons are bound to know what is requisite for the highest kind of study of surgery or for the minimum qualification; of course a physician would apply to a surgeon for advice or information upon his department, and *vice versa*, of course.

382. Therefore the council avoid any interference with charlatany and quackery in the first instance, or entering into any prosecutions of those who offend against the Medical Act; you do not exist for the practical purpose of carrying out the Act in that sense; but you discuss the principles of it, and give advice where you think it necessary?—I am sorry to say I do not quite follow the question.

383. You agreed with me that the duties of the Council were primarily to discuss the first principles which should regulate the medical profession in its action?—No doubt the first principles with regard to the question of medical education and examination.

384. But that you do not feel called upon to initiate prosecutions?—Yes.

385. But as regards what is understood by quackery, charlatanism, and illegal practice, you do not yourselves call such persons to account, or give any information to any other authority that they are in existence?—I cannot absolutely say that, because I believe there was one case in which, under peculiar circumstances, the Council puts its solicitor in motion; but the general feeling of the Council is that they cannot be, and ought not to be, at once a prosecuting and a judicial body; and indeed if the 24 members of the Council were to be held responsible for prosecuting all the real, possible, or suggested quacks, I think you would have a general stampede and resignation of the Council at once.

Sir Trevor Lawrence.

386. Have the Council the power to take names off the Register?—They remove the names of persons from the Register who are guilty of infamous conduct in a professional respect.

Dr. Lush.

387. You say that the Council put the solicitor in motion; at whose expense was that prosecution conducted?—I do not remember all the details of that case. It was a very simple matter, and involved very little expense. It was not a public prosecution. I think sufficient evidence was got to bring the matter to an end without much expense. Of course the Council employed a solicitor who is their legal adviser on all sorts of questions, with regard to the interpretation of the Acts, and many questions which are constantly arising; and they have constant communication with the solicitor, who is Mr. Ouvry, a partner of the firm of Ouvry and Farrer. We have constant communication with him on the working of the Act and on many things that occur in the course of correspondence.

388. Since there is now no medical officer connected with the Privy Council, to our great regret, may I ask if you in any case take the place of the late adviser of the Privy Council;

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do you put yourself in communication with the Lord President on any matters connected with medicine?—Nothing except what concerns the working of the Act, because we have no *raison d'être*, excepting for the working of the Act; we have nothing else to do.

389. I mean whether, as a general rule, you have any means of communication with the Privy Council on any questions that may arise from your investigations as a Council?—Yes; a few months ago a number of papers were sent to me as president, owing to the Roger-Marvaise Bill, as was mentioned the other day.

390. With regard to sanitary matters, such as were alluded to by one of the honourable Members, do you at any time make any communication to the Privy Council as a Medical Council?—No.

391. In no shape or form; no official communications?—I do not think so, because, as I venture to repeat, our *raison d'être* and our business is the administration of a particular Act. As a matter of fact I have no recollection of any such question. If the Government think fit to send a paper to the Medical Council, of course the president, to the best of his ability, in the absence of the Council or of the Executive Committee, or the Council when it meets, will take cognisance of it; and they might say that they had nothing to do with it. For instance, such a case as this did arise the other day. By chance some paper came with regard to the veterinary licenses in France for veterinary surgeons. We had nothing to do with them, and we replied that we had no cognisance of that department.

392. At the present moment 19 corporations have a right to grant degrees, and their students or examinees have a right to be registered; would you consider that that fact entitles every one of them to be placed on an equal pedestal in public opinion?—My opinion is that in the medical profession an accomplished and wise and capable person finds his own level, let him be called what he will. The only question is the legal question, whether he is on the Register. A man once on the Register, whether he be a surgeon or a physician or a general practitioner, takes his place in society; it depends almost entirely upon his personal qualifications.

393. Have you taken any steps to endeavour to equalise the cost of those diplomas?—No, I do not think that that concerns us in the least. I should say that it affects the deliberations of the Committee concerning the conjoint scheme; but then that is no question of the Medical Council, because the conjoint scheme is not a necessary part of the functions of the Medical Council.

394. It is a portion of the Medical Bill?—Yes, but I mean this: that in the deliberations concerning the conjoint system of examination, there constantly appears the question whether the students will go for cheapness here or for cheapness there. Personally I think that the importance of the money question is estimated far too highly. I do not myself personally believe that it has anything like the influence that people suppose; but it is so supposed; but the Council have nothing to do with that; it concerns the internal regulations of the Apothecaries' Society, or of the College of Surgeons in England or Scotland, or the like.

395. Has it ever come to your knowledge that when

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when a student has been rejected by one examining body he has gone straight to another; and if so, have you any means of preventing it, or interfering in any way?—I am not sure as to the extent of that practice. It has been suggested that in the case of rejections by one body, the names of the students should be sent to all the other bodies. I do not think that that is done. And that, again, would not concern the Medical Council; it would be a question of administrative arrangement between the different licensing bodies. The Council might make a recommendation to that effect, but it could not enforce it.

396. Would it not be a very great benefit to the medical profession and to the public, if your Council were to possess such powers of interference in the administration; might you not be the channel of information to the profession and to the public at large of all such matters as are important to the profession and to the public?—I should not like to say that of all such matters, it might be with regard to a good many; my personal opinion, I do not give it as president, but my personal opinion has always been that seeing that this Medical Council has now a permanent office, a permanent building, an excellent registrar and clerks, and a system of regular book-keeping and accounts, and all the rest of it, and being the medium of communication necessarily on various subjects connected with the progress of the medical profession between all those disjointed bodies, it is desirable that this office should be a common centre for many purposes. There is much useful work for it to do as a means of intercommunication, but I will not say on all matters, because I do not wish it to be a general parliament for every kind of question, but that the office having the machinery for the purpose should assist as the medium of communication in many ways.

397. The office need not necessarily be a parliament, I presume?—No, certainly not.

398. You meet once a year, do you not, as a Council, unless you are specially summoned?—There is no rule on that subject. The Council usually meets once in the summer, and then if any special cause requires it to meet again, I am sorry to say the special cause generally being some agitation about legislation, we have to meet and discuss it; and very often, as has been frequently the case within the last ten years, without any result whatever. In the case of Lord Ripon's Bill a vast amount of time was spent about it, and nothing happened; and last year the same; and what will happen this year remains to be seen.

399. You, therefore, deprecate all agitation in favour of renewed legislation?—I am afraid that deprecation would be of very little use.

400. You have been asked by the right honourable Member for the University of Edinburgh some question with regard to the speciality of obstetrics or midwifery, and with regard especially to that portion of the examination which limits the period of study to three months; if you will refer to the foot of page 87 in the seventh volume of the Minutes of the General Council on Medical Education you will see there is the observation: "We are decidedly of opinion that the present space allotted to midwifery in the regulations of some of the licensing bodies is too short,"

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and that, as was formerly the case, it should extend over one winter session, and that instruction in practical midwifery should also be extended;" has that recommendation ever been acted upon by the Council?—I am anxious to draw the attention of the Committee to one of my answers to the Right honourable Dr. Playfair in relation to that, because that matter is not quite so simple as at first sight it appears to be. When Dr. Lyon Playfair, to whom you have alluded, spoke of the regulation in Scotland and Ireland, I gave an answer supposing that he referred to the university, but the practice of the corporations in Scotland now is different from the practice in the universities, so that it is not the fact that the regulation of six months obtains in Scotland generally. On the contrary, some Scotch bodies distinctly desire that the time should not be extended from three months to six months; and then, secondly, with reference to that point, I said that communications had been made to the Executive Committee lately, and that the matter would be brought before the Council at its next meeting. I did not add that several communications had come in already, and they are in type, and you will see them in this paper which I produce (*delivering in the same*), including answers from Scotland, that is to say, from Edinburgh and also from Glasgow; and this subject will be discussed at the next meeting of the Council. But the point is that there is a great difference of opinion about it in Scotland, and you will see that the question is argued by the College of Surgeons of Edinburgh, and that they are in favour of a three months' course.

401. In this report which you have put in it is explained that the three months' course in Edinburgh would mean 60 lectures, and that a three months' course in London would mean 25 lectures; in the conjoint scheme was such a divergence contemplated?—I cannot give a simple answer to that, but I will hand in the answers which we have received, and only answer you that the matter will be thoroughly considered. There are arguments on both sides, but it is a long history, and it would be necessary to read them out in order to inform the Committee thoroughly upon the subject. I may say that there will be many more answers besides these, for we have applied to all the licensing bodies on the subject.

402. I will ask you a further question, which arose from the examination of the honourable Member for Mid-Surrey, and that is with regard to the omission in the conjoint scheme of any attempt to instruct the students in psychology and questions of insanity; is not that a very palpable omission of that very important study?—I am not prepared to say so as president, but I will say that that is again a matter of debate; those who object to increase the subjects of study in the student days, believing that there are a great many subjects which require to be studied, which are not to be classed in the subjects for the minimum examination, but which should be pursued after the minimum examination has been passed. The subjects are becoming so numerous and so arduous, that you cannot cram them all into the four years. Perhaps, indeed, the period of study will have to be lengthened.

403. With regard to the financial statement, I dare say it is very clear to an accountant, but it does not instruct my mind very much; I see that

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that you have an invested capital, as the English branch of the Council, of 25,000*l.*; what is the advantage of having invested capital, if you do not employ your funds in any way further than you do at the present time?—Because the interest enables us to carry on our work. As we have visitations and examinations, and additional clerks and additional expenses of various kinds, we are thankful to have the interest on our capital, and I wish we had more.

404. Looking to the advantage to the profession, I do not see any abstract of the general results for a number of years of what has been received from the profession, but it seems here that there is an annual receipt and expenditure of something between 7,000*l.* and 8,000*l.*; therefore, as you have been in existence 20 years, that would be 160,000*l.* that would be received, in addition to the registration fee of 2*l.*, which every member of the profession gave you on starting?—Yes.

405. That would amount, probably, to another 40,000*l.*, if there were 20,000 members?—I would prefer not to be responsible for all this without notice. If there are any answers which I can send in, in addition to the abstract statement of accounts, I shall be happy to furnish them. There are seven years' average in the statement.

406. I presume that there has been a receipt, not from the public, but from the profession themselves, of somewhere about 200,000*l.*?—I do not know that it is so much, but that can easily be furnished. It is, as I have said, somewhere about 7,000*l.* on the average of the whole 20 years, or about 137,000*l.* up to January 1879.

407. Are you satisfied that the expenditure of that 200,000*l.* from the profession shows results which ought to satisfy them?—I do not know.

408. In your opinion, looking at that very large sum of money which has passed through the hands of the treasurer of the General Medical Council, are the Register, the Pharmacopœia, and all those volumes of debates which we are all so pleased to read when they are published, a sufficient result, in your view, to justify us in accepting your opinion that the General Council does not need reform?—I really cannot say, for I think that is a matter of individual opinion.

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409. As I understand, the conjoint scheme is really the centre point, is it not, of the different opinions, so far, at all events, as England, Ireland, and Scotland are severally concerned?—As regards examinations, yes.

410. I believe I am right in saying that England, almost throughout, looks upon the conjoint scheme as desirable?—Yes.

411. In Scotland almost, to use the expression, to a man, they think it not so?—Yes, without entering into the reasons of it, so I understand.

412. Ireland is about half-and-half, is it not, or, perhaps, rather against than in favour?—I think that with England and Scotland agreed, Ireland would make no objection.

413. Have the Council any data upon which to give us information with regard to the difference in the amount of fees charged by the several examining bodies: say, in England, the College

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of Physicians, the College of Surgeons, the University of Oxford, and all the other bodies?—No; officially we have not.

414. But there is a very great disparity, is there not, in the amount of fees taken by the several bodies for examination purposes?—I imagine so, but the matter is not officially before me.

415. Do you know whether that is also the case in Scotland and in Ireland?—I have no official knowledge of it.

416. But is not a fact that there is a considerable difference between the several examining bodies, so far as their fees are concerned?—Yes, it is constantly so stated.

417. Has it not been stated that the fees taken by the examiners in Scotland, say at Glasgow especially, are much less than they are in the case of some other examining bodies?—I have heard it so stated, and entirely justified on the ground that it is much better for the poorer class of students that they should have low fees, and lower fees than some others can pay in other parts of the country.

418. But is not the effect of that necessarily that each of the bodies so competing would try, to use a commercial term, to undersell each other?—I do not think so.

419. Do you think it is merely adapting the fee to the individual circumstances of the student with reference to his want of means?—I do not think that I have a right to assume that improper motives are the sole cause of internal arrangements of that kind.

420. I do not speak of improper motives, but I speak of the fact; is it not so?—I have heard it lately stated that students were going to the other end of the country on account of the cheapness of their procedure, but I often wonder how it really can answer to them, their travelling expenses and all things taken into account. I have, however, no useful knowledge upon the subject.

421. But supposing this state of things, cheaper cost and a less stringent examination, would not that have the effect of inducing students to go in very much larger numbers to the place where such cheaper fees and less stringent examination were combined for passing?—Of inducing the inferior kind of students; but as general education is improved, and an altogether higher standard of character is formed amongst medical students, I think that considerations of that sort may be supposed to be of much greater weight than they really are. The medical student of the present day is a very different person to the typical medical student of the old novels. Amongst the very best men in the community, and amongst the most highly educated, you will find some of our good medical students who are dressers in our hospitals. In former years they might have been sometimes taken as typical students to the contrary. I undertake to say that without the slightest hesitation.

422. The motive, so far as the English professional view is concerned for the conjoint scheme is, as I understand, that the several students may be subjected to one general examination which should be satisfactory to the Medical Council?—Quite so.

423. The Medical Council are unanimous in the opinion that the conjoint scheme either of a uniportal

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uniportal, or at all events of a triadportal, would, if it could be arranged, be the best for each of the three countries, or for all of them; is not that so?—Upon the whole I suppose that that is the case, but I think I ought to add that I do not know that all the English members of the Council, or all the English medical men, are good judges of what is the best arrangement for Scotland. I am not prepared to pledge myself to that.

424. But was it not the fact that originally when the conjoint scheme was first taken up in the Medical Council, or first came into the Medical Council, the conjoint scheme or schemes were approved by the whole of the English Members of the Council, and by a very large proportion both of the Scotch and Irish Members of the Council?—Yes, certainly.

425. And it was only in later days that the Scotch, and possibly some of the Irish, have seceded from that view?—Yes, I think that is so.

426. Have you ever heard any reason alleged which led to that change of view, say with reference to Scotland, especially?—No, I do not know of any.

427. I suppose you are not in a position to tell the Committee whether it has any reference to the fees, or really to what it is attributable to?—No, I do not know.

428. And the same with regard to Ireland?—I think there is a general feeling that the bodies probably dislike to lose their independence; I suppose it is that.

429. Not only would it involve a loss of independence, but would not it have a very serious effect upon the receipts of each of the bodies?—That is a matter of doubt.

430. Supposing there were a general pass examination, say, taking place from one examining board in England, or in Scotland, or in Ireland, would not that necessarily diminish the fees taken by the several bodies so far as each of those bodies is concerned?—I believe not necessarily; and it is the opinion of some persons that it would not.

431. Do you think that that is the opinion of the majority?—I think that the majority think otherwise.

432. Would not the fact of a conjoint examining board have a tendency to make a much more equable standard of education throughout the profession in each of the three kingdoms?—Yes.

433. It would be a manifest advantage to society, would it not?—Certainly.

434. Supposing that that advantage were obtainable, would it not be extremely desirable that the examining body should lay down compulsorily for all parts of the curriculum, which would be required at each of the schools before the student sent by the particular school should have a right to come on to the Register?—I think that is another question.

435. Do not you think that that would be a great advantage?—It is a question which would have to be argued upon different grounds from those which we have been considering, because many persons think, as I have had occasion to say before, that the best way is to take care of the examination and leave the education free, but whether the Council should have the superintendence of such education in detail, is another question.

436. Apart from superintending the details of

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the education if it be possible, would not it, in your opinion, be much better that the Council should lay down certain prescribed rules, which should have been necessary for the students to have fulfilled, wherever he had been educated, before he was entitled to registration?—What I hope will be the outcome of all this, by-and-bye, when all the discussions about legislation are over, is that with the combined wisdom of the representative men, whoever they may be, who are sent into the council in whatsoever way it may be, they will be able deliberately, year after year, to consider all the circumstances of the education, general, scientific, or practical, of the students. The combination of good sense, scientific habits, and practical culture, of those different men, will make the education of the medical student of the future simple and uniform over the whole country. Meanwhile, I trust they will not be diverted more than is really necessary by collateral questions from that which is their real business.

437. To put an illustration, a good deal has been said about midwifery; would not it be very desirable that, either in the Medical Council or some other supervising and superintending body, there should be the right to lay down a regulation, and say that six months should be necessary, and not three months, for that particular study?—I am not so sure of that.

438. Take any young man going fresh into the profession, with the ordinary capacity and the average level of the human intellect at that age, do you think that a three months' course of midwifery, for example, can be sufficient for the educational process required to send him out into the world?—I desire not to be taken into details, but a great deal would depend upon what was done during that three months' course. I could imagine one teacher doing a great deal less in six months than another teacher would do in three months. The system of teaching, and the opportunities of teaching, would be measured, not only by the time, but by the opportunities of the school and the man; therefore, I cannot say yes or no to a question of that sort absolutely.

439. But relatively we may take it, I suppose, that the professors and lecturers of the several schools lay down a definite course of instruction; take, for instance, Oxford; if Oxford thought fit to teach it, or take any of the London schools where they do teach midwifery, do you think it could be an advantage that at one of those schools there should be in the curriculum a three months' course of midwifery, and in another of those schools the curriculum should not be considered complete until six months?—There are only so many three months and six months in four years, and there are a great many subjects which have to be studied, and it would be most presumptuous on my part to take the present opportunity of forestalling the conclusions of the Medical Council on the relative proportion of time to be assigned to those several subjects, when I know quite well that there are great differences of opinion amongst persons equally eminent even upon this very question. Therefore, I would not think it right to pledge myself to the one period or the other.

440. Do not you consider that until something like the conjoint examination, as a scheme, is made compulsory, the hands and feet of the Council are very much too closely tied?—I am

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not very fond of despotic action either by the Medical Council or by bodies generally. Happening to have a great love for a free country, I would far rather that all the different schools and all the different nationalities should combine willingly, as they are doing, and have done in all past times in this country, to train up a noble profession wisely and well, than I would put them into irons, and have them compelled to this, that, or the other course, without freedom of action. I think it is a nice matter. I cannot say that I think that all the universities and institutions should be compelled by an outside body to this or that action in details, except within certain limits. It is a matter of discretion.

441. Would it not be very desirable that leaving the teachers and students as such to the several bodies, the Council of Education should have the right to say to those several bodies, Now, whatever your curricula at your own place may be, we require that there shall be this, and this, laid down which your students must conform to before they are passed for registration?—That is entirely a question of detail. Some persons go so far as to say that it is desirable only to name the time of study, and to leave the intermediate details quite free. Others desire, like the Apothecaries' Society did 50 years ago, many persons think now very unwisely, to lay down precise instructions with regard to the number of lectures and the times when they are to be attended, taking away all freedom both from students and teachers. Between those two extremes, no doubt, the really wise course remains.

442. I believe in Canada originally there was a large number of examining bodies, and the examination for admission to the profession was practically nominal, was it not?—Yes.

443. It was found in that country to be an absolute necessity that there should be a certain conjoint scheme?—Yes.

444. And it has been carried into operation, and has been found extremely well, has it not?—I believe so. I cannot be responsible for details, but I believe so.

445. Have they not in France something very similar to the conjoint scheme which is now spoken of?—I do not know.

446. Has it ever been suggested to you that it would be desirable amongst the nominees of the Crown, whether they be six, or whether they be any other number, that a representative in the Council should have been sent, say as an army surgeon, for instance, or a navy surgeon, to look after the interests of the army or the navy?—Yes, it has been suggested, and I will say for myself, not as president, but as my own personal opinion, that I have thought that considerations of that sort should have, at least, equal claims with the sentiment natural enough in this country in favour of popular election. I should have thought myself that one thing which would have been suggested, although it is rarely mentioned, would have been that the army, and the navy, and the Poor Law Department, and the Privy Council, should each send a representative. In fact, if I had to be examined on that point, independent of my present position, I should say that it was a point for consideration. I am not sure that it would be a good thing, but it would be a natural

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thing to consider when the Council is under revision.

447. There was a matter which was mentioned incidentally by an honourable Member on the other side of the table the other day, with regard to the teaching required with reference to mental diseases of all sorts; I understand that, in several of the curricula, that is not taught as a speciality at all, or, indeed, not taught anywhere, so far as you know?—There are special courses of lectures in various schools on mental disease, but then there is always a technical answer which is given to questions of that sort; that subjects of that kind are a part of general medicine; that mental disease is a part of medicine, as ophthalmology is a part of surgery. Some of those who desire to multiply specialties do not consider the time that those special subjects require. Everybody feels that the demands for time are becoming greater in consequence of the development of those several subjects, and that they cannot be all crammed into them in the four years; therefore, if there are special courses of so many lectures for subjects like that, you would have to extend the four years; and, speaking personally, I see no objection to the extension of the time.

448. With regard to the direct representation of the profession in the council, that was at one time very strongly wished indeed, was it not, in the profession generally?—I said just now that I really have no strong conviction on that subject. It was one of the much-agitated questions.

449. Whether it be desirable or not, at any rate, supposing there were six representatives, or supposing there were two gentlemen sent on to the council as direct representatives of the profession, that would, at all events, satisfy, or tend very largely to remove, the feeling of dissatisfaction, would it not?—There are 24 representatives of the profession on the council already, and the only question is whether there should be some others who are to be charged with some special functions, and appointed in a particular manner. That is the way that it presents itself to my mind, and always has.

450. As I understand, with the exception of the six Crown nominees, the gentlemen who are now sent to form the council are representatives sent by what we may call corporations, whether they are the universities, or whether they are the bodies who examine?—I have before said that I consider them not sent as representatives, but I have said that they are selected by those bodies. I do not look upon them as sent to push the particular interests of their own body on all occasions, but to act as a national council; it is a mode of appointment, that is the way in which I should look upon it.

451. But is it not always of necessity arising from the circumstances of the case, that where gentlemen are sent, each of them by a separate corporation, the interests of that corporation will, at all events, not be lost sight of?—I should hope not.

452. In reference to their corporate capacity, is it not more likely that the interests of the corporations generally would come into antagonism, if one can suppose such a thing, although I do not like to use such an expression, with what may be regarded as the general interests of the profession, owing to its being a corporate

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corporate representation and not a professional one?—When the council first met 20 years ago, the profession consisted of very disjointed elements, and there is no doubt, in fact I quite admit, that England, Scotland, and Ireland were in a position of considerable antagonism the one with the other, and that one licensing body was opposed to the other. That is quite true, and the differences were as great in the nationalities within themselves, as between the nationalities one with the other; but I look upon it personally that, in the progress of things, that is dying out, and that the council, by acting together as a body of colleagues, is gradually becoming a national body, and these notions are, a great many of them, *exdola* altogether. People look upon the members of the council as persons who enter it with the idea of pushing particular interests, and, holding that view, they are apt to exaggerate the evil a great deal too much.

453. Assuming for the moment that it is exaggerated outside, would not the fact of sending, say six representatives, directly from the profession, have a tendency to disabuse the minds of the profession outside that corporate ideas were prevalent rather than professional ones?—I feel I am a very bad judge of that personally. The College of Surgeons contains a very large proportion of the working men in the profession, and why that, as a corporation, should be supposed to be antagonistic to them I cannot tell. Every member of the profession is a member of an Apothecaries' Society, or of a College of Physicians, or a College of Surgeons, or a university, and therefore, as I said before, I think that the feeling is very much exaggerated and fanned. I may be quite wrong, but that is my conviction.

454. It would not be at all an impossible matter, I suppose, to get six representatives direct from the profession; of course it would entail some expense, but it would not be difficult to attain?—Of course it could be done.

455. I believe, in your university, the election is by voting papers, is it not?—Yes.

456. Voting papers might be sent, either by the Council of Education, or by any other person, or so as to get the suffrages of the general profession in the country?—I am not prepared to go into the details of electioneering, but it would certainly be a costly and troublesome process, and one which I hope the country would pay for, and not the profession. If the country desires that our office should undertake this electioneering function, I sincerely hope that they will give us the requisite funds, and pay the officers to do it, otherwise we should have to get a new staff; certainly it would be a troublesome operation, but no doubt it could be done.

457. In Oxford an election runs over something like 4,000 or 5,000 voters?—Yes, about 5,000.

458. Have you ever found any difficulty in either finding the funds or sending out papers for that purpose?—It is a very troublesome thing. They have to rig up the theatre with tables, and to have clerks, and all requisite apparatus; of course it is easily enough done if it be considered necessary.

459. Does not the same course of matters arise both at Durham and at Cambridge at this moment?—Yes; I suppose they have voting papers, but I really do not know.

460. You tell me that there are 5,000 electors
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for the University of Oxford alone; how many electors would there be for Scotland, supposing a similar process be adopted?—I do not know the exact number of members of the profession in Scotland.

461. There would be about the same number with regard to Ireland?—Yes; there are, I think, about 15,000 or 16,000 in England.

462. At all events, am I right in supposing that it would be a less costly undertaking both in Ireland and in Scotland than it is for the University of Oxford alone?—That would depend upon the number and other circumstances.

463. Would it not be desirable to put matters on a more equitable footing with regard to the representation of corporations, and that a small institution like Durham should be combined with some other of the small corporations to send one representative, as is now done by the united universities in Scotland, and to give increased representation on the council board to the other universities; would not that be a more equitable way of doing it?—I have had occasion to say once or twice that I look upon questions of that kind as really belonging to the Government, and to general social and political considerations, and that I am unwilling to offer an opinion about them. In illustration of that I would just say that it has been proposed to combine Oxford and Cambridge, and the London universities, and Durham; but I am quite sure, as a fact, that if that attempt should be made in any scheme there would be as much opposition to that procedure as there is to any other procedure in the matter. We shall only be shifting our duties and make no educational progress if such a scheme should be adopted, although I quite admit the anomaly of Aberdeen and Edinburgh, as I did to Dr. Lyon Playfair.

464. So far as the registration of medical students is concerned, has there not been, for the last 10 or 16 years, a very steady increase indeed in the numbers from 1865 down to 1878?—That can be furnished. The increase is not uniform.

465. Am I right in supposing that, whereas in 1865 there were 313 in England, in 1878 there were 881?—I have an exact summary, and I will hand it in (*delivering in the same*).

466. Do you know whether all the students who are registered attend the lectures for which they are registered immediately upon registration; that is to say within a fortnight of the time that they are registered; supposing the session begins as it does throughout England on the 1st of October, English students are generally expected to be at their posts by about the 14th, or from that to the 18th of the month, and after that the session is continuous, a fortnight being allowed for registration?—Yes, but I believe statements are made to the contrary.

467. I am very anxious to find out whether the body which registers in Oxford do not require their students to come up until they are what are commonly called March hares?—Yes, it hardly applies to Oxford in any way. The statement as to the March hares has been made.

468. Do you know whether it is the case or not?—I have no knowledge of the fact.

469. Is not the Council in a position to know how far the requirement of the Registration Act which is placed in the Register is followed out by the attendance of the students who register?—I cannot

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cannot give officially a judgment on matters of this kind, unless I know that they are true, but we have received in conversation a communication upon the subject, and are in fact at this moment in correspondence about it, and we shall have further information upon the subject hereafter.

470. May I ask whether that correspondence does not pre-suppose that there are such gentlemen as March hares?—The correspondence of course alleges it.

471. And alleging it, is it not understood that there is at any rate some ground for the complaint so made?—That is to be supposed, of course.

472. Would it not be very desirable indeed that the Council as a council should have the right to remedy that state of affairs if it exists?—The Council upon receiving information to that effect desired that a copy of the letter which gave the information or made the statement should be forwarded to the bodies concerned, and that upon the receipt of their replies, of course the Council will take such a step as it thinks proper.

473. But, as I understand you, we are in the unfortunate position at this moment here of not being able to get at the answers sent by any one of the bodies against which the allegation has been preferred?—There is no answer as yet.

474. May I ask how long it is since the correspondence upon that subject was initiated?—The letter was written in April, and on the 23rd of May this year this letter asking for information was sent (*producing the same*).

475. Have you ever heard that one of the motives which induces the Scotch corporations to stand out against the conjoint scheme is that it would be really ruinous to them?—I am unable to say whether it is so or not.

476. Have you ever heard it imputed that it would be ruinous to the Scotch corporations, I do not say to the Scotch universities, but to the several examining bodies in Scotland, if the conjoint scheme were carried into operation?—Yes, I have heard that stated.

477. It is said that the medical education of Scotland, in Edinburgh especially, is very good; is that your opinion?—I believe it is.

478. Is the education in Glasgow equally good?—I have no reason for doubting it.

479. Is it true that a gentleman who can go with his credentials as a surgeon from England to Glasgow can receive the diploma of the University of Glasgow for the payment of something like 6*l.* or 7*l.*, bringing the M.D. degree back with him?—I do not know that we have any evidence about that.

480. Have you ever heard what is the fee charged at the university, say of St. Andrew's, for conferring the M.D. degree?—No, I do not know that I have ever heard it; if information is really wanted, one asks the officials really concerned in that case for a definite statement, but I have no idea how it is.

481. May I ask you what the charge is in Oxford for the diploma of M.D.?—You may be still more surprised, but I really do not know; all that goes through the registrar; I think it is something under 20*l.*

482. There is a fee upon the preliminary M.B. examination at Oxford, is there not?—Before a student goes for the degree of M.D. he must

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have taken the degree of M.B., either by accumulation or three years before; and he must have done a great deal before that. The three years must have elapsed between the examination for M.B. and that for M.D.; four years' study of medicine must have elapsed prior to the M.B.; and he has to go through a complete course of arts before he can take the M.B.; he would have passed some three or four years before that in his arts course.

483. What I wanted to arrive at was the fee altogether *en bloc* which was paid at Oxford for becoming a doctor of medicine?—The fee would be a very small part of the total expenses incurred in these 10 or 12 years.

484. I merely want to arrive, if I can, at a comparison of the cost of an English diploma of M.D. and a Scotch one?—That is the reason why I gave that answer to the question that an Oxford University M.D. cannot be got without spending four years in arts study, and four years after that in medical study, and afterwards three years before the M.D.; and, therefore, to compare that with the possible suggestion that a person may travel by train to Glasgow and bring a degree back, is to compare things that have no ground of comparison whatever, because a person cannot get the Oxford University degree in medicine except by going through this long course of study, preliminary, scientific, and practical, partly in Oxford, partly elsewhere.

Dr. Cameron.

485. The honourable Member for Leeds asked a question with regard to the University of Glasgow, which I think was rather misleading; it was to the effect that any person could go down from England, and, simply on presenting certain credentials and other documents, procure the degree of M.D., and come back with it; are you not aware that there is evidence of six months required?—I answered that I really did not know the facts. It surprised me to hear it, for I have great respect for the University of Glasgow, and I think it a misfortune if it be so, but I gave no answer to the honourable Member's question as to the facts.

486. You are probably not aware that in the case of St. Andrew's, the degrees without residence are limited in number to 10, and only procurable after a very severe examination?—I am. But if we attempt to go seriously into the whole question of the relative value of universities degrees, and the grounds upon which they get them, and so forth, we go into a very long and intricate educational question.

Mr. David Plunket.

487. You said you understood that you thought at present the public opinion upon this subject of the profession in Ireland, was balanced as to the value of the conjoint scheme, or, to put it shortly, as to the merits of the Government Bill of the present year. I suppose you have not yourself any definite knowledge upon that subject; you speak rather by the report as to the present state of opinion in the Irish branch of the profession upon the subject?—Yes; I have no official knowledge. This I do know, that formerly the bodies were quite willing to combine for the purpose of a conjoint scheme; and my general impression, which I say not officially, is, that if the English scheme goes on,

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on, no difficulty will arise in Ireland. May I venture to recall your attention to what I stated, as a ground for thinking that Ireland might readily join in this if it be a national object, because your examining boards are all in one city, Dublin.

488. I quite agree with you in that, but I do not want it to be supposed that there is such a considerable weight of opinion against the Bill as your previous answer might seem to imply?—That is my strong feeling from all the intercourse that I have had with my Irish colleagues. I think that they feel the general national importance of the scheme, and that although they do not wish to give up their individual privileges at Trinity College, or the College of Physicians, any more than anybody else does for the country; yet if they think it to be a better thing, I do not expect there will be any opposition from Ireland. That is my impression, but I have no official knowledge of it.

489. When my honourable friend who has just examined you called your attention to the possible disadvantages of licenses to practise being obtained in certain places at a very cheap rate, and at the same time with a lower standard of examination, you seemed to think that the remedy for that would be probably the public opinion of the profession, and that the days were gone by in which a rather bad style of doctor could be produced at all?—That is my opinion. From what I see of the progress of education, and of the really higher scientific culture, and the whole tone, partly of society, and partly of the younger members of the profession, I really think that a good deal of this class of by-gone notions is exploded.

490. Are you not aware that very serious representations have been made on this subject. Let me call your attention to the 12th Report under the head of Public Health of the Medical Officers of the Privy Council, published in the year 1870, with regard to the constitution of the medical profession. The report is extremely important, because it is made by the public officer appointed to inquire into this subject, and the bearing of it upon the public health; after speaking of the Medical Act of 1858, he says: "My Lords have been advised that though no doubt the Medical Act (especially in so far as the supervision of the General Medical Council has induced individual examining boards to make their examinations stricter and more complete) has in some respects considerably improved medical examination and heightened the average standard of qualification for persons entering upon the medical profession." That goes entirely with your view?—Yes.

491. He adds, "There yet remain in our system of admissions to the profession very serious and radical defects which under the present Act cannot be effectually dealt with." Then he goes on to amplify that statement, and says, "By reason of these defects the public is largely without the security which it ought to have against the admission of incompetent persons on to the Register of legally qualified practitioners," and so on; and that the "circumstances under which the Act is thus in great part insufficient for its professed public purpose are not such as any minor changes of the law can in

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any degree affect." Do you agree so far with this report?—Yes.

492. Do not you consider that greater activity on the part of the Medical Council in enforcing uniformity of examination for the qualifications to practise in the medical profession will tend to get rid of this danger which is referred to here?—That is to say, to increase the power of issuing compulsory regulations?

493. Yes; in fact the policy of the 15th clause of the Bill as it stands now?—My real answer to that is rather a grave one. I think that the principal blot, if there be one, in the Medical Council, is that it is a large body discussing in public before reporters, and that it consists of persons who are almost all of them extremely busy, to whom time is of great consequence; that for those reasons the meetings of the council are necessarily far between; and if you impose detailed duties of that kind in trying compulsion on all the universities and other licensing bodies, the council, in order to do its work conscientiously and rightly, would have to sit to an extent and degree which is not possible with such a body; the correspondence requiring official action would be constant. That is the gravest thing that I have said on this point in the whole of my examination, for it goes to the root of the constitution of the council. I will just simply illustrate it in a very few words. Take the case of a great university like Edinburgh, or, in a certain sense, a great university like Oxford, which is trying to improve the general and scientific education of the nation. Imagine that Oxford believes that it had better have a scientific but not a complete practical education; that Edinburgh believes that it had better carry out a six months' or a three months' course, or whatever it may be; and then suppose that this central council proceeds to order the details of education, and to disfranchise, by means of the Privy Council, those great institutions, if they do not comply with the details. That is a two-edged sword. It is a proposal, no doubt, for giving them great power, but, at the same time, for giving them a great responsibility, which should not be exercised except in the most deliberate and serious manner. It is one of the curious things in the working of the English Constitution, that the surest way to improve what is amiss, is generally to recommend things to be done. Then if the recommendation is not attended to, it may be for a good reason or it may be for a bad reason, then it is thoroughly discussed. This applies to a good deal of the discussion which goes on in England and the British Empire, upon debatable questions of all kinds. And if you impose upon the Medical Council the duty of making and enforcing those regulations, you impose upon it the duty of making them in detail, and of endeavouring to impose them upon the great bodies who are teaching the students. I do not say that it cannot be done, but I would say that it will require a very carefully considered body, before you impose upon it that duty. And I do not think that the enlarging of the present council, for instance, to the number of 30, would be a step in the right direction. I am convinced it would provoke resistance, and perhaps retard real improvement.

494. I understand perfectly what you said on that point; it seems to me to amount to this, that

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that it would be impossible for a council so constituted, and only occasionally assembling, to deal with all possible matters of detail, but surely that would not prevent them from making a considerable number of good regulations?—Yes, they do make recommendations in considerable detail.

495. That shows that the difficulty is not quite so great as you said; but assuming that to whatever extent they can find an opportunity of framing those regulations, there is no practical difficulty in doing so, then the question arises as to whether it is better that they should have the enforcing of those regulations, with an appeal to the Privy Council, or that they should simply recommend the Privy Council to bring its authority into play towards these corporations and various bodies?—I am sure the Committee will see at once, by one further illustration, the importance of a most careful consideration of this matter. There is the proposition made, for instance, that the course of midwifery should be extended from three months to six months, as it is in the examination of the other kingdoms, but who is to enforce it? We know that public opinion is divided upon it, and the council is divided. Say, that the point as to whether it should be three months or six months is carried by a majority of one or two; very well, then the minority immediately rebel (that is the way that it would work), and instead of going on steadily improving, as I believe we are now doing to the best of our ability, we should at all events raise, very likely, a great deal of opposition which does not now exist with this method, which I am rather advocating (for I should not wish to pledge myself absolutely to that or to any other method) as slow and sure, as against the chance of some possible instant improvement, with the chance of a great collision.

496. Do not you think that any danger of that kind is guarded against, in the first place, by there being representatives of each of the great corporations upon this Medical Council?—Yes.

497. And in the second place, by appeal to the Privy Council by anybody who felt himself aggrieved?—Yes.

498. Therefore, there is really not more disadvantages in this particular case than in every other case where you call in the aid of a representative body to decide by the vote of the majority, which must bind them all?—Perhaps so.

499. As a matter of fact, whatever tendency there may be towards uniformity and sufficiency in the licenses to practise granted by the various bodies in the expense of obtaining those licenses, the fees, and the expense of the education, and so on, and also in the standard of examination, although, as you have said, the tendency in modern times is to equalisation, there are still very considerable exceptions, are there not?—Of course there must be.

500. For instance, comparing the universities, the value of the London University degree is the highest, probably, of all; I think that would be conceded, would it not?—I suppose so. I have some reason for expressing any doubt about it. The reason I speak with hesitation, is this: There is a difference very often of quality as well as of quantity, indicating a tendency to a difference of mental character, which, I think, is an advantage to the public, not so much from the

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quantity of subject-matter brought up, as in the general turn and tone of the education.

501. Still, you would admit that, so far as it is a disadvantage to have persons obtaining degrees and licenses to practise in the profession on a very low standard of education, and in a very cheap and easy way, disadvantages to a certain extent there exists still, in the great difference of standard, which is referred to in the report which I have quoted as a danger to public health?—Yes; but then that difference of standard arises also in the examinations being either surgical or medical, which, as I stated before, is a great and real difference. There are still medical examinations, and there are still surgical examinations. There is a great difference, therefore, in the several curricula viewed as a whole. Then it must be borne in mind that we are dealing with the pass examinations, or what has been called the minimum examination. I do not like the word "minimum," because it is a term which is offensive to some minds; but we are dealing only with the pass examinations.

502. You are probably aware that if a medical student desires to obtain a certain degree or license from some medical corporation or other which has authority to give him such license or degree, if he desires to prepare himself for the necessary examination, he would have to pay at a very different rate to the grinders who prepare him for such examination, according to the place at which he proposes to offer himself as a candidate?—Yes; that is one of the things that one hears. I do not know it of my own knowledge, but it is easy enough to get evidence upon points of that sort.

503. Now let me call your attention to a subject which has been brought before you already; I find in a volume of the General Medical Council of 1874, entitled, "Reports of the Visitors of Examinations deputed by the General Medical Council, 1873," which is a report signed by J. Risdon Bennett, M.D., member of the General Medical Council, and J. S. Bristowe, M.D., visitor appointed by the council; those are men of great eminence who are well qualified to make such inquiry?—Yes.

504. Then I find at page 213 the following statement in their report on the Queen's University, Ireland: "Before bringing our report to a close, we think it right to say that, in the course of our visit, we ascertained that it is a common practice for candidates rejected at the M. D. examination of the Queen's University, to present themselves at the next ensuing examination of one or other of the Scottish licensing bodies, and to obtain therefrom a license to practise almost immediately after previous examiners had declared them to be unfit. This practice, which is not limited to rejected candidates of the Queen's University, and successful aspirants for Scottish licenses, is, to say the least, exceedingly reprehensible and injurious to the profession, and ought to be suppressed. We would suggest that the evil might to a large extent be remedied by a regulation of the Medical Council to the effect that no rejected candidate for a degree or other license to practise should be permitted to present himself for examination before any licensing body within at least six months after his rejection"; has any step been taken by the Medical Council in consequence of that suggestion?—I remember the

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the circumstance of the report very well. It caused great anxiety and discomfort, and it was a matter of a good deal of discussion and notice; but I cannot without reference be sure as to all that took place upon it. You may well understand that it caused a good deal of feeling, as it is called, but I do not remember what was the result of it.

505. You would go so far, would you not, as to say that it would be very well if the Medical Council had authority directly to remedy such a state of things as that, and to enforce the observance of regulations to prevent it?—Certainly; the only reason why I speak with any reservation about that is, that with regard to excessively grave charges of that kind, I, speaking officially, am obliged to be very careful in admitting even official statements of that extremely serious kind; and, therefore, without referring exactly to the case, I would say that I remember the circumstance perfectly well. The subject is one of extreme gravity, of course.

506. And you would think it very important that the Council should have the power to deal with such a case?—Yes; and I am much obliged to you for bringing the case before the Committee.

507. Take a similar case, although not so striking an illustration of the way in which, if I may say so without offence, further power and further activity on the part of the Medical Council might have a beneficial effect; I think it was the College of Physicians in Ireland that first had the courage to establish a system of examinations conducted at the bedside of the patient, or, as you would call it, a clinical examination, as an element in examining the students before they obtained their license to practise; are you aware whether that has been generally adopted as yet?—It is certainly in the general course of adoption. It is admitted on all hands, without any question, that it is the final and best test; but there are sometimes great practical difficulties, owing to the great number of students, in doing it. I would not say that it is done by all the bodies, because I cannot say it of my own knowledge, but I am sure that it is earnestly desired, and that all good examining bodies purpose to do it. Nearly 20 years ago Mr. Erickson and I instituted these examinations at Newcastle and Durham.

508. In such an instance as that, would not it be well if the Medical Council, composed of such eminent and worthy men as you have described its present members to be, should have power, not capriciously or oppressively, but with authority, to insist upon the adoption, so far as possible, of such improvements as that, for instance; would not it be an advantage, in your opinion, if they had authority to require, for example, a clinical examination as a necessary element of the examination?—I should say upon the whole, yes; but after all it must always be borne in mind (I would not say this in any sense offensively, because I refer to nobody whatever) that with regard to examination papers there are certain tests and modes of examination which may vary. But there are also principles which should not vary. One of these principles with which we started is, that you want good, and wise, and experienced examiners; and for that reason we wish for the conjoint scheme, because we believe that it will most likely produce the

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wisest and best examiners. It is not only a question as to the goodness of the scheme, but it is how it is carried out, and whether the present system for doing it is better than any other. That is the gist of the whole thing as regards examination. A conjoint board would guarantee good and equal examinations.

Mr. Mitchell Henry.

509. Do you think, from your experience as president of the Medical Council, that it is likely that a conjoint scheme of education can be arranged, unless Parliament interferes in the shape of something like compulsion?—I should think not.

510. The Medical Council has been in existence 20 years; has the object of proposing something like uniformity of examination in the different parts of the kingdom been steadily kept in view by the council during that period?—Yes.

511. And the Council has failed hitherto in accomplishing that object?—The Council has not succeeded in obtaining a minimum or a pass examination at all, because at present persons still go on to the Register with a surgical qualification and a medical qualification separately; and therefore the primary idea of a complete pass examination does not exist at all; it is voluntary.

512. Then the Council has failed, has it not, in its endeavours to get the different bodies that are now entrusted with the duty of examining and giving licenses to practise, to unite in favour of such a scheme?—It has no power in the matter. There is no power to compel it at all.

513. It has the power of influencing them by arguments, and by the wisdom of the representatives of the different bodies meeting on the Council?—Yes. A very large majority of the Council voted that it was desirable, many years ago, at the time of Lord Ripon's Bill, and it has lately again by a majority voted for the Bill, but there is a minority against it; of course, that minority does not wish to see it carried out.

514. Still you adhere to your first answer that, unless Parliament interferes, you think that the conjoint scheme of examination cannot be carried into operation?—I suppose not, but I cannot answer for what the bodies may do. As you know, the votes have not been constant.

515. What printed documents have you giving reports of the visitation of the examinations instituted by the Council?—They are interspersed through the minutes, or printed separately, ever since 1865. We have them in 1865, 1866, 1867, 1868, and several following years; but we did not examine all the bodies at one time, on account of the expense and trouble, but some bodies in one year and some in another. All those reports, however, shall be furnished to the Committee.

516. Seeing that the quality of the examination is the matter that principally concerns the public, would it be possible for you, in the course of a short time, to hand in, on the part of the council, a digest of the reports of the visitation of those examinations, or will you see whether it is possible?—I will have the subject of the digest carefully looked into, and I will communicate the result to the Chairman. I will examine the reports myself, and see in what way it can be made.

517. Knowing the desire on the part of a number of medical men, general practitioners, to

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be more directly represented on the council than they are now, am I right in stating that a very large portion of the medical profession are really not represented on the Council at all, because the election for the representatives of the different universities and licensing bodies is now confined to select portions of their members; that is to say, for instance, the representative of the College of Surgeons in England on the council is nominated by the Council, which body itself is elected by the fellows only, and not by the much more numerous class of members?—No doubt that is so. But two things have to be noted; one is, that the object being to form a really good Council of Education, it is desirable to have the best method of election for that purpose, and that as the objects of the Council are so diverse, namely, the general, the scientific, and the practical education, you want divers qualities and subjects to be represented in it. Now in the College of Surgeons, as we have shown, any person can be a fellow if he is competent; it is a question of examination; and it is a subject which concerns the Government and the public, whether it is desirable to extend the election of representative members of the College of Surgeons to all those who are either unable or unwilling to become fellows. That is a question which must be gravely considered. The College of Surgeons is governed by a Council; this Council is elected by the fellows; and any person who is capable can be a fellow if he is industrious enough; and, therefore, it is not so simple a proposition as at first sight appears, to say that it is right that all those gentlemen who are not fellows ought to have a voice in the election of the person who is to be a member of the Council which regulates the education of the whole profession, including the universities. I think, no doubt, that it is a great administrative question which has to be considered. But it has a further bearing upon what is called direct representation, because one way of giving direct representation is through those corporations without disturbing the existing "distribution or number of seats." It does not follow that direct representation must necessarily be carried out by voting on a general plebiscite. It may be done if you desire it, through the existing institutions, by giving votes to all the members of the licensing bodies.

518. The fact is, is it not, that the nomination of the members of the Medical Council by the different universities, and by the licensing bodies who have the right to nominate members on the Medical Council, is, as a general rule, confined to select portions of those universities and licensing bodies?—Not quite so; because there is the case of the Universities of Oxford and Cambridge, where a member is sent by Convocation. I have heard it suggested that the election should be restricted to the medical graduates, in which case you would have the university represented not by the total culture, scientific and otherwise, of the institution, but only by the medical portion. This is exactly the other way of providing.

519. Generally speaking, my statement is correct, is it not?—That it is an election by a small quantity of the members in the institution, in the case of the College of Surgeons, is true, because it is by the Council, who are elected by the fellows; but that is not an exclusive right, it is one which can be purchased by ability, character,

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and industry; because any person can be a fellow, and in that way he acquires the franchise. I do not mean that it is the only way, but it is a way.

Mr. Serjeant Simon.

520. Do you think it advisable that there should be a restriction upon the choice of the public in the matter of medical and surgical treatment?—No.

521. What do you consider to be the object of the penal clauses of this Bill, making it punishable for any person to assume any designation, or in any to act as though he were a legalised practitioner?—Because the object of the Medical Register is to let the public know who have had a good and proper education; and then the public are at liberty to employ ill-educated and wrongly constituted minds if they think fit; but the object of the Act was to make known that those persons have had a good medical education.

522. How do you make that known unless you prosecute persons who assume those titles and designations?—Of course it would be highly improper that the public should be encouraged to assume that such persons had received a good education if they had not. The Register is a list of those who have been properly educated, and we are responsible for it.

523. Is not the register a sufficient notice to the public without any penal clauses making the assumption of those titles punishable?—A man has no right to call himself an admiral when he is a serjeant.

524. There is no law to punish him, that I am aware of, in that particular; but, as a matter of public protection, is not the Register quite sufficient notice to the public that such and such persons are qualified practitioners, and that all who are not on the Register are not so qualified?—I am afraid I do not take the point in.

525. The point is this: I understand you to say that there should be penal clauses inserted in the Bill for the purpose of distinguishing between qualified and unqualified practitioners?—Yes.

526. Then you refer me to the Register, and I ask you, is not the register a sufficient protection to the public in the way of notice to the public as to who are qualified practitioners and who are not?—That is a political or an administrative question which rests, I think, with the Government and the lawyers, whether, when they publish by Act of Parliament a list of persons who have had a good education, A. B. C. are to be at liberty to use a title which implies that they have also had the same good education. If the general political sense of the community thinks that a good plan, then the majority will rule it so; but I repeat that I do not see why we should specially authorise serjeants to call themselves admirals. It does not, perhaps, much matter.

527. Your illustration does not apply; in the first place there is no legislation in the case that you refer to, but in the case of medical practitioners there is a register of qualified persons; then I find in the Bill, as there are in the Act of 1858, penal provisions, punishing persons who assume medical designations, implying that they are qualified persons, do you think these penal clauses desirable in addition to the Register?—The point is a man assuming something which does

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does not belong to him like somebody else's property.

528. Are you in favour of penal clauses in addition to the Register?—The word "penal clause" is applied generally in popular language and in the journals to the clauses for punishing men for being quacks. That is a different thing. The only thing that a man should be, in this direction, punishable for, in my judgment, is for assuming a title which does not belong to him. What the Act does, and what I think most sensible people propose is, that a man shall not assume what does not belong to him. Why should people be allowed to call themselves Doctors of Medicine of the University of London when they are not?

529. Do you know how many prosecutions have been instituted under the penal clauses of the Act of 1858?—There have been a good many, but many of them failed. Only this morning I have had notice of a person who persists in advertising himself as Fellow of the College of Physicians of So-and-so, and Fellow of the College of Surgeons of So-and-so; and, if you ask me whether I will not have steps taken to hinder his doing so, as he is neither a fellow of the one nor the other, I say that that ought to be a subject for the police, and not for me. It is an offence against public morality, and not an offence against medicine.

530. I am merely referring to the provisions which I see in this Bill, and which are even more stringent than the provisions of the Act of 1858, for the punishment of the assumption of those titles; and what I want to ask you is this: have you found the provisions of the Act of 1858 efficacious in putting a spot to the assumption of titles, or in putting down the practice of quacks and quackery in medicine?—We have nothing to do with that last.

531. As you have said in your answer to me, and as is evident upon the face of the provisions of the Act of 1858, and in the Bill before the Committee, those penal clauses are for the purpose of preventing quackery, that is to say, preventing non-qualified persons from practising and passing themselves off as if they were duly qualified; have you found the penal provisions efficacious in putting down that system of quackery?—No, I understand not.

532. Do you think that any number of penal provisions will ever put it down?—None whatever.

533. Do you think that the members of the higher branches of the profession care a straw, about a man calling himself a doctor who is not?—Yes, I think they do.

534. Do you think they are jealous of quacks?—No; I do not think they mind their existence a bit; but as Englishmen, that is to say, as persons holding a certain sense of public morality, they do not like that men should call themselves by titles which they do not possess; that is all.

535. I should rather think that gentlemen in your position would regard such an assumption with contempt, and as unworthy of notice; is not that the general feeling of the profession?—I never should consider the title of doctor a word of contempt; on the contrary, I think, it a very honourable title.

536. I mean the assumption of it by improper persons?—It is not a title which should by law be desecrated; on the contrary, all I would say

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is, do not let a man call himself what he is not. There are just two views about this subject. There are many members of the medical profession who think it a great hardship that a quack, an ignorant, mischievous person, should live in the same village and call himself a Fellow of the College of Physicians, and so impose upon a still more ignorant public, but they could hardly wish that the Medical Council should be the body charged with the duty to prosecute that person.

537. Have the Medical Council ever exercised that power?—No, they cannot, unless they become public prosecutors. This is a subject of such great importance. I do not think it is their province. Unless they have a case brought legally before them, of course they can do nothing. I think, as I said, that it is an offence against public morality and public law; it is not a medical question at all. It concerns rather the question of public prosecutors.

538. As I understand your evidence, you have no objection whatever to persons practising as herbalists or hydropaths, or anything they like to call themselves, if people choose to employ them, as long as they do not use titles recognised by the profession as qualifications under the Act for what are called legal practitioners?—That is a question of public law, I repeat.

539. I ask your opinion, as occupying the highest position in your profession, is your opinion this: that you have no objection to persons practising in any form or system of medicine, or treatment of disease or surgery, if the public choose to employ those men, so long as they do not use the designations that go to qualify them to be registered practitioners?—As belonging to the Medical Council I have nothing to do with that question at all.

540. I am asking you, not as president of the Medical Council, or as a member of the medical profession, but as a witness here; am I to understand your evidence, as I suppose it was intended for me to understand, that you have no objection to a person practising as a herbalist, or any form of medicine, or practising in surgery, so long as they do not use titles and designations which would imply that they are registered practitioners?—That question involves two considerations. I have the greatest possible objection to their doing so, because I think it an imposition which the general good sense of the country ought to discourage as far as possible; that is one thing. Then the other thing is that it is the assumption on their part of a right to impose a fraud upon the public by taking a title which is not theirs. Those are two distinct kinds of offences.

541. I am distinguishing between practising without the assumption of a title and the assumption of a title; I understand you to object to the assumption of a title, and you think that it ought to be punished?—Yes, that is one ground.

542. Supposing a title is not assumed, then I understand that you have no objection to persons practising medicine in any form that the public choose to accept them?—I have the greatest possible objection, certainly, which is a great objection, of another kind, neither political nor professional. I much object to a poor child in the alley next to me being poisoned with doses of arsenic by a quack. I am just as fond of the children of ignorant persons living in the alley close by my house as I am of the undergraduates who are the sons of peers, and I do not like those poor people

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people to be imposed upon, and their children poisoned; but that is a different kind of objection.

543. I implied, from your answers, that you object to medicine being practised in other forms than those to which you have yourself been trained as a qualified medical man?—Not the slightest, if they do no harm.

544. Are you aware that a very considerable portion of the public, not confined to the poorer classes, but men in our own station in life, employ herbalists?—Yes.

545. Then with regard to the punishment of people for assuming titles that do not belong to them, would you punish a chemist for selling patent medicines which are commonly called quack preparations?—That is another kind of police question altogether; that involves a question of the rights of chemists under the Pharmacy Act, and the rights of apothecaries, and the rights of doctors; that is another class of questions altogether.

546. This Bill, which I understand is prepared under your cognisance, contains penal clauses which would have a certain effect in the direction that I am speaking of; I am asking you, in order to test the wisdom of those clauses, whether you would extend the penal clauses to sale of quack medicines as well as to the practice of quackery?—I hesitate to give any opinion about it, certainly officially, as a question of public law; I think it is far too grave to give an off-hand answer about; as physicians, we object entirely to secret remedies, and so to patent medicines.

Chairman.

547. There is something further, is there not, which you wish to put in?—I am sorry that Dr. Lyon Playfair is not here, because this is a question of some considerable importance. In my evidence, at Question 204, in my cross-examination by the Right honourable Member for the Edinburgh University, the object of a part of it seemed to be to show that a conjoint board would be unworkable, on account of the great number of examiners, and I then mentioned that there were 100. I daresay it was my fault that it was not more clearly understood that there were to be 100 examiners nominated, and I thought I said nominated. Only one half are to be actually employed out of that number. About 50 out of the 100 have to be selected out of all England, but only 50 are to act. The reason of this is, that the different corporations and universities may have a choice. The reference committee has to select 100 persons, so many for anatomy, so many for chemistry, so many for physics, and so on, and in every case the authorities are to choose one out of two, so that there are really only 50 examiners. So that the argument which runs throughout Dr. Playfair's questions as to the cumbrous machinery of 100 examiners, is really based upon a fallacy. I thought that the Right honourable Gentleman must have been aware of that, so that I did not presume to think of correcting him. Out of 100 there would be only 50 examiners appointed. I may observe, that there are at present really employed in England by those different examining bodies only 48.

Mr. JOHN SIMON, C.B., F.R.S., called in; and Examined.

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548. YOU have three Papers which you wish to hand in for our perusal before we examine you?—Yes (*delivering in the same*).

549. Will you state what those Papers are?—No. 1 is a memorandum, prepared in 1858 by the medical officer of the then General Board of Health, in explanation of the Medical Practitioners Bill of that year, as drawn for the board under Mr. Cowper's presidency; Clause 4 of Mr. Cowper's Medical Practitioners Bill of 1858;

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and Sections 18 to 22 of the Medical Act, 1858. No. 2 is an extract from the 12th Report, dated 31st March 1870, of the Medical Officer of the Privy Council, Section 5, and Appendix 10 B, pages 54 to 57, and 210 to 228. No. 3 is an extract from the 13th Report, dated 31st March 1871, of the Medical Officer of the Privy Council, Section 4 and its Appendices, page 7, and pages 38 to 44.

Monday, 23rd June 1879.

MEMBERS PRESENT:

Dr. Cameron.
Mr. Dalrymple.
Mr. Errington.
Mr. W. E. Forster.
Mr. Mitchell Henry.
Sir Trevor Lawrence.

Mr. Maitland.
Mr. A. Mills.
Dr. Lyon Playfair.
Mr. David Plunket.
Mr. Serjeant Simon.
Mr. Wheelhouse.

THE RIGHT HONOURABLE W. E. FORSTER, IN THE CHAIR.

Mr. JOHN SIMON, C.B., F.R.S., called in; and Examined.

Chairman.

550. YOU have ceased to be Medical Officer of the Privy Council?—Yes, three years ago.

551. How long had you been such officer?—I had been Medical Officer of the Privy Council and of the Health Departments which preceded it, for 21 years, that is to say, since 1855.

552. Of course you are well acquainted with the proceedings with regard to the Act of 1858?—I am.

553. May I ask you whether that Act, as finally passed, was entirely what you and those who agreed with you wished it to be?—No, it was mutilated in an essential part. The first Paper (No. 1), which I handed in on Friday, was one prepared by me in 1858 to explain the Bill of that year as introduced under Mr. Cowper's presidency; and reference to that Paper will show that the Bill, as introduced, gave powers of control to the General Medical Council. Under the Act as passed those powers were not given.

554. What do you mean by control?—Powers to define the conditions of qualification for admission to the Medical Register, and qualifications and power to compel combinations of examining authorities.

555. Have you got the clause?—It is inserted the end of the Paper which I have laid before the Committee; it begins with these words: "The General Council of Medical Education and Registration of the United Kingdom, hereinafter called the General Council, shall make orders and regulations in relation to the matters hereinafter mentioned, as soon as conveniently may be after the commencement of this Act, and may from time to time repeal or alter any such orders or regulations, and make new orders or regulations in addition to, or in substitution for all or any of the orders or regulations for the time being in force, but no such orders, regulations, repeals or alterations, shall have force until approved by Her Majesty in Council; and notice of the time when it shall please Her Majesty that any such orders or regulations, repeals or alterations as aforesaid, be taken into consideration by Her Privy Council, shall be published in the 'London Gazette' one month at least before such appointed time."

556. The effect of this clause if it had become
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Chairman—continued.

law would have been that the council, instead of, as at present, merely being able to represent to the Privy Council any case in which they thought the examinations were not sufficient to give qualifications, could have directed what the examination should be?—Yes. The clause goes on thus: "The following are the matters in relation to which such orders and regulations shall be made; that is to say, establishing a register or registers, and defining the qualifications and conditions in respect of general and professional knowledge, and course of study, and in respect of age and otherwise, which shall entitle persons to be registered, and what degrees, diplomas, certificates of examining bodies or other testimonials, shall be required or admitted as evidence of such qualifications, or of the compliance with such conditions. And for the purpose aforesaid, the orders or regulations may require that two or more of the examining bodies in any part of the United Kingdom shall co-operate in conducting a required examination, and in certifying in relation thereto. The General Council may, if they think fit, by their orders or regulations approved as aforesaid, establish or provide for establishing examiners in any one or more of the branches of knowledge in which persons desirous of being registered must be qualified in any part of the United Kingdom where examination in such branch or branches of knowledge is not otherwise provided for to the satisfaction of the General Council."

557. Would the result of that, if passed, have been that you would have been able to define what should be the examination?—Yes, as I read it.

558. Was it in consequence of the opposition of the existing examining bodies that that was given up?—Of some of them I have no doubt. Owing to a change of Government at that time, Mr. Cowper, from being minister, was in opposition, and introduced the Bill only as a private member. It was taken out of his hands, and adopted by Mr. Walpole, and the changes were made under Mr. Walpole's auspices.

559. In fact, this proposal was never made to the House?—The proposal was never discussed in the House.

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560. You

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560. You do not feel that you are able to say exactly the reason why it was given up?—No, not as of public knowledge.

561. What has been the result as you imagine of this omission?—One essential intention was left unfulfilled.

562. That intention being that the council should have power to regulate the curricula, and to secure that the examination should be sufficient, and that they themselves should have that power?—Yes, the original scope of the Bill embraced these two intentions, one that the qualifications wherever given should be of universal range over the United Kingdom, and the other that being of universal range, their sufficiency of minimum standard should be secured. The first was attained; the second was not.

563. I will not ask you whether it had any effect in different detailed cases; had it any effect, do you think, upon the Army and Navy examinations?—In years preceding 1870, I think from 1866 to 1868, attention was drawn in the Medical Council by Dr. Parkes, and elsewhere by others, but particularly the Medical Council by Dr. Parkes, to the fact that men who went up to the Army and Navy Boards for examination for those two public services, sometimes showed themselves grossly ignorant in matters in which they had already obtained licenses purporting to establish qualification.

564. That was a fact which showed that the examinations, as then existing, were insufficient?—After the Crimean war there were established special examinations for medical men entering the Army and Navy. Those special examinations were meant to extend in some respects farther than the examinations for common civil practice; that is to say, they related in part to what might be special claims on the men in those services, or at least they particularly pointed in those directions, but they also went over ground common to them with the ordinary civil examinations in the country, and the report was that on this common ground men who had passed examinations before the civil boards were found grossly deficient in knowledge.

565. Did the council upon discovering the deficiency of the men use their power to send down visitors to inspect the examinations given by the bodies that sent up these inefficient men?—They were during that time inspecting the examining boards, and making recommendations from time to time as I will explain directly, and the council took action in this particular matter afterwards.

566. In what way; I suppose you were not a member of the council at the time?—No, not until three years ago. On 26th June 1868, the council appointed an education committee. I have here a list of the committee, which was a particularly strong one; and the constitution of it is now of interest with reference to some of the disputed questions which are before this Committee at the present moment. The committee consisted of Mr. Syme, the great surgeon of Scotland, as chairman, and of Dr. Andrew Wood, Mr. Caesar Hawkins, Dr. Acland, Dr. Allen Thompson, Dr. Aquilla Smith, Mr. Hargrave, Dr. Apjohn, Dr. Sharpey, Dr. Christison, and Dr. Parkes. It unfortunately happened that Mr. Syme's term of office on the council expired, and he was not reappointed;

Chairman—continued.

Dr. Andrew Wood then became chairman, and at a later period Dr. Parkes.

567. Were there any gentlemen from Ireland?—Dr. Aquilla Smith, Mr. Hargrave, and Dr. Apjohn. That committee made a very important report, and the last clauses in this report are so very significant that if you will allow me I will read them: "One of the great evils at the present moment is the inequality of the examinations for the license. This inequality of the test of efficiency is the more unfortunate, as every license confers an equality in the right to practise 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 license to practise 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. The 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. Considering also the extent to which the Colleges of Surgeons and Physicians have already combined in England and Scotland, we cannot apprehend any insuperable difficulty in carrying out this object. To enter into the details of such an arrangement of conjoint examining boards would lead us beyond the scope of the inquiry entrusted to us. The notice of the point has, however, naturally grown out of our subject; and we trust the Council will appoint another committee to consider and report how the examinations for license in the three kingdoms can be thus provided for, and then apply, if necessary, for Parliamentary powers to carry the recommendation into effect." That is signed by Dr. Andrew Wood.

568. I suppose you would consider that that report, as presented to the Privy Council, as I suppose it was, was perhaps the first very important step in inducing the Government to bring forward the Bill of 1870?—Yes, when it was some time afterwards presented to the Privy Council.

569. At what time?—In July 1869; I may particularly observe before leaving that report, which in some matters is of extreme significance, that it is signed by Dr. Andrew Wood. As I read the names, probably the Committee will have noticed that gentlemen of the highest authority in Scotland were members of that committee, Dr. Christison, Dr. Allen Thompson, and others.

570. That was signed by Dr. Andrew Wood as chairman of the committee; was it unanimous?—Nothing to the contrary is said; it is signed by Dr. Andrew Wood, as chairman; but if anything turned upon the point of his concurrence the committee would easily see afterwards that Dr. Andrew Wood concurred in it.

Chairman—continued.

571. Am I right in supposing that it had weight with the Government when it was presented to them?—It had great weight. The history of the Government action in the matter is briefly this, as the Committee will find shortly stated in one of the Papers which I put before them (Paper No. 2), an extract from my twelfth report. The Medical Council had asked the Lord President of that period to propose to make some minor improvements in the law. Having that letter before him, the Lord President directed a letter to be written to me to say that he should be reluctant to propose a measure for amending the Medical Act, unless he could be sure that what he was to propose to Parliament would cover all the ground in which an amendment of the Medical Act was wanted.

572. The president then being Lord Ripon?—Yes; "Considering," he said, "that the Act has at present been more than 10 years in operation, the Lord President presumes that a fair judgment can now be formed on its success and merits as a whole; and he thinks that a judgment of this more comprehensive sort must be the basis of any amending Bill to be introduced on the part of the Government. The Lord President would be glad to have the fullest possible explanations with the General Council on this larger aspect of the case, and though the requisite consideration could not be given to the subject in time for legislation in the present far advanced Session of Parliament" (this was the 14th May 1869), "his Lordship would hope to be able to deal with it next year in the light of such information as he may meanwhile receive." Then "there is one point which his Lordship would wish to bring specially under your attention. His Lordship is advised that the Act" (that is the Act of 1858) "is seriously defective, as not providing for a satisfactory and uniform minimum standard of admissibility to the Medical Register, and as not enabling the General Council to issue regulations in this respect. The state of the law in the United Kingdom (unlike that which obtains generally in Europe in the same matter) allows a minimum qualification in surgery to be registered without any qualification in medicine, and similarly, a minimum qualification in medicine to be registered without any qualification in surgery; and, so far as may be judged from a recently published analysis of titles contained in the Medical Register, it would seem that persons practising on those half qualifications are to be counted by thousands in the United Kingdom. Cases are not infrequently brought under his Lordship's official notice, where persons, possessing only such half qualifications, undertake, nevertheless, to act in all departments of professional practice, and even obtain engagements as salaried attendants on the sick poor in relation to whatever diseases or injuries may affect them," and so on.

573. I understand that it was the ascertaining of these facts which induced the Government to bring forward this Bill?—In answer to that letter, the Medical Council had very full explanations with the Lord President, and they laid, amongst other things, before him the report, of which I have just read an extract, of their education committee, and in the following February, after repeated communications with the Medical Council and its executive committee, the Lord President wrote a letter proposing legislation.

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Chairman—continued.

574. Did the metropolitan teachers take any part with regard to this matter?—A considerable number of the medical teachers in London, lecturers and professors at different schools, formed a voluntary association in 1868, to consider the desirability of having an amended curriculum for the students, and they referred to the council of their body to make a report upon the subject.

Mr. David Plunket.

575. How did they designate themselves?—The Medical Teachers' Association; it was only a London association.

Chairman.

576. Have you got the names of any of the gentlemen who took part in it?—I have not the names of the members of the association. I probably could get the names of the council; but I happened to be connected with it myself; they did me the honour to ask me to be their president for the first year, so that I was in that way cognisant of their proceedings. They referred to their council "to consider the conditions of study now imposed on candidates for the medical profession in this country, and to report to the association, at or before the next annual meeting, whether, in their opinion, any, and, if any, what changes ought to be made in those conditions; and also whether, with a view to improving medical education, it would be desirable to make any alterations in the present constitution and relations of the medical schools in London." In the report thereupon made by the council, there was particular complaint against the incoherence and the multifariousness of the regulations of the examining bodies, each body having its own set of regulations as to curriculum.

577. What schools were represented upon that council?—Most of the metropolitan schools; I think not all of them.

578. Was the University of London?—University College?—Yes, certainly.

579. And Guy's and St. Bartholomew's Hospitals?—I do not at this moment recollect; but in the report of the Council which I have here, I see the names of the two secretaries, one a member of King's College, and the other of St. George's, and I remember that some of the Middlesex Hospital men were in the association.

580. This was the main case for the Bill which Lord Ripon introduced in 1870, and I rather understand you to say that it was supported and its object was recognised by the then Medical Council?—Quite so.

581. Was there any opposition that you are aware of in the council to it?—In the letter which Lord Ripon directed me to write on the 2nd February 1870, and which will be found amongst the papers which I have put before the Committee, the Lord President recites that last recommendation of the education committee, signed by Dr. Andrew Wood; and having recited that and various other evidence, he finishes thus: "In view of all the circumstances, the Lord President would not be willing to submit to Parliament any proposals for amending the Medical Act in such minor respects as were touched by the Council's draft Bill of last Session, unless he were at the same time in a position to propose larger improvements in the present system; but if it be the wish of your council that legislation in this larger sense should

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be asked for, particularly such legislation as your executive committee seems to have in view, the Lord President would hope to be able to propose to Parliament a Bill to give effect to such intentions." The Lord President requested Dr. George Paget, the then president of the Medical Council, to take the sense of the Council on that question. A meeting of the Council was accordingly summoned, and on 26th February 1870, the principle of the conjoint board was carried there in a particular form by a majority of 17 to 1. The resolution was moved by Dr. Allen Thomson, representing the Universities of Glasgow and St. Andrew's, and seconded by Dr. Bennett, representing the College of Physicians of London, and it was in these terms: "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 recognised 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."

582. That was a resolution not in favour of one board for the three kingdoms, but of three boards, one for each kingdom, was it not?—Quite so.

583. So far it was somewhat contrary, was it not, to the report of that committee to which you have alluded?—I think not; I think the committee meant one for each division. There were four persons who did not vote, namely, Dr. Alexander Wood, Dr. Macrobain, Dr. Aquilla Smith, and Dr. Ramsey.

584. Could you give the Scotch and Irish members who voted for it?—The 17 were the President, 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, and Dr. Stokes.

585. How many of those were Scotch?—Three besides Dr. Sharpey, who though not a Scotch representative, was a Scotchman, and a very eminent one.

586. Dr. Thomson was the representative of Glasgow, was he not?—Yes, of the Universities of Glasgow and St. Andrew's.

587. Who was the representative of Edinburgh and Aberdeen?—Dr. Macrobain, who did not vote.

588. The main feature of the Bill of 1870 was three conjoint boards, one for each kingdom, and that is also the main feature of the Bill, as it stands at present, of the Government?—Yes.

589. How many Irish members voted for it?—One Irish member voted against the resolution, Sir Dominic Corrigan, representing the Queen's University.

590. How many Irish members voted for it?—Four: Mr. Hargrave, representing the College of Surgeons; Dr. Leet, representing the Apothecaries; Dr. Apjohn, representing Trinity College; and Dr. Stokes, representing the Crown. One Irishman, Dr. Aquilla Smith, abstained from voting. Of the Scotch members, Dr. Christison was absent from illness, but you will see his vote recorded for the Bill at a later stage of the business.

Chairman—continued.

591. Are you quite confident that he agreed with it?—Yes, there is no doubt that Dr. Christison gave his support to the principle of Lord Ripon's Bill.

592. The Bill of 1870 got through the House of Lords, did it not?—Yes, it did.

593. It then came under my care, as vice president, in the House of Commons, but owing to the lateness of the Session I was obliged to drop it. I should like to know whether you think I am right in saying that I was obliged to drop it, not because there was opposition to the conjoint board, but because the fresh question of direct representation was introduced, and it would have been impossible at that time of the Session to have got the Bill through fettered with that question?—Yes, most decidedly that was my understanding of the state of the case, as explaining why the Bill dropped.

594. And that, in fact, so far as regards opposition to conjoint boards in the three kingdoms, it was not feared by the promoters that it would be so strong that it would be likely to prevent its being passed?—There was, at the last moment, a little dissatisfaction on the part of the medical corporations with regard to some concessions which had been made to the universities, but not such as to make any material difficulty for the Bill.

595. You do not think if we had had the earlier part of the Session, that would really have endangered the passing of the Bill?—Not at all, I think.

596. Can you tell us what were the important concessions which were made to the universities?—One of the papers which I have submitted, the extract from my 13th report, contains a note on the concession which the medical corporations disliked. A previous concession to the universities had been made, I think I may say, with pretty general consent: namely, that a scheme for the conjoint board of any part of the United Kingdom might provide for taking into account such scientific examinations (examinations, that is to say, in chemistry, botany, natural history, general pharmacy, anatomy and physiology), as should be gone through at separate universities. It was felt that that was a considerable concession, but was, on the whole, a fair one. The other one was not so generally felt to be a fair one. In describing in my memorandum on the Bill the intentions of it, I write, "As regards the higher titles the Bill does not propose to interfere in any way whatever with the discretion of the individual authorities, except (if indeed this can be called an exception) that the higher titles will be awardable only to persons already members of the profession." But in the last stage of the Bill in the House of Lords, Section 18, which represented that slight interference, was struck out, and this was particularly in concession to the universities.

597. Was this the 18th clause which was struck out: "After the date fixed for the commencement of the examinations by any Medical Examining Board under this Act, none of the medical authorities shall grant any of the qualifications mentioned in Schedule (A) to the principal Act as amended by this Act, or by any of the Acts mentioned in the first schedule to this Act, except to persons registered or qualified to be registered under the principal Act;" that was struck out, was it not?—Yes.

598. I do

Chairman—continued.

598. I do not quite understand how the universities thought that they gained by that?—I am sorry to say that the University of London took the lead in quarrelling with that clause, and I believe that the University of Cambridge ranged itself more or less on the same side.

599. It was not as a protection of any kind to the Scotch universities?—I think I should be right in saying that it was particularly to the University of London that the concession was made.

600. How does the present Bill deal with that?—The present Bill leaves the same blank.

601. The present Bill, in fact, does not insert the clause that was in the original draft of 1870?—It does not insert that clause.

602. What would have been the effect of this Clause 18, if it had been passed?—That no university could give the degree, say of Doctor of Medicine, to any person not already an admitted practitioner on the Register. Those who objected to the clause said, "We may want to give our doctorate of medicine as an honorary distinction to persons who are not intending to practise medicine." You will find an explanation of the opposite views, and a comment on them, in a note (ii.) of the (No. 3) Paper which I have laid before the Committee.

603. You have told us why the Bill of 1870 was brought forward, and how it happened that it did not become law; as regards the intervening time, between 1870 and 1878, I merely ask you this question: Do you consider that the reason for bringing in a similar Bill to that of 1870 has become less strong in that time?—I think not.

604. When the Bill of 1878 was brought forward first, it did not contain a compulsory enactment of three conjoint boards; it was merely permissive?—Yes; that was so in the first form of the Bill of 1878.

605. As the Government, of course, brings forward these Bills in some measure in consequence of complaint from the profession, does not that imply that there had been a change of opinion between 1870 and 1878?—I think there had been no change of opinion on the part of the medical profession. There was a change of the Government. The present Government were new to the subject; they had not dealt with it before. The present Lord President no doubt was well advised of the difficulties that there would be with Scotland in the matter, and so he put forward his proposals in a permissive form.

606. Although they brought it forward in that permissive form in 1878, it now stands, does it not, in a compulsory form?—Yes, it now stands in a compulsory form; that is to say, as soon as the permissive form became known in England, and I believe I may say the same for Ireland, there was a general protest against it.

607. Then, practically, it is the same Bill as the 1870 Bill as regards that matter?—Yes, as regards that matter it is the same as the 1870 Bill.

608. There have been divisions, have there not, in the council with regard to this question of the three conjoint boards, in which the minority against them was very much larger than it was just before 1870?—Yes.

609. And the members, the representatives of the Scotch universities, seemed to be strongly opposed to them?—Yes, and particularly Dr. Andrew Wood, who is the representative, not of

Chairman—continued.

a Scotch university, but of a Scotch medical corporation, has taken a very decided part now against the scheme which he formerly favoured. I should be glad if I might be allowed to say that Dr. Andrew Wood is a gentleman for whom all have the greatest respect: he is a gentleman of the highest integrity, and we have not the slightest doubt of the good faith of his change of opinion; but the change of opinion is complete.

610. What do you think has caused the change of opinion. I do not mean officially in Doctor Andrew Wood's mind, but generally speaking there is less of Scotch feeling in favour of the conjoint board than there was?—I think that perhaps to some extent they have forgotten the strength of the case against the present system, and I think they have also forgotten how completely, in 1870, they were convinced that their fears of injury from a change of system were groundless. In 1870 they had as their leader Dr. Christison. Certainly there is no Scotchman who is a more genuine lover of the institutions of his country than Dr. Christison, a man of whom the University of Edinburgh, as well as the whole country of Scotland, is very proud. Dr. Christison was the head of the Scotchmen in the Medical Council at that time; he was satisfied that the Bill on the whole was right; and I have no doubt that his influence operated considerably on his colleagues.

611. Have you considered what I imagine is the objection made by the Scotch universities: first, that they are very large schools of medicine; secondly, that they give diplomas to a very great number of individuals; thirdly, that they give a large per-centage of the diplomas which are given by Scotch examining bodies; and, fourthly, that they state that their diploma has a much more stringent examination than that given by the others; and that they express a fear that if they are forced to combine with the other bodies in Scotland, the result will be that they who give the largest number of diplomas will have to give them a lower examination. I suppose you will understand that that is the objection?—I suppose that is so.

612. What is your answer in reply to that?—I have no reason at all to suppose that the examination on which the Edinburgh University gives its degree of Bachelor of Medicine is higher than might properly be the general examination for Scotland; and if certain other examinations are of lower standard than that, they ought to be raised to it, as in effect they would be by such combination as is proposed.

613. In what way does the Bill propose to constitute the conjoint board for Scotland?—It leaves it to be settled by a scheme. The authorities would be at liberty to make a scheme suited in detail to their particular plans and arrangements so long as the main object be secured, that all licenses given in Scotland shall be given under one common sanction, by means of one common machinery.

614. You, I suppose, admit that the object of the Bill was that the Scotch board which worked that scheme should be composed in numbers in proportion, or some attempt at proportion, with the respective weight and influence of the different electing bodies?—Undoubtedly.

615. So that the universities, if it be the case that they are now the more powerful bodies as regards diplomas, would remain as upon the board?

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board?—Yes. Moreover, what may be called the second principle of the Bill is this: that although so far as admission to registration goes, the authorities would be forced to act conjointly, and none of them be allowed to act except in that way, yet beyond that point, as particularly in everything which relates to higher titles, each of them would be free to exercise separately as much as it chooses all its present liberty of action.

616. This objection, you say, is Scotch, and not Irish?—At present I believe that the Irish authorities generally concur in what is proposed.

617. Do those bodies in Scotland that are not universities; do the colleges concur with the universities in this objection?—On this occasion I believe they all go together.

618. I will leave the conjoint board and go to the mode in which this present Bill deals with individual authorities and titles; that is different, is it not, from the 1870 Bill?—It is different from the 1870 Bill. The wording of the resolution of the council that I read was, "that every person who desires to be registered under any of the qualifications recognised in Schedule (A) to the Medical Act shall be required, previously to such registration, to appear before one of these boards." When Lord Ripon with the Parliamentary draughtsman looked into the matter with a view to give effect to the spirit of the resolution, he saw that there really was, in his opinion, no way of doing so, except to take as his principle that the old separate authorities would completely merge themselves in the new joint boards; with regard to the giving of licenses to practise, that, as they would merge their separate examining action, so they would merge their separate licensing action, and their separate titles of license in one joint license and one joint title; reserving, of course, their rights of separate action in regard of the major titles in their gifts.

619. Will you illustrate that by some case?—It was meant that a man who had passed the examination of the conjoint board should, in virtue of his certificate of having passed, be entitled to be registered, and should be registered under the common title of licentiate in medicine and surgery, virtually conferred on him by all the authorities which had taken part in his examination; that then he should, of course, be at liberty to attach himself to any university or corporation, and to take a higher title in any university or corporation, but that these things should be optional with him. It was meant that the swarm of meaningless little titles should be swept away, and that, as there would be one minimum qualification all over the United Kingdom, so there should be one name for that qualification.

620. Was that the plan in 1870?—Yes.

621. This Bill admits that those little qualifications, as you have called them, should be added to the licentiate?—Yes, instead of leaving the attachment to corporations voluntary, the present Bill requires that every person shall at least offer himself to a corporation, but the corporation is to have the option of declining. Every bearer of a qualifying certificate who claims to be registered must show either that he is attached to a corporation, or that a corporation has refused to have him. The special purpose of this provision is understood to be, that certain corporations may preserve their present option as to the enrolling of women-licentiates in their body.

622. That is an alteration of which you ap-

Chairman—continued.

prove, I suppose?—In substance, I think I may say yes, although I should have thought it far better to leave the affiliation arrangements to be settled in the local schemes than to pretend to settle such details as part of an Act of Parliament, for the endeavour has involved some very awkward consequences in the Bill as it stands, and apparently the proposed provisions have not been well thought out in their consequences. It is, of course, requisite that provision should be made for the corporations as regards the maintenance of certain museums and libraries which are in their charge; that was provided for in Lord Ripon's Bill, and in the Bill of 1878 there is even an amended form of provision.

623. What is the clause in the present Bill of 1878 which relates to this?—The 5th clause is that which compels the affiliation of licentiates to medical authorities; and the financial provisions are contained in Clause 19.

624. What is the clause which enacts that affiliation titles must be registered in a special column of the Register?—Clause 6, together with part of Clause 10, and with the sixth column of the 3rd Schedule of the Bill. As regards the fact of affiliation, the applicant for registration has to furnish evidence of having passed his examination, and also evidence of special attachment to a corporation, or of the corporation having refused him.

625. That is new, is it not?—It is an alteration made in the Bill of this year as compared with the final Bill of last year. In the final Bill of last year as it came to the House of Commons, it did not exist, but the corporations had shown a good deal of anxiety on the subject, and Lord George Hamilton had in consequence given notice of amendments to be moved in the House of Commons, and those amendments are represented in the words that are here now.

626. This does not apply to any diploma out of the United Kingdom, does it?—No.

627. Where does it apply?—To all registration of United Kingdom licentiates. When a man shall have passed the examinations of a conjoint board, he will have given all needful evidence of his qualifications to practise medicine and surgery; but the requirement for affiliation supposes that, in addition to his certificate, he ought to give some moral security, and that this would be given is by his being attached to a corporation or corporations. Clause 5, as it stands, is open to the objection, that, while purporting to treat the affiliation of licentiates to corporations as a matter of public concern, it nevertheless allows that any corporation may in mere option refuse to grant affiliation. And supposing it conceded, first, that affiliation ought to be enforced, and secondly, that the fact of the affiliation ought to be registered in the Medical Register, it nevertheless seems an inconvenient and puzzling arrangement that this should be done, as the provisions to which I referred require, by perpetuating in a special column of the new Register, the obsolete titles of the old system, which of course would not otherwise be wanted.

628. Am I to suppose that it is new that the licentiate ought not only to pass the examination of the joint board, but that he should be a member of some corporation or university?—It was not so under Lord Ripon's Bill; it was optional.

629. Then by this Bill, as compared with Lord Ripon's

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Ripon's on the one hand, this Bill says that no one is to get upon the Register who does not belong to one of the corporations, and the Bill of 1870 admitted outsiders on the strength of the examination of the three conjoint boards?—The view taken by Lord Ripon in 1870 was that as every one of the authorities would have taken a part in examining and certifying the candidate, he would virtually be a licentiate of all of them, and that to put him down as a licentiate of one or more of them in particular would be absurd, and probably misleading.

630. The effect of that would be that A might, under Lord Ripon's Bill, have had nothing whatever to do with any college of surgeons or physicians, and not been an undergraduate in any university, or had anything to do with the Apothecaries' Company, and yet might have gone up for examination by the conjoint board and got his license, and would have been entered on the Register?—Yes.

631. Now he would have to belong to one of those bodies before he gets it?—Yes.

632. Putting a practical case, according to the Bill of 1870 it would have been possible, I do not mean to say that it would have been probable, but it would have been possible, to take, for instance, some very distinguished bone-setter who had no education at all, but who submitted himself to the examination of the joint body and might get a license, whereas under this Bill he could not?—Under either Bill, the man, if he passed his examination, would get on to the Register; but under neither Bill would he be able to go to examination without having first fulfilled certain conditions of education.

633. Your answer is that really there is no difference, because if they refuse to put him on the corporation he still can get on the Register?—Yes.

634. What clause is it that does that?—Clause 5.

635. You mentioned as one of the great objects of a reform which was felt to be desirable by many members of the profession, and by the public before 1870, was, the disadvantage of a man getting licensed merely for medicine, or merely for surgery, and then upon the strength of such license practising in both; how is that met by this Bill?—The Bill requires that the consolidated authority shall examine all round.

636. Does the Bill provide that a man may not be a licensed surgeon unless he passes an examination in medicine?—Yes; Section 3 provides that he must have shown himself by examination to be qualified under the Act to practise both medicine and surgery, including therein midwifery.

637. Was there a similar provision in the Bill of 1870?—Yes.

638. In the Bill of 1879 are the provisions with regard to foreign and colonial practitioners of the United Kingdom precisely the same as they were in the 1870 Bill?—They are considerably more liberal.

639. In what way?—In opening sections of the Register for foreign and colonial practitioners practising under proper evidence of qualification in this country.

640. Upon the present Register is there no acknowledgment of foreign or colonial practitioners?—None whatever.

641. And there is to be a list now?—Under 0.105.

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the Act of 1858 there was a provision for persons then practising, but for the recognition at the present time of new cases, there is no provision. We can only admit them to the Register by examination. Now we propose a provision for recognising both foreign and colonial diplomas, and to have corresponding separate sections in the Register for foreign and colonial practitioners respectively. Perhaps it may be convenient to the Committee to have amongst their papers the report of the committee of the Medical Council on which those clauses, 7, 8, and 9, were founded (*delivering in the same*). Two resolutions passed by the Medical Council 17th May 1877, embody the recommendations that we made to the Government in the matter of foreign and colonial diplomas: "That the Council would approve of amendments of the Medical Act to the following effect, viz., (a.) That medical qualifications granted under legal authority in any part of Her Majesty's dominions outside the United Kingdom, and entitling to practise in such part, should be registrable within the United Kingdom on the same terms as qualifications which are granted within the United Kingdom, but in a separate alphabetically arranged section of the Register. (b.) That the General Medical Council should have authority to establish, *under conditions*, in the Medical Register a distinct alphabetical section for foreigners practising in the United Kingdom, with qualifications granted in foreign countries and entitling to practise in those countries respectively. (c.) That the Council should have authority to cause to be registered in this section of the Register such qualifications as it may in its discretion (having regard to the conditions under which they are granted) judge to be sufficient guarantee of the possession of the requisite knowledge and skill for the efficient practice of the profession." I will hand in the report which show the recommendations that were made; it is dated 17th May 1877.

642. Were they unanimous?—There is no record of whether they were unanimous, but they were generally accepted.

643. Leaving the question of conjoint boards and titles, we come to the question of direct representation; the proposal for direct representation was mooted, was it not, before the Bill of 1858?—There was a proposal for what is called direct representation in Mr. Warburton's Bill of 1840.

644. But I understood you that the proposals for direct representation were set aside by the promoters of the Act of 1858?—Mr. Headlam had brought forward the proposal for direct representation in 1855 and 1856; in his Bill of 1857 he did not repeat that proposal; and, to the best of my belief, it was not mentioned, or at any rate was not sensibly pressed, in connection with Mr. Cowper's Bill in 1858. I think the notion did not enlist much support in those days.

645. You are, of course, aware that there is still a very considerable expression of opinion on the part of the medical profession in favour of direct representation?—I am.

646. What is your opinion with regard to an alteration in the constitution of the Council which would bring in direct representatives?—I find that I have here a memorandum which I wrote on that subject in 1873, and I would beg leave to hand it in, as it states the opinions which I formed

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formed when I was not on the Council, and discusses the matter more completely than I might in evidence (*delivering the same*); but I am ready to answer your questions also.

647. First of all, will you give the Committee your opinion as to how far the addition or substitution of direct representatives would affect the present constitution of the Council?—I can hardly conceive but that it would affect it disadvantageously.

648. Why?—The choice of a person to do the duties which have to be done on the Medical Council is eminently an act which requires deliberation; and I cannot conceive anything of the nature of deliberation taking place by universal suffrage. Also I cannot conceive how the proposed very large constituencies, each to consist of one of the three divisions of the United Kingdom, could have the requisite personal knowledge of their candidates. In that sense I think that the members chosen by universal suffrage might probably be of inferior quality to those that would be chosen under a well-considered other system.

649. Then you do not conceive that the addition of such members would materially help the Council as regards its main object, which is that of superintending the medical education of the country?—I do not.

650. Is not direct representation asked for in order that the Council should undertake other functions besides that of superintending education; that it should, in fact, look after the general interests of the profession?—I think that the demand which there has been for many years for a more popular system of electing members of the Council requires to be considered under two or three different heads. First let me admit that, in my opinion, here is a real grievance to be redressed in respect of some of the institutions which send representatives to the Medical Council. Either they are not of a sort, or are not so constructed as to satisfy the general opinion of educated people in the profession.

651. Do you mean that that is an objection which applies to the constitution of the corporations?—Yes, to the constitution of the corporations is the cases to which I refer; and the remedy for that grievance would not consist in having universal suffrage for members of the Medical Council, which, I apprehend, would be an infinitely inconvenient and a very costly process; but, surely, rather in putting the particular institutions to rights where they are at fault. Another point, as it seems to me, is that there is a great deal of error prevalent as to what are the functions of the Council; and the Council has been a good deal found fault with for omitting to do things which it is not the Council's business to do. In turning over my notes, I find reference to a letter which I read at the time when this agitation for direct representation was at its height; a "Medical Reformer," in a letter to one of the journals, complains with exquisite *naïveté* that the Council devote themselves to discussions on medical education, all but ignoring the general practitioners for whose benefit the Act was specially framed. It was a very silly letter; but men who are not to be classed with the writer of that letter, men of a very different calibre, such men as have taken an influential part in the British Medical Association, have put in print over and over again, as a reason for universal professional suffrage for members of the Medical

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Council, that in that way they would "increase the knowledge of the Council with respect to the needs of the public and of the profession in respect of medical education, sanitary measures, medical jurisprudence, and poor law relief." With three out of the four things mentioned the Medical Council has nothing whatever to do.

652. Why should not the Medical Council have to do with them?—They cannot, without very extensive change of other laws than those which are here being considered, have to do with sanitary measures and poor law relief, which are already the responsibilities of special departments, of Government, central and local.

653. I understand that what they would like to see would be that there should be a popular representation of the medical profession, which should officially, and by authority, give well ascertained opinions with regard to the sanitary wants of the country, and the mode of relieving them, with regard to the medical action in poor law relief, and in the hospitals; do you see an objection to such a Council?—That would be a Council for essentially different purposes from those which the Committee are considering. A Medical Education Council, as such, certainly has nothing to do with those subjects.

654. It is necessary that if the Council, in addition to being a Medical Educational Council, should undertake these things, they should cease to be an Educational Council; do you think that the addition of those duties would cause a neglect of the objects for which they are now formed?—I cannot conceive that justice could be done to such objects as those, except by a Council prepared, I may almost say, to give up its whole time to the objects.

655. You think that the representation of the interests and opinions of the profession upon medical matters generally, would so absorb their attention that they would lose sight of the special subject of superintending education?—Yes.

656. Have you, with your experience, felt the want of such official representation of the feelings and opinions of the medical profession, and do you think that there is a public want of such representation?—If I rightly understood your question to refer to their feelings and opinions in matters which concern their pecuniary and other personal interests, I suppose those interests of the medical profession have to be worked, like any other group of personal interests, by the voluntary combinations of the interested persons, but not under an Act of Parliament.

657. We will take the pecuniary interests first; we will take, for instance, the payment of the medical officers of unions, their position generally, and the mode in which they are treated by boards of guardians; I understand you to say, that you do not think that by Act of Parliament we ought to set to work to constitute a special body as the champion, in other words, of the medical profession?—It seems to me impossible that such a subject could be dealt with under an Act of Parliament. I cannot conceive it.

658. If that was a ground of complaint by the medical officers, you think that they ought to try to get redress by voluntary association?—Professional objects of that sort are perfectly legitimate matter for voluntary association. They would be quite suitable matter for the chief medical association of the country, the British Medical

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Medical Association; they would be entirely within its province, but are not within that of the Medical Council. If I may use a familiar illustration, it is as if you tried to graft workmen's clubs upon the School Board. It is quite as great an inconsistency of matter.

659. It is as if by Act of Parliament you made a trades union of the medical profession?—It perhaps is.

660. Leaving the question of the interests of the profession, and coming to the interests of the country, would there not be an advantage in having a body, such as the Medical Council ought to be and probably would be, representing the highest knowledge and experience of the profession; would there not be an advantage in having such a body who might be officially consulted upon sanitary questions, and who should feel it their duty to give an opinion upon them?—I think it is disastrous for good work to set men, by mere reason of office, to do things for which they are not chosen as fit. Those men are chosen to do educational work, and to suppose that because they can do educational work properly they can advise on sanitary things with special skill would I think be a mistake. But supposing that among them are men who know sanitary things well, and who may know the other subjects that you have mentioned, the Council can only meet for a few days in the year. One must take that fact as limiting all the possibilities of the Medical Council if you are to have it consisting of first-class men, gathered in London or elsewhere, to consult on matters of medical education. In proportion as they are first-class men they cannot afford to spend a long time in such consultations, and if the other subjects were to be brought in for discussion, first-class men would cease to attend.

661. I suppose I may understand you to mean that it is as much as our first-class men can do to attend to the present work, which is the superintendence of education?—Quite so, as regards all the most valuable men at present on the Medical Council.

662. You infer that if they had all those other labours put upon them, and those duties imposed upon them with the expectation by the profession that they would fulfil them, the Council would be composed not of men that are actively leading the profession but of men who were merely elected to express opinions?—Yes.

663. Do you think that if we were by Act of Parliament to turn the present Council of Medical Education into a Medical Parliament, it would have any effect upon the profession in its position with regard to the public?—It would, in my opinion, certainly not improve our position with the public that we should be a Parliament in the sense which you probably mean, that we should have unlimited functions of talk in matters where we should have no authority to act. If good is to be done to the profession by means of miscellaneous talking, that talking can equally well be done elsewhere than in the Medical Council, and without distracting the Council from that which is its proper province of duty. In order to judge what might probably be the discussions of a Medical Parliament, I think it is instructive to look at the class of questions that were brought before the profession at a time when this agitation for direct representation was in full swing. No doubt at any moment a considerable number of

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petitions for direct representation could be showered upon the House of Commons; and that is a sort of thing which Members of Parliament of course understand as not necessarily meaning any widely-diffused strong interest in the subject; but it is a fact that there has been a moment of, I think I may say, real enthusiasm and excitement on the subject of direct representation; and the culmination of that kind of feeling on the subject was in the year 1869. There was then a very remarkable memorial addressed to Her Majesty's Government pressing for amendments in the Medical Act, and urging that in the new Act provision should be made "for the representation on the [Medical] Council of the general body of practitioners of medicine and surgery who are now for the most part deprived of any professional franchise." This memorial originated in Birmingham, and was signed by nearly 10,000 persons of all parts of the kingdom. Previously, no doubt, there had been amongst some persons a desire for direct representation, quite independently of this movement: or, as I mentioned, the notion of direct representation was in Mr. Warburton's mind in 1840; and the notion came forward again in Mr. Headlam's Bills of 1855 and 1856, which I believe represented the opinions of the then heads of the British Medical Association; but all this was in a Platonic form; there was no enthusiasm in it.

664. As I understand, at the time of the agitation, there were features of it which particularly attracted your attention?—Yes; what particularly attracted my attention, and what I think deserves the attention of the Committee is, that the enthusiasm rested in a great part on what, I believe, to have been a delusion. During the two years before 1869 there had been a constant propaganda, tending in one most important respect to predispose men to take part in the Birmingham (or any such) memorial; a propaganda raising hopes that a reformed Medical Council would do great things in regard to money for the medical profession.

665. Do you mean that it would increase the fees?—Yes; that it would promote the pecuniary interests of the general practitioner in certain of his business relations.

666. In what way was that supposed possible?—That it would have an influence between him and his employers in the poor law and other public services, in clubs and charities, and so forth; and would even interfere in questions of competition between him and his neighbour. A propaganda to that effect, represented by a particular journal and by a particular association, was in progress for two years.

667. Why should it be a delusion?—It must be a delusion that the Medical Council, acting under Act of Parliament, could deal with these objects.

668. Supposing that we turn the Medical Council by Act of Parliament from a Council of Education into a Council to consider and to take action with regard to any matter of interest to the profession, why should not such a council, which would be very powerful, have effect in increasing the payment by the different State bodies, whether local or central, and why should you call it a delusion?—If I call it a delusion I call it so from such knowledge as I have of the habit of Parliament in dealing with public questions; I cannot conceive that Parliament would create under a statute an organisation for any such

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such purposes in the medical profession any more than it has done so in any other profession or calling.

669. I do not understand you to say that it would be a delusion to suppose that such a body would be without some effect, or without some power, to get the interests of the profession better looked after if it was appointed?—If the British Medical Association took up these subjects as a voluntary association, I daresay it could exercise influence; but I cannot conceive of influence being exercised under statute; that is what I mean.

670. We will suppose that by statute the power was given to them to take such action; do you not think that the promoters would be justified in supposing that it would rather help the interests of the profession, supposing Parliament were to consent to do that?—That might have been a natural belief; but it seems to me contrary to all English practice; and I can hardly help thinking that, if a council had such duties assigned to it, it would soon become discredited with the public, and instead of getting influence would lose influence.

671. Take an illustration; supposing it to be the case and that it could be proved to be the case that the payment generally of medical officers by boards of guardians was less than it ought to be; do you or do you not think that a representation to that effect by a powerful Medical Council would be more likely to have its weight with Parliament than the representation of individuals, or of voluntary associations?—When you say “less than it ought to be,” the question is who is to measure the “ought to be.” I do not know that in medicine, any more than in any other profession, there can be any other standard of the “ought to be,” than the market price. I cannot imagine that in questions of pay contested between the public and the medical profession, the public would look to the Medical Council for impartial advice, and least of all so, if certain members of council were specially chosen to fight this sort of battle. I do not think it is possible.

672. Then you do not think that the constitution of a Medical Council which would have to serve the purposes of a trades union, would really much advantage the profession?—I do not think that it could advantage the profession. When I say that, I wish not to be misunderstood here. I think that in many instances of civil medical service there is great cause for complaint, great cause for dissatisfaction. I would not at all wish to be misunderstood on that point; but it seems to me that the mode of dealing with such difficulties is by voluntary association, and not by action under statute.

673. You are strongly of opinion that it is not a body which ought to be constituted by Act of Parliament?—Not for that purpose by Act of Parliament. I referred just now to a particular propaganda that was represented in a medical journal of the years that I spoke of, the “Medical Mirror,” from 1866 to 1869. The conductors of this journal promoted a so-called Medico-Political Association, and any programme or manifesto of that association, if I read a paragraph or two of it, will, I think, illustrate what I mean. For instance:—“The two special points now before the association are, 1st, the representation of the registered practitioner in the Medical Council;

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and 2nd, the annihilation of unpaid and underpaid hospital and Government medical labour.” “The common voice of the profession must demand from indifferent statesmen an official recognition of the importance of professional opinion in the councils of the nation. As regards the medical profession the indifference and deadness of the few must be changed to interest and vitality by a reform in the Medical Council of the kingdom. This will be accomplished by the representation of the general practitioner in the Medical Council. From a reformed Medical Council we expect to see the helplessness of the many changed to activity and power, by the sweeping away of unpaid and underpaid Government and hospital medical labour.”

674. But I understand you to say that, without giving an opinion as to whether or no there is this underpaid labour, you think that if there is a way to improve this position it should be by action upon public opinion, and by voluntary association, and expression by individuals, and not by a State constituted body?—Quite so. I think that the great pressure that undoubtedly there was, in the period just preceding Lord Ripon's Bill, for direct representation is to be referred to the kind of agitation which I have mentioned. I have marked several passages in journals of the years 1867–69 that would, I think, bring it very clearly before you.

675. Leaving out what you consider to be those two grounds of the demand for direct representation, first, better attention to the interests of the members of the profession, and secondly, the advantage of their being an authorised body that could be consulted upon sanitary matters, I come to another ground for the demand, which is, that the present function of the Council would be better performed. It is stated, I believe, that the Council would be a better Council for medical education if, instead of being composed almost solely of eminent men who are now somewhat removed from the present hard and rough and struggling work of the profession, it had some representatives of the struggling and active and young men (I am endeavouring to put the demand as it is stated); do you think there is no force in that statement?—I often wish that in our institutions in general the element of youth could be better represented, but it is not in the nature of things, I am afraid, that it should be so. It certainly would not be so by universal suffrage, which, even more than appointment by the Crown, or appointment by corporations and universities, would absolutely require that a man should be of a certain prominence, and therefore probably of somewhat advanced age, before he could come under their notice.

676. Do you mean by universal suffrage the suffrage of all the registered medical practitioners?—Yes, universal medical suffrage.

677. And you do not think that bringing in six members, we will say, directly elected by all the registered practitioners would be likely to bring in representatives who would be more acquainted with the position and difficulties of those doctors and surgeons who have just passed their examination, and who are beginning their work than we have at present?—May I ask whether you mean intellectual difficulties, educational difficulties?

678. No; I mean such difficulties as would be lessened

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lessened by a better scheme of medical education?—Then I think not; I do not see how the proposed mode of election can affect them.

679. Now we will go to actual plans. It has never been proposed, I think, to make the body a solely elective body by direct representation?—No.

680. I think it has never been proposed to put in more than six, has it?—I think 12 on one occasion. In Mr. Warburton's scheme, 24; and in Sir John Gray's, 12.

681. The Bill of the honourable Member for Exeter, which is now before this House, and which is before this Committee, proposes to give six, I think?—Yes.

682. Supposing it was thought that upon the whole the advantages of having direct representatives outweighed the disadvantages, do you think there would be any great difficulty as regards the mode of election?—I am not likely to be a good witness upon that subject, because I am not familiar with election proceedings; but I should think that those who have had to do with contested elections at the universities might say something on the subject. I suppose it would be difficult, or at least very costly.

683. Would you, or would you not, be opposed to adding, for any purpose, any members to the present Council?—I would. I think a chief disadvantage of the present Council is its size.

684. Why do you think so?—Because it makes speeches instead of making conversation on its business. It spends a great deal of time in discussion, which necessarily is more formal than it would be if the members were 12 instead of 24; and to add to the number would certainly in the same proportion add to the amount of discussion.

685. Do you think that direct representatives would be more likely to speak for their constituents that read their reports, than perhaps the present members are likely to do?—I think it possible and probable; and also, of course, in proportion as it is supposed that they would bring into the Council something which the Council would not have without them, it would be their duty to make speeches.

686. At present the only meetings at which reporters are present are meetings of the whole Council?—Yes.

687. They are not present in the executive committee, are they?—No.

688. If you get your own way personally, would you have the Council as large as at present?—Under the present law I do not see how it could be otherwise than of its present size; for the principle of the law is, that the individual authorities are represented, there as being individual; but if the authorities were consolidated for licensing and examination purposes, I do not see why they should not be consolidated for Council purposes, and why the Council should not be reduced to one-half its present size.

689. You have also stated that some of their constituent bodies ought to be liberalised as regards their constitution; now I want to ask you, taking from you that the Council is against the principle of universal suffrage, do you think that there is no ground for what may be called a redistribution of seats; for instance, is it not rather absurd that the four universities in Scotland, representing as they do the large majority of the Scotch surgeons and physicians, should

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have only two votes, whereas the corporations have each of them one vote?—I am sure that the Scotch universities deserve to have a great influence in the Medical Council, but I do not know that it would be possible to express that by the number of persons who should come from them. The Scotch university interest, taken as a whole, and estimated in proportion to the English and the Irish interests, is adequately represented there by two persons.

690. According to the Medical Act, each of the corporations elects one member?—Yes.

691. Is not that quite irrespective of their importance of their size?—Yes.

692. In fact, it is like the federation in the United States, where a very small State gets in the Senate just as much power as the large?—Yes; but it must not be thought that Scotland is the only sufferer under this sort of arrangement. England has also a grievance, and Ireland I think has a grievance. If you look at the constitution of the Medical Council, you will see that in 1858 the Legislature saw fit to pass off on us the Apothecaries' Hall of Ireland as a medical authority. It was a druggists' company, and the Act passed it off as a medical authority, so that under the theory of the Act it has a sort of right to send its member to the Medical Council; but, of course, that never ought to have been. Then, in England, the University of Durham in 1855 returned to the House of Commons that it never yet had held any examination for a medical degree, and yet in 1858 it was made a medical authority for the purpose of the Act, and was authorised to send a medical representative to the Medical Council. So that we have some occasion in these other two divisions of the United Kingdom to grumble to some extent at the constitution of the Council.

693. Taking the English and taking the Irish anomaly, there is after all not so great an anomaly as there is in the Scotch anomaly, in which you have the four universities which teach a very large majority of the members of the Scotch profession, having only two votes, while the corporations have three votes?—Yet, if in Scotland it would appear that wrong is done to the universities in favour of the corporations, look at the counterbalance in England, where you will see that the College of Surgeons of England, which probably gives more diplomas than all the other English bodies put together, has not more than its one representative to count against their half dozen.

694. Practically, has not the power given by the Act to the Crown to appoint six in some way compensated for and removed this anomaly; has not that been the practical effect of that power?—I think it may perhaps to some extent have operated in that way; but I do not know that this was reckoned on. When the concoction of this Medical Council was in progress in 1858, and those who were busy with it had regard to the balance of the three divisions of the kingdom, it was found impossible to give to the Scotch university interest, as a whole, any larger number of representatives.

695. There is no doubt whatever that as regards the Scotch universities, the University of Edinburgh especially is a most important school of medicine; there is also no question that by the constitution of the Council by the Act, it gets less than the usual share of voting power and influence; it

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has only a half vote, whereas any corporation, however small, has an entire vote. Are you at all aware of any particular case where that anomaly of an exceedingly important school being so very slightly represented has not had an effect upon the working of the Council?—Not a bad effect; or, at least, I am not aware of any.

696. I suppose you would imagine that the other members of the Council are so well aware of the position of the University of Edinburgh, and its claims for consideration, that it would not be neglected on that account?—Certainly. I think I may say, both from my own recent experience of the Medical Council, and from observation of it in years when I was not a member of it, that putting aside a certain class of questions, matters are discussed very well and very fairly on their merits; and that not so much turns on the question of a member's delegacy as on the weight of his argument. I think that the Edinburgh representative, and I speak of times before I was there, as well as of time since I have been on the Council, has always been listened to with as great respect as if he counted for two votes.

697. He is also the representative of Aberdeen, is he not?—Yes.

698. But is he not always looked upon as the representative of Edinburgh?—Not exclusively.

699. That would result, would it not, in Aberdeen scarcely getting represented at all?—I can hardly conceive separate interests of individual Scotch universities requiring to be habitually represented on the Medical Council. There are cases where the general Scotch university interest (or rather that point of view) requires to be well represented; but I doubt whether cases of individual university interests would arise there, except there were accusation of default.

700. What sort of cases do you think should be the exception?—Votes as mere votes, irrespectively of arguments, on such questions as those of our last session, divisions on compulsory legislation for conjoint schemes, and things of that sort. At the present time, as the Committee is aware, all Scotland votes against the proposed compulsory legislation. If Edinburgh and Aberdeen had two votes instead of one, no doubt both votes would go the same way.

701. That leads me also to ask this question: supposing the Council were, as at present, constituted with representatives of different bodies in proportion to their weight and number, would not the result be that there would be a much larger opposition to the conjoint board than there is now?—Except that, if the Medical Council were constituted on such a basis as that, the English College of Surgeons, perhaps, would have half-a-dozen more votes than it has.

702. You think the result would be, that what support the conjoint board would lose in Scotland, would be more than gained by what would happen in England?—Yes.

Mr. Mitchell Henry.

703. If there has been any improvement in medical education, I presume that we may assume that, in your opinion, it dates from about the year of the passing of the Medical Act of 1858?—I think so.

704. Coincident, of course, with the appointment of the Council?—Yes.

Mr. Mitchell Henry—continued.

705. The duty of the Council, I presume, was primarily to form a register of qualified medical practitioners?—Yes.

706. Secondly, to improve, if possible, and make uniform medical education; and thirdly, but not actually provided for in the Act, to produce one uniform pharmacopœia for the three portions of the kingdom?—Quite so. I would only again observe, on the second point which you mention, that the powers given to the Council were exceedingly small; that Parliament had deliberately refrained from giving them powers, and that the complaints which are made, that the Council has not acted vigorously, are complaints which ought to be made against Parliament, and not against the Medical Council.

707. So far as those duties are concerned, I take it that there now is a very perfect Register of qualified practitioners?—Yes.

708. And that if the second part of the duty, to improve medical education, has been only partially discharged, that has been principally caused by deficiencies in the Act itself?—Yes.

709. Is it the case, that for many years the Council has seen the necessity, in the interests of the public, to have a joint scheme of examination for the three portions of the kingdom?—That is so.

710. Has the Council exerted itself to obtain the assent of the different licensing bodies to a scheme of that kind?—Yes, I think I may say that it has.

711. Do you believe, from your experience, both at the Privy Council, and at present as a member of the Medical Council, that it will be possible by voluntary effort to obtain concurrence in a joint scheme from all three portions of the kingdom, or do you think that it will be necessary to resort to the compulsion of an Act of Parliament?—It will, in my opinion, be indispensable to resort to the compulsion of an Act of Parliament.

712. You say that as your deliberate opinion, that in the interests of the public, as well as of the medical profession, it is essential that Parliament should interfere and compel a system of conjoint examination?—It is of very great interest to the public. The interest of the medical profession is comparatively unconcerned; but it is a very great public interest that Parliament should do as you say.

713. Do you believe that the interests of the medical profession can be said to be different in this matter from the interests of the public?—I think certainly not.

714. Do you believe that in any other matters the interests of the medical profession can be said to be antagonistic to those of the public?—Certainly not.

715. There is no special or ought to be no special or selfish object?—I am not aware of any special medical interest as apart from the interests of the public. In the case of mere pecuniary interest, of course there is the ordinary counterpoise of buyer and seller as in the other departments and other commercial relations of life; but except in that sense there can be no antagonism between the medical profession and the public. The question what will make the medical profession most efficient is, of course, a question of the greatest public interest.

716. Then with respect to the third duty which devolve on the Medical Council, the preparation of

Mr. Mitchell Henry—continued.

of the Pharmacopœia, that object, I think, has been very fully accomplished?—It has been fully accomplished.

717. And all that can be required in future, I presume, is that from time to time the Pharmacopœia shall be revised as new combinations, and new drugs are admitted into the practice of medicine?—Quite so.

718. Is it not the case that the introduction of new remedies and new combinations of that kind must always be slow?—Yes.

719. In consequence of the necessity of very complete experiment and experience being obtained before you admit new drugs?—Yes; that there should be no rash admission of new articles into the Pharmacopœia.

720. Then I may take it that the registration is complete, and the Pharmacopœia is complete?—Yes.

721. And the only work that may be said to be really incomplete is that of medical education?—Yes.

722. Supposing Parliament were to insist upon a conjoint and uniform system of minimum medical education in all parts of the United Kingdom, would it be necessary for the Council perpetually to revise that scheme; once adopted would it not be adopted for many years to come?—The scheme would be of quite indefinite duration. The scheme under which the authorities would act, the contract of combination, would be of indefinite duration, but the educational conditions would probably be revised, at least I should think that they ought to be revised, annually; that is to say, I should think that an education board, dealing with such subject-matters as ours, ought once a year to reconsider its conditions to see whether any improvements are wanted. You no doubt are aware that the Bill distinguishes between examination rules and scheme; the examination rules would, I should suppose, be reconsidered annually; but the scheme would remain or might remain unchanged for ever.

723. The examination rules are quite a different thing from the scheme?—Quite so.

724. In forming the Medical Council, was not the principle that was adopted to give some representation to every licensing authority in the three kingdoms?—The same sort of representation. The theory was that in the Medical Council there should be two factors: on the one side, the existing authorities that acted for examination and licensing purposes, under charters and Acts of Parliament, and on the other side, the Crown as the visiting authority of all those institutions.

725. But in so far as the existing licensing authorities, whether universities or corporations, were concerned, the Act of 1858 did, and was intended to give each of them representation?—Yes.

726. In your opinion, was that with the view of satisfying them or for the single purpose of securing the best form of medical education?—To secure the best form of medical education with reasonable regard to the existing lines.

727. If a conjoint scheme was hit upon and enforced by Act of Parliament, would it be necessary that this large Council should still continue to be assembled and to represent the medical profession?—In my opinion, if the authorities

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were consolidated for examining purposes, their representation also in the Medical Council might be to some extent consolidated. I should think that, if the plan of the Bill as regards joint boards were carried into effect, the Council might very well be reduced to a dozen; still keeping to the principle of its constitution, but on a smaller scale.

728. Supposing that the Council were reduced to a dozen or 15, do you think that that would give greater facilities for the transaction of business in the way of conversation, rather than of long speeches?—I think so.

729. Can you tell me who takes an interest in those long speeches; do the public; have you an audience?—I am not qualified to speak as to the public; but, as a member of the Council, I have heard some very admirable speeches there, and I should hope that the medical profession takes an interest in them.

730. Do a number of the medical profession attend the debates?—No; reporters are present, and the speeches are in the medical journals.

731. Is there a medical "Hansard," as we have here?—We have no official reporter, but we are in general very fully reported in the medical journals.

732. Have the Council power to meet anywhere else than in London?—It never has met elsewhere than in London. The words of the Act are: "The General Medical Council . . . shall make such rules and regulations as to the times and places of the meeting of the General Council, and the mode of summoning the same, as to them shall seem expedient, which rules and regulations shall remain in force until altered at any subsequent meeting." We have a standing order for the hours of meeting, but there is no standing order as to the place of meeting.

733. Practically you always do meet in London?—Always. I am not aware that there has ever been a case of our meeting elsewhere.

734. If I am not mistaken, generally about the month of June or July; naturally you meet at a time when London is most agreeable for members to attend who come from the country?—There was a meeting in November 1858, to bring the Act into operation, and twice there has been a meeting in January, and three times a meeting in February; but otherwise, the meetings have in general been held during what is socially called the season.

735. With respect to the representation of licensing bodies on the council, I find that by direct election in 1878 there were five Scotch members and five Irish members; should you say that as regards the three portions of the United Kingdom, that is an unfair amount of representation, and do you think, considering the size and population of Scotland, and the size and population of England, five to seven, in each instance, represents a very fair allotment of the members?—Speaking as an Englishman, I should say that both Scotland and Ireland are both quite adequately represented in comparison with the total of England.

736. With regard to the nominated members, you have four by Act of Parliament nominated from England, which raises the proportion in England to 11?—Yes.

737. And you have one nominated for Scotland and another for Ireland, by the Crown raising the nominations to six in each case?—Yes.

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738. Then

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738. Then it stands at 11 English, six Irish, and six Scotch; if there is a complaint that this nomination is not fair, how, in your opinion, would it be if the Crown in future nominated only two for England, two for Scotland, and two for Ireland?—I do not see that there would be an advantage in that. My impression would rather be in the other direction, not at all to consider the Crown appointments as local, but to let the Crown appoint all Irishmen or all Scotchmen (and whether or not resident in Ireland or Scotland) if it appeared that the best educational people were all Scotch or were all Irish; I do not see any advantage in tying the Crown by these sub-national restrictions. The Crown has, under the Act, "to nominate a person for Scotland," we will say: supposing that, at the present moment, there were a vacancy in that nomination, no doubt, the Crown would, as heretofore, construe the words to mean a person resident in Scotland; and the words thus construed may needlessly narrow the choice. It happens at the present moment that two of the most eminent persons who have ever served on the Medical Council are Scotchmen resident in London, namely, Dr. Sharpey, formerly a Crown member for England, and Dr. Allen Thompson, formerly member for the Universities of Glasgow and St. Andrew's. I presume the Crown could not, under the Act, appoint those Scotchmen as "for Scotland," inasmuch as they happen to be resident in London.

739. Provided that the nominations by the Crown continue as they are, are you of opinion that it is desirable to sweep away that provision by which the Crown is restricted in its nomination of members of the Medical Council to representatives of particular portions of the kingdom?—I cannot say that I think it very important either way, but if it were *de novo* I do not think I should suggest drawing the sub-national distinction.

740. With regard to the question of direct representation, is it a fact that the demand which has arisen for direct representation on the part of many medical men is principally represented by a very powerful association called the British Medical Association?—Yes.

741. That association, I think, is composed of medical men in all the three divisions of the kingdom?—Yes.

742. And it meets in different portions of the kingdom every year?—Yes.

743. Has the demand for direct representation on the part of the British Association usually been connected with the question of the improvement of medical education?—A desire to improve education has been declared in their manifestos and votes.

744. Has it not formed the major part of their desire, as expressed for representation?—I hesitate to say that. I have noted a passage of one of their manifestos, in which they say they express a belief that the sort of representation which they advocate would "increase the knowledge of the council with respect to the needs of the public and the profession in medical education, sanitary measures, medical jurisprudence, and poor law medical relief." Then the chairman of the direct representation committee of the British Medical Association I find writing a letter to the "Pall Mall Gazette," on the 1st of March 1871, in which he describes the British Association as seeking to attain direct

Mr. Mitchell Henry—continued.

representation "in order to neutralise the existing preponderance of the corporations."

745. Was not that desire to neutralise the influence of the existing interests of the corporations derived from the distrust which the Medical Association have of the reforming tendencies of the council in the direction of improved medical education?—Yes, I think we may fairly assume that to be the general meaning. The expression, however, is not a fortunate one, and in my opinion it suggests an altogether wrong principle of action. The way to redress the evil, if it exists, would be for members of the profession to get proper influence in their corporations, and make them work to better effect.

746. Is it the case that the Medical Association, which represents, I think, some 8,000 members, is rightly or wrongly of the impression that the Medical Council has neglected its duties in improving of medical education; that it has not adequately exerted itself to use the power which Parliament has entrusted to it to improve education, and that it has also neglected the duty of seeking further powers if they were necessary?—I should hope that 8,000 people are not so obviously blundering as to hold that opinion, which would be contrary to the facts of the case. The Medical Council has taken part in applying to Parliament for those further powers, and it was by persons acting on behalf of the British Medical Association that the grant of the powers was prevented. As the Chairman knows, it was the action of the British Medical Association that prevented Lord Ripon's Bill from passing in 1870.

747. Now, what was the objection of the British Medical Association to Lord Ripon's Bill?—That it did not give direct representation; it was not an educational object.

748. That was one objection; but the British Medical Association did not object to Lord Ripon's Bill, did it, on the ground that that Bill would compel a conjoint examination, and so improve medical examination?—It did not object to it on that ground, but although the Bill aimed at those objects, and could most certainly have obtained them, the British Medical Association took measures to prevent its passing. Surely after that, the British Medical Association are not entitled to say that the Medical Council, which did all that was reasonably in its power to promote the passing of that Bill, is against those objects.

749. Does it amount to anything more than this, that the British Medical Council was of opinion that Lord Ripon's Bill was not a final and complete measure of medical reform?—The Government of those days, represented by the right honourable gentleman who is in the Chair of this Committee, offered to the British Medical Association to move in the next Session for a Select Committee to inquire into their grievance: they would not accept that offer, but continued to oppose the Bill, and, it being the end of the Session, of course the Bill could not pass.

750. Are you of opinion that any insuperable harm would come if the council should be retained as it is now, and if a moderate representation should be given to the British Medical Association, or other such body, *per se*, in the council?—I think it would be a misfortune for the council to be increased, from whatever source.

Although

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Although I have every proper respect for the British Medical Association, which admirably represents the freemasonry and good-fellowship of the medical profession, I cannot see that it is in any way entitled to be represented in the Medical Council. The medical profession is to be represented there in its educational relations, and with these the British Medical Association has nothing whatever to do. It is an admirable association for its proper purposes, but it has nothing at all to do with education.

751. Then you think it is a matter of no consequence to the British Medical Association, which is composed of 8,000 practitioners, what becomes of medical education; is that the opinion which I understand you to express?—Far be it from me to say that it is of no interest to them; I hope they all feel a great interest in it; but the public also has a great interest in it, and the public does not send members there by universal suffrage.

752. I thought you said (I may have misunderstood you) that the public interests were already represented on the Council by the nomination of medical men by the Crown?—In a sense, yes; the Crown is a visitor of all the licensing bodies, and as such visitor represents itself, through certain channels, in the Medical Council; and that, no doubt, is intended for the public interest.

753. May I take it as your opinion, that if a conjoint scheme of examination was established the council might with advantage be reduced in numbers?—Yes.

754. That being so, do you think that your objection to increasing the present number of the council would not be got over, because even by adding some representatives from the British Medical Association, as a powerful association of medical men, you would still have a very much reduced council?—I see plainly enough that by a reduction of the members from other quarters it would be possible to reach a quantity that, numerically speaking, would admit of the introduction of a new element; but I am very far from thinking that, on any such supposition, the British Medical Association ought to furnish that element. I am not prepared to speak off-hand from the point of view of the constitution of the association, but I imagine that the association is wholly a matter of voluntary annual subscription; not a corporation with defined public objects, but merely, I believe, a registered company in some form or other, with an organisation which, though extensive, does not make it in any sense a public body. I am not sure what its constitution is, but I can hardly see how it could be treated as a constituency for public purposes.

755. How is it that the members of the British Medical Association, 8,000 persons in number, can state that they are not represented on the council, if the different bodies to which they individually belong are represented?—I do not know. As regards your notion of the British Medical Association sending members to the Medical Council, I cannot see on what principle you would draw your line between the members of the British Medical Association, to whom you would give the franchise, and people outside that association to whom you would not give it. It has happened, from accidental circumstances, that I am myself not a member of the British Medical

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Association; why should my neighbour, on the strength of his paying a guinea a year to the British Medical Association, have a vote for the Medical Council? and I, because I do not pay the guinea a year, not have a vote?

756. Is not this the reason why they make the demand, because, in their opinion, they are not represented on the council at present, inasmuch as the different licensing bodies and corporations who are represented are very close bodies, and have as an electorate a very small number of their own members?—I presume that that is a view held by some; but you are familiar, of course, with the constitution of the English College of Surgeons, and you know that it has no narrowness of constitution.

Chairman.

757. You have already handed in the constitution of the different corporations in 1870?—Yes.

758. Has there not been a statement, issued under the authority of the council in 1879, of the present constitution?—Yes.

759. Can you hand it in?—Yes (*delivering in the same*).

Mr. Mitchell Henry.

760. Does the Medical Council draw any portion of its funds from public sources?—There is the registration fee, but it draws nothing from the public.

761. It has been stated that about 200,000 £ has been received by the Medical Council from the profession since its formation in 1858; is that statement correct?—In the 21 years it has reached, I believe, about 130,000 £.

762. If the council were reduced in number, I presume that the necessary expenses would be a great deal less?—Yes. I am not able to speak very confidently of the finances of the council, but, as regards the present time, I believe that for the last year or two we have been spending something beyond our income, although not at the time conducting any visitations of examinations.

763. The materials for the registration of practitioners, and the discharge of the important function of visiting the examinations, must always cost a considerable sum of money?—Yes.

764. With regard to the objections made by the Scotch universities to a conjoint scheme of examination in Scotland, am I correct in saying that it is principally on the ground that the quality in all the examinations might be deteriorated?—That ground is taken by the Scotch universities.

765. Is a similar ground taken by the other Scotch licensing bodies?—I believe not.

766. What is their ground of objection?—The Royal College of Surgeons of Edinburgh speaks of the proposed measure as one of sweeping and fundamental change which they believe to be "neither necessary nor expedient," and they allege "that the effect of it will be to damage the prestige and probably to cripple the resources of universities and medical corporations, against which it had not been proved by inquiry that they are unworthy of their privileges and incompetent to discharge the duties hitherto imposed upon them in connection with these privileges."

That

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That is the case of the Royal College of Surgeons of Edinburgh.

767. I take it that the Royal College of Surgeons are desirous not to have its resources crippled, which are employed in keeping up its very fine museum?—I am hardly able to speak as to that point.

768. Supposing that there was a conjoint scheme of medical examination in Scotland, the aggregate amount of money paid by those seeking graduation in Scotland would still remain the same, would it not?—I do not know why it should not.

769. That is to say, if the cause of the large influx of medical students into Scotland is genuine, that is to say, in consequence of the admirable system of teaching which exists there, that factor will remain in full force, whether there is a conjoint examination or not?—Quite so, so far as I know.

770. You are acquainted, I presume, with the report to the Medical Council of the proposed conjoint system of examination for England?—Yes.

771. Do you believe that the proposed conjoint system would act in the direction of depressing medical education or of raising it?—Of raising it, without any doubt.

772. Would it act in the direction of very considerably raising it in the interests of the public?—It would, in my opinion, very decidedly raise it in the interests of the public.

773. Is there any reason, therefore, why if a conjoint scheme were adopted in Ireland and in Scotland, that that conjoint scheme should not also raise the general standard of medical examination in those two countries?—I am not aware of any such reason.

774. Then, in your opinion, any objection founded on the probable lowering of the standard of education by a conjoint scheme in Scotland is without foundation?—I think so.

Sir Trevor Lawrence.

775. As the result of the recommendations made by the Medical Council, is it your opinion that a satisfactory minimum of examination now generally obtains?—The council has not voted on the subject, and it would be, I think, impossible for me to express what may be the opinion of the council unless it had voted.

776. Is it your personal opinion that a satisfactory minimum has, on the whole, been established?—No.

777. One of the principal objects of the conjoint scheme is to raise the standard generally?—Yes.

778. And that would, of course, be a very considerable advantage to the public?—Yes.

779. And the obstacles to that, speaking generally, are the difficulties of reconciling the interests of the various bodies, the corporations and universities?—That is one of the two great difficulties.

780. That is a strong and a practical difficulty?—Yes.

781. Therefore, up to the present time, the public are likely to suffer, owing to the difficulty of reconciling the interests of those different bodies?—Yes.

782. If the reasons for the conjoint examination, or rather for the Bill which is to introduce the

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conjoint examination, were strong in 1870, I presume you would consider that they are now even stronger?—I do not know that they are stronger; for probably, with a good deal of public interest directed to subjects of this sort, the scandals that might arise under a very faulty system are less likely to occur; but there remains a system which is radically vicious, and it is a matter of accident whether at a particular moment the vices of that system are a little more or a little less. At present I should say that probably they are not so great as they were a few years ago. I think that very possible, but only for the reason that I have stated; and supposing that the attention of the Legislature, and of the Medical Council, and of critics generally, were turned in the other direction, it might, for aught I know, be as bad as it has ever been.

783. The necessity has been, as I understand you, for examinations to be levelled up; you have never found that examinations are so severe an obstacle to aspirants entering the medical profession that they require to be reduced in severity?—I have no experience of anything of that kind.

784. Is it your opinion that if the conjoint scheme was permissive, it would be adopted by England and Ireland, and not by Scotland?—It is not a matter on which I can speak with authority. It is a matter of doubt; but I have heard it said by competent persons, that England would probably not adopt a conjoint scheme separately: that is to say, that England, though it would recognise that scheme as a great improvement on its present system, and one of great advantage to the public, would yet feel that if it separately adopted the better system while the other divisions or division did not do so, English candidates would be rather apt to run to such other division of the United Kingdom as then might prove an easier admission to the medical profession.

785. Is there any tendency on the part of candidates to run to the easier gates of admission?—I can hardly suppose the contrary.

786. Is there any ground for the belief that, under the existing system, there is a certain amount of competition for students on the part of the various corporations, by rendering the means of admission into the profession easier?—I am not entitled to make so very serious a charge of intention against any of the authorities.

787. I do not ask for any particular places, but do you think that there may be some grounds for the belief, which I have heard expressed, that there is some tendency in that direction?—It is a matter of common impression, I will not say of statement, that can be reduced to formal accusation, but of impression such as one hears in conversation, that some examinations are easier than others, and that candidates prefer those tribunals; but I should not myself insist upon any statement of that kind. It must be evident to the Committee that it would be quite impossible for me to prove statements of that kind, except perhaps in some very solitary case; because, supposing that I had in my own memory cases that I could quote, what would the position be? It would be that I should have to name particular members of my profession, men whose names are on the Medical Register, and present them to you as not fit to be on the Medical Register. Of course, making accusations of that kind would be quite

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quite out of the question; no one could do it. But I would rather rest the case on the kind of view which the Committee can take for themselves, if they look at it in the same common-sense way as if it were a question of minting money for currency purposes. If there were several mints instead of one mint, and several voluntary mints, who could keep up the standard of the sovereign?

788. Under the present system a single qualification on the Register entitles the person to practise?—Yes; that is to say, surgery without medicine, or medicine without surgery.

789. There are no means of the public forming any distinction between the two; a man sets up in practice, and he practises, and there is no question of medicine or surgery; he practises generally?—The position of the public is, indeed, in respect of the titles which are supposed to indicate medical fitness, a very pitiable one. I was adding up recently the titles under which the public may have a medical practitioner introduced to them, and I found that the United Kingdom has 61 possible titles.

Chairman.

790. When we are informed that such and such a person is a general practitioner, have we any reason to believe, without looking at the Register, that that man has got a diploma both for medicine and surgery, or rather would not it be generally the case that he would only have one, and probably be only a surgeon?—A general practitioner in common conversation means a man who practises all round. There are plenty of men practising all round with only one legal qualification. The great aim of the Bill, as well as of all the best men who have troubled themselves with medical education, has been that every one who enters the profession shall do so as a general practitioner, properly qualified all round, even if he means to be eventually a practitioner in only one department of practice.

Sir Trevor Lawrence.

791. Under the examination as laid down by the conjoint scheme, you would ensure to the full degree that every man in the medical profession should have received adequate medical as well as surgical instruction?—Yes, undoubtedly.

792. Supposing it were possible, which, as I understand, you said you did not think it could be by statute; but supposing it were possible to have anything in the nature of a medical parliament to deal with such questions as those which you read out, namely medical jurisprudence, sanitary legislation, poor law, &c., you would have to deal with a number of questions upon which opinions are very greatly divided of course?—Yes.

793. Take, for instance, sanitary legislation, and matters of drainage, people's opinions are very much divided, and even upon questions of pathology they are very greatly divided, are they not?—Yes, certainly.

794. That might lead to almost interminable discussions, might it?—Quite interminable.

795. I understood from the president of the Medical Council that we had great hesitation about summoning a meeting of the council, even now, owing to the disinclination, unnecessarily

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to take up the valuable time of the eminent men who composed it?—Yes.

796. If anything beyond the questions with which the Medical Council has power to deal were imposed upon them, I understand your opinion is most clear that you could no longer expect that those eminent men would be able to afford time to attend?—That is most strongly my opinion. There is nothing which has forced itself more upon my attention in the Medical Council than the difficulty of getting through deliberative business.

797. Then if the effect of having a direct representation on the council were to introduce new subjects, and thereby lead to the impossibility of men of the highest eminence giving their services to the council, you must necessarily have to fall back upon men who, comparatively, occupy a secondary position?—I think that would be necessarily the case. I feel sure of it. There are members of the council whose attendance there is a great personal sacrifice. When eminent leading practitioners have to come from Scotland and from Ireland, it is at very considerable sacrifice, such as shows great public spirit, and a great sense of duty on the part of those who make it. Or, to take the case only of a London practitioner, think what it must be to Sir William Gull, or Sir James Paget, to be sitting there day after day for hours. They could not continue that for an indefinite time; nor could Sir Dominic Corrigan and Dr. Hudson, and others who come from Dublin; nor the university professors and others who come from Scotland. Such men can, of course, only attend for a limited and short time.

798. The sittings of the council sometimes last for a number of hours, do they not?—Their usual sitting is from two to six. If there are committees they sit in the morning, and the council, as a body, sits in the afternoon from two to six.

799. Am I incorrect in thinking that I have heard that at a meeting of the council not long ago they sat until 9 o'clock?—I know that there have been particular occasions when the executive committee has had very long sittings, but I believe it would be a very unusual case for them to sit until 9 o'clock.

800. My father was a member of the Medical Council, and I recollect hearing him complain considerably on more than one occasion of the length of the debates, and the length of the speeches. I understand from you that the speeches still continue to be of very considerable length?—Yes, sometimes they are long.

801. Has anything ever taken place that could be described in the council as obstruction on a question of principle, and the decision on the question has been delayed by the length of the speeches?—I think not. I have no knowledge of such a thing.

802. Are there any matters with regard to the interests of general practitioners in which there is a conflict between the interests of the eminent men who now compose the council, and the general practitioners. Can there be any conflict of interest with regard to the subjects with which the council has to deal?—Not that I know of.

803. In fact, if they were to select as direct representatives any members of their body they would

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would not, in your opinion, be any better able to represent them on the council than the men who are there now, so far as questions are concerned with which the council has to deal?—On your former question I have had really to tax my mind. I am a little puzzled to know whether there is anything I should speak of as an interest of the general practitioners there that we have to deal with. What we have to deal with are questions of the doorkeeping of the medical profession. To look after the doorkeepers, to see that they do not admit men who are not properly educated, that is our business; and, of course, if we administered that trust dishonestly, existing practitioners might complain that we contributed to overfill the profession by letting in improper candidates. In any other sense than that I do not know how we touch their interests at all.

804. But if they desire other representation than they have already got, it must be because they suppose that their interests in some way are not properly represented; that must be the idea present to their minds, must it not?—I have endeavoured to make out their reasons, and I confess that I have not been able to find any that in my opinion is valid.

805. The difficulties of the struggling young men of the profession to which reference was made just now, are, as a rule, not educational, with which the Council could deal, but pecuniary, is not that so?—I suppose so; it is the ordinary professional competition such as there would be in all callings in life.

Mr. Dalrymple.

806. You spoke of the incoherent regulations which the Medical Teachers' Association referred to as being in existence; did that mean incoherent regulations amongst the schools that are represented in the association or throughout the country?—It referred particularly to London.

807. That is to say, it referred to London rather than to the whole country?—Perhaps I may read the passage, "For instance, our London pupil, who would commonly propose to procure, as his minimum title to general practice, the two semi-qualifications of the College of Surgeons and Apothecaries' Company respectively, or of the College of Surgeons and College of Physicians respectively, cannot find a set of conditions common even to his two co-qualifying corporations, but must let his education advance, as it best can, under direction of two unassociated, not to say conflicting taskmasters."

808. You assented to the statement that in 1870 the Bill which was before Parliament was dropped in the House of Commons, not because of the opposition to the conjoint board system, but rather because the question of direct representation was raised?—So I understood.

809. Of course the Bill might be dropped from many causes, but may it not have been through the objections to the conjoint scheme as a scheme, because it was then only permissive?—The intention of Lord Ripon's Bill was that it should be compulsory.

810. You say that the objection to the conjoint scheme has greatly increased since Lord Ripon's Bill was before Parliament?—I would even say that it has grown from almost nothing; that it has almost entirely come into existence; it was only very slight in those days.

Mr. Dalrymple—continued.

811. Have you heard it said that the advanced medical reformers regard the proposals for a conjoint board as a mere temporary instalment leading up at some future day to a more perfect uniportal system?—I have not heard of that.

812. Might not an impression of that kind, if it were abroad, have greatly increased the opposition to the conjoint scheme?—It might have done so; I do not myself very well see how could we reasonably go further in consolidation than to have a medical board for each of the three divisions of the United Kingdom.

Mr. Wheelhouse.

813. Referring to the last question of the honourable Member for Buteshire, your idea is this, that for the convenience of the three kingdoms, each one of those kingdoms ought to have a conjoint board; that would be better, every thing considered, than any uniportal idea?—Yes.

814. You told us just now, I think, in answer to the honourable Member for Mid-Surrey, that you did not think that a satisfactory minimum had been obtained, but there can be no doubt, I suppose, in your mind, that everything in the shape of a license to practise ought to be given by some general board; I mean a license to practise as distinguished from education and from the instruction antecedently?—The essential condition of a license to practise is the possession of the requisite knowledge, and the possession of the requisite knowledge at the present time may be tested in each division of the United Kingdom by several independent authorities; and the proposal is, that those authorities should no longer be allowed to act as separate warranters of the knowledge, but should warrant it by conjoint action.

815. Is the idea which you have in common with other people this, that the several licensing bodies had no uniformity amongst themselves, or at least very little uniformity amongst themselves with reference to the certificates required for the pass, as we call it?—Yes.

816. In which of the three countries do you know is really the standard so low as to render it desirable that it should be levelled up?—I do not feel able to answer that question.

817. But there are very wide differences, are there not, in the three kingdoms, in the several licensing bodies?—I should hesitate to state it so broadly as that; I would not venture to say that the average qualification in Scotland, in Ireland, and in England, whichever it might be, or to whichever the question might relate, is lower than that of the other two.

818. Not, perhaps, as between one part of the realm and the other, but there are undoubtedly in each of the three kingdoms places where they pass so much easier than they do at other institutions; that is so, is it not?—It is easier to say than to prove that.

819. At all events, common repute and common report both give you that, do they not, as a deduction?—I think we may say that suspicions to that effect are abroad. I should myself very distinctly decline to accuse any particular body in that sense, but I insist upon the tendency of the system being in that direction. That is the view which I think ought not to be lost sight of; and one's endeavour, I think, must not be to fix the

Mr. *Wheelhouse*—continued.

the accusation against this body or that, but to ask oneself what does the system tend to. Here are 19 bodies with the right of giving admission to the medical profession, many of them getting, as we know, their livelihood, if I may so express it, out of the fees which are paid for the qualifications that they offer. In the long run, not looking at one moment at one institution, but looking broadly at the system, is it not likely that there will be a laxity of administration in a system of that kind?

820. Are there in England any such institutions as those known as private schools of medicine?—Yes, all our schools may be said to be private with the exception of the universities.

821. Take the school of medicine which is attached to each one of our hospitals here?—The medical schools which are connected, for instance, with St. Bartholomew's Hospital, Guy's Hospital, and St. Thomas's Hospital, are entirely private adventure schools.

822. In fixing the line of demarcation then

Mr. *Wheelhouse*—continued.

between a public school for medicine and a private school for medicine, would you draw the line between the teachings of the universities as distinguished from a medical school attached to a hospital?—The universities are corporations from long ago, and are schools and licensers at the same time; but there are schools which do not give a license. St. Bartholomew's Hospital, Guy's Hospital, University College Hospital, St. Thomas's Hospital, anyone of them, considered as a school of medicine and surgery, and midwifery, ranks, to say the least of it, as equal to the university schools; but it has no legal authority to warrant its own pupils; it cannot turn out its own pupils with a license; that privilege belongs only to the universities.

823. Do you think it is desirable for a university as such to give a license to practise at all; apart from the old *hudos* of university teaching, do you think it desirable that the universities should continue to grant a license to practise?—No, I think that neither any one university nor any one corporation should be entitled to license separately.

Mr. *Simon*,
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Friday, 27th June 1879.

MEMBERS PRESENT:

Dr. Cameron.
Mr. Dalrymple.
Mr. Errington.
Mr. W. E. Forster.
Mr. Mitchell Henry.
Mr. Trevor Lawrence.

Dr. Lush.
Mr. Maitland.
Mr. Arthur Mills.
Dr. Lyon Playfair.
Mr. David Plunket.
Mr. Wheelhouse.

LORD GEORGE HAMILTON, IN THE CHAIR.

Mr. JOHN SIMON, C.B., F.R.S., re-called; and further Examined.

Mr. Wheelhouse.

Mr. Wheelhouse—continued.

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824. To resume the question that I was upon when we rose previously (because I wish it to be clearly understood), does Oxford in any way fulfil the rôle of a medical school; I do not mean in part, but take it altogether?—I hardly feel competent to speak to what is the teaching of Oxford, but to the best of what I must call a superficial judgment, it does not appear to me to do more, and does not, I believe, profess to do more than give a scientific education, not a final or practical education.

825. Just so; but notwithstanding it only gives what you call a scientific education, a gentleman with an M.D. diploma or license from that university will practise generally, and perform every operation, either of surgery or of medicine, can he not?—But they are two quite different questions, I apprehend. The question of what Oxford teaches, and the question of its examination, are two separate questions.

826. Well take them as two separate questions if you like, and answer them separately; what I am anxious to discover is practically this, whether there is anything in the teaching at Oxford that would give a man knowledge of the bistoury, knowledge of the catheter, or of the scalpel?—As regards the university, I am not aware that there is.

827. And still, notwithstanding that an Oxford graduate, when he comes on to this Register, may perform operations in surgery if he so thinks fit?—But the Oxford graduate would be examined, I presume, by persons who do understand the use of bistoury, catheter, and scalpel. The distinction must be drawn between what they teach and what they examine in. I believe that in surgical examination they have outside assistance; and also, as regards surgery, no doubt the student supplements his Oxford education.

828. Do not let us mix up the supplementation of Oxford at this moment with anything else; I want to know whether the teaching at Oxford includes any knowledge whatever of surgery, so far as you understand that teaching?—I believe not in any important degree.

829. Is the Ratcliffe Hospital attached in any way to the university, do you know?—You are examining me a little out of my depth. I cannot

profess to know well the local arrangements of Oxford, but I believe that there is no complete identification of the infirmary with the university, in the sense of the university controlling the appointments and arrangements of the hospital.

830. Has there been, with regard to Oxford, something of a controversy with reference to the "lost medical school," as it is called?—I have seen papers so headed, but cannot profess to know their contents at all well.

831. I am anxious also to ask, with the exception of Addenbrooke Hospital being joined to Cambridge, is not the teaching at Cambridge for the licentiate and the degree of Master in Surgery pretty nearly as inchoate as that of Oxford is inchoate?—I do not feel justified in giving positive evidence on either of the schools. In the days when I had myself to do with teaching, I had enough to do to look after my own school without thinking of the shortcomings of others.

832. Be it so: is it possible to get a tabulated form of each of the curricula of the several teaching places, not examination places, in the kingdoms?—I would observe that teaching places, as such, cannot be said to have curricula. It is only so far as they also are examining places, that teaching places have curricula. At the teaching place, as such, the student buys what he wants. He wants a course of midwifery or chemistry, and buys it; or he buys the whole set of courses if he wants them; but there is no regular curriculum of any school that is not an examining body.

833. But would it be possible to get a statement of what is usually taught at each of the medical schools in the kingdom?—Yes.

834. And would it be also possible to get a statement of the fees paid at each of the medical schools or teaching places in the kingdom?—Nothing would be easier than for the Committee to have before it, if it wished, all the prospectuses of all the medical schools in the United Kingdom.

835. And do those give the fees paid and the courses undergone in each instance?—Yes; and the so-called Students' Number of any one of the medical journals, the first published in October or

Mr. Wheelhouse—continued.

or the last in September of any year, would give all this information.

836. Is it possible to get any tabulated, or any other form of statement, laid before the Committee, of the actual cost of the diplomata given by, say, each of the 19 bodies?—Yes.

837. Will you do me the favour, if you know it, to tell me how that statement of fees and payments can be obtained for the use of the Committee?—When the legislation of 1858 was in embryo, in 1856 and 1857, returns were moved for in the House of Commons, by Mr. Cowper, from the different licensing bodies. One of those, I think, was in 1856, and the other in 1857; one entitled, "Medical Licenses;" the other entitled, "Medical Museums;" in them was given for that time an account of all such matters as you are referring to; and there would be no reason, of course, why a similar return might not be made for the present time.

838. I suppose it would not be a difficult matter to get the paper called "Medical Licenses," of that day that would be in print at this moment?—It could be got; I have recently had a copy in my hands.

839. There have been great complaints, have there not, both in the profession and outside the profession, that there were so many entries into it?—Yes.

840. Can you give me any idea what is the strong motive leading, say in Scotland, to the view that it is desirable to keep each of the Scotch portals open in the way they are now?—The objections to the legislation that is at the present time proposed, are stated in two memorials, which no doubt are in your possession, one on behalf of the universities and the other on behalf of the medical corporations of Scotland.

841. There is, I believe, at Glasgow, as well as the University of Glasgow, a College of Physicians, or something of that kind?—The Faculty of Physicians and Surgeons.

842. Does the Faculty of Physicians of Glasgow give degrees in the same way as the College of Physicians in London?—It gives licenses and diplomas.

843. Have you any idea what the cost of a license of that body is?—Not in my recollection.

844. But does the license of that body confer the right to practise as a physician?—I believe it is understood to confer only the right to practise as a surgeon.

845. Does it give any license without it is acting with some other joint or conjoint bodies?—Of course you would get accurate information on that subject from anybody who represents the faculty; I do not speak with authority, but I believe it does confer its license separately, as well as conjointly. Mr. Miller hands me a paper, in which I see that the Faculty of Physicians and Surgeons of Glasgow licensed last year 34; the Faculty of Physicians and Surgeons of Glasgow, in conjunction with the Royal College of Physicians, Edinburgh, 21.

846. So that it is quite clear from that that it does grant a separate license?—Yes.

847. And, practically, that would make an additional portal, would it not?—It is one of the old portals, the little portals.

848. Is that one of the 19, or does that make 20 of them?—That is one of the 19.

849. I suppose it is in consequence of the powers of the Medical Council only being directed

Mr. Wheelhouse—continued.

tory and not mandatory that nothing has been done practically in regard to consolidation?—I think so.

850. You have no doubt, I take it, that if the powers were made mandatory there would be no difficulty at all in dealing with the question?—None, I think; no difficulty, that is to say, in issuing the order, and I take it for granted that the bodies would comply.

851. With regard to the Bills which are now before us, I suppose you have looked at them?—I have.

852. Practically there is not much difference between the Government Bill and the Bill No. 2, brought in, I think, by the honourable Member for Exeter?—I have not compared them line for line in all parts, but I take the broad distinction to be that the one proposes to alter the council, which the other does not.

853. That is to say that Mr. Mill's Bill proposes direct representation?—Yes.

854. And I think there is some slight addition to the penal clause, is there not?—I have not noticed that.

855. Do you know generally what is the teaching, or rather what is required, to obtain the diplomata M.D. and M.B. at Durham?—The M.B. curriculum is, I believe, substantially the same education as for the licenses of the medical corporations.

856. The hospital is in some way affiliated to the university, is it not?—I believe so; you say hospital; I should say school.

857. There is only one other question I am anxious to ask you on this branch of the subject; is it known, or have you heard, any complaints of education being very much shortened with regard to the period which students in Ireland are compelled to attend lectures?—I have no knowledge of anything to that effect.

858. Is there not a statement of this kind, that an Irish student may pass all that is necessary, receiving all the certificates which are necessary in a period, say, of something more than two years?—I am not aware of that being the case. Of course if it were so, it would be a very improper state of things.

859. May I ask, have you not heard the suggestion that there is a state of things of that kind unfortunately prevalent in Ireland?—Do you mean about the "March hare"?

860. Just so; about the "March hare"?—I have not had occasion to deal with this myself, but am aware that a question of that sort is now before the executive committee of the Medical Council.

861. I need scarcely ask you, supposing there to be any truth in that allegation, the council, with mandatory powers, would immediately endeavour to set a thing of that sort right?—Of course.

862. With regard to the registration of students generally in Ireland, what Register is there there, and who makes it up?—Do you mean the Register of Medical Students?

863. Yes?—The divisional Register is kept by the divisional registrar, and he acts under the immediate direction of the branch council.

864. The Irish branch of the Medical Council?—Yes.

865. But do you know by whom the actual registration is ultimately so gathered together from the several schools as to be ready to place

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before the branch council in Ireland?—The several schools have no one between them and the divisional Register. The General Medical Council publishes a list of all medical students registered in the United Kingdom during the year.

866. Said to be registered?—Certified to be registered, and it brings into that list contributions from the branch councils of England, Ireland, and Scotland.

867. But I am rather confining my question now to Ireland. Is there not a suggestion that all the several places in Ireland which take students do not register all the students who go to them?—I am not sure whether I quite catch your point.

868. Has it not been suggested (I do not know whether it has gone so far as to make a complaint of it) that some bodies in Ireland to which medical students resort, do not make a full register of the students who go to them?—I have not heard that, nor do I see exactly what the effect of it would be.

869. You have not heard that it is so, as a fact?—No.

870. Nor any suggestion of that kind?—No, I have not heard it; but perhaps your reference is meant to be to the case which I mentioned as being now before the executive committee, and which is as follows: A letter which came to the Medical Council from Glasgow, and was read before us in March last, incidentally suggested that some of the so-called preliminary examinations in Ireland were not truly preliminary, but were allowed to take place after the commencement of the professional studentship; and it was then agreed that the communication should be sent to the College of Surgeons in Ireland (the body to which the suggestion referred) for the consideration of the college, and that the attention of the college should be drawn to the recommendations which the General Council had given with regard to the registration of medical students.

871. Do you know whether in any way the recommendation which you were good enough to send to them has been acted upon?—The Council has not met since, and I have therefore no knowledge of any final result.

872. But without reference to any knowledge from the Council, do you, as a member of the Royal College of Surgeons, for example (I will put it), know whether anything has been done with reference to the recommendation which was then made up to this time?—I know, as a member of the Medical Council, that a communication is in the hands of the executive committee from the Irish College of Surgeons, in which the college declines to accept the arbitration of their own branch councils as to their mode of dealing with what they call exceptional cases.

873. At all events, that establishes the fact that there are exceptional cases?—I suppose so.

874. And that the body decline to have any examination whatever into these exceptional cases?—Decline to accept the arbitration of other persons. "They cannot consent to resign into other hands than their own the right of adjudication," is the expression which they use; the general recommendation of the Medical Council having been that applications for exceptional treatment under the rules relating to registration should be judged by branch councils, not by individual bodies.

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875. Then that would almost pre-suppose a second, or more than a second, correspondence or letter passing between them. First of all there would be a statement made and conveyed about the "March hares." Then there would be an answer to that; then there would be something further done, would there not?—Until the Council meets I do not know what further will be done upon this; but what can the Council do? The Council has no coercive powers.

876. That is exactly what I want to establish; the fact that the Council has no power to deal with the question of exceptional cases where the allegation is broadly made in this way?—It has given its recommendation.

877. And can do no more?—The separate body declines to accept its recommendation.

878. I suppose it would not be at all difficult to place upon the table of this Committee the correspondence that has passed in reference to the matter, as we are examining the whole thing?—Quite easy.

Dr. Cameron.

879. Could you explain to the Committee the system of *Staats Examen* as practised in Germany; you referred to it in your examination yesterday?—No, I did not refer to it.

880. I have no doubt you know all about it?—Not well enough to like quite to answer before the Committee upon it.

881. Could you explain broadly in what it differs from the conjoint examinations proposed in the Government Bill?—I ought not to speak to it without accurate knowledge, and unfortunately I have not that.

882. You said, in reply to the honourable Member for Leeds, a moment ago, that unfortunately the Medical Council have no power to deal with the various bodies; but has it ever looked for more powers?—Yes; in 1870 it expressed its desire for an increase of powers.

883. I have here a series of memoranda regarding the General Medical Council, from a body that has criticised the Council pretty freely, the British Medical Association, and in these memoranda I find it stated that the General Medical Council "has not only not asked Parliament to give it greater powers over the licensing bodies, but it has expressly asked the Duke of Richmond not to give it any coercive powers, but to leave it power only to talk and suggest improvements, which it well knows by an experience of 20 years will never be carried out;" is that so?—It is a matter of history about which there can be no manner of doubt. I have indeed myself submitted documentary evidence to the Committee, that in 1870 the General Medical Council was entirely at one with Lord Ripon in the application which his Lordship made to Parliament for an amended system, which would have included great increase of powers to the Medical Council. But I think I can explain an apparent discrepancy between what I have just said to you and the statement to which you refer. It is this: that in one form of the present Government Bill there was a clause with regard to examination rules (Clause 15): "That the Medical Council shall make examination rules for the United Kingdom." There is no difference of opinion in the Medical Council, as far as I know, as to the necessity for the General Medical Council having control of the examination

Dr. Cameron—continued.

tion rules; but as regards the particular form of this clause, a good reason was urged why it would be more convenient that the rules should be locally formed, one in each division of the United Kingdom, and submitted to the General Council for approval, and, if necessary, alteration. The reason was the experience that we had had in England of the vast quantity of time required to be spent in the preparation of the examination rules. I was not myself on the committee of reference as it was called, that prepared the draft of examination rules for England, but Sir James Paget and Mr. Marshall acted for the College of Surgeons in the matter, and I know that the labour was very great in matters which often were of small detail. When Clause 15 of the Bill was discussed in the Medical Council we remembered that experience, and reflected what waste of strength it would be if the whole body, with its 24 members from all parts of the kingdom, must sit to construct examination rules in detail with regard to all points of local preference; and the general opinion seemed to be, that in matters of small detail, where absolute uniformity is not wanted, each local board might very safely be judged to have the more applicable local knowledge. All that was wanted was that in essentials, in broad intention, the examination rules should be similar for the three divisions of the kingdom. Persons who most wished that the Council should have and should use all powers of control necessary to enforce that essential purpose, pressed nevertheless that the Council should not in regard of detail have initiative powers, which would be needless and embarrassing; and I entirely concurred in the view that it might be more convenient that the examination rules should be, so to speak, drafted in three local patterns. There was not the least intention of shirking the responsibility of control, and I think that the British Medical Association has made a mountain of a mole-hill.

884. That brings me to this question; has the Medical Council exerted or tested to the uttermost its powers, say in connection with the advancement of reforms of medical education, of which it itself avowedly approves, in your opinion, speaking generally?—I think it has had nothing worth calling a power to compel improvement of medical education.

885. It has the power, has it not, of reporting to the Privy Council?—Yes.

886. And the Privy Council, I suppose, has the power of striking off a medical authority in case of contumacy?—Yes; but it would require a very gross and unquestionable case to be brought before the Privy Council for it to be likely that the Privy Council would take that course.

887. Well, there is another and a lighter course that might be taken, and that would be to threaten to report about it to the Privy Council; has that ever been done; I ask this simply with the view of ascertaining whether the Medical Council has availed itself, or ever thought of availing itself, of that power?—I doubt if they have ever threatened; and I should think it would hardly be expedient to threaten unless they meant to carry out their threat.

888. Why I asked the question is this: that it seems to me a good deal of the reformatory 0.10%.

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measures proposed in this Bill might have been effected by the Medical Council had it manifested a little less reluctance to put on strong pressure; for instance, it is a fact, is it not, that any license or degree entitling the holder to be placed on the Medical Register legally entitles him to practise medicine and surgery; is not that a fact?—He is entitled to recover payment for practice done according to his qualification.

889. And the qualifications are distinguished under the Act as surgical or medical?—Yes; take as an example the case of the license of the Society of Apothecaries, and the membership of the College of Surgeons of England; the one is medical, the other surgical, and the two entitle a man to act as a general practitioner.

890. And the great number of general practitioners about the country are simply licentiates; is not that so?—Well, regarding that, I would say that for years we have not admitted anyone to the membership of the college on an examination solely surgical. If the candidate has not been the bearer of a medical qualification we have submitted him to a medical examination by examiners of our own.

891. Is that the case with every surgical licensing body?—I cannot say.

892. There is another very important branch of the practice of a general practitioner, midwifery, is not that so?—Yes.

893. Do any or all of the surgical licensing bodies require any examination in midwifery?—I can speak for the College of Surgeons of England, that it would have done so within late years, if it had not constantly been expecting an improvement in the law, and that the examination in midwifery would be systematically provided for by another corporation. We are in default there as regards the proper standard of qualification for a general practitioner; that I quite frankly admit. No councillor of the College of Surgeons is at present satisfied with our position as regards midwifery.

894. I do not wish to find fault with the College of Physicians; you will understand that my object is simply to ascertain whether the Medical Council has done all it could to push on reforms. Could not the Medical Council by a little gentle pressure have urged you to do what you wished to do in fact?—If we had resisted, I believe not.

895. Well, but you could not have cared much to resist?—No; we should probably have said to the Medical Council as we have said to one another with great regret, "What is the use of straining our legal powers to separately organise a new system of examinations when, if we can get Parliament to attend to us for a day or two, they must give us a reasonable and proper law, under which to act in concert with other bodies, each doing what it is best qualified to do."

896. Well, but considering the state of public business in Parliament, supposing some member who was not satisfied with the reason so given were to say, "This is a most anomalous thing that the College of Surgeons, which license men to practise midwifery all through the country, should not examine in midwifery. It is an anomaly which cannot be tolerated, and we must report this body to the Privy Council"?—Well, if I heard a member pressing that point against the College of Surgeons, I should remind him of those

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those that put burdens on other men's shoulders, and do not touch them with a finger themselves.

897. But I want to know whether it might not have done something to assist the willing authorities?—No doubt the Privy Council might have addressed us upon the subject, but I think it could not have materially altered the state of affairs. We have really for 10 years all been waiting for legislation.

898. As I tell you, I do not wish to find fault with the College of Surgeons, and to show that I will state another very important reform which has been introduced by the College of Surgeons, and I will inquire whether it was done at the instance of the Medical Council, or some other body; I allude to instruction in vaccination. Recently there has been introduced into the curriculum of the College of Surgeons, has there not, instruction in vaccination?—Yes.

899. At whose instance?—I think I may say at the instance of the Government addressing the Medical Council; not addressing the individual bodies, but acting through the Medical Council. It is the Medical Council that has acted on the particular bodies.

900. But was it not the changes in the law with regard to the appointment of vaccinators. You say, at all events, in the first instance, it was the Government. I presume the Privy Council in the first place acted upon the Medical Council?—Yes; represented to the Medical Council that there was no sufficient security for the qualification of men who undertook the office of public vaccinators.

901. But the Government emphasised its opinions by refusing to appoint men as public vaccinators who could not produce certain certificates?—Yes.

902. You did not find, however, that the licensing bodies disregarded this recommendation of the Government, or of the Medical Council?—No.

903. Does not that lead to the supposition that they probably would not have disregarded other recommendations of the Privy Council?—The case there was peculiar; Government had the law in its own hands; it had the power of making regulations with respect to vaccination, and said, "No man shall be recognised as public vaccinator who does not show that he has learnt vaccination."

904. That is quite true, but that did not involve the necessity of every candidate for the membership of the College of Surgeons receiving instruction in vaccination?—No.

905. Now, to come to this document, which is suggestive in one or two respects; you have always been a great advocate of the one portal system?—I have been strongly an advocate for a system of examinations which should represent qualification in all branches of practice, and that for such examinations there should be but one board in each division of the United Kingdom, and that the three divisional boards should be effectively supervised by the one General Medical Council.

906. Including midwifery?—Including, of course, midwifery.

907. But would you not propose to have some control and authority over the other boards?—Certainly; the General Medical Council, with an appeal to the Privy Council.

Dr. Cameron—continued.

908. And extended powers, I presume?—And extended powers.

909. According to this statement of the British Medical Association it would appear that the outside medical public have been strenuously in favour of, I will not say precisely the same reform, but, generally speaking, of the one portal system, for many years past. They say in this memorandum that at a plébiscite of the Council taken some time ago, in 1878, 4,910 voted for the one portal system, and 264 against it; but they maintained that the preponderance of university and corporation members on the Medical Council, or, in other words, the constitution of the Council, has hitherto retarded the satisfactory settlement of this question?—Oh, but that is a delusion; the constitution of the Medical Council has not impeded it; on the contrary, as I mentioned on my last examination, Lord Ripon, in shaping his intentions in 1870 was materially influenced by the votes of the Medical Council.

910. Then you do not agree with this statement, that the preponderance of university and corporation members has retarded the realisation of the wish of the profession for uniformity of examination throughout the three kingdoms?—No; not only I do not agree, but I really cannot let the British Medical Association escape from the truth in this matter, that they themselves resisted the legislation in 1870; and this for no other reason but their wish to get direct representation. If Mr. Forster were in the Chair he would be able (and of course the Committee will have the advantage of his knowledge of what passed in 1870) to tell you that the stopping of his Bill at the end of the Session of 1870 was due to opposition made on behalf of the British Medical Association with reference to their aims at that one point.

911. The ground which those who assumed that attitude took up was, that, as at present constituted, the Council had not shown any great energy; had not availed itself of its full powers, and that it was undesirable to entrust such a body with full powers, instead of, in the first place, reinvigorating it; that, I presume, was the argument, was it not?—It may have been their statement.

912. That brings one to the objections that you urged the other day to the introduction of direct representation into the Medical Council. I think your chief objection was, that a Council so constituted would take up a number of matters which did not properly belong to it?—I did not put that as a hypothetical objection. I referred to their representation that by the introduction of popular members such and such subjects could be dealt with, and I answered, "But those are not the business of the Council."

913. But that was on a former agitation in 1870; the date of the agitation that you refer to was some time back?—My memorandum was written in 1873.

914. I remember that you referred to an extract from the "Medical Mirror," or something of that sort, stating that such and such subjects would be taken up; but you are aware, are you not, that there has been recently another vote in the profession concerning direct representation; was not there one last year?—I do not clearly know, but if you ask the question, probably it was so.

915. I think there was one last year, with very similar

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similar results; but assuming that to be the case last year, there was another canvass of the profession upon the subject, and it appears that 5,227 replies were obtained, of which all, except 121, were in favour of direct representation; while last year these outside subjects were not before the profession, such as the remuneration of Poor Law medical officers, and so forth?—Well, I do not know that they were.

916. If they were not it would answer the explanation of the cause of the former vote?—I think not. I think that when an agitation has gone on for two or three years, having as its substance "Vote for an altered Medical Council, in order that the reformed Medical Council may raise medical prices," when that has been an agitation going on for two or three years, as I was showing you the other day that it had been in the years 1867, 1868, and 1869, the effect of it survives for a long time. Men who then voted under an influence of that sort would probably, if they were polled, vote again for direct representation. I do not at all question that plenty of votes could be collected in the profession for direct representation; but if such votes are not merely counted but interpreted, I cannot think they would weigh quite in proportion to their number.

917. But the Medical Council's votes are counted, are they not, when they might be weighed?—That may be the case, but it does not help to show that plébiscite votes by papers sent out are trustworthy expressions of judgment. Here is a matter where you have to distinguish between what is wish and what is reason; and the plébiscite will, at the best, only inform you of wishes. Moreover, with the organisation of the British Medical Association a certain touch on the spring in London will make electric bells sound over a very large area. One must make allowances for the influence of a ramified organisation of that sort, and its power of collecting votes by means of the branches and sub-branches which it has through the country all communicating with a central journal office. If the total number of men on the Register, some 22 or 23 thousand, be taken into consideration, the fact that 5,000 votes are got for this particular plan of the Council does not prove much.

918. I think the Chairman, in examining you the other day, summed up pretty much your objections against direct representation by stating that it proposed to aim at something like a medical trades union?—I think there can be no doubt that the agitation to which I referred, and which was, to the best of my belief, a very great influence in exciting enthusiasm for direct representation in the years that preceded 1870, in 1867, 1868, and 1869, might be not inaccurately represented as having that sort of aim. The programme of the association that I referred to proposed as its chief object what it called "the annihilation of unpaid and underpaid medical labour," and proposed, as its means to that end, to change the constitution of the Medical Council. The agitation (and perhaps this may have been in the mind of the Chairman in what he said) really went into matters of personal competition. Now just let me give you a paragraph or two here in one of the 1868 papers, in the "Medical Mirror," on the question of local competition. It is an editorial article, headed, "Medical Parasites," and says: "Many instances of praiseworthy attempts have been made in dif-

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ferent districts to obtain for arduous medical club services a fair remuneration. And such attempts, after being worked up by great self-sacrifice on the part of many worthy professional men, have, just at the moment of fruition, been utterly frustrated by that dishonourable few who may safely be called the parasites of the profession." The article then goes on to describe how, when certain club doctors in a district have protested against a particular rate of pay and have resigned their employment, other doctors, perhaps even some who had affected sympathy with the protest, are ready to step in and accept office under the club. "The worthy men elected the parasite, the contemptible shuffling traitor, the man who was so warm in the elevation of professional status." Now observe what follows: "What do our medical councillors know of our struggles; what is it to the sleek corporation delegate in the Council that we are over-run by parasites, who bring down the fair fame of the profession to the level of the vilest trade; what can the Crown nominee know about these things? We must not rest until our councillors are made responsible to the profession; until they are elected by the profession, they can never root out for us these weeds in the professional field, that we can all recognise as the parasites of the profession; the hindrances to all elevation and to all real progress."

919. What is the date of that article?—The 1st of August 1868.

920. Is the "Medical Mirror" in existence?—I do not certainly know.

921. I understand it is dead long ago?—I did not know for certain.

922. That rather tends to show that it had not much influence or much circulation; but what I wanted to ask you was, whether it would be at all possible that the influence of trade unionism could make itself felt in a body, however constituted, which had its powers laid down by Act of Parliament, unless Parliament allowed it to act as a trade union; supposing the body constituted by Parliament to have the powers exercised already by the Medical Council, how could it act as a trades union?—It could not act as a trades union unless it had authority to act as a trades union, but it would not require an Act of Parliament to have particular sentiments.

923. Yes; but then, of course, its members may join in this agitation or that agitation, but they could have no powers beyond what was conferred upon them by Parliament?—No.

924. I see here you state your objections to an alteration in that direction, of the constitution of the company?—I would ask you not there to misunderstand my meaning. I referred to those papers as illustrating the kind of arguments with which at a particular moment enthusiasm for that purpose was got up. So far as the question is one of the wish of certain members of the profession, apart from argument, I have suggested to you to consider the influences that got it up. So far as it is question of argument, apart from wish, I am prepared to deal with the arguments as they arise, one by one.

925. Well, to take the arguments, there is a strong argument against the present constitution of the Council, is there not, on the ground of its being so anomalous, having one man elected by the lay graduates of Oxford, another by a trading apothecaries' society, and so forth; that is a logical objection

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objection to the Council, is it not?—I would not say that the Council could not be amended in the details of its constitution, but I think the principles upon which it is established are right and clear and intelligible. The universities and medical corporations were bodies that the State recognised as its agents for the purposes of medical examination. Was the Medical Act to put those bodies aside? It recognised them as essential to the constitution of the Medical Council, and opposite to them it put certain members, to represent the also pre-existing visiting powers of the Crown in relation to those examining bodies. There does not seem to me to be in the broad principles of the Council anything anomalous; on the contrary, I think the broad principles of it right, but that there might be improvement in the detailed application of the principles I think very possible.

926. Does not it also seem to be susceptible of argument, at all events, that members elected by corporations, and representing corporations, will be less likely to view with indulgence any thorough-going scheme of medical reform likely to touch the pecuniary interests of the corporations, than men who are elected from the outside, and who have no interest in any corporation?—Yes, I am quite ready to concede that; but you must recollect that these corporations are already empowered by the Legislature to be the examining authorities of the medical profession. The position is, of course, incontestable, that they are, from the nature of the case, not likely to be the most willing agents in subordinating their separate institutions to a general system.

927. And therefore, is not the claim for direct representation, at all events, so far as a certain portion of the Council is concerned, susceptible of argument, on the ground that you want some independent influences to control the persons who control the medical authorities who are now simply the medical authorities?—I think not. Here is one definite act of authority wanted to be done, namely, to require that the 19 licensing bodies, which hitherto have competed, shall henceforth co-operate. That act of authority is not to be done by a vote in the Medical Council, but by a decision of Parliament. So far as the Medical Council has had anything to do with it, it has passed its votes of opinion more than once. Supposing the act of authority done by Parliament, the requisite organisation of local medical boards would soon be supplied, and the Medical Council then would for the first time be empowered to really act as a supervising Education Board, and would have far less difficulty than before with the jealousies of individual bodies.

928. But it has been the Education Board from the beginning?—But a powerless Education Board.

929. But it has never, as I understand, exercised what powers it has. You mentioned one exception, but with that exception it has never sought for greater powers?—That was a very great exception.

930. With the exception of one occasion?—Well, but it was a very great occasion; there could be no greater occasion. The Government of the day entered into consultation with it on legislation, and it gave its thorough support to proposals for greatly increasing its powers. It has now again passed votes of the same sort as in 1870. No doubt the resistance has been

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greater than it was in 1870, but still the Council has again passed votes in favour of an amended system.

931. Yes, but on greater control I spoke of?—Yes, and in favour of greater control also.

932. It is alleged in this memorandum that the one control system was in no way adopted by the Council until after pressure in 1870 from the Lord President and Mr. John Simon at that time medical officer to the Privy Council, is that so?—No, I do not think that it is fair to say that. When the Lord President addressed the Medical Council on the question of the Medical Bill, one of the first papers put before him was the report of a committee of the Medical Council, to the effect that a change of system was necessary. It is among the papers which I have put before the Committee; a very important report signed by Dr. Andrew Wood, stating the necessities of the case very clearly; and that was before the Lord President would be said to have put pressure on the Medical Council.

933. I think your object in promoting conjoint schemes has always been to raise the minimum standard of entering into the provision?—Certainly.

934. You state, that you did not think the standard required by the Edinburgh University for its degree of M.D. was at all too high?—The degree of M.B. is probably that to which you mean to refer, and the standard for that is, I think, not at all too high for general adoption.

935. Would you propose to raise up now, for instance, the standard required by every college of surgeons, or other licensing bodies to that?—If the University of Edinburgh, passing the number of men into the medical profession that it does pass, finds that it can examine up to a certain level, and can show that other bodies admit men at a lower level, I should be inclined very strongly to the opinion that those other bodies are below the proper level, and ought to have their standard raised.

936. I think the University of Edinburgh requires a curriculum of four years, does it not?—Yes.

937. Do you concede that a curriculum of a certain duration is of great importance; that is, that it is of great importance that a man should not hastily cram up, but should imbibe his learning over a certain number of years?—If examination could be supposed to be absolutely perfect you would want nothing but examination, you would want no regulations; but, as examination cannot be perfect, you must supplement it by regulations. In all question of regulations there will be great difference of opinion as to the detail into which you ought to go in regulating, and my personal opinion is to have as few regulations as may be. But all are agreed that if there is to be any regulation at all, there must be regulation as to the total quantity of time to be spent in medical education, and the common consent at present is, that the time ought not to be less than four years; that is, allowing the last year to count as nine months, forty-five months is the minimum we consider fit.

938. Is that the length of time required in the College of Surgeons here?—Yes.

939. Has the question of a great variety, in the meaning of the higher degree, ever attracted attention in the Medical Council?—In the Medical Council, taken as a body, we have hardly had

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to consider it yet, because we are concerned primarily with the conditions of mere admission to the Register; not with the higher titles. What shall be the minimum upon which men can claim admission to the Register is the question we have first to settle.

940. But you have, and I think very properly, concerned yourself with other things; for instance, with this vaccination question, which was outside your strict business?—No, within our strict business; that is to say, the representation made by the Privy Council to the Medical Council was to some such effect as this: "Those who are responsible for overlooking public vaccination in the country find they are obliged to make a rule that persons who desire to be employed as public vaccinators must produce a special certificate of having learned to vaccinate; but, query, ought it not to be the case that being a member of the medical profession would itself be conclusive on this point?" and on that hint the Medical Council acted, by writing to the several examining authorities.

941. If the Privy Council had given the Medical Council the same hint with regard to obstetrics, would they have acted in the same way?—But has there been any equally serious defect?

942. Well, I do not wish to find fault with individual bodies, but there are bodies who license men generally to practise without any examination, and I believe, until recently, with no kind of instruction in midwifery; if the Privy Council had taken the initiative in that, could you or would you have done what you did in the case of vaccination?—The Privy Council have no particular *locus standi* in the matter; in respect of vaccination it had, because it was the vaccination authority of the country; but it is not the midwifery authority.

943. Then we will take the Local Government Board; that had a *locus standi*?—Yes.

944. If the Local Government Board had done that, should you have inferred with like success, do you think?—The Local Government Board undoubtedly would be justified in interfering if it found a registered practitioner practising midwifery in poor law practice who had not a legal title to practise midwifery. The possibility of such cases is inseparable from the system which we are hoping you will correct. The law recognises fragmentary qualification. Every reasonable person, of course, utterly objects to these fragmentary qualifications, but hitherto they are a part of the law of the land.

945. If the Medical Officer to the Local Government Board had made the very practical suggestion which the Medical Officer to the Privy Council, I presume, made, that no appointment should be made to any medical officer over which the Local Government Board had control, unless a man could, besides his ordinary qualification by virtue of which he stood upon the Register, produce the certificate of having received instruction in midwifery; I presume you then would have been in precisely the same position? There is a standing order of the Local Government Board to the effect, that no one holds a poor law medical appointment unless he has qualifications all round.

946. Is that so?—Yes.

947. It is stated here that the memorial from the medical profession generally was sent up to 0.105.

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the Medical Council, asking them to consider the question of a general curriculum for the whole of the kingdom: that is a strictly educational matter, and it is said that up to the present time, I think it is 20 years after the date of the first memorial, or something like it, nothing had been done in the matter?—A curriculum of an obligatory sort the Medical Council has no authority to fix. The separate bodies fix their respective curricula, but the Medical Council has made recommendations upon the subject; and it has very lately systematised its recommendations.

948. You made use of an expression with regard to the relative merits of conjoint board examinations and examinations by a number of bodies; you compared them to the Mint, and you said there should be but one Mint, but there is, as a matter of fact, more than one Mint for the coining of money?—Not, I apprehend, quite in the sense of our medical system. The money-coining arrangements of the United Kingdom are not to have 19 different mints, under different responsibilities, each issuing sovereigns according to its own standard, and letting the public take its chance of short weight.

949. No; but say for the coining of sovereigns; sovereigns are coined in any number of different Mints; Australia, for instance?—Yes; and so we propose that in our Register there should be a distinct section for duly authenticated colonial practitioners.

950. That is an important point; how do you propose to test the examinations to which those colonial practitioners are admitted?—We do not propose to test them at all. We have no means of testing them by visitation, as we test the examinations in Great Britain; and because we cannot test them, therefore we do not propose to admit them to the Register on the same footing as those that we do test. But we propose to have a special section of the Register, and there to register any persons who hold qualifications granted, under conditions that as far as we can judge are satisfactory, in other parts of Her Majesty's dominions.

951. But you still keep the discretionary power of admitting or refusing?—Yes; but, of course, presumptively the authority which under the Queen gives medical licenses in Calcutta is as respectable as the authority that under the same sanction gives licenses in London or Glasgow.

952. That knocks rather a hole in the conjoint scheme argument, does it not?—I think not.

953. You say that a licensing authority which gives, under Her Majesty's control, degrees in Calcutta, is presumably as entitled to give a coin stamp as the conjoint board here?—It is a legal minting.

954. Are not the Scotch universities legal mints?—At present they are in that position, and our contention is that their separate minting-privilege ought now to cease. As regards the distinction to be drawn in the Register between the home practitioner and the colonial or foreign practitioner, the object of our Register is to put the public in the possession of the best information we have. The home practitioners are people whom we, as inspectors of the examinations, can, in that sense, guarantee. The others we cannot guarantee in that sense, but express the guarantee. The law leaves option to the public whether they will employ a colonial practitioner or a foreign practitioner; and our Register will tell, in regard

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of certain such practitioners, that they are guaranteed by respectable colonial or foreign authorities, and are legally entitled to practise the profession within the jurisdiction of those authorities.

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955. You had for many years the opportunity of gathering general opinions of the profession from your situation as adviser of the Privy Council?—I have.

956. I suppose I should not be going too far if I were to say that you also, to a great extent, formed that medical opinion in some matters connected with the profession?—I can hardly pretend to so much as that.

957. The papers you have already put in here show that so long ago as 1858, during your capacity as medical adviser to the Privy Council, you laid down certain rules which prevailed both in the formation of the Council and also in their recognised control over the education of all medical men?—I explained the principles on which the Bill was framed.

958. Looking to your position, it would be very natural that those opinions would have a very strong influence upon the medical profession generally?—I, of course, have wished them to have influence.

959. Have they had the effect you desired?—It is difficult for me to judge, but I believe that a good many more people think with me now than thought with me in 1858.

960. May I not say that, associating yourself with the late Dr. Parkes, you two have really influenced professional opinion very considerably of late years?—I cannot claim for myself that I have influenced, but I have tried to do so.

961. Do you hold still the opinions which are laid down in the Memorandum prepared in 1858 by yourself, in explanation of the Medical Practitioners Bill of that year?—Yes, in substance, entirely.

962. In page 3, paragraph 2, you state: "It appears to be generally admitted that the principle of government by a professional council is the only one which promises to fulfil the requisite conditions;" and you go on to say that the constitution of the body should render it as completely and evidently as possible, representative of all interests concerned; do you still hold that opinion?—Yes.

963. Do you consider that the representative

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council by 18 nominees of the various corporations, and six nominees of the Crown, does represent all the interests of the profession?—I think so.

964. Your opinion now is in direct opposition to the representation of the profession, apart from those nominees of the corporate bodies and of the Crown?—Yes.

965. You are of opinion that there is no inherent right to representation of the profession?—That there are no separate interests of the profession which can claim to be represented in the Medical Council; no interests of the profession, I mean, apart from the interests of professional education; and the educational interests of the profession are, I think, quite sufficiently represented.

966. Is there anyone of the nominees of the corporate bodies who is, in fact, an independent member of the Council?—I hesitate whether I ought not to say that all of them are so, that there is no one of them who is not independent; but of course I am quite prepared to admit that each of them who represents an institution is likely to have a bias for that institution.

967. And to that extent they are not independent?—To that extent are not unfettered.

968. The nominees of the Crown are not liable to that imputation?—Well, I suppose, that the representatives of the Crown, like other men, may have their personal inclinations and biases; but they at least cannot be supposed to be retained particularly in favour of particular institutions.

969. The nominees of the Crown have their personal predilections and biases?—I presume so; like men in general.

970. The nominees of the corporate bodies are sent to the Council as representing those corporate bodies?—Yes.

971. Does it not follow that if any question arises in the deliberations of the Council which affects either the status or the pecuniary interests of such a corporation, its nominee is to that extent not independent in forming his judgment?—He fights the battle of his particular institution to a certain extent, so far as he thinks it right; of course I take that for granted.

972. You quite understand I do not impute to any individual member any dishonourable conduct; I am speaking of the natural bias which being the representative of any body must lead a man to feel when the interests of that body are taken into consideration?—Yes.

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973. If we multiply the individual bias of the member by 18, you form in the aggregate such a large majority of the whole Council, that on the natural feeling which actuates almost all men of "pulling together," when their interests are not antagonistic, there are really 18 against 6 in the Council who can carry any measure which they choose affecting the interests of the corporate bodies?—But taking exactly your premises, those 18 are occupied not with one interest, but with 18 interests, each with his own, and in many cases therefore instead of "pulling together," as you suggest, may be mutually repulsive powers.

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974. You agree with me so far that each person has a bias?—Clearly.

975. Each person when he forms a collective majority has an associate bias, if I may use the expression, in favour of preserving things as they are?—Not necessarily. I understand you to be putting it to me as a question of logical sequence, and it does not appear to me to be a logical consequence, that because a man has a bias, for say, Glasgow, therefore Dublin shall be a confederate with him.

976. You as nominee of the Crown, are perfectly independent from my point of view, therefore

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fore I do not involve you in the results of my next question; but is it not in the nature of things that men who have a community of interests, not perhaps ostensibly (and certainly not ostentatiously), should in effect say this to one another, "I will support your views, and expect in return that you will support mine"?—I have not seen anything like that in the Council. I am not an old member of the Council, but I have been on it for the last three years, and I have not seen anything like that. I recognise that nationalities have an influence; how could it be otherwise? but I do not think the sort of agreement, "support my interests and I will support yours" obtains on the Council. I may truly say I have not seen anything like that. These men, many of them, are of the highest character and position. Take, for instance, the person who represents very strongly an opposite opinion to my own on our main question, Dr. Andrew Wood; I am quite sure that Dr. Andrew Wood would not take a side without thoroughly believing that it was right, and would be quite incapable of jobbing questions of this kind. I am quite sure of that; I think him wrong; I think his change of opinion a mistaken change, but I have not the least doubt about the good faith of it; and as to the change having anything to do with his personal interests, any supposition of the kind would be simply absurd.

977. I think it is unfortunate that the great names on the Council were on a former occasion referred to, and speaking for myself I wish most distinctly to state that I have no kind of personal objection to any one of the members of the General Medical Council, but I feel it my duty to put questions referring to the constitution of the Council which are entirely outside the question of personal character; therefore I feel bound to ask you again whether it is the opinion in the Council, as far as you know, that its constitution at the present time under the present Act which you have already referred to, is such that it does not require alteration?—I believe that at the last meeting of the Council some one moved a resolution to that effect, but it was at once felt that a self-approving vote of that kind passed by the body would not be a weighty vote.

978. You mean it would be a suicidal vote if they voted the other way?—I think we felt less the danger of suicide in the one direction than of laughter in the other.

979. In another portion of your Report, on page 8, you say, "Having regard to what is the essence of our present system, that the responsibility of granting entrance to the ranks of the medical profession is assigned as a divisible privilege (incidentally of a very lucrative kind) to 19 mutually independent and consequently competing corporations, each with liberty but imperfectly restricted to fix the conditions and apply the tests on which its own license shall be granted; I think there could not from the first have been much likelihood that thorough reform of the system would be effected under the Act of 1858;" do you see reason to modify that opinion now?—Oh no, I entirely hold to that opinion.

980. That there would be no likelihood, or not much likelihood, that a thorough reform of the Council would be effected under the Act of 1858?—Clearly.

981. That has reference to "the constitution of the Council as having 19 representatives, 0.105.

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having an interest incidentally of a very lucrative kind in the system of examinations," and so on?—No; what I should think was in my mind when I wrote that paragraph was, that the tendency of the separate bodies outside the Council was such as to require a check, and that the Act of 1858 did not give the power of applying that check; that has been my view.

982. Exactly; that is, the separate electoral bodies would be pretty sure not to act in the direction of reform?—Not satisfactorily.

983. Would it not necessarily follow, that the representatives of those electoral bodies would practically carry out the views of those who sent them there?—It would not be fair to look upon all those bodies as willing to take part in a downward competition; there are many of them, on the contrary, that are thoroughly aiming at a higher standard. It may have been expected that in the Council, where all the 19 bodies are represented, the bodies of higher aim would be looking after the others (if such there were) to see that those others were not underselling them; but it would not be fair, as regards my expression which you quote, to look at it as implying an expectation that all the 19 bodies would be playing "Dutch auction."

984. You go on to say, "In the actual state of things, beyond any possibility of doubt, after 11 years' experience of the Act in its present form, and notwithstanding whatever advantages it may have offered for voluntary amendments of plan, our old multiple system retains its fragmentary and competitive method of working, still directs medical education by the unharmonised rules and standards of 19 different regulative bodies, and still involves, in relation to the public, substantially the same insecurities as were described in my Memorandum of 1858"?—That I wrote in 1870, and I should write the same thing in 1879.

985. Therefore the working of the present Council is not satisfactory, even if in your opinion its constitution is satisfactory?—As I have explained in the earlier passages of my evidence, the powers of the Medical Council are insufficient, it cannot do what it ought to do.

986. With regard to the representation of the medical profession, you distinctly put your foot down against the direct representation of the general practitioners of the county?—It seems to me, that every argument which has been advanced for it breaks down as soon as it is examined. That at times there has been very extensive petitioning of Parliament for such a constitution of the Council, I readily admit; but that has depended, I think, on influences quite apart from the merits of the case; and my own opinion is, as you say, strongly against the proposed method of representation.

987. Will you say that the representation of the present electoral bodies would not also break down upon examination; the position of the Apothecaries' Hall, or of the University of Durham?—In my opinion, the footing on which those two bodies were recognised in 1858 was wrong; but, rightly or wrongly, they were then recognised as medical authorities, and they are working at the present day as medical authorities; that being the case, I do not see how we are to avoid having them represented on the Medical Council, the principles on which the Medical Council is constituted being such as they are.

988. If

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988. If the representation of those two bodies was wrong *ab initio*, and it is proposed to amend it, is it a sufficient answer to say that the representation exists, and therefore we will not alter it?—I think not.

989. Then you rest entirely, as I understood you in your answer to the honourable Member for Glasgow, on the fact that the position of the Council is fixed by the Act of 1858, and that there is no special reason which you admit for altering it in consequence of any inefficiency in the mode of its operation?—Not for altering it in the mode proposed. I think that supposing the Government Bill were to be passing, some decided improvements in the constitution of the Council might be made, but by modes quite different from that which you propose. I am particularly anxious not to be misunderstood on the question of representation. Although I cannot recommend a direct representation of the profession in the Medical Council, I am very strongly of opinion that each institution which sends a representative to the Medical Council ought to be quite liberal in its own separate constitution. In my 13th Report (the paper is before you), I give the system of election and constitution of each of the bodies which is represented in the Medical Council, and I think some of those constitutions are vicious, and ought to be amended. A great deal of the so-called desire for direct representation that has been expressed, would, if it were analysed, probably be found to mean this: not that the man wanted to pledge himself particularly to that one object, but that he is dissatisfied at having no voice whatsoever, direct or indirect, present or prospective, in the government of his profession; that, coming into our profession, constituted as it is, he thinks he ought to see his way having a franchise in relation to the government of it. Now I quite agree in that sentiment, though I dissent from the universal suffrage proposal. I thoroughly agree that every man coming into the medical profession, as graduate of a university or associate of a medical corporation, ought either, *ipso facto*, to acquire a vote in the election of the governing body of the institution to which he attaches himself, or ought at least to know that on condition of higher graduation in the body he will acquire that vote. I think that is a safe, intelligible principle. If it is to be compulsory that a man shall either be graduate of a university or shall join one of the corporations, then I think that the institution ought either at once to give him a voice in the election of its governing body, or ought at least to say to him "Get on a stage higher in your profession and we will give you your vote." The latter, you know, is the system in the College of Surgeons of England.

990. I understand you make a distinction between the universal suffrage vote, which a man would give simply as a member of the profession, and the vote which he would give in the nomination of the representatives of his own college or corporation?—No; I think you a little misunderstand me. I do not mean that the man should have a vote for the representative of his college in the Medical Council; what I mean is that he should have a vote in electing the governing body of his corporation. My contention is, that the choice of the representative for the Medical Council must be by deliberation. It is a question of choosing a man according to the

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details of his personal quality, and so on. To choose the right man for such an office as a seat in the Medical Council, you must know him. The notion of choosing by universal suffrage in relation to such a case seems to me monstrous. What can a universal suffrage know of the particular business qualities of a man who is to sit on a council of 20 people. It cannot have that particular knowledge of the man which is necessary to form an opinion; but where the governing bodies of universities and medical corporations elect a representative to the Council, deliberation can be used; and the governing body which exercises that function on behalf of the mass of licentiates might, as I have said, be subject to election by the licentiates in mass, or by a constituency to which every licentiate could attain.

991. That is so interesting a matter that I should like to put two or three cases to see how it would work out. I understand that the University of Oxford sends its nominee to the Council?—Yes.

992. The university, I understand, means all the graduates of the university who keep their names on the books, not necessarily the medical graduates, but the whole clerical, legal, and so on. You would withdraw from them the right to nominate the representatives and give it only to the medical graduates?—I have not quite said that. Under the existing system the medical graduate has a vote there. Whether the vote should in that particular case be restricted to the medical graduates is a separate question, about which there would be difference of opinion. Personally I am inclined to think that it ought to be restricted to the medical graduates; but Dr. Acland, who is a very well-informed judge on such a question, attaches great importance to the fact that the appointment is not medical, but is vested in the graduates at large; and he believes both that the university would take this view of the case, and also that it is better for the Medical Council that the representative of the university upon it should be chosen by all the classes.

993. You differ from him in thinking that the 5,000 electors who exist now should be practically or entirely disfranchised, and that the one-hundredth part or portion of them who are the medical graduates, should send the representatives to the Council?—I think that the latter plan would be more satisfactory and more sure, for of course as regards the 5,000 persons with right of voting, I need not say they do not trouble themselves much about who represents the University of Oxford in the Medical Council. These are not contested elections, and, such being the case, they are practically settled among a few resident persons.

994. Or, in other words, there is so little interest taken in the fitness of the nominee, that the great body of electors treat it as a matter of no consequence?—Yes; if it were confined to medical graduates, probably they would take considerably more interest, perhaps very real interest in it.

995. Notwithstanding your opinion as to the constitution of the Council, it is a fact that a very large proportion of the medical men of the country are dissatisfied with the constitution of the Council?—I am afraid it is very difficult to judge of that, but I think I may say "Yes," in answer to your question. I may at least say, that

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that I believe there are plenty of signed papers representing that they are dissatisfied.

996. Is it not the fact that there was a memorial sent to the Council positively signed by 10,000 members of the profession?—That I have referred to.

997. Is such an almost universal concensus of opinion to be assigned, as I understood you to wish the Committee to understand in your replies to the honourable Member for Glasgow, to a factitious excitement created by an obscure medical publication?—I have been careful in endeavouring to distinguish between two things: on the one hand, a real reasoned opinion, right or wrong (I believe it to be wrong), that the Medical Council would be improved for its real work by the addition of members of the particular sort for which the agitation has been made; on the other hand, a sudden filling of the sails, a sudden enthusiasm, a giant memorial with 10,000 signatures, in favour of that opinion. I separate the one from the other. I think the enthusiasm was mainly promoted in the way to which you have just alluded, and I have put before you evidence to that effect. I do not base my opinion only on the publication which you call obscure, but on the part which was taken by other medical journals, and especially on the very changed tone of the British Medical Association itself, from the time when the "Medical Mirror" and "Medico-Political Association" began their agitation, and made it popular by the financial arguments which I have read to you. I believe that but for the influence of that agitation on the executive of the British Medical Association, this association would have remained perfectly placid under the absence of direct representation, and would never have dreamt of opposing Lord Ripon's Bill of 1870.

998. But is it not the fact that, notwithstanding this public opinion was created by the medical press, or by some other individuals acting upon the general body, it culminated in the production of two Bills antagonistic to the Government Bill in 1870, and that the result was the shipwreck of the Government Bill?—Yes, undoubtedly.

999. And those two Bills both of them had for their primary principle a change in the constitution of the Medical Council?—Both of them tackled the proposal for a change in the constitution of the Medical Council on to a proposal for essential reforms, such as the Government was proposing.

1000. Is it the fact that the three Bills of the present Session, the Bill of the Lord President, the Bill introduced by myself, and the Bill introduced by the honourable Member for Exeter, go pretty much on the same lines, except as to the constitution of the Medical Council; because the Bill of the Lord President does not interfere with it, the Bill I had the honour to introduce restricts it, and the Bill of the honourable Member for Exeter increases it. Is it likely that the feeling which you say was created in 1870, and was created by an agitation which does not really represent the general feeling of the profession, would have continued, and would have gained additional strength up to the present time, unless the profession was thoroughly convinced of the necessity for the change?—I think I did not suggest that it did not represent a real feeling, but what I suggested, or what I meant to suggest, was, that hopes or expectations of a particular

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kind had been raised which gave an impulse to the agitation. The point of the agitation was, that a popularly elected Medical Council would raise rates of payment for medical labour. The feelings were real I have no doubt, and the hopes were real.

1001. Then I may take it you agree with me there is a very considerable proportion of the medical profession who desire a change in the Medical Council; I do not ask you to say a majority, but a very large proportion?—I know that considerable numbers of men have put their names to a paper to that effect.

1002. Is it quite fair to put it in that way; do men put their names to a paper without agreeing to the principles of the paper which they sign as a rule?—Of all men in the world, Members of Parliament know best how easily signatures are attached to memorials.

1003. I will put it in another way: you discredit the sincerity of the signatures to the memorial?—No, I do not know that; I think that would be putting what I say in a light which would be almost offensive to those whose opinions I am discussing, and I am sure nothing would be farther from my intention than to say anything offensive to them; but honourable Members must know that when the collection of signatures, in a matter for which there is a movement, is undertaken by a central committee, having a journal of its own, and a ramified organisation which gives it facilities for canvassing in all parts of the kingdom, the resulting signatures must not be taken to express that every signer has well considered the subject. An apparently immense number of voices may have been but the diffused ventriloquism of an extremely small number of persons.

1004. That is a mystery which I will not enter into. I wish to ask this question, whether you discredit the sincerity of the signatures or not; you still feel that it is within your competency to ignore the feeling as expressed, and to decline as a council to take any steps for your own reformation?—You mean in the Medical Council?

1005. As a Council?—The Council has not to reform itself: that is the affair of Parliament. We cannot alter our own constitution; it is entirely a matter for Parliament to judge; and I would venture to submit that what has to be looked to is not anybody's wish, merely as such, but judgment what will make the best council for the purpose which is to be fulfilled; that ought to be the one consideration.

1006. Is it not the fact that one of your members, and a very distinguished member, brought forward a proposition, in which he suggested the diminution of the members of the Council from 24 to 8; did not Sir Dominic Corrigan introduce such a proposition as that?—I do not remember it; I suppose it was before my time.

1007. You know it to be the fact that he considers with you that large numbers tend to long speeches and protracted debates, and therefore are in themselves a disadvantage?—I do not remember his proposal.

1008. Therefore, I presume that though the council by a majority object to change, there is a considerable minority who really consider the Council not to be fit to transact their business in a way calculated to satisfy the profession?—On a recent occasion Sir Dominic Corrigan moved for what, I think, I may speak of as an adoption

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of the principle of direct representation. His motion was negatived by the Council; there were 17 against it, three for it, three did not vote, and one was absent.

1009. You give me that reply with reference to the question of direct representation?—Yes.

1010. Your knowledge does not extend to the fact that he also desired to reduce the numbers of the Council?—Not within my time.

1011. You know it to be the fact that he did so?—I do not remember it.

1012. May I ask you to state distinctly whether, in your opinion, a reduction of the numbers of the Council would not tend very materially to facilitate business?—In my opinion, decidedly. I may add I do not see my way to a reduction of the numbers of the council, excepting with the system of conjoint boards. If the conjoint boards were established, the bodies which are now represented separately would be acting together for educational purposes, and they might be represented conjointly as well as examining conjointly. Or, in other words, instead of the 19 separate bodies being represented, the "medical boards" of the Bill might be represented.

1013. That would be in fact the system of linking the representative bodies, which is suggested in one of the Bills before the Committee?—Yes.

1014. Do you see any insuperable difficulty in such a linking?—I see no insuperable difficulty in a reduction of the council on the basis that the bodies now represented separately should be represented conjointly; but I should hesitate to speak to the linking of particular groups of bodies. I would illustrate what I say in this way: supposing that all the universities and all the corporations of Scotland were acting together as the "medical board" for Scotland, I do not see why that board, or a committee of it, should not fulfil the functions of a branch council, and why the General Medical Council should not be constituted as regards Scotland, by a certain number of persons deputed by that board to attend the meetings in London. You might then in the Scotch board get rid of the awkwardness of Edinburgh and Aberdeen being represented by a single person, and Glasgow and St. Andrew's being represented by a single person. It would not matter how many people you had on the local body; but with regard to the General Council I think its present numbers should be greatly reduced; and my suggestion is, that it should consist of 12 persons, or some such number, and be formed by delegation from the branches, together with Crown members.

1015. You say it would not signify how many persons were on the local board, but it would very materially signify who were the persons who sent the board, the electorate of this local board?—When I say it would not matter, I mean within the limits that would practically be in question. It would not be a question of dozens; it would be a question always of a few persons.

1016. Under that system practically every electorate as it at present exists would retain its functions *pro rata* in the new system as in the old?—In its own division of the United Kingdom.

1017. Then you would disfranchise no one?—I would disfranchise no one; but let, for instance, England have all its existing medical authorities be represented in its "medical board," which (or a committee of which) might do the present

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functions of a branch council; and let this "medical board" appoint persons, in the number agreed upon, to represent it in the General Council. It may be convenient, for argument, that I should use numbers. Let us say, then, that the Scotch Medical Board should send two members, the Irish Medical Board two, and the English Medical Board four, and then that there should be certain Crown nominees. There you get a compact council at once, and constituted on the same principle as the present Council, the principle, namely, that it represents the legislatively authorised institutions on the one hand, and on the other hand the visiting function of the Crown.

1018. Legislatively authorised institutions by the Act of 1858?—Some of them, perhaps, only by the Act of 1858, but most of them for centuries before that.

1019. We simply on this inquiry go back to the end of 1858 as our starting point?—Yes.

1020. You have already answered the question, but under this scheme, which is a mediate representation rather than an immediate representation, you would retain the present electoral bodies precisely in the same position as they are now, ignoring altogether the principle of direct representation?—I would certainly, as far as my opinion goes, not assent to the principle of direct representation, but, as I have said I would, in the first place, endeavour that each separate institution should have a liberal government of its own, that its graduates and licentiates should not, as in certain present cases, feel themselves of no account in the matter. I would certainly try to provide that. Each institution would choose its representative or representatives for the medical board of its division of the United Kingdom, and that medical board would send its delegates to the central conference.

1021. That is what I have presumed to designate mediate rather than immediate representation?—Yes.

1022. It would have the effect of diminishing the Medical Council from 24 to probably 16?—I should hope it might be possible not to exceed a dozen.

1023. Then I have it so far in my favour from you, that you approve of a very considerable diminution of the present numbers of the council?—Very decidedly, on some such basis as that; you will, of course, understand that the numbers I have used are simply for the purpose of illustration.

1024. There is a matter which has been discussed by several Members who have examined you, as to what is called the one qualification, the practice that exists in this country of recognising on a perfectly equal standing, so long as they are on the Medical Register, persons with one qualification or persons with two. I will put a case: supposing I were a licentiate of the Apothecaries' Company, I should be entitled to be on the Register?—Yes.

1025. If I were a member of the College of Surgeons, I should also be entitled to be on the Medical Register, and I should be, if I were both, entitled to be on the Medical Register; as far as the public is concerned, and as far as the Register is concerned, the fact of registration does not require more than one qualification?—I am sorry to say it is so.

1026. And a person may go into a country village, or even into this town, and call himself a surgeon

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a surgeon, or an apothecary, or a general practitioner, and that would entitle him to all the privileges of the profession, even though he possessed only the education and qualification to practise one branch of it?—If he calls himself anything that he is not, he is supposed to be liable to penalty under the Medical Act, or may at all events be open to the common law penalty on persons who get money under false pretences.

1027. Is there any case on record in which any person has been convicted who is on the Register, who calls himself anything he chooses?—I do not know.

1028. Has it ever been assumed for one moment that when a person is once on the Register he is liable to any prosecution for assuming another title?—I do not know; but I should think probably not, because notoriously the lines of separation are vague.

1029. The great bulk, I presume, of the general practitioners of this country do hold more than one qualification?—I hope so.

1030. With regard to that very matter, is it not the fact that the very great proportion of the members of the Medical Council themselves only hold one qualification?—I have never noticed that; I can plead guilty to only holding one myself; but perhaps all the more, because that was the system when I was young, I have seen how wrong the system is.

1031. Out of the six nominees of the Crown, is it not the fact that five hold only one qualification?—I could hardly answer that without inquiring; my impression would be otherwise.

1032. You may refer to the Register itself, which I have in my hand, and which I have referred to myself to-day with a view of putting this question to you?—Yes, but the Medical Register would not be evidence upon this point; for instance, take the first two names on the list, Dr. Quain and Sir William Gull, they are both graduates of the University of London, and they certainly did not get their graduation without examination in surgery; even if it had happened to them that they had seen fit in early life to take a membership of the College of Surgeons, it might very well have been that neither of them would put it in the Medical Register; they only put in the Medical Register the title which they practically use, and the title they practically use is a higher medical title; but as regards those cases undoubtedly the men have been examined in surgery. When you come to the next name I plead guilty to having but the higher surgical qualification. Of course many of us there are men no longer young; probably, if we were able to look at the constitution of the Medical Council 30 years hence, we should see no member with a single qualification; but in the days when I went through my medical education it was rather a caution to men who were being trained for consultant surgery that they must beware of over much study of medicine; and, *vice versa*, men who were seeking to be physicians were given to understand that they must not go in for surgery. Of course that system is utterly changed now.

1033. I will not pursue the matter, except to ask you a question arising out of it: the Medical Council, consisting in the main of persons with only one qualification, go in strongly to recommend all their brethren to have two qualifications?—But I do not assent to that; I was going

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on to the other names; as regards Dr. Quain and Sir William Gull I am quite sure that they ought not, in the sense of your question, to be regarded as men with one qualification; Mr. Teale holds the double qualification, and Dr. Fergus, I find on reference to the Register, has a triple qualification, an *embarras de richesse*; therefore, as far as I have yet gone, all except myself are persons with compound qualifications. Of Dr. Hudson I do not know.

1034. I will just ask you with regard to the President, Dr. Acland; has he two qualifications?—I see no evidence of a surgical qualification on the Register in his case.

1035. What I wish to ask is this; not that a person has not passed two examinations, such as being a graduate of the University of Oxford, and also subsequently a Member or Fellow of the College of Physicians; but that he has not a qualification in surgery and medicine which is demanded by the council as a necessary qualification for registering in future; I take it for granted Dr. Pitman is not a surgeon?—Probably not.

1036. Sir James Paget is not a physician?—Sir James Paget is certainly not a physician, but it is quite possible he has passed a medical examination.

1037. With the permission of the Chairman, I will read what was the foundation of my inquiry on this point; in page 2 of this Report, it is stated: "Thus, for instance, it recently appeared as the result of an examination of the titles published in the 'Medical Directory,' that of 7,464 practitioners holding the diploma of the English College of Surgeons, and commonly known as 'surgeons,' more than a fifth part (1,524) possessed no second title; and since the English College of Surgeons examines in but one branch of practice, so for anything which appears to the contrary, the above very considerable section of the recognised medical profession of England can offer no guarantee for its competent knowledge in the practice of medicine, or in the practice of midwifery, or in the practice of pharmacy. On the other hand, of 6,784 persons holding the license of the English Society of Apothecaries, 879 (about 13 per cent.) were apparently unpossessed of any diploma to guarantee their knowledge even of the rudiments of surgery. The public is but imperfectly informed of these facts or their meaning. It is notorious that as regards the great mass of professional practice, there can be no classification of patients to correspond with those half-qualifications of practitioners; and it would be unreasonable to doubt, that if 2,403 persons are practising with such half-qualifications, they must constantly be outstepping the limits of their recognised title to practise, and be assuming positions in which, so far as the professional title is a test, they must be classed with unqualified practitioners;" did you form the opinion expressed in this paper from your personal examination of the Register?—On the contrary. My sentence, which begins, "Thus for instance it recently appeared," has the following as foot note: "See a Paper by G. W. Stansfield, Esq., in the 'Association Medical Journal,' 29th March 1856."

1038. But you adopted it on sufficient grounds to your own mind?—I have no doubt of its substantial correctness.

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1039. Is it the case that the fact that a man is a Fellow of the College of Physicians, is accepted by the Local Government Board as a qualification for both medicine and surgery?—The College of Physicians claims, and gives out that its licenses are qualifications in both medicine and surgery.

1040. Do you yourself think that that is a claim which ought to be admitted?—I am of opinion that it is a claim which ought not to be admitted. Whether it can be even legally supported seems to me to be very doubtful. I believe that the College of Physicians rests it on the Act 32 Henry VIII, c. 40; but I cannot think that statute reasonably applicable to our times, when a Royal College of Surgeons has been created by charter and recognised by Acts of Parliament.

1041. Does the Local Government Board accept it or not; do you know whether they accept the three qualifications of the College of Physicians, the Licentiates, the Members, and the Fellows?—I believe that the Local Government Board does so; but I should like to put in a word of explanation.

Dr. Lush.

1042. I do not know whether I understand your answer. Do you mean if a person having become a licentiate, afterwards becomes a member, that he has two qualifications?—No.

Chairman.

1043. My question was, is it the case that the Local Government Board admits the three qualifications of the College of Physicians, the licentiate, the membership, and the fellowship as qualifications for both medicine and surgery?—Yes; but, in saying so, perhaps it is as well that I should explain the doubts which I have on the subject. The College of Physicians claims that, by virtue of the statute which I cited, it is entitled to give a license in surgery as well as in medicine. Referring to the statute, I see plainly enough that, if it is not to be considered obsolete, it entitles the members of the corporation; that is to say, the fellows of the college, to practise surgery; but this is a very different thing from entitling the college to grant licenses (even inclusive licenses) for surgical practice to persons who are not its fellows; and while it seems to me that the College of Physicians, in pretending to grant such licenses, has exceeded its original powers, I also think that the course has been taken in a spirit of extreme anachronism. For, so far as any examination in surgery is concerned, the College of Physicians, I believe, for three centuries, or thereabouts, had taken no action to examine in surgery; during which long time physic and surgery had been getting more and more distinct as specialities, and a separate college of surgeons had been established and developed under successive legal sanctions; when suddenly, a few years ago, in these uncomfortable unsettled times of medicine, the College of Physicians, referring to its old statute, thought itself entitled to give a double qualification to its licentiates, and accordingly got Fellows of the College of Surgeons to act as its examiners in surgery. It is important to observe that the Fellows of the College of Physicians did not themselves pretend to conduct this part of their college's examination, but, while taking as their plea the old statutory declaration that physic

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includes surgery, they practically refuted this plea by employing Fellows of the College of Surgeons to examine for them. And thus it is that the College of Physicians has for some few years passed on to the Register licentiates whom, rightly or wrongly, the Local Government Board has been willing to accept as possessed of legal qualifications in both medicine and surgery.

Dr. Lush.

1044. There is no examination now for the fellowship of the College of Physicians?—No.

1045. It is simply an elected body from the members?—Yes.

1046. I assumed, from your evidence, what was not quite the fact as to the cost of the Medical Council to the profession. You said that the whole amount received, under the Act of 1858, from the medical profession is about 140,000 £?—In the 21 years the total amount received has, I am told, been nearly 137,000 £.

1047. Then I take it that the annual income is increasing rapidly?—Probably Dr. Quain, who is treasurer, will be best able to answer that question.

Mr. Maitland.

1048. You mentioned that in the year 1867 Dr. Parkes called the attention of the Medical Council to the fact that some men who went up for examination to the Army and Navy Medical Boards had proved themselves to be grossly ignorant in subjects in which they had already obtained a license?—Yes.

1049. Did the council take any steps to find out where those persons had obtained their qualifications?—The cases came before the Medical Council of the day with all requisite details as to the sources from which the qualifications had been obtained.

1050. Were there any bodies in particular to which these men belonged?—I do not remember now what the bodies were.

1051. I am not asking the names of the bodies, but was the majority of those cases traceable to any particular bodies?—I think not. I think there were several, to the best of my recollection.

1052. But I suppose there were some of the licensing bodies who sent up no persons of that kind?—I have not the particulars fresh in my mind as to what the institutions were. Comparisons of the sort, by Dr. Parkes, went on for several years, as to the "plucks," before the Army and Navy Boards, of men who had passed examinations of medical licensing authorities; and the information that he brought before the council was, I have no doubt, one of the chief influences which put the council in motion to get its Education Committee to work. Dr. Parkes was one of the chief movers in that line of thought which resulted in the recommendation of conjoint boards.

1053. But the Medical Council thereupon proposed their scheme for uniformity of examination; as I understand they did that on the ground that some of the bodies gave easier examinations than others; was not that so?—I think that would perhaps hardly express the fact.

1054. I see one of their statements to this: "One of the great evils at the present moment is the inequality of the examinations for licenses." Now I understand that to mean inequality between the examinations of the various licensing bodies?

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bodies?—Yes; they did not name individual bodies, but pointed, as I did myself a few days ago, to the tendency of the system. When they say that the easy examination of one licensing body tends to depress the standard of the examinations of all the rest, it is a general opinion that they express, not pointing at one individual institution.

1055. Were those cases of gross ignorance numerous?—That would be a question of proportion between the total number of candidates examined by the Army and Navy Boards, and the number in whom default was found; and unless I were to refer back to the papers I could hardly state the proportion.

1056. I will put it in this way: I suppose they were sufficiently numerous to be a very serious blot upon the system?—Very serious.

1057. I should suppose, for example, that there must be in all examinations, however well conducted, one or two persons who slip through by accident?—Perhaps so, but I can very distinctly remember for myself, that so far as it touched the College of Surgeons, I felt it a very serious imputation, and, as a member of the college, I took it up in relation to that body. I felt that there could hardly be a more serious accusation.

1058. Were there not a sufficient number of cases established against one institution to have made it the subject of reference to the Privy Council?—I think not, and if you will consider the difficulty of the matter, you will probably recognise it. How could it be said that the men who had passed an examination, say of a college of surgeons, in anatomy, and were afterwards plucked by Dr. Parkes in anatomy, had not forgotten their anatomy; there was not a clear case for appeal to the Privy Council; there was not a case of proof against the examining body; there was presumption that the system was not a satisfactory system, but not a case of sufficient proof to go to the Privy Council with.

1059. At all events, the number of those cases was sufficient to make it appear to the Medical Council that there was slackness in some of those examinations?—Clearly; in my opinion decidedly; and those were very meritorious days in the Medical Council. Dr. Parkes and others (there were several very eminent and active workers in those days dealing with this question) were stirring, visitations of examining boards, to probe these things to the bottom, and find out what were the faults in each of the examining boards; they had not the power to make regulations, or to make general examinations, or anything of the kind, but they had the power to visit the examinations, and that they did: and the council has made such visitations in the case of most of the bodies several times, making recommendations which have, to a considerable extent, been attended to: and a great deal of that visitation was done in consequence of such representations as you are now quoting.

1060. Did you not at that time think that you might have got additional powers; did you make any effort to obtain additional powers from Parliament as to visitations, and as to superintending the examinations?—That was the time when the communication took place between the Medical Council and the Government on the necessity for legislation. There was a period of two or three years of great interest and activity

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shown in the subject, and a desire on all sides for proper legislation.

1061. You asked Parliament to set on foot the system of uniformity of examinations, but, as far as I understand, the Medical Council did not ask for any additional powers of visitation or controlling the examinations?—Yes, it did. Additional powers of visitation it did not want; it had ample power of visitation; but additional powers of control are just what it did ask for. The Bill of 1870 would have given it all the requisite powers of control.

1062. You had not, as I understand, powers to obtain examination papers, or the answers to them?—I think there has never been any difficulty about obtaining examination papers. We understand that to be included in the right of visitation.

1063. But if you had the papers, and the answers, and had the power to see them, you ought to be very well able to find out whether people were passing too easily or not?—That method of inquiry has been followed on a large scale by the Medical Council.

1064. Are there still cases of this kind?—Not to my particular knowledge.

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1065. May I take this to be the general prevailing opinion of the Medical Council and of the public as far as they are interested in the question; that there is need of reform, and that the question is between a very sweeping change, such as the conjoint scheme, and some other scheme which might produce the necessary reform without making such radical changes in existing arrangements?—I do not quite follow your question.

1066. I will ask you again, whether it is the general opinion that there is need of reform, but that the question arises between the very sweeping reform now proposed and some other scheme, which may produce the necessary reforms without making radical changes?—Well I could not say whether that is a general opinion.

1067. But my question is whether that difference of opinion does exist?—No doubt there are very different contentions, particularly on the part of existing authorities, as to the amount of change that the present system ought to undergo.

1068. I merely ask the question in order to have your answers to the objections which are made against the conjoint scheme. You told us the other day that the Medical Act of 1858 had passed in a mutilated form, and you referred to the very important words which were omitted; words defining the "qualifications and conditions in respect of general professional knowledge, and the course of study in respect of age," and otherwise. The result of that was to limit the powers which the Medical Council would have had, and consequently to render further reform necessary, is not that so?—Yes.

1069. I should like to refer you for a moment to this statement addressed by the Executive Committee of the Medical Council to the Lord President in 1869: "On looking back at the state of the profession at large, prior to the passing of the Act, and at the regulations and examinations of the various licensing bodies as they then existed, no one who is acquainted with the present state of the medical profession, can fail to see that a vast improvement has

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taken place, by which the public has benefited to an extent that it would be difficult to estimate. The efficiency of the public medical service, the character and acquirements of poor law medical officers, and the social and scientific position of the great mass of the profession, have all undergone a vast change for the better; and however much room there may still be for improvement, it may fairly be questioned whether in any other country the public is supplied with a better qualified body of medical practitioners than that which this country already possesses." Is not this evidence that no very urgent need for reform exists?—I think probably that was not the sense in which the executive committee of the General Medical Council meant to express themselves in the paragraph you have read, for the Council about that time itself advocated such legislation as eventually was proposed in the Bill of 1870.

1070. On the last day you somewhat explained this point, I think, because I gather from your evidence that you said that although the present system was bad in itself, and though the abuses were now less than they had been, they might increase?—Clearly.

1071. And therefore you want reform, not because abuses now exist, but because it is possible they may occur in the future?—I am not at all prepared to say that abuses do not at the present time exist; I would not attempt to make a statement one way or the other on the subject, because I have no direct means of proof one way or the other. I speak to the tendency of the system, and I think also that the executive committee of the council, at the time you refer to, meant essentially to condemn the tendency of the system. What is clear is this: the point to which the Lord President drew the attention of the Council in his first letter of the 14th of May 1869, was the system of half qualifications. There is no doubt about that, and it was quite clearly that was an intolerable system.

1072. You really mean then, that although the tendency has hitherto been to improve, you wish to provide, by great reforms, for a possible tendency to fall off in future?—Yes.

1073. And do you consider the proposed conjoint scheme a radical change?—No, not using the word "radical" as synonymous with revolutionary; it is a change that goes to the root of the evil, but does not sap the vitality of the plant.

1074. Well then, I would ask you, with reference to an opinion you have expressed, this question: There is a clause in the present Bill which makes it compulsory for any person registered under the new system to give proof of having applied to be admitted to become a member of one of the medical bodies?—Yes.

1075. You told us, as I understood, that that was introduced against your own judgment, that you thought it would tend to great inconvenience, and that there would be great difficulty in carrying it out?—The compulsory affiliation?

1076. Yes?—I did not advise upon this Bill; I was no longer in office; but in the Bill of 1870 there was no such provision. Affiliation would have been purely optional. The particular provisions of the present Bill seem awkward, and, if affiliation is to be compulsory, I should myself have thought it better to have left questions of affiliation to be adjusted in the respective schemes for the divisions of the United Kingdom.

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1077. But do not you call it a very radical change to allow registration without attachment to the medical bodies?—So far as the public is concerned, the essence of the present system is that these bodies examine and guarantee; the new system would be, that instead of doing it separately they do it conjointly; they can attach if they like; but, as regards the public interest, the guarantee is improved by their co-operation, while as regards their separate interests they will continue to examine, and will divide the money.

1078. But what reason for existence would those corporations have if they no longer had members attached to them?—I am not aware of any grounds for supposing that because the law refrained from making attachments compulsory, therefore all attachments would cease. The very essence of a corporation is its voluntariness; the essence of a corporation title, that it is a title; and I think it a low and short-sighted policy on the part of a corporation to seek to force its titles on people by Act of Parliament, as if they were in themselves valueless or odious.

1079. Do you think they would exist very long if this change was made?—Yes; I see no reason why they should not live for ever.

1080. Do you not think the public would very soon doubt the wisdom of continuing corporate powers when they are exercised in name only, and not in reality?—Under the present Bill, if it should become law, the exercise of power by the medical corporations would be as real as it now is. Those bodies would be joint conductors of all examinations for licenses, and would also separately examine for their own respective higher titles. Thus, for instance, the London College of Physicians would be a main participator in the examination of every one coming into the medical profession in England; they would get a portion of the examination fees from every such person; and then every such person would be at liberty, if he should choose, to aim at the higher titles of the body. The college would be at least as important a power as it has ever yet been in the medical profession. And while all this is true of the present Bill, it is equally true of Lord Ripon's Bill of 1870, which would have left affiliation optional.

1081. Then you do not share the belief that this provision would be fatal to the existence of all the medical corporations individually?—I think the belief preposterous, and that it could only exist in the minds of persons who did not understand Lord Ripon's proposals.

1082. I would ask you another question with reference to the same point: do not you think that the control which these medical bodies exercise over the individual members of the profession is a very important one?—As illustrated by what particular act?

1083. In this way, for controlling offences against professional usage which cannot be taken cognisance of by the ordinary law?—There is very little influence of that sort exercised; but so far as it is exercised, undoubtedly it is an advantage; and I do not see why it should not be equally exercised under the future system.

1084. You are aware that the same system of control exists in the law; that every barrister who is called to the bar is called as a member of some inn of court?—Yes.

1085. And that is considered to exercise a very

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very salutary influence, and to give the profession control over the professional conduct of its members?—Of course there can be no doubt of the desirability that in every profession there should be that sort of moral influence; the sort influence which the whole moral sense of the profession exercises on each individual career; and in our profession there are two ways in which it at present is represented. It is represented by the striking-off power, and it is represented by what I may call the blackballing power; and these two powers relate to two different sorts of offence. The striking-off power is not exercised except for the grossest offences, scarcely at all except for offences which have been judged under the criminal law, and it clearly could not be exercised in respect of faults in minor morals, or of breaches which the public would describe as of menial etiquette: but the higher standard of professional conduct, which cannot be enforced by that extreme penalty, can be rightfully inculcated by the other power; the power which the members of any voluntary association can exercise, of blackballing the man who, of his own accord, seeks to join them, or of expelling him under their bye-laws if he already be a member. The striking-off power in its completest form, the power of removing a man to all intents and purposes from the roll of the medical profession is vested in and exercised by the General Medical Council; and there can be no reason why a man should be compulsorily attached to a corporation in order that this extreme power should be exercised on him in duplicate; but when you come to the blackballing power, there you have undoubtedly an influence which should be of great value to the profession in relation to what are recognised as professional offences. It is peculiarly for the corporations to exercise this influence in connection with the granting of their higher titles. A man comes into the medical profession; if he seeks, of his own free will, to attach himself to a corporation, or if, being in it, he wishes to rise to a higher title, he can be subjected to that test of character; a much finer test than the test which is represented by the striking-off power. Is he or is he not a gentleman? Does he behave suitably to his professional brethren? and so forth. Questions of that sort are, or ought to be then raised; and the power of raising them in that connection is, I think, a very considerable influence; but observe, that sort of influence can only be exercised in respect to the higher titles; it cannot apply to the question of the minor titles; because, speaking with submission, it is not conceivable that Parliament would authorise the striking a man off the rolls, and thus depriving him of his means of livelihood, for other than very grave offences, offences which the common law recognises, or would be ready to recognise. That is the view I take about the relation of our professional bodies to the morals of the profession.

1086. But surely there is a moral influence in belonging to a small and somewhat select body, which does operate without going to the extreme punishment of striking off; and that moral influence would surely be more felt in a number of small bodies than it would be if exercised throughout the whole of a large profession. Is not that your opinion?—I do not know of any particular moral influence exercised on a man in respect to his being a licentiate of the Apothecaries' Company, for instance. If a man does a criminal thing the

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Apothecaries' Company can strike him off its particular roll: but this is less than the Medical Council can do, which, if it sees fit, can remove him wholly from the Medical Register; and the Apothecaries' Company exercises no finer check (nothing of what I called the blackballing power), because it has no higher titles by which men may rise in the corporation. It is different when you come to such corporations as the College of Physicians and the College of Surgeons, which have their much esteemed higher titles; for in these corporations a man with professional ambition seeks to rise, and as his ambition can be checked by the blackball if he is of bad repute, you get professional opinion brought to bear on him as a practical influence.

1087. Then I take it you do not approve of throwing away the moral influence of what I will call this club system?—The club system is a very proper name for it, and I think it is an admirable system. Whether it should form part of the statute, or should be arrangeable under the scheme, seems to me to be an open question. Under Lord Ripon's Bill of 1870 it was to be entirely optional: under an amendment which Lord Ripon moved on the Bill of 1878, and which the Lord President accepted, it would have been left to be arranged under the scheme; and I think that either of those would be a better arrangement than that which now stands in the Bill.

1088. Would you, in fact, be prepared to dispense entirely with compulsory affiliation?—If you look critically at the present clause for compulsory affiliation you will see this great awkwardness in it, that it, as it were, assumes it to be of public importance that every one should be affiliated to a corporation, and yet reserves to the corporation the right that it may at mere option refuse to affiliate an applicant. Those who know the history of that clause, the unprinted history of it, can account for the awkwardness; but it does not explain itself on the face of the Bill.

1089. Practically that provision to which you allude is introduced for the admission of women into the profession, is it not; that permission to allow persons to be registered without actually belonging to a medical corporation?—Yes; it is in the interests of women, but it gives an inconsistency to the clause, which I think inconvenient; and this is one of the reasons why I thought it would have been better to leave all affiliation arrangements to be made under the local schemes.

1090. You evidently, therefore, would not agree with the opponents of the conjoint scheme, who consider that this argument involves an absolute dilemma; that you must either give up this system of attachment to corporations, or else keep them on under conditions under which they are impossible to work?—No, certainly not. It would have been quite easy, I think, for a scheme under sanction of the law to arrange conditions of affiliation which might be different in the three divisions of the United Kingdom, so as to suit local circumstances. Here is a suggestion that was made, when these matters were under consideration in 1878, for a rider to Clause 3 of the then Bill, instead of the provisions that now stand: "Provided that if the scheme of any joint board requires that any persons passing the examinations of the board, and not being graduates in medicine or surgery of any university

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university in the United Kingdom, shall become affiliated to any medical corporation or corporations concerned in the scheme, it shall be the duty of such corporation or corporations to affiliate, as the scheme requires, each such person on his application, and a person so required to be affiliated shall not be registered as a licentiate under the above enactment till he shall have been affiliated by the corporation or corporations."

1091. It is admitted, as regards the standard, that the standard would be a minimum standard; you were asked, I think, by Dr. Lush, how that standard would be maintained, and I understood you to say, that if the College of Surgeons, for instance, found that some other body admitted to the profession at a lower standard than they did, it would be desirable that the lower standard should be brought up to the standard of the higher body?—Yes.

1092. That the lower bodies should be raised to the standard of the higher bodies; was that what I understood you to say?—Quite so. That is to say, that the conjoint examination should represent, not necessarily the present highest standard of the country, because the highest standard of the country may represent what would not do for large numbers of people; but that, subject to that qualification, the lower should be raised to the higher. I took the case of the Edinburgh University. I would say there, that as Edinburgh passes large numbers of persons on to the Register, there is no reason to suppose that its standard is too high for popular use: that, therefore, if Edinburgh combines with other bodies, and those bodies have a lower standard, one should expect, not that Edinburgh would degrade its higher level, but that it would raise the other bodies to its own.

1093. I suppose you make full allowance for the necessity which exists for having practitioners of different acquirements, and of different habits and degrees of education, which may fit them for the particular branch or class of practice which they may pursue in after life?—Yes, of course.

1094. And, therefore, if the standard is placed very high will there not be a demand for an inferior class, which will not be met in the ordinary way?—The standard of course must be framed with a discreet, but I need hardly say disinterested, regard to what are the requirements of the public. It must be framed not as a fancy qualification, but with reference to the fact that the public has to be supplied with a certain number of certified practitioners. It is essential that those who apply the test should apply it disinterestedly, that is to say, without having any interest in passing a large number of persons. They must apply it with reference to the public wants, as regards both the quality and the quantity of the service, and not with reference to any other consideration.

1095. Would this new standard, in your opinion, upon an average, be higher or be lower than the present average standard of those who pass into the profession?—Do you mean under the conjoint scheme?

1096. Yes?—I should expect higher.

1097. The average would be higher?—Yes, I should hope so.

1098. Of course you understand there are two averages; there would be the average of the bodies and the average of individuals; in the first place, would the average standard of the bodies

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be raised?—I should think that at the first moment the stronger bodies, those which deal most largely with medical education, and have most experience in it, would not aim at any change of standard, but would only seek to maintain at the joint board that which they had hitherto separately recognised as right. Then, watching the effect of examinations on that basis, they would be prepared year by year to raise the standard as circumstances required. Things would work, I should think, in that way; not with the immediate introduction of a higher standard than any of those now existing, but with an immediate effect against lower standards, and with a subsequent gradual raising of all.

1099. But would the standard which would be at once introduced under the new system be a higher or a lower standard than that at present used by the average number of the bodies; I do not mean of the individuals?—It is difficult to talk of an average in these things, but I do not suppose that the bodies would recommend the immediate adoption of a higher standard than that by which the mass of men now enter the medical profession. They would get that standard applied by the new machinery, and then I presume they would year by year judge how far it would bear to be raised.

1100. But you said it would not be at present a higher standard than the majority of men now enter the profession by, which is the answer I wished to get from you; with regard to this standard it would be, of course, a minimum not only in proficiency but also in extent, would it not?—Those who would regulate it would, of course, have to ask themselves the question, "what is the minimum of knowledge with which we are entitled to recommend people to the public." That is the question which has to be answered.

1101. I do not use the word at all in an individual sense; but it would be a minimum, not only in actual proficiency but in extent of examination, that is to say, you would be obliged to omit a certain number of subjects which a higher class of examination would include; for instance, botany, which is, I know, contained in some of the examinations, natural history, geology, modern languages, natural philosophy; those are all branches which at present some of these bodies include in their curriculum; the minimum curriculum proposed by this Bill would, at all events, exclude a certain number of those higher branches?—Not the Bill, I think.

1102. The conjoint examination as approved by the English bodies I mean?—I think it would not be right to assume that the conjoint scheme, agreed upon as a voluntary system for England, is the scheme that would be adopted if the Council had compulsory powers. It may or may not be, but I do not think it is right to assume it.

1103. But was not the scheme submitted to and approved by the Medical Council?—A scheme of combination, but not the examination rules; the latter have never been before the Medical Council.

1104. Then under what authority does it come to us; has it not received the formal sanction of the various bodies?—I think you are confounding different things, if you will excuse me. There came before the Medical Council, a couple of years ago, a plan of combination.

1105. I think

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1105. I think you told us that there is a conjoint scheme for examination, which has received the sanction of the English medical bodies?—Yes, but that does not cover the question of curriculum at all. The pamphlet which I hold in my hand, and which I will hand you, contains a scheme for a joint board in England; it contains also educational details, but they are quite separate from one another. The one has been before the Council, the others have not.

1106. Did not that scheme arrange that three months should be the period for midwifery?—That question has never been before the Medical Council. A scheme for combination of the authorities has been approved; the plan on which those authorities should examine has not been approved; and it is entirely to the latter that any such question of curriculum would belong.

1107. Then it is not the case that the examiners in midwifery of the College of Surgeons of England have resigned because the conjoint scheme only allowed three months for studying midwifery instead of six months?—No; the resignation of the midwifery examiners of the College of Surgeons was to avoid the examination of women candidates.

1108. Is there any authoritative scheme at present before the public laying down for England what is to be the curriculum of studies for the conjoint scheme?—Do you mean is there before the Medical Council any proposed curriculum of study to be adopted under a conjoint scheme?

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1109. Yes, or any scheme including it?—No; not to my knowledge.

1110. I asked Dr. Ackland the other day whether he considered that education would have to follow examination, and he did not seem to think it would necessarily do so; what is your opinion upon that question?—I have a decided opinion that examinations very greatly influence education.

1111. Therefore I suppose this might express your view; that teachers will teach down to the minimum scale; will not teach up to an unnecessary standard which is not asked for. In other words, education will tend, I suppose, to assimilate itself to the standard of examination, and therefore that a conjoint scheme, with a minimum uniform standard, will not only raise the standard in the case of the inferior bodies, but will necessarily lower it in the bodies which are at present very much above the average?—My intention was rather to say, that good systems of examination tend to develop good systems of teaching. The general standard of teaching at any given time will, of course, be determined by the real needs of the greatest number; the occasional demand for exceptionally high teaching is probably not a matter with which the Committee will concern itself; but such demand for higher teaching as goes with the demand for higher titles, would, I believe, be better supplied under our proposed new system than it is under the system which now exists.

Mr. Simon,
C.B., F.R.S.

27 June
1879.

Tuesday, 1st July 1879.

MEMBERS PRESENT:

Dr. Cameron.
Mr. Dalrymple.
Mr. Errington.
Mr. William Edward Forster.
Mr. Mitchell Henry.
Sir Trevor Lawrence.

Mr. John Maitland.
Mr. Arthur Mills.
Dr. Lyon Playfair.
Mr. David Plunket.
Mr. Wheelhouse.

THE HONOURABLE DAVID PLUNKET, *pro tem.*, IN THE CHAIR.

Mr. JOHN SIMON, C.B., F.R.S., called in; and further Examined.

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Mr. Errington.

1112. I WOULD ask you, with regard to your evidence of the other day, to let me read you one sentence from the petition of the Queen's College, Cork, on the subject of this Bill, in order to ask you whether you agree with it or disagree with it; this is the sentence: "That your petitioners fear the advancement of medical science will be largely retarded by the provisions of this Bill. The uniformity of examinations which it contemplates must necessarily lead to a uniformity of teaching, and a general level of acquirement will prevail over the United Kingdom. Under such conditions teachers will hesitate to put forward new and improved views, no matter how well founded they may be, until they have come to be generally accepted; and students, in like manner, will be careless to acquire original ideas, or to cultivate advanced branches of science, which cannot avail them at their examinations. We believe that the tendency to the centralisation of medical teaching is a serious defect in the proposed measure"—I not only do not agree with that, but must confess, with due respect to the authority from which it emanates, that the argument appears to me ridiculous. It seems to me, in substance, to be this: that because you plant a poplar tree and a mulberry tree at the same level upon the ground, they therefore will grow to the same height.

1113. You told me the other day that you thought the "ornamental degrees," as they are called, would tend to keep up the level of acquirement in the profession; do not you think that if students are working for a necessary license they will neglect the mere academic honours?—I think certainly not; all the ambition of men will tempt them to try for the higher honours, the intention of the law being merely that no one below a certain level shall be classed as a legally qualified medical practitioner; but being upon the roll he may go to any height he likes, and the natural ambition or competition of men will lead them to seek the higher grades as a means of showing off their abilities to the world.

1114. But do not you think that under the ordinary laws of supply and demand, with that compulsory examination before them, those men

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will concentrate their vision upon the necessary examination alone?—I would ask, would they concentrate their attention upon what they could learn in the first year of their professional life?

1115. Then your answer is negative. I would just put the question to you in this way, finally: you would not agree with this statement in which I quote the words of a great educational authority; they are these: "The ornamental degrees of universities and corporations would under these circumstances have no more influence on medical education, as a whole, than the brightly polished brass work on the standard of an engine has upon its motive power. The qualifications of medical men would then be exactly what the minimum involved, and, except rarely, would be no higher." You do not agree in that?—I utterly disagree in that.

1116. Now, I should wish to ask you a question with regard to what Mr. Wheelhouse asked you on our last meeting; he asked whether it was not the case that certain Irish bodies licensed at present with two years' study instead of the usual four years; now, have you any knowledge that that is the case?—I have knowledge that representations have been made to the Medical Council that examinations meant to be preliminary are in fact not preliminary.

1117. But is it not the case that in the University of Dublin, in the Queen's University, in the King's and Queen's College of Physicians, in the Royal College of Surgeons, and even in the Apothecaries' Company, the period of study required is four years?—I believe it to be so.

1118. Therefore that would be an answer to the suggestion that there were Irish bodies which gave license to practise after two years' study, would it not?—It would be an apparent answer to that; but when the Medical Council speaks of four years as sufficient for medical education, it defines this to mean four years kept free from the claims of "preliminary" education; and if such education is allowed to encroach on "the four years," the professed period is virtually shortened.

1119. Mr. Wheelhouse also asked you a question with regard to the registration of students in certain medical schools in Dublin; would it not

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not be the business of the Branch Council to look after the registration of medical students?—Yes, it would.

1120. And, therefore, if it turned out that in one school in Dublin the registration had been notoriously neglected, it would be somewhat a reflection on the manner in which the Branch Council carried out its duties, would it not?—In the communications which have passed on this subject between departments of the Medical Council, there is a resolution passed by the Branch Medical Council for Ireland, that that Branch Council desires to observe that the question raised lies between the council of the body in question and the General Medical Council itself, and therefore decline to make any observations upon the question. They regard it not as a question between themselves and the body impugned, but between the impugned body and the General Medical Council.

1121. I asked Dr. Acland the other day whether it was not a notorious fact that many of the medical schools gave certificates of attendance at lectures, which were what I may call "bogus" certificates, which did not imply that the attendance stated had actually taken place; is it within your knowledge that that practice exists?—It could not be within my official knowledge, because if it were of course I should refuse, as far as it depended upon myself, to recognise the certificate; a system of certificates of that kind relating to bodily attendance is very likely to be laxly administered.

1122. But I suppose you would be of opinion that so long as attendance at lectures is nominally required, it ought to be actually performed?—No doubt.

1123. Does not it strike you thus: that unless the medical schools are supervised in some way, the registration of medical students must be very nominal, and almost a farce?—Do I rightly understand you to be speaking now not of the superintendence of examining bodies, but of the superintendence of teaching in the schools.

1124. I am speaking of a superintendence which would guarantee, for instance, that the certificates issued by those schools are *bonâ fide* certificates?—A great deal may be said for that view.

1125. It was stated that the majority of the Medical Council in favour of the conjoint scheme of this Bill, or of a similar Bill to this in 1870, was a great deal larger than in 1879; is that so?—Certainly.

1126. And I think you alluded to the fact that Dr. Andrew Wood, who was among the prominent supporters of the scheme in 1870, is one of its strong opponents in 1879?—I did.

1127. Does it not strike you that that is evidence which goes to show that upon more careful consideration of the difficulties of this scheme, many of those who were at first inclined to support it have now found themselves obliged to change their minds?—I am not prepared to say as a general rule that second judgments are wiser than first judgments. The "native hue of resolution" may be "sicklied o'er with the pale cast of thought."

1128. Is it not the case that the formal approval of many of the bodies was not by any means an unqualified approval?—Do you mean in the first instance?

1129. At the present moment?—I can hardly say of any man's judgment on anything of this

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sort that it is absolutely unqualified, but I think that those who voted for the conjoint scheme last year in the Medical Council had weighed the matter most deliberately.

1130. Now, with reference to the approval of King's and Queen's College in Ireland; it was contained in a memorial which was addressed to the Privy Council in favour generally of this Bill; but at the end it goes on to say that they "are of opinion that before any measure becomes law, a Select Committee of both Houses of Parliament should be formed in order that full evidence may be taken on the various important questions bearing on the amendment of medical education and examination;" that is a very qualified opinion, I think, in favour of this Bill?—There are some eminent persons who for a long time, I think for years, have thought that their earthly paradise would be attained whenever there should be a Select Committee on the subject; and clearly all must agree that a Select Committee, if giving itself to the subject, is likely to come to wise conclusions.

1131. I only want to clear up one point in your evidence given on the last occasion; you mentioned something about the advantage of Government nominees upon the Medical Council, and you approved of Government nominees, because that system rather represented, as you thought, the visitorial power which the Government have into the various medical bodies. Now, you do not mean, I suppose, that the nominees on the Medical Council have, as such, visitorial powers?—No, certainly not.

1132. So far I have asked you to answer the objections which are often made to the proposed scheme; I would now ask you a question or two with reference to the rival or alternative scheme. Now, supposing in the Act of 1858 the 21st clause, instead of giving power to the Medical Council to appeal to the Privy Council against an offending body, had given the Medical Council the direct power of suspending anybody which fell below what should be the standard of an examining body, leaving to this suspended body the power of appeal to the Privy Council; would not that power, if properly exercised, have rendered useless or unnecessary the present proposal?—I think not; I think that the supposed thoroughness of supervision of so many authorities, with a theoretical power of suspending them in case of misbehaviour, would have been fruitless. An extremely strong case would be requisite to justify that either the Privy Council or, in the case you suppose, the Medical Council, should suspend a body from the exercise of its functions, and the difficulty of establishing that extreme case would be very great; perhaps almost insuperable.

1133. If the evils which you want to guard against are very prevalent, surely there would not be very much difficulty in discovering them?—What I would call a moderate laxity of examination might have very awkward consequences as regards the public, but it would be very difficult for the superintending authority to establish it as against an authority who wished to disguise the fact.

1134. Then you are not of opinion that if Parliament instead of passing this Bill were to pass a measure strengthening the Medical Council and giving it very extended power, that would be sufficient to meet the questions which require reform?—I think not.

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1135. I wish

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1135. I wish to ask you, do you think 19 bodies too many for licensing purposes; that is to say, more than are needed?—Yes, very many more.

1136. Do you think it would be right to continue all those bodies in a conjoint form, when the separate existence of so many of them can no longer be thought desirable?—I see no objection to the continuance of them.

1137. Do you consider that it is contemplated under the conjoint scheme to secure all of them in perpetuity the same status and the same income which they have hitherto enjoyed as separate bodies?—Something of that sort is, I suppose, the consequence of the Bill.

1138. I think in your evidence you spoke of the examining bodies getting their livelihood out of fees for examination; do you think that is a satisfactory system; should not the licensing authority be above all suspicion of any money interest?—It could be wished that it should be so.

1139. Is it not the fact that under the conjoint board system the fees in the several divisions of the kingdom would be very unequal?—May I ask whether you mean in the different divisions in the United Kingdom, or the participation of various bodies?

1140. In the several divisions in the United Kingdom?—In the Bill as it stands, there is a clause requiring that the fees to be exacted from candidates shall be the same in all the divisions.

1141. I now just wish to ask you a few questions upon your evidence with regard to direct representation; you have asserted, I think, in your evidence, more than once, with regard to the Bill of 1870, that it was dropped in consequence of the agitation raised by the British Medical Association on the subject of direct representation; I think you stated that, did you not?—My statement was, that the Bill was an opposed Bill in the House of Commons; it was opposed at the end of the Session of 1870, and was opposed by representatives of that movement, and that, in consequence, Mr. Forster withdrew it.

1142. That is precisely the same as I indicated in my question; now are you not aware that in five out of the six Bills introduced into Parliament between 1840 and 1858 (for instance, there were two Bills of Mr. Warburton; two, I think, of Sir James Graham, and two of Mr. Headlam), the principle of direct representation was introduced?—The principle of direct representation was introduced in Mr. Warburton's Bills.

1143. And in Sir James Graham's Bill?—I do not remember that it was introduced in Sir James Graham's Bills.

1144. And in Mr. Headlam's?—It was introduced in Mr. Headlam's Bill undoubtedly; I do not remember that it was in Sir James Graham's.

1145. I think Sir James Graham introduced two Bills; and certainly in one of them the principle of direct representation was introduced; now I think in your answer to Question 664 you stated that the agitation for direct representation had rested on a delusion, and that that delusion was, that "a propaganda had raised the hope that a reformed Medical Council would do great things in regard to money for the medical profession;" do I understand you to imply that the movement for direct representation was based

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mainly on the view of promoting the pecuniary interests of the profession?—I was careful to endeavour to distinguish between arguments used for direct representation, and the enthusiasm which, at a particular moment, there was for it; the sort of enthusiasm which was represented in the memorial of 1869 with something like 10,000 signatures attached to it. I did not at all dispute that certain of the arguers for direct representation used as arguments that the direct representation would improve the constitution of the Council for educational purposes. I believe I said that, in my opinion, all the arguments which had been used in favour of direct representation as likely to improve the Council, could be knocked over like so many ninepins. But as regarded the enthusiasm, the wish, which culminated in the Birmingham Memorial of 1869, I said that, in my belief, that was mainly the result of the propaganda to which your questions referred.

1146. Are you aware that the medical schools which educate completely medical men, such as the schools of Liverpool, Sheffield, and Leeds, have petitioned in favour of direct representation, and that the Council of the Lancashire and Yorkshire branch of the British Medical Association, numbering 740 medical practitioners, have expressed similar views, and that more than 150 petitions, containing about 2,000 signatures of registered medical men, have been sent to Parliament in the present Session, praying for direct representation; and if that is so, may I ask you, do you ascribe the action of those public bodies and individuals to mere selfish motives?—Of course I could offer no opinion upon the motives of petitions to the House of Commons.

1147. When you were asked as to whether there had been an opinion expressed with regard to petitions and memorials in favour of direct representation, I think you have said several times, that "documents or papers have been signed by persons in favour of direct representation;" do I rightly infer, that in giving so guarded an answer as that, you meant to say that the signatures to those documents did not imply a genuine personal opinion upon the part of those who signed them in favour of the object which they solicited Parliament to obtain?—I should hesitate to express a very confident opinion on the weight which ought to be attached to individual signatures to petitions very largely signed.

1148. Whatever may be your view with reference to the value generally of Parliamentary petitions, do you think that a large number, say 2,000, of educated men, such as the registered medical practitioners of the United Kingdom, are likely to be induced carelessly to sign Parliamentary petitions under the influence of wire-pullers?—I should suppose that the constitution of the British Medical Association gives most remarkable facilities for wire-pulling.

1149. Then I understand that you think (because I only wish to have an answer to my question) that these nearly 2,000 registered medical practitioners who have signed the petition in favour of direct representation, have done so under the influence of wire-pullers?—I hardly think you should put pressure upon me to express an opinion in a case where I have not the means of knowing the facts accurately. I have no means of accurately knowing how signatures to Parliamentary

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Parliamentary petitions are obtained. I simply guard myself against expressing an opinion that the value of these petitions is to be counted as if every signature attached to them represented an independent judgment.

1150. But assuming, as we must all assume, that there are a great many petitions presented to Parliament which have but very small value, by reason of their either being signed, a great number of them, in the same handwriting, or from various causes which indicate that they have been obtained under influence, I ask you, do you put in the same category the petitions signed by educated men, such as the registered medical practitioners of the United Kingdom?—No, I would not.

1151. You expressed an opinion strongly adverse to the introduction of a direct representative element into the Council as calculated to deteriorate the Council; now may I ask you in what way do you think it would have that effect?—I think that it would give the power of voting to a very large number of persons of whom only a small proportion would take real interest in the matter of medical education, and to a number of persons who could not by any possibility know the personal qualities of all the candidates.

1152. I do not know whether you have taken interest enough to peruse either of the Bills now before Parliament other than the Bill of the Government; for instance, have you looked at the Bill which I had the honour to introduce into Parliament?—Certainly.

1153. Are you aware that by that Bill it is proposed that each candidate for election should have at least 25 nominators, being members of the medical profession; and if so, I ask you would not those names afford some guidance to the votes of the profession?—I think that provision would afford some guidance, about one guide to each 900 electors.

1154. Now with regard to the deterioration of the Council, I think you have give some answers which indicate that you think it is one of the weaknesses of the Medical Council at present that there is too much talking?—I think the constitution of the Council makes it inevitable that there should be a great deal of talk in proportion to the business transacted.

1155. Now, at present, the proceedings of the Medical Council are reported by the press, are they not?—Yes.

1156. Do you object to that?—No.

1157. You quoted in your evidence, I think last Tuesday, an anonymous article from a paper which I believe is now extinct; I do not wish to ask you to quote from any other paper, whether now in circulation or not, but I would ask you whether it is within your own knowledge, as a fact, that nearly all the medical journals now in existence, however differing in other points, are almost unanimous in favour of the direct representation of the profession on the Medical Council?—I believe it to be so; and that such accord as there is may, above all, be ascribed to the former agitation which I mentioned.

1158. We have had evidence, I believe from Dr. Acland, of close divisions which have taken place in the Medical Council on vital questions; is it not the fact that differences of opinion in the Medical Council itself, as now constituted, have been the cause of serious difficulties in originating and carrying legislation through Parliament?—I

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should hesitate to say that; I do not at any rate remember a case in point.

1159. Let me put this to you; the Bill of last year as first introduced would have made what is called the conjoint scheme permissive, whereas, in the form in which it was subsequently altered, the conjoint scheme would have been made compulsory; is that so?—Yes.

1160. Now let me ask you whether I am correct in supposing that that change of front was due, partly at least, to the controversies which had been going on in the Medical Council on that subject?—The vote passed by the Medical Council on the 12th April, in favour of the system of joint boards, was, I have no doubt, one of the influences, and was a powerful influence in leading the Lord President to the change to which you have referred, but I may add that several bodies other than the Medical Council were addressing the Government upon the subject. I can mention, for instance, of my own knowledge, that the College of Surgeons of England remonstrated rather strongly against the permissive form of the Bill.

1161. Am I not right in supposing that when legislation of this kind is to be initiated, it is, in fact, initiated with communication between the Medical Council and the Lord President of the Council; supposing, for instance, when there was going to be legislation upon so important a matter as this, as a matter of fact there would be communication before the Bill was presented to Parliament between the Medical Council and the Lord President of the Council?—On this occasion, or rather in the Session which preceded it, there had been formal communication from the Medical Council with respect to certain deficiencies in the Medical Act. The Lord President during the recess looking into the question, but without further or official communication with the Medical Council, thought it desirable to propose a larger measure than the Medical Council had suggested; just as Lord Ripon had done nine years previously. When he introduced his measure, at the beginning of the Session of 1878, he sent it to the Medical Council for their opinion.

1162. I am correct, am I not, in my impression that before any legislation is put in a final shape there would be, at all events, communication between the Medical Council and the Lord President of the Council?—Yes, no doubt.

1163. You said just now, in answer to the honourable Member for Longford, that you thought, as a general rule, that first judgments were better than second judgments; do you think that the first judgment of the authors of the Bill of 1878, that the conjoint scheme should be permissive, or their last judgment that it should be compulsory, was the best?—The proposals have been three; and taking them as a whole, for after all the Government of England is continuous, it was the Permissive Bill which was the second thought. The first one was Lord Ripon's, which was compulsive; the second was the present Government's Permissive Bill; and the third has been a going back to the first. There is, I believe, something almost approaching to the dignity of a proverb in justification of the wisdom of the third:

"It is not true that second thoughts are best;
But first and third, which is a wiser first."

1164. Then the legislation of last year would, perhaps, have effected what the French would

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call a sort of "*chassez croissez*;" they went backwards and forwards, and then adopted finally what they had at first recommended?—The Government of last year began on what I think was a weak form, and got strength as it went on, *vires acquirens eundo*.

1165. I think you have said in answer to several questions, and particularly in answer to Question 990, that you think every member of the profession ought to be able to have a vote in the constitution of the governing body of his own corporation?—Yes.

1166. Why do you not think he is as fit to vote for the governing body of his Medical Council as he is to vote for the governing body of his own corporation?—In the latter relation he would be member of a much smaller constituency, and, if the corporation were well constituted, might be presumed to know something of the conduct of its affairs. The action of any such governing body in appointing a person to represent the corporation in the Medical Council is only one of many actions which it does on behalf of its corporation.

1167. Will you tell us by what mode the College of Surgeons elect a member of the Medical Council?—The College of Surgeons of England is by far the largest medical corporation; it has something like 10,000 members; of those members any one who chooses to take a higher educational grade in the college can do so, and become a "fellow," and the "fellows" elect the Council of the college; the council elects the representative in the General Medical Council; that representative at the present moment is Sir James Paget. If Sir James Paget's name could to-day be put up by the Council to a plebiscite "Yea" or "No" of the whole 10,000 members, I have no doubt but that the "Yea's" would be nearly all who voted. But if the 10,000 members had from time to time a number of names put before them to choose among, with such canvassing as there might be by particular machinery for particular candidates, it would, I suspect, be rather a chance whether their choice would in general be as good a one, or one as genuinely satisfactory to the 10,000 members, as that which the governing body has made in its selection of Sir James Paget.

1168. The 9,000 licentiates have no votes, have they?—The members of the college have no vote.

1169. Then I have before me your answer to Question 990; I think it was in answer to a question by the honourable Member for Salisbury; you say, "I do not mean that a man should have a vote for the representative of his college in the Medical Council; what I mean is this, that he should have a vote in electing the governing body of his corporation; my particular point is that the choice of the representative for the Medical Council must be by deliberation; it is a question of choosing a man according to the details of his personal quality, and so on?"—That is so.

1170. That answer, I suppose, would apply to all the governing bodies, that is to say, to all the corporations which are concerned in this matter?—It would.

1171. Now you go on to say this, and I desire to ask you a question upon it, "The notion of choosing by universal suffrage in relation to such a case seems to me monstrous. What can universal suffrage know of the particular business

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qualities of a man who is to sit on a council of 20 people?" Now I wish to ask you, as this universal suffrage of which you speak is a universal suffrage of the registered medical practitioners in the United Kingdom, what distinction do you draw between the evil which you think would result from what you call universal suffrage in that matter, and the evil likely to result from the present system under which Members of Parliament, for example, are elected; do you think that the evils resulting from the election of half-a-dozen representatives of the profession upon the Medical Council by the registered practitioners of the United Kingdom, would be so very mischievous and so "monstrous," as you say, as to be fatal to the usefulness of the Medical Council?—The distinction is one to which I have particularly drawn attention in the Memorandum which I laid before the Committee. When there is a question of electing a Member of Parliament, the candidates go and show themselves, and make their speeches; they make their promises; they go through a process of competitive examination by their constituents; but in the case of getting a seat in the Medical Council the candidate would not come face to face with his constituents; his constituents, except to some insignificant extent, might probably have no opportunity of knowing more of him than the particular organisations, which there might be for promoting his return, thought proper to tell them. It would in substance be an affair of clubs and journals, canvassing for their own groups of candidates, and indifferent or hostile to others.

1172. Are you aware that amongst some of the most distinguished Members of Parliament, those who represent universities, of whom I have a very remarkable example on my left, never face their constituents in the sense in which you speak; they never canvass, they never solicit a vote, and never appear upon the hustings?—It is quite true that upon the occasion of elections they do not do so, but the representatives of universities are probably, in other ways, among the best known Members of Parliament to the constituencies which elect them. The Right honourable Member for the University of Edinburgh, for instance, had been doing good to his constituents as a teacher from time immemorial; they knew him in and out, every bit of him.

1173. That is a very proper and a very well deserved compliment to my Right honourable friend; but my question was rather with regard to your opinion as to the damage which is going to be done, or which would be done, to the Medical Council, if this "monstrous" proposition, which is supported by so large a proportion of the profession and the press, were carried out; I would ask, in what way it would be going to do all this mischief; because I do not at present catch it quite clearly?—The proposal which, for instance, you have made would add half-a-dozen members to a body which is already over-large; and these new members, if we are to judge by the arguments which have been used for their admission, would be specially charged with the duty of distracting us from our proper business by introducing matters which are beyond our province.

1174. With regard to the number of the Council, Dr. Acland, as president, said, that for the purposes of business, it did not, in his opinion, much signify whether the Medical Council consisted

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sisted of 20, 24, or 30 members; do you concur in that opinion?—No, I differ from it.

1175. Assuming for the moment that your views, adverse to direct representation, are correct, yet, judging from the past, both from what happened before the introduction of the Bill of 1858, and from what has happened since, in various unsuccessful attempts at legislation, do you think it probable that any Bill which ignores the demand of a large proportion of the profession for direct representation is likely to pass through Parliament?—The great wrong which, in my opinion, was done to the public and to the profession by the obstruction of 1870, might perhaps be repeated; whether it would be or not I am, of course, unable to judge. The substantial intentions of the Government Bill are of the very greatest importance, in my opinion, to the public and to the medical profession. Your provisions relating to direct representation are, in my opinion, undesirable; there would certainly be a great weight of opinion against them among those who have reflected upon the subject: I need not tell you, for instance, that the Medical Council, not only the members of the present time, but also those of some years ago, have expressed their opinion against the proposal. I think it would be very wrong to prevent the passing of provisions undoubtedly advantageous to the public and to the profession, merely because Parliament would not agree to pass those other provisions.

1176. As regards the important alterations in the law proposed by the Bill now before Parliament (I am speaking of the Government Bill which, as you know, is identical, or almost identical, with the Bill which I had the honour to introduce, with the exception of this provision with regard to direct representation), do you attach so much importance to these provisions that you think it would be desirable to get them passed, even if you had to pass them by the sacrifice of what you believe to be important, namely, this matter of direct representation?—The view I take of it is this: that the whole future of the profession under any such legislation as these different Bills intend, will (so far as law has influence) depend upon the quality of the Medical Council; I think it would be better not to legislate, than to legislate with any reasonable likelihood that the Medical Council will be an unsuccessful body; and I think that, with this modification, by universal professional suffrage, it would probably be a very unsuccessful body.

1177. You think that the introduction of, say six members upon the principle of direct representation, would be fatal to the usefulness of the Medical Council; is that your opinion?—It would be such an experiment as I decidedly think ought not to be made.

1178. And yet you think that the members of the College of Surgeons and the College of Physicians scattered all over the country ought to have a voice in electing, what I may call, the inner representative body which now constitutes the Medical Council?—I think a distinction I have drawn has escaped your notice. I have said that, in my opinion, every man coming into the profession ought either *ipso facto* to acquire a representation upon the body to which he is attached, or else to be able to acquire it with higher educational status. My opinion is in favour of such a body as we have in the

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College of Surgeons, where the suffrage is not universal, but where the power of acquiring the suffrage is universal. Every man may become a fellow, and to those who become fellows, a much smaller constituency, about one-eighth part of the whole, is given the power of choosing the Council. It is a high educational franchise, and the fellows do, I am happy to say, take an interest in the affairs of the college.

1179. Then, as matters now stand, I understand that you, like the people who had opposed Parliamentary Reform in past years, if anything were proposed to alter the constitution of the Medical Council by the introduction of direct representation, would hold out "no surrender," you would so resist it, not to the death exactly, but to something short of that?—I should use milder language than that.

1180. Shall I say to the utmost?—I should certainly not recommend surrender.

1181. You would think it fatal to the usefulness of the Medical Council?—I should think it a very dangerous experiment upon the constitution of the body upon which the future culture of the medical profession depends.

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1182. I think you have told the Committee that in your view the Council was a Council representing medical education over the whole country; that it was not for other purposes, but for the purpose of representing, and having an influence upon the medical education of the country?—In a particular way; by examination. It is a body which has to supervise the conditions of medical qualification; it represents the examining or qualifying function, not the educating bodies as such; its influence on education is through examination.

1183. According to the Bill of 1858, for the purposes of the Bill the country was divided into three divisions, England, Scotland, and Ireland?—Yes.

1184. Now, if the Council represents the educational interests of the community, do not you think that if there are any territorial divisions at all (you may object to territorial divisions; but if there are any at all), the proportion ought in some measure to be with reference to the amount of qualifications given in these territorial divisions?—I am not prepared to say that any principle of that kind could be taken as a basis for legislation in this matter, as against the familiar distinction of "England, Scotland, and Ireland."

1185. Would your answer lead one to think that it should be "Scotland, England, and Ireland," represented according to their sizes, and not with regard to the education or medical interests of Scotland, England, and Ireland; is it the mere question of size which is to be represented in the Council?—Size represents the number of patients in the three divisions of the United Kingdom.

1186. Does it represent the number of licentiates?—Probably not.

1187. In the last return of 1878 there were 669 licentiates passed in England, 582 in Scotland, and 290 in Ireland; if England were entitled to eleven representatives according to such a scale, I think a little sum in proportion would show that Scotland was entitled to 9.6 representatives, and Ireland to 4.8 representatives. Now,

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it is clear that the constitution of the Council is not in accordance with the proportion of licentiates passed in different parts of the kingdom?—I am not aware that there was ever any pretence that it does proportion itself to that condition.

1188. If it represents education, and not territorial division, there is obviously a wrong representation, is there not, when there is such an extreme difference between the number of licenses given in each part of the kingdom; because I must remind you that one duty of the Committee is to consider the reconstitution of the Council?—Yes, and the question which I understand you to be putting to me is whether the representation of the divisions of the United Kingdom should be proportionate to the number of licenses granted in the respective divisions in the year 1878.

1189. I took the year 1878; but you may take any average you like; but should it not be proportionate to the influence on education which you say is best represented by licentiates; I would take it with regard to students if you like, but I would prefer to have it with regard to licenses generally, which is your own theory?—I think that would probably be an undesirable system. For instance, supposing, as a hypothetical case, that one division of the United Kingdom had a very large quantity of licensing because of its giving undue facilities to candidates, you would, by such a system as you mention, give a premium to that division of the United Kingdom, whichever it happened to be. I think probably the more reasonable system is that which Parliament has twice taken, of looking rather to the respective populations. Assuming examining boards to be equal in their conditions, population would perhaps about represent, in the long run, the number of licenses in the three divisions respectively.

1190. But that is not what Parliament did; if so, Ireland ought in proportion to have considerably more representation than Scotland, and yet, according to the figures I have given you, Ireland only licensed 290 and Scotland 582; therefore, it can scarcely have been in proportion to the population that Parliament acted?—I cannot account for Parliament; it is beyond me. I have no doubt that there were reasons for the appointed proportions, as for everything that Parliament has done, but I do not know the exact reasons, and can only suppose that the proportions were settled, as so many questions are, by a process of combat carried on in the ante-chambers of legislation.

1191. Is there not something very peculiar about the education of medical students in England, as compared with most other countries, and as compared with Ireland and Scotland; that is to say, their being educated at private schools and not at universities?—Yes, that is the case.

1192. Are you aware that in Holland, Germany, and largely in Ireland, and largely in Scotland, the students are not trained in private schools but are trained in universities?—Yes.

1193. Now taking this last Medical Register, I am not quite sure that my eyes have caught every figure rightly, but I have counted, and I find that in the last Register of medical students, only 47 commenced their education in the three teaching universities of Cambridge, Oxford, and Durham, and that 244 commenced their educa-

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tion in the University of Edinburgh alone; now that is a very striking difference, is it not?—Yes, it is a very striking difference.

1194. If that is the case, are you surprised that the University of Edinburgh, which has something like from 1,000 to 1,200 medical students now attending it, feels itself aggrieved when it has only half a representative upon the Medical Council, and that Durham, Oxford, and Cambridge, which have only, altogether, 47 medical students, should have three between them?—But if the disproportion in numbers were ten times what it is, I do not think it would materially regulate my answer to the question which you put to me. It is not because a place is a great teaching establishment that it is represented in the Medical Council; the schools of St. Bartholomew's Hospital, of Guy's, of University College, of King's College, may be great medical schools, but they are not represented upon the Medical Council.

1195. I beg your pardon; my question was quite a different question; I first asked, do you think it extraordinary that Edinburgh should feel itself aggrieved; that was my question; the universities are in a different position from schools; the schools have no licensing or qualifying power which the teaching universities have?—They have, and there is, as you are aware, considerable difference of opinion as to the rightness of their having that power.

1196. Is there not this advantage, that the University of Edinburgh, for more than a century and three quarters, has given complete qualifications to medical men, who formerly had to go over to Leyden to receive them, because they could not receive them in this country; therefore did not it fulfil the double purpose of giving full and complete education and giving complete qualifications?—The University of Edinburgh has been, no doubt, a very admirable school of medicine.

1197. I will take a school in whose qualifications you have, perhaps, more faith than you have in the University of Edinburgh; I will take the University of London; the qualifications of the University of London are very high, are they not?—As regards your use of the word "school," may I observe that the two cases are not quite alike. The University of Edinburgh acts in the double capacity of school and examining board; the University of London only as examining board. The qualifications of the University of London are believed to be very high.

1198. And practically are acknowledged to be so?—Yes.

1199. And a person obtaining a qualifying degree through the University of London has passed, what I may call, a major examination; for what object should he be required to go through the minor examination of the conjoint board, having passed the major examination, which includes all and more than all the subjects which are required by the minor examination of the conjoint board; why should a man passing the major be forced to pass a minor examination?—May I ask is that the proposal?

1200. That is the proposal, as I understand it, that the University of London cannot, under the Bill, allow its graduates to pass upon the Medical Register; though their graduate has passed the major examination he must receive the license of the conjoint board before he can go upon the Register?

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Register?—The law has not yet defined what are major examinations. It may, at a particular moment, be the case that a particular university has a very high quality of examination, which, in the general opinion of the moment, would entitle it to be called a major examination.

1201. Then supposing the consensus of the public said that a university had a very high standard of examination (I have taken the standard of the University of London, because I believe, practically, that is an honour examination), you would allow that in such a case the students should not be asked to undergo the the absurdity of a minor examination by passing through the conjoint board, having passed the major examination?—I have difficulty in answering your question, because I have difficulty in quite realising the premise. I do not see my way clear to examinations which could have a patent of exception from the conjoint board.

1202. But, in your last answer, you said you could easily conceive of the public being so satisfied with any particular body (the University of London or any other body), that it might say, "Your examination is so high, we accept you, and do not compel you to go through the minor examination of the conjoint board"; that was the purport of your last answer?—I had no intention of answering to that effect. The opinion I entertain about the relation of major examinations to the joint-board certificates is, that the major examinations would in general not be held, and that at any rate the major titles ought never to be given until the man had passed the minor examination.

1203. Assuming that that is your view, do you not see an enormous disadvantage in a poor country like Scotland, and I will say Ireland, for probably, the Irish will admit that their country is not very rich either, in forcing a candidate to pay 30*l.* for the conjoint examination, which is what you have laid down as the proper thing, and then to go to the university and pay 25*l.* or 20 guineas more for a second examination; that is to say, more than doubling the cost by which a man can obtain a license at the present moment?—I am not aware of any reason for taking those suppositions as real. The university would have taken a part, and I should hope a very influential part, in the conduct of the joint-board examination; and if then there were question of conferring its bachelorship of medicine and surgery on any of its own pupils who had passed that examination, surely the university would not need to put these men through a process of entire re-examination.

1204. I take the statement of your conjoint scheme that the fees are to be 30*l.*, and the Bill says they are to be equal in all parts of the kingdom, therefore it will cost 30*l.* for the first, will it not, or is likely to do so?—I would point out to you that you are assuming that the conjoint scheme, which you hold in your hand, which was proposed as a voluntary scheme for England, is sanctioned under Act of Parliament; you are then assuming also that Parliament makes the fee the same in all divisions of the United Kingdom; these things have yet to be.

1205. I have assumed that which all the corporations and universities have recommended, namely, that the fee for the conjoint examination is sanctioned, and that it is 30*l.*; would it not be a severe blow to the poor students of Ireland

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and Scotland, and to the poor students of England, that they must first pay 30*l.* for a maximum examination, and then pay the same fees for a higher license?—Upon that there are several observations to be made. First, as I said, I cannot suppose that the universities, having taken part in the joint-board examination, would refuse to recognise that examination with reference to the question of granting their Bachelor degree to alumni of their own who had passed that examination. I would also note in passing (but this is not an essential point) that when the proposal for uniformity of fees was before the Medical Council, it was on the motion of Irish Members; and that the Scotch Members, so far as my recollection goes, did not throw out any suggestion that the requirement would be onerous to their licentiates.

1206 I think I could show you, from printed documents which I have here, that the Scotch Members very strongly objected on that ground; but do you not think, as a matter of common sense, that doubling, and more than doubling, the entrance fee for a license must operate to the disadvantage of poor students; do not you think that would retard the taking of higher degrees very much in the whole country?—I think not. The university would have taken part in conducting the joint examination, and to that extent would, I presume, not have occasion to repeat examination; whether it would have any additional examination would be in its own judgment. For myself, I do not suppose that the examination for the degrees of Bachelor of Medicine and Surgery given at the University of Edinburgh is higher than the joint board examination for Scotland ought to be; and the University of Edinburgh would take part in this joint examination. I do not see any reason in the nature of things why they should charge any examination-fee at all, though for their title they of course might charge.

1207. There is one thing to be remembered, namely, that universities which are not largely endowed must keep themselves up by fees, just as the College of Surgeons and others do here, unless the State endows them, and the same with museums, and other medical institutions?—Suppose there is to be a fee of 30 guineas exigible from the Scotch candidate who goes to the Scotch joint board, the scheme for Scotland would, of course, have provided that a certain proportion of that goes to the Scotch universities.

1208. At present the university makes 3,200*l.* a year out of its licensing fees, and it would lose by its share under the conjoint scheme 1,700*l.* a year. Now would not that lower considerably its means of promoting medical education and of supporting its museums? However, I want to keep you to the students' work; I do not want to go off to the question of universities. I ask you, as a matter of common sense, where poor students have to pay 30*l.* for a minimum qualification, will not that be a great inducement for them to be content with that minimum examination, and not to pay 20 guineas more to obtain a higher qualification. Where the students are poor, and where every pound is of immense importance to them, is it not likely that they would stand there, and not go farther?—I think it extremely unlikely that a man, whether he were rich or poor, would pay 20*l.* for a worthless professional qualification. If there is no difference

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between the Bachelor of Medicine of the Scotch University and the joint board examination, I do not see why the man should pay 20*l.* for the Scotch degree; but if there is a difference, I take for granted he would be, as at present, desirous of getting it.

1209. I suppose you are aware that no man becomes a Bachelor of Medicine under four years of professional study, and that for the majority of the students it is five years of professional study, and that no one becomes a doctor under six years, and that for most doctors it is seven years in the University of Edinburgh?—If my recollection is right, the necessary time for a candidate for the Edinburgh degree is the same as the necessary time for a candidate for the College of Surgeons or the Apothecaries' Hall in England.

1210. I will read you a statement, signed by Sir Robert Christison, whom you justly praised very much here the other day: "The degree of doctor is given after a higher preliminary education and examination, and not till after at least six years of professional study, while four years are sufficient for attaining the corporation minimum licenses; although the degree of bachelor is attainable in four years, it is only students of superior talent who can succeed in doing so, five years being the usual curriculum of study, and in these cases seven, at least, are required for doctors; the reason is, that for the bachelorship are required, in comparison with the corporation licenses, a higher preliminary education and examinations, more subjects of professional study, greater selection of teachers, and more stringent professional examinations." Do you agree with Sir Robert Christison's estimate of the degrees of the University of Edinburgh?—I should be glad to be allowed to explain my understanding of it: the candidate for the first degree, the bachelorship of the University of Edinburgh, has, I believe, to go through substantially the same studies as the candidate for the license of the Apothecaries' Company in London, or of the College of Surgeons in London. The degree of Doctor of Medicine, the higher degree, is not given him for two years after that period, but he need not have been at the university during those two years, nor in any medical school; he may have been simply in the practice of his profession, like anyone else.

1211. Must he not give any evidence of continued professional study, and of qualifications?—I speak subject to correction, but I believe it is enough for him to have been in the practice of his profession.

1212. He must present an original thesis upon some subject, must he not?—He presents a thesis. As I read the Edinburgh regulations, he will be a man who has had more preliminary education, but who, after having obtained his bachelorship in medicine, needs only have been engaged in medical and surgical practice, provided that he presents his thesis, certified by him to have been composed by himself, and which shall be approved by the faculty, on any branch of knowledge comprised in the professional examinations for the Bachelor of Medicine, which he may have made a subject of study after having received that degree. Now, as compared with what are commonly called the higher examinations, I do not know that one ought to attach very much importance to that condition of the thesis. I have

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not statistics as to the proportions of "pass" and "pluck" which there may have been among the applicants for the degree of Doctor of Medicine; but I believe that the plucking is not great.

1213. You think that when a man has paid, in a poor country, 30*l.*, which we have always taken as the assumption for the conjoint entrance, there will still be stimulus enough for him to go and take higher degrees; and you used the term that you did not think the universities would be in the least degree injured, because you thought the graduates would have a stimulus to take increased honours; do you still continue to think so?—I think there would be, among persons coming into the profession on those conditions, the ordinary stimulus of ambition to take higher degrees; but, as regards the question of money, and the question of income to the examining authorities, the universities would be participators in the income of the joint board, which I suppose under the scheme would receive much as is now received.

1214. You have a very liberal plan in the College of Surgeons for giving the higher degrees; is it not the fact that 2-10ths, at the most, of your licentiates ever go on to the higher degrees in the College of Surgeons?—That is at present the case.

1215. Supposing that that resulted in practice in Scotland; supposing that people instead of taking their education almost wholly in the universities, and, to a large per-centage, taking their higher degrees in them, where would the universities be if 8-10ths or 9-10ths of the students of Scotland were satisfied with the conjoint board examination and did not go higher?—But I must point out that the cases are not quite parallel; in the College of Surgeons the fellowship is separated from the membership by a really stringent examination, and I think no one will contend that in the Scotch universities the doctorate is separated from the baccalaureat by such a condition.

1216. But what would be the temptation to the 8-10ths or 9-10ths to go on to get the baccalaureat in the university when they have paid 30*l.* for the conjoint examination, and then have to pay 20 guineas for another examination?—I always presume that the Scotch scheme would contain facilities for the granting of the Bachelor's degree to men educated at the university who went to the conjoint board; I cannot conceive otherwise than that such facilities would be of the essence of the scheme so far as the universities are concerned.

1217. But we think that the Bachelor's degree is very much higher than you can possibly attempt as a minimum; what would be the tendency of the poor man who had given his last sovereign for a minimum examination, to go up for a major examination afterwards?—But I would venture to join issue with you on that which you begin by assuming.

1218. I mentioned that we do assume it, and believe it most unquestionably, and we want to know how in such a case a student could be induced to go up for a higher degree for examination. I will give you one point: one of the subjects that we make an absolute condition for a Bachelor's degree, is systematic botany and natural history. Men must come and be examined in those two subjects before they can have any chance

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chance of getting that degree, whereas that is not in the conjoint scheme at all?—I look upon the examinations for the Edinburgh baccalaureat as representing a proper minimum examination.

1219. You do not, then, approve of the subjects which have been given for the conjoint scheme by all the English authorities when you miss out two or three most important subjects, such as general botany and natural history, you have medical botany but not scientific botany?—These papers have not yet been under the consideration, either of the Medical Council or (finally) of the separate medical authorities.

1220. But they are held up as examples to us, and we were told by Dr. Acland that they had undergone the deliberations of, I think, 70 meetings before they were issued, and that they were the sum of the united wisdom of all the universities and English corporations?—But you are taking a fragment which has yet to be reconciled with other fragments. This draft curriculum has to be reconciled with the requirements of the Medical Council in the matter of preliminary education; and there are many who think that such matters as botany and natural philosophy should be in the preliminary education. I think we must not consider this subject as concluded on either side: neither on the side of the Medical Council as to what it would expect, nor upon the side of the authorities who would enter into the formation of the conjoint board as to what they would require in the way of professional education.

1221. You said, very rightly, that one fragment did not very well fit into another fragment; may not the Scotch universities think that your fragment does not fit into their fragment, and that they have a just alarm at your forcing both to be joined?—We are not asking them to make their fragment fit into our fragment; the Bill invites each division of the United Kingdom to make its own scheme for itself.

1222. But you are asking to have a conjoint scheme, which the Bill says is to be as nearly as possible identical in all different parts of the kingdom, and the only one we have before us is that one which would present itself as having been approved by the majority of the council?—The Bill proposes that “the qualifying certificate shall, as nearly as possible, be granted on equal terms so far as regards the curriculum of study, examinations, and standard.”

1223. For instance, if you are content with three months' midwifery, the Medical Council might justly say, “We have six months in Scotland and six months in Ireland, and might force, very much to our detriment, three months upon us instead of six months”?—Or, on the other hand, if they thought the example of Scotland an admirable one, they might require England and Ireland to follow it.

1224. But when we find distinguished English authorities engaged in drawing up this scheme, which has been submitted to approval by council, as Scotland is less than England, we may be afraid that the English views might be put upon the Scotch views?—I would remind you again that these are suggestions for a voluntary system. It does not at all follow that the same people would advocate the same thing, if the system instead of being voluntary were compulsory.

1225. Now I am quite sure you did not intend to make a misrepresentation, but if you will refer

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to Question 610, you will see it would seem to read from your answer, that Sir Robert Christison, whose sagacity you praised very much, and whom we consider a sort of Nestor in the Edinburgh University, was in favour of the conjoint scheme in 1870?—That was my meaning.

1226. Was not he in favour simply of examination in clinical subjects by a conjoint board, as regards the universities?—I should not say that. I do not pretend to say that he might not have preferred that to the system for which he finally gave his vote; without referring to the papers of that time, I can hardly say how far he may have had a preference for the scheme to which you refer; but that he did thoroughly accept Lord Ripon's scheme is certain.

1227. I have here a paper which I recollect Sir Robert Christison and I handed into you as medical officer of the council; it is dated “20th April 1870,” and it is signed, “Robert Christison, Chairman of Conference of Universities.” In this he gives it as the opinion of the Scotch universities, that “the clinical examinations of intending university graduates to be conducted, both in medicine and in surgery, by the joint board, a university professor and a corporation member of the board to be present at the examination of each candidate of every denomination.” But that the university should conduct all the science examinations as well as the systematic examinations in medicine and surgery, “with the addition of three examiners, fellows of the corporations, to be appointed by the conjoint board”?—On the 29th April 1870, I find Dr. Christison's very eminent name in favour of this vote: “That the council accept the principle of Clauses 3 and 13 of the proposed Bill.” This vote, in some respects the most important of all the votes which the council passed in that critical session, was carried by a majority of 15 to 5; and Dr. Christison's vote was an acceptance of Lord Ripon's Bill, not only as to the general principle of joint boards, but distinctly also as to the particular point (concerning affiliation) where Lord Ripon's Bill was more thorough-going than the Bill of the present Government.

1228. Do you recollect that the clauses in Lord Ripon's Bill were that the universities should be allowed to have their own scientific examinations?—Not at that time, but subsequently, yes; in the clauses relating to examination schemes, it was provided that the scheme might recognise university examinations in what were called fundamental medical sciences, that is to say, anatomy, physiology, chemistry, botany, and so on.

1229. Is not that practically the same thing which is recommended by the conjoint scheme, signed in 1869 by all the English authorities, that the universities themselves should conduct the first two examinations, separately from the conjoint board, and that only the third examination is to be taken by the university students, they paying five guineas alone?—I must particularly beg you to remember that the proposal in your hand is a proposal for a voluntary system.

1230. But under the proposal for that voluntary system in which the Universities of Oxford, Durham, Cambridge, and London were represented, the Royal College of Physicians of London, the College of Surgeons and the Society of Apothecaries agreeing upon a conjoint scheme, thought the first two examinations ought not to

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be passed by university students, but only the last and final examination; is not that so?—Yes. It was thought that the only compromise upon which they could all agree (in a voluntary system) was that the university certificate should be accepted for the earlier examination or examinations; that is to say, for those prior to the last two years of study.

1231. I will read what it says: "Any candidate for a medical or surgical degree or license granted by any of the English universities co-operating in the formation of the conjoint board is required to go through the course appointed by his university, and to pass the third or final examination of the conjoint board;" that was agreed to; and, further, it was agreed that instead of paying the 30*l.* which was provided here, the university students should only in their last examination pay five guineas; is not that the fact that that is the conjoint scheme?—You rightly read what is there, but I understood you were asking my opinion upon it.

1232. Did the deliberations of the conjoint authorities who framed this scheme come to that as the wisest thing to recommend?—It is the fact; I only care to press that the question was one of a voluntary system.

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1233. I understand you wish to say that although that is quite a correct report of the

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scheme, you are not to be taken as agreeing in that opinion?—If this instead of being a voluntary system were a compulsory system, I think it would not be desirable to accept it in exactly the form in which it stands, but to require some participation of the conjoint authority in those scientific examinations of the individual authority; and, subject to that qualification, I should at the present time be quite prepared to recommend the acceptance of the same principle in Scotland with regard to the matter of the earlier examinations.

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1234. Then in fact you would be very much inclined to follow the system of the "Staats Examen" in Germany. I am speaking from a Report of the Committee of the Medical Council on Medical Education, where they describe the system to be a decentralised one, where the State examiners are sent to the university towns, and are associated with the university professors, and, in the university towns, examine for a license; is that what I understand you to mean?—I am not familiar enough with the German system to use it as an illustration, but as regards Scotland I should think the scheme might very properly provide for the acceptance of the examinations in anatomy and physiology of the separate universities, provided the conjoint authority were represented in those examinations.

Mr. FORSTER took the Chair.

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1235. What you want to obtain is efficiency in the examinations of the different licensing bodies?—Yes, and uniformity.

1236. But you do not attach the same importance to one uniform system as you would to a thorough proof of the efficiency of examinations?—The uniformity to be secured is only this, that none shall be below a minimum.

1237. If you had the security that the examinations were efficient, and that the scale was not below a minimum, that would answer your purpose, would it not; do you see any more advantage in uniformity in intellectual life than you would see in uniformity in physical life; what you want is proof of efficiency, not a dead uniformity?—I am not aware that anybody contends for uniformity in the sense of your question; the contention is that there shall be no one admitted to the profession below a certain level of knowledge, which level no doubt is a uniform one, but there is no restriction imposed on what there shall be above that level.

1238. Supposing you give to the Medical Council the most ample powers, not only to inspect, but to control the examinations of the universities by reporting upon their examinations; would that not be as effective as the dead level of uniformity through a conjoint board?—I think not.

1239. Why not?—Because I think the inspection would be impossible, except by a system of permanent assessors, which would be but a joint board under another name.

1240. Is it not a fact that the Medical Board raised the examinations throughout the whole kingdom by all bodies?—I think the Medical Council has raised the standard.

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1241. If you had the same power, could not you carry out the same result in a more efficient manner?—I do not think so, if you mean powers of the same sort.

1242. I do not mean of the same sort, but I mean powers of drawing the attention of the Privy Council to the fact that the licensing body is not doing its duty, and is not carrying out the examinations efficiently, and that such a body being in default should be deprived of its power of licensing?—As a matter of practice I cannot conceive in our day faults in examining boards so very gross that they would be commonly held to justify representations of that kind.

1243. If the faults are not very gross, why is there any necessity for interfering with them?—Because the present system does not give sufficient security to the public.

1244. Let us now see what is the effect of this Bill with regard to uniformity; is there any scheme of a conjoint board practically in this Bill?—No.

1245. There are various exceptions, are there not, to it; there is no one-portal system for each of the divisions of the kingdom?—There is a one-portal system for each.

1246. If there were a single system, as soon as a man knocked at the gate, if he is properly qualified, he enters; but has he not to enter a second portal after he has entered at the first portal?—Not a second examining portal.

1247. But has he not to enter the second portal before he can be said to have entered through the door of the conjoint board?—That is so; but you are aware, of course, that the second is not to be an examining authority for the purpose.

1248. That

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1248. That I am aware of; but if it is not to be an examining authority for the purpose, is it not very much like the old custom of the robbers of the Rhine, that when a boat was passing, one or two of them agreed that one only would levy tolls upon the boat, and that the other should not levy; he must go through the second door for the purpose of the corporation getting a good sum of money out of him as he passes through them?—If you will refer to Section 5 of the Bill you will see an express stipulation distinguishing corporations from your robbers on the Rhine; they are expressly forbidden to demand a fee for attaching a licentiate.

1249. But they get it in another way, through the division of the fees in the conjoint board?—They will get fees, I presume.

1250. The College of Surgeons in London will get four-sixths of their fees?—Is that under the Bill, may I ask?

1251. No, it is under the conjoint scheme; for it will get two-sixths for its museum, and two-sixths for its license?—That may be taken as an illustration, but must not be taken as more than that, while it has not the sanctions which a scheme under the Bill would require. Taking it as an illustration only, and using it in that sense, I would ask you to refer to Section 19 of the Bill, and you will find there a limit on the acquisition of money by the authorities acting under a scheme; you will find that the scheme is to provide money for carrying itself into effect, and also to provide for paying certain costs of corporations, as follows: "paying the cost of continuing to maintain, under the control of any medical corporation of that part, any such medical museum or medical library, or both, as may before the passing of this Act have been ordinarily maintained for general public purposes by such corporation in their capacity of granters of qualifications for registration under the Medical Act, 1858, and have been so maintained out of fees paid by applicants for such qualifications, and may be of such importance to the promotion of knowledge in medicine or surgery as to deserve to be maintained out of fees payable for examinations for qualifying certificates, and shall also provide for applying the surplus, if any, towards the public purposes of any medical corporation of the said part of the United Kingdom in connection with the examinations."

1252. But the fact remains that the corporations do get their share of the fees according to what is required for public and private purposes?—Not for private purposes, nor even for all public purposes; but specially for certain public purposes as they have heretofore defrayed out of fees obtained from candidates for their licenses. I think it is important to observe how closely that is limited.

1253. There is another provision which breaks down uniformity, for you would admit upon the Register, though in a different form, the licentiates of colonial and foreign universities, if they are approved by the Medical Council?—In a different form.

1254. But practically with full rights to practise in this kingdom?—Yes.

1255. Now do you see any justification for giving to, I will not call in an offensive sense, a mushroom university risen in the Colonies, a right to pass the Register without going to the

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conjoint board for its degrees, while an ancient university in this kingdom is to be deprived of that right?—The object is to give to the public the best assistance the law can give to distinguish qualified from unqualified practitioners. Such assistance can be given to the public in a very efficient form as regards the United Kingdom, but only in a modified form as regards foreign and colonial practitioners; therefore the proposal is that these latter classes shall stand in a distinct position upon the Register, so that attention may be drawn to the fact that theirs is a particular case.

1256. I will take a single instance: if you deal with his licences by a very high examination like that of the University of London, is not that much better information to the public than that he has been passed by the University of Melbourne, in order to qualify him for practising?—But we propose to give both.

1257. But in the one case you say to a graduate of the University of London, "You shall not go upon the Register with your major examination; you shall go upon the Register with your minor examination of the conjoint board"?—Excuse me; the practical form of the enactment would be this: "You shall not give your major degree of M.D. to a man who is not already a recognised practitioner."

1258. But do you think it is a fair thing to the high-standing universities of this country that they should see the colonial and foreign universities, who do not possess the same high standing, enjoying rights which they do not possess?—I do not see that they would, in any objectionable sense, have rights not possessed by the British universities.

1259. Their graduates cannot pass upon the Register without having first passed through the conjoint board, and the graduates of foreign and colonial universities can?—They would not pass on to the body of the Register; they would be named in an Appendix, and would be known to the public as holding less guaranteed credentials than those of the United Kingdom practitioner.

1260. But having all the rights of licensed practitioners?—Yes.

1261. And there is another class of persons forming one-half of the whole kingdom, namely, women, who may, if they like, pass upon the Register without going through your corporations?—Without going through the corporations, yes; without going through the examinations, no.

1262. But without going through the corporations; you have framed a limitation, that a man shall go through the conjoint board, and then through the corporations or the university; whereas women, practically, may go in the Register upon the conjoint examination alone without going through the corporation?—That is the form of the Bill.

1263. Do you believe that in the logical sequence of legislation that can stand; that you can give a right to women which you must not ultimately give to men, that having got on by the conjoint examination, that shall be their sole portal, and that you can force them to go through the corporations, or through the universities?—The logic of legislation stands some very queer things, but I admit that this is a difficulty.

1264. Perhaps you would not care, and perhaps

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perhaps I would not care, if some of the licensing bodies which were not required vanished under it; but do not you think that that is a danger to the combination of the future licensing bodies in the kingdom?—Perhaps I may escape from some difficult questions by admitting that I do not admire that part of the Bill.

1265. Are you aware that Sir Robert Christison, in 1875, gave an address as President of the British Medical Association, in which he gave his matured views upon conjoint examination?—Sir Robert Christison is a gentleman of such extraordinary vigour, that it would be difficult to say at what period his maturity arrives; but I would submit that his opinions in 1870, when he was over 70 years of age, had probably been very well considered; and I think they could hardly have been improved on in 1875.

1266. I would ask you, as a fact, whether in 1875, Sir Robert Christison, as President of the British Medical Association, and growing, as you say, in maturity, did not give an address wholly devoted to the conjoint scheme?—I have not it fresh in my memory, and cannot recall any references which you may make to that address; but it is in my recollection that, even in 1870, Sir Robert Christison, then Dr. Christison, was very much beset by compatriots of weaker nerves than his own, by alarmists on the subject of the conjoint scheme, and that, coming from time to time to London, he had nerve to resist their impressions; he has not of late years been in London; if he has been much under those old distressing influences, I can conceive that in 1875 some of his courage might have oozed out of him.

1267. But is it not the fact that in 1875 there is a very elaborate address given by him, as President, to an important medical body, in which he wholly goes against conjoint examinations, as being a great evil to the country?—I do not personally recollect it.

Mr. Plunket.

1268. Some imputations, as I must call them, were brought forward at our last meeting by the honourable Member for Leeds, as regards the College of Surgeons in Ireland, and you have been asked some questions upon that subject; something was said about March hares, and also about their particular way of arranging their examinations; I wish to ask you whether what you said then was the result of hearsay; you did not, I presume, intend to express any opinion as to whether those imputations were well founded, or otherwise, from your own knowledge?—I had no intention of expressing an opinion upon the imputations.

1269. But I must ask you this further question: has anything come before you personally with reference to these particular insinuations, which would lead you to form a disparaging opinion of the degree or license given by the College of Surgeons in Ireland?—I cannot undertake to say whether there may have been a laxity in this matter of the preliminary examinations; if there has, I think it is to be regretted; but I feel sure that the Irish College of Surgeons

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must have acted in perfect good faith, and, speaking generally, I have not the least doubt of the excellence of their qualification.

1270. Then I will not ask you any more questions upon that point; you have been asked also whether the representatives of the various corporations and the universities, who act upon the Medical Council, as at present constituted, do not represent rather the local interests of those respective bodies; no doubt they do, but in the general conduct of their deliberations, and in the results at which they arrive, is it your opinion that they act for the general advantage of the profession, and the public good?—I have no doubt but that they act for the general advantage of the profession, and for the public good. There are particular discussions in which their individual interests no doubt form an element in the consideration: in the discussions about the conjoint scheme undoubtedly that has been the case; it could hardly have been otherwise.

1271. Is it not a great advantage that those separate interests should be represented in any central deliberative body?—I certainly have thought it indispensable, or at least very desirable, that the separate authorities should be represented in the Medical Council, because they have been the separate organs of the State for this particular purpose of medical licensing. I have not looked upon it solely as a matter of separate interests, but also as one of separate duties.

1272. Now, with regard to the maintenance of museums and libraries in various parts of the kingdom in connection with certain corporations; is it your opinion that the continued maintenance of such libraries and museums is for the public benefit, as well as for the benefit of the corporations or bodies to which they may be attached?—Certainly.

1273. And, therefore, in any scheme to be brought into operation hereafter, care should be taken that those bodies are not deprived of the means of supporting those libraries and museums?—That is very decidedly my opinion. The only doubt I have on the subject is, whether a matter so clearly for the public advantage should not be done rather by the public than by the medical profession.

1274. But so far as funds have come to the separate bodies, and are applied by them to such purposes as museums or libraries, and so on, do you believe they are so applied, quite apart from any personal interests, in the interests of the profession generally?—In respect of one institution I can very positively answer for it. I can answer from personal knowledge as regards the College of Surgeons of England, that they support a museum and library, at a cost of nearly 3,000*l.* a year, with no kind of regard to the personal interests of individual members of the corporation.

1275. Have you any reason for thinking that in the case of other corporations who apply funds in a similar manner, it is done with any selfish purpose of applying the funds of the corporation?—Certainly not.

Mr. RICHARD QUAIN, M.D., F.R.S., called in; and Examined.

Chairman.

1276. You are member of the Medical Council, one of those nominated by the Queen?—I am.

1277. How long have you been a member?—Since November 1863.

1278. That is to say, for three successive terms?—Yes.

1279. I think you have acted as treasurer during the whole of that period?—I have been one of the treasurers during the whole period, and acting treasurer during the great part of the latter time.

1280. You were honorary secretary of the Pharmacopœia Committee?—I was, and chairman.

1281. For how long?—Since 1864.

1282. Does your experience induce you to believe that the constitution of the Medical Council is well adapted for carrying out their duties?—Keeping strictly in view the duties assigned to the Council by the Medical Act, I think it is eminently well calculated for carrying out those purposes.

1283. Can you give the Committee any illustration of the manner in which the Medical Council has fulfilled its duties, as far as it has power?—I take it that the duties of the Medical Council have been to superintend medical education and examinations, to form a Register, and to issue the "Pharmacopœia." With regard to education, it has been impossible, I think, for the Council to do more than it has done.

1284. I suppose that you have only power to recommend?—Yes; I have in my hand a volume of most valuable reports on education, which were issued in the year 1869; they contain the curriculum of education, and the curriculum for examinations; from that time to the present, the Council has continued to issue recommendations for carrying out the curriculum printed in this volume of reports on education and examinations. The Council has also visited from time to time the examinations, and has corresponded freely with the several educational and examining bodies. The result of that work has been a very considerable advance in medical education and in medical examination; there has been an immense advance in my own time. The council has also thought one object essential in order that it should better supervise and arrange for examinations, viz., that there should be a conjoint board, or a general examining board in each division of the kingdom. The Council recommended that in this volume; and in the following year, when Lord Ripon brought forward a plan for forming compulsory boards in the United Kingdom, the Medical Council supported that proposal; therefore, so far as its duty with regard to education and examinations is concerned, I do not see that it is possible to have done more. Unfortunately it was met, as you are aware, when it supported that compulsory Bill of Lord Ripon, by an opposition which rendered the Bill being carried impossible; and, therefore, from that time to this nothing has been done in the way of promoting a compulsory board. It was said at that time that a conjoint board could not be had without the assistance of direct representation; and when the conjoint board was made by the Bill compulsory.

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sory, it was said that this would not be compatible, except "direct representation" was also insured. In this dilemma the matter has since continued.

1285. Then is it because you think the conjoint board is necessary to enable you to fulfil your educational duties, and because the proposal of that board by the Bill of 1870 was not carried into effect, that you consider you are not in so good a position for doing your duties as you would have been if that Bill had been passed?—That is exactly so.

1286. You, I suppose, have been specially engaged with what you may call the English part of the examination?—Yes.

1287. And have you anything which you wish to state to the Committee with regard to the attempt in England to make an English conjoint board?—I would wish to state that the plan of the scheme for an English conjoint board, and the regulations for carrying it out, are quite complete, and might be put into operation tomorrow; all the medical authorities in England have approved of it with the exception of the College of Surgeons, which has postponed consideration of the subject until the result of legislation is known; it has been approved by all the other bodies.

1288. Does that approval in any way depend upon the conjoint board being also established in Scotland and Ireland?—Decidedly.

1289. Can you say why?—Because there is a feeling that the mode in which the English conjoint board would be conducted would be such as to render it more difficult for students to pass the examinations, and that they might then go where the examination would be facilitated, as under the present plans.

1290. Therefore, I suppose, you mean that the different examining bodies in England, which would in some way have sacrificed their own individual power by uniting in a board, and thereby uniting in the high general examination for England, would feel that that sacrifice had been of comparatively little avail if that were so?—It would be quite thrown away.

1291. Are you aware that the chief objection to a conjoint board comes from Scotland, and that the objection is very strongly stated by all the Scotch universities; do you yourself see any difficulty in joining the corporations in Scotland with the universities?—I should not like to speak for Scotland; there have been difficulties in England, but they have been all surmounted by patience and mutual self-sacrifice.

1292. But is not the position of Scotch universities, as compared with other Scotch examining bodies, a very different position from that of the English universities, as compared with other English examining bodies?—I do not think the difficulty is insuperable; if it exists it might be overcome.

1293. Will you more fully explain in what way?—I must first explain my idea of the English conjoint board; it is simply this, that the several licensing bodies have been hitherto employed in examining upon the same subjects in different places by different examiners at different times,

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times, and they have now agreed amongst themselves that those different examinations on the same subjects shall be conducted at one time by one series of examiners instead of by many; they have left the preliminary examinations to be conducted by the bodies themselves; these subjects are not of the same importance as the practical parts of the examinations, such as medicine, surgery, and midwifery, which have special reference to the public welfare.

1294. Supposing you had got what you thought ought to be obtained with regard to conjoint boards, taking it for England alone, would you say that a man who was looking forward to being specially a surgeon should have precisely the same examination for passing, as a man who was looking forward to being specially a physician?—Certainly he should. Now with regard to the Scotch difficulty it will be thus: the Scotch medical authorities could examine upon the elementary branches at their own several institutions, and they could unite to examine subsequently, either in Edinburgh or Glasgow, in medicine, surgery, and midwifery; that examination should be sufficient for practice. As in England, the corporations have agreed to give their licentiate-ship or membership, so the Scotch universities might, if they thought fit, confer their M.B. degree upon those who passed that examination; that is the lowest they give which is intended for general practice; if they do not think fit to confer the M.B. degree on the conjoint board examination, they might require so much more time or additional examination before they conferred this degree.

1295. Do you think that, practically, such an examination as you suggest would be a lower one than the present one for the Scotch M.D.?—It may be lower than the Scotch M.D. generally, but I doubt whether it should be lower than the Scotch M.B. In other words, the degree of M.D. should be a higher distinction.

Dr. Lyon Playfair.

1296. The whole of the examination is for the M.B. degree; the M.D. merely comes if they write a thesis afterwards?—I did not know that; but I believe that the M.B. examination in Scotland is equivalent to that of the general practitioner.

Chairman.

1297. Is the examination which you desire what is contemplated by the Bill?—The Bill leaves the several bodies to unite and present a scheme. I think it should be so; a recent amendment to the Bill would seem to show that the Medical Council were to prepare the scheme and regulations, but it would be infinitely better if it were left to the various licensing bodies, subject to the approval of the Medical Council.

1298. How does the Bill provide that the English, or Scotch, or Irish examinations should neither of them be essentially lower than the other?—It first of all would leave to the Medical Council the approval of the regulations for education and examination, and then the Medical Council would, by its visitations, see that these were fully carried out. I might add that the Council could, by single visits, see what was being done by those several bodies, instead of going at many and to different places, as at present.

Chairman—continued.

1299. I am not expressing any opinion of my own, but I am asking for yours; why could not that result be obtained by the Medical Council having the power to visit, say, two bodies in Scotland, and to see that each of them kept up to a certain standard?—What, might I ask, would become of the other bodies at that time; you have specified only two bodies?

1300. Take the universities by themselves, and the other bodies by themselves?—That is to say, if the universities combined. I do not know that there would be any very great objection to that; at the same time, let me say, I think that the universities should be associated in this object. The University of London, with that view, gave up its right of giving qualifications, and has pledged itself to admit to the Register no one who has not gone through the conjoint scheme; it did that because it felt it could not hold itself aloof from what might be called improving the education of the lower branch of the profession while following out the higher; it was also felt desirable that the scientific element which existed in the university should be extended to the lower examinations, and it also felt that it was rendering a service to its own graduates in this way: thus the graduate of the London University who now wanted the licentiate-ship of the College of Physicians, or the membership of the College of Surgeons, or even the license of the Apothecaries' Company, must, after the severe examination which he has already passed, go down and be examined in these subjects again; from these examinations the graduate of the university would be exempt if it were participating in the conjoint board. Lastly, there are universities which should not be exempted from the operation of the conjoint board.

1301. Now suppose the Bill were passed, what would the student of the London University have to do; when would he go in for his conjoint examination?—He would not receive his M.B. degree until he brought a certificate of having passed the conjoint board.

1302. That would only enable him to be examined again for his M.B.?—The University of London makes no exemptions; it requires all the examinations to be conducted in its usual manner; it might exempt, if it thought fit, but it will not do so, and the candidate who has passed his examination for the M.B. degree, and obtained his certificate from the conjoint board, will then receive his M.B. degree.

1303. Therefore, taking the experience of the London University, you do not see why the Scotch universities should not encourage their undergraduates to take the conjoint examination and then come in for their examination, which probably would be the higher one giving their degree?—Quite so.

1304. How many on an average would pass through that examination yearly?—At the University of London from 30 to 40.

1305. How many examiners would there be under the scheme of the Bill?—Under the English conjoint board there would be 48.

1306. Then it is a mistake to suppose there would be 100?—Quite so; the committee of reference nominates twice the number that are required, from whom the authorities would then select. Forty-eight is the real number, of whom 10 would be employed at one time, 10 at another, and 28 at the third time.

1307. But

Chairman—continued.

1307. But 48 is itself a good many; how is it proposed to ensure uniformity?—The examination is divided into three distinct periods in different years; first year, second year, and fourth year. Ten examiners, or perhaps it may be eight, would be employed in the first year; they meet before the examination to arrange the written questions, and they meet after the examination to decide upon the results; two examiners are present, at least, at every *visâ voce* examination, and to secure that there shall be a succession of examiners, no two can go out of office at the same time; they go out half at one time and half at another, so that there would be a regular succession of examiners who would be supervised by the committee of reference, which may be said to be a permanent body, and by visitors from the Medical Council.

1308. The effect of a conjoint board would appear to be likely to be that the lowest examination at the present time, whatever it be, would be screwed up; but you have no fear, at the same time, that the examination of the highest class would be rather screwed down?—No, certainly not; the higher examinations would be the honorary distinctions of the profession.

1309. But you think it would, probably, have the effect of screwing them down, unless these higher examining bodies maintain their special examination, in addition to the conjoint examination?—It may have that effect. The conjoint board is to secure a uniform competency; there would be, of course, some who possessed higher abilities and obtained more knowledge, who would be capable and desirous of passing a higher examination.

1310. So much for the conjoint board: now, would your experience suggest any other change with regard to the Council; would you think that their recommendations should be made orders, if approved by the Privy Council?—Yes, I do; I think it would be most important that their recommendations of the Medical Council on important subjects should be made orders, subject to the approval of the Privy Council. At the present moment it is a very undignified position for the Medical Council, if it has to appeal to the Privy Council to carry out its orders; if, on the other hand, the Medical Council issued recommendations approved by the Privy Council, and even had power to suspend registration if the body did not carry them out, then the body in default should have the right of appeal to the Privy Council.

1311. You have no fear while at present, when you can only recommend, there is a hope of your advice being followed, that if you were to order, there would come a resistance which might cause a great deal of friction?—I should be sorry to see orders issued about trifling subjects; I had rather in mind such important subjects as were mentioned on a late occasion of the meeting of this Committee, such, for example, as the Irish College of Surgeons refusing to accept the recommendation that the branch Council should decide on the period of admission to the preliminary examination.

1312. We have had a great deal of evidence before the Committee as to some difference of opinion about the midwifery examinations; do you think that if the Medical Council had given orders about those it would not have produced

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Chairman—continued.

some friction?—I do not think the Medical Council would be justified in giving an order upon a subject about which such a vast difference of opinion exists.

1313. Then I must ask you, do you feel clear that a body which had the power to give orders, would also limit the exercise of that power to what they were justified in?—Of course we cannot say what is possible, but I am confident the Medical Council would not presume to do what was unjust or unreasonable. With regard to the subject of midwifery, I heard here the other day a mistake introduced on that point; the Medical Council has never decided otherwise than for the longer course. It received a memorial from the Obstetrical Society of London, asking it not to sanction the three months' course in midwifery, such as is put forth in the regulations of the conjoint scheme, and the Council did not feel it could decide upon that subject without appealing to the several examining or licensing bodies. It has done so, and the answers from those bodies contain a vast difference of opinion, which will appear before the Medical Council at its next or some subsequent meeting.

1314. I suppose you would consider that the Bill now brought forward and the Bill of 1870 are merely trying to carry out what was almost a pledge given to the public, that the State would do what it could to take care that every member of the medical profession who was registered should be fully qualified?—Yes; that object has never been fulfilled.

1315. Now I will ask you a question about money; as treasurer could you give the Committee any detailed account of the income and expenditure of the Council?—Yes, I can give the income and expenditure of the General Council, the English Branch Council, the Scotch Branch Council, and the Irish Branch Council, for every year since it was established (*handing in the same*). I can state that the whole amount received by the Council since its commencement is somewhere about 137,000 £, and its expenditure about 109,000 £.

1316. That is about how much as the average of the last five years?—In answer to that question I would say that the averages of income and of expenditure for the last three years, the last five years, and the last 11 years, are, respectively, as follows:—

AVERAGES.	Of Income.			Of Expenditure.		
	£.	s.	d.	£.	s.	d.
Average for 3 years (1876-1878)	6,176	3	4	6,306	11	3
Average for 5 years (1874-1878)	6,082	3	2	6,500	6	-
Average for 11 years (1868-1878)	5,679	10	11	5,554	7	9½

1317. Have your fees been unaltered all that time?—Yes, they have been unaltered during the whole time; the expenditure has increased latterly.

1318. Could you give the Committee the details of the chief items of expenditure?—The expenditure is, I may say, chiefly on the meetings of the Council, and on the expenses of the office.

1319. This is a large sum; what do you think has been got for it?—It is a very difficult thing

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to make it a matter of trade or finance, and to say, "I have given you so much, what have you given me for it"; but I will try to answer your question in this way. When the Act of 1858 was passed, certain privileges were conferred on the medical profession; each of us got a recognition and a legal standing which we did not have before, and for that legal standing, we who were qualified before the passing of the Act, paid 2*l.*, and those who were qualified afterwards paid 5*l.* That has amounted altogether to 137,000*l.*, and for that, I say, we have received a legal standing and a legal qualification, which we did not have before; it is the fee which we pay for our qualification. We have also made improvements in education, and so on; but I would wish to compare the cost of our qualification with that, say of the legal profession, for example; I have taken the trouble to inquire, and I find that a solicitor pays 80*l.* for his first fee for admission to articles; he pays 35*l.* when admitted as a solicitor, and if he practises in London, he pays 9*l.* yearly for his license; and if in the country, 6*l.* Thus a solicitor pays either 9*l.* or 6*l.* annually for that legal qualification which a member of the medical profession obtains by a single payment of 5*l.* on registration. In fact, the solicitors in England alone pay nearly as much in one year for their qualification as the whole medical profession in Great Britain and Ireland has paid in 20 years.

1320. Have the solicitors a registration corresponding to your registration?—A solicitor is required to take out annually "a certificate," which is equivalent to registration, on which is a stamp of 9*l.* or 6*l.*, as the case may be.

1321. We have heard the Council very often described as a "Council for Medical Education"; but I suppose we ought also to bear in mind that its duty and object is quite as much to be a Council for registration?—Just the same.

1322. Have you anything that you wish to tell the Committee with regard to the Pharmacopœia, as you are the chairman of that branch?—I would merely say with regard to that, that the Pharmacopœia has been regarded as a very successful and useful production; 35,000 copies have been sold; and it is sold at such a moderate price, as approved by the Treasury, that it has left upon the 35,000 copies a profit of under 400*l.*

1323. Are there such works published in France?—Yes.

1324. Do you know how it is arrived at in France; is it produced by anything approaching to a Council?—By a commission or committees under the authority of the State. Prior to the establishment of the Medical Council there were three Pharmacopœias, under the superintendence of the Colleges of Physicians in England, Scotland, and Ireland, respectively, and great differences existed between them, and many inconveniences thence ensued.

1325. But you do not know whether the pharmacopœia published in the larger continental nations are published under the authority of the State, or under the authority of a body constituted by the State?—Always under the authority of the State.

1326. Would you like to see imposed upon the Council any other duties except those of medical education and registration; I have understood you to say that you think they ought to be more

Chairman—continued.

powerful for the fulfilment of those duties. I ask, do you think it desirable that they should have any other duties?—I think they would be unfitted to perform them as at present constituted. I refer to such duties as those relating to sanitary measures, or poor law boards; for that purpose they would be quite unsuitable, or even indeed to enter directly into the suppression of illegal practice.

1327. I will put the new duties which were thought to be conferred upon it into three categories: giving counsel to the State with regard to medical questions; preventing illegal practice with more stringency than is at present attempted; and representing the special interest of the profession. Now, I understand you to think that in neither of these three matters would you give them much more power?—Certainly not; I do not think that the Council is adapted for carrying out any one of the three.

1328. You have heard a great deal, I suppose, of the proposal for direct representation of the profession?—Yes, a great deal.

1329. Have you formed any opinion with regard to it?—I think it would be a lamentable thing if such a proposal were put into practice.

1330. May I ask why?—The only experience on the subject before us of a like character has been in the election of the Council for the College of Surgeons, and there it seems so unsatisfactory that I should be sorry to see the system introduced more largely.

1331. What is the constituency there?—About 1,250.

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1332. Is the voting by voting papers?—No, it is not by voting papers; but at this minute there is a good deal of discussion going on as to the mode of voting.

Chairman.

1333. Is there any other very popular constituency amongst the examining body?—I do not know of any; I cannot call to mind any, but I would say that the result of these elections is not such as to induce us to apply it to the Medical Council.

1334. But supposing the mode of election were got over, would there not be advantage in having direct representation of the profession?—No, I do not think so, for this reason, that I do not think the best men would come forward for the election. In the College of Surgeons some of the best men decline to be nominated, and when they are nominated they are not always elected.

1335. There is no reason to suppose that the feeling of the younger members of the profession would be more represented?—I do not think so at all. I would agree with what I heard Mr. Simon state here in his evidence, that there would not be the opportunity of discussing the merits of the most eligible for the duties of office. A popular candidate may be a very incompetent man of business.

1336. With regard to the special interests of the profession, you do not think it is desirable that the State should constitute a body to protect the interests of the medical profession legitimately?—I do not think the State would be wise to create what has been called a Medical Parliament.

1337. Take the case of under payment by board

Chairman—continued.

boards of guardians, or what was supposed to be under payment of their surgeons; do not you think it would be an advantage in such a case as that?—Such a case should be undertaken either by popular bodies not acting under Acts of Parliament, or by such bodies as the College of Physicians, or the College of Surgeons, or the like; but certainly not by a body whose sole duty was to see education, examination, and registration carried out.

1338. Or rather whose sole duty at present, and whose chief duty for the future, that would be; but do you really think that that which, under all circumstances, must be the chief duty of that body would be less likely to be fulfilled, if those other duties were imposed upon them?—Certainly I do. The independence, the weight and influence of the Council would be thereby impaired.

1339. You think, I suppose, that the question of the claims of the profession would be so interesting, that it would divert attention from the scheme of examination?—It may be so.

1340. I suppose you do not approve of every clause in the Bill?—I do not.

1341. Is there any objection that you would like to state which you entertain to the Bill?—I think Clause 5 is a very unsatisfactory one.

1342. Why so?—It would admit upon the Register persons who are not under any professional control, both men and women. It is intended to admit women, but of course it is perfectly open to admit men also, and I can conceive such a thing as this happening, that a person who was desirous of carrying on, perhaps, the sale of quack pills or secret remedies, would obtain a qualifying certificate from the examining board, and would intimate then to one of the corporations that his future practice was to be the sale of these pills. The corporation would of course decline to admit him, yet he could then get on the Register, and this vendor of secret pills could promote the sale of his pills, by saying that he was a legally qualified practitioner, stamped by the Government.

1343. Have you anything to say with regard to the admission of women?—No, I did object very strongly to this once, but they carried their object and I withdrew from further opposition.

1344. If they are to be admitted, how else could they be admitted than under these provisions?—We were in great difficulties under the conjoint scheme as to the admission of women, for all the authorities in England had agreed that they would not admit any person who had not passed the conjoint scheme examination, either to license or degrees, and at the same time the corporations agreed to give their qualifications to those who passed the conjoint board, but not to women. Thus if women applied they must have been refused by the conjoint board under the original understanding. We have met that difficulty in this way: there are two bodies, the University of London, which has agreed to admit women, and the Society of Apothecaries, which is legally bound to admit them; and we have agreed that if any of the co-operating authorities require the conjoint board to examine a woman, she shall be admitted if she passes then to the degree or license of the body asking for the examination.

1345. That makes the admission of women, with the exception of the London University and Apothecaries' Hall, dependent upon the resolution

Chairman—continued.

of the bodies?—The Apothecaries' Society must by law admit women.

1346. But with the exception of those two authorities it would make their admission dependent upon the resolution of the bodies?—Quite so. In Ireland, the College of Physicians admits women.

1347. In England, do you think the College of Physicians would do it?—The College has expressed a very decided opinion against doing so.

1348. In fact, if the Bill were passed without Clause 5, it would be rather difficult for women to get admitted, would it not?—I do not think so; many women are now qualified, and the practice cannot be stopped.

1349. They are admitted through the London University, are they not?—They are admitted through the London University, Apothecaries' Hall, and the College of Physicians in Dublin. In fact, the above plan suggested above would be placing women in the position in which they are placed by Russell Gurney's Act. Any authority who chooses to admit them could admit them, and the conjoint board does not stop the way any longer.

1350. Is it proposed under the conjoint scheme to give the same examination to women as to men?—That is a moot question. I think it will be very much the same.

1351. Have you any objection to Clause 6?—Yes, a very great objection indeed. The right honourable Member for Edinburgh University has brought out from Mr. Simon, that foreigners would be placed in the same position as English graduates and English members of corporations, although they had undergone no examination at all here. They would be under no professional control.

1352. How would you propose to meet the case of foreigners?—I would make the various licensing bodies responsible for their admission. I would allow them to admit foreigners to their licenses and diplomas, and make them responsible for the character and acquirements of those whom they admitted.

1353. I suppose you would have the same objection to the 7th clause?—Yes; it applies to colonial practitioners. And there is also the 15th clause, which says that the General Council may frame, and when framed, alter or revoke, or add to, the rules. I doubt very much whether the Council is capable of doing that; it would be very much better to allow the various bodies to frame the laws, and submit them to the Council.

1354-5. Then the 24th clause?—The 24th clause relates to the question of the Council becoming prosecutors. That is a rôle which I believe from the very first the Council have always hesitated to accept, on the ground that it was a judicial body, and that it was unbecoming for a body which had to decide as judge, to become a prosecutor. I have here their report in regard to that, in which they say, "It is no part, however, of the functions of the Council according to the Act, to institute prosecutions at large for offences against the Act. The enforcement of the prohibitory clause of the Act (Section 40) is attended with peculiar facilities in Scotland and Ireland, in each of which divisions of the kingdom there is a public prosecutor whose duty it is to relieve all other persons of the responsibility of prosecuting for public offences. In England

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England, this duty unfortunately falls in general on private individuals or associations, and in this respect offences against the Medical Act are not very differently circumstanced from offences at large." (Minutes, Vol. I. page 36, see also Vol. II. page 96.) It seems to me that it would be infinitely better, as these are criminal subjects, that they should be taken up otherwise than by the Medical Council.

1356. But seeing that we have no public prosecutor in England, who do you think would prosecute?—It ought in England to be in the hands of the police of each district.

1357. Does that apply to the whole of Clause 24?—No, only to that particular part of it on page 14, from line 27 downwards.

1358. You would omit those words which say that a prosecution "shall not be instituted by a private person except by the consent of the General Medical Council"?—No, I would say not by the Council itself.

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1360. I think this conjoint scheme met with your entire approval?—Entirely.

1361. And is signed by you?—Yes, I took an active interest in promoting it.

1362. By that conjoint scheme you provided that the universities might have all their scientific examinations by themselves, and that only the third final examination should really be through the conjoint board; is that what you would approve?—Yes.

1363. And you also provided by that scheme, that out of the 30*l.*, or guineas, whichever it was, five guineas should only be paid by the universities for the final examination?—It was so.

1364. But I suppose you are aware that that is not the natural reading which would appear from the Bill with regard to the conjoint board?—I thought the Bill left it quite open as to how the conjoint board should be formed: it should do so.

1365. Under the examination rules in the 15th clause there are no words which would at all indicate that any such discretion was given to the Medical Council at all; they may exist in general words, but there is no implication that they may have the nomination of the licensing and of the examining authorities in substitution for the conjoint board?—I was told that if this English board had been approved by the Medical Council before the passing of the Act, it would come into operation as it is.

1366. At all events, your approval of the conjoint scheme depends, does it not, upon that point, that the universities should have the first two examinations belonging to themselves, the final examination being by the conjoint board?—The final examination in medicine, surgery, and midwifery is that in which the public interest is concerned.

1367. The result of that would be, would it not, that you would diminish the evil which Scotland is very much afraid of, namely, that by adding as much as 30*l.* for the conjoint examination, you would very much take away the inducement to men to go in for the higher

Chairman—continued.

1359. In Mr. Simon's evidence he mentioned some concessions which had been made to the universities in the Bill of 1870?—Yes, Mr. Simon mentioned that it was the University of London which had more particularly demanded the concession. The concession was this. The University of London and other universities consented that their degrees should be no more regarded as registerable qualifications; in fact, they surrendered their privileges of giving qualifications; but they hesitated to give up the right of conferring a degree which would not be a qualification, that is to say, on such a distinguished person as the late Professor Miller of King's College, who did not want to practise; he being a scientific chemist, held a degree from the University of London, but he could not, as it was proposed, have got that degree unless he went through this conjoint board. The university desired to retain the power of giving degrees without the conjoint board examination to those who did not want qualifications.

Chairman—continued.

examinations, for then they would only pay five guineas instead of 30*l.* for the conjoint examination?—Yes. I thought that in Scotland the difficulty might be met in this way, that the fees for those who passed this (practical) portion of the conjoint board should be simply sufficient to pay its expenses, and that the candidate who passed the board might transfer himself and his claim for a degree or license to the body he preferred, paying the difference, and undergoing, if need be, any further probation.

1368. Would you go a step farther, as to whether the final examination should partake chiefly of the character of a clinical examination?—It is intended that it should do so to some extent.

1369. Would you include systematic medicine or systematic surgery, or only clinical medicine and clinical surgery in the final examination?—I would include systematic as well as clinical medicine and surgery.

1370. Probably you are aware that only 6½ per cent. of the licentiates in England take university qualifications, whereas 36 per cent. of the licentiates in Scotland take university qualifications; would not that fact make it a more important question for the Scotch universities than for the English?—It is a question of arrangement, I believe that the difference in numbers is very much owing to the difficulties in England and the facilities in Scotland for obtaining university qualifications. I believe that in England if more facilities were given for obtaining university degrees, the figures would be very much altered.

1371. Do you believe that the medical examinations of Oxford, Cambridge, and Durham, are superior to those in Scotland?—The courses of study in the first much longer. The latter university has recently proposed facilities for obtaining the M.D. degree. I visited the Oxford examination, and it was very complete; an admirable examination.

1372. Was not that the report of the visitors to the Scotch universities too?—Yes, generally they are all the same.

1373. In your remarks with regard to facilities you had probably your own university in mind,

Chairman—continued.

mind, where you only pass 35 men in the year?—Yes; it is very difficult to pass the examinations; it is far too much.

1374. You mean it is far too onerous an examination?—Yes, for ordinary qualifications.

1375. You think the conjoint scheme is necessary for the three parts of the country, lest one part of the three might have a lower standard than the others?—Yes.

1376. Is not the assertion that any of the licensing bodies now being low improperly a tradition of the past, rather than an existence of the present?—I confess that there are both in England, in Scotland, and in Ireland, too great facilities for entering the medical profession. I know that as a fact.

1377. Do you say that as a fact?—Yes, I do.

1378. Take the small corporation of physicians and surgeons in Glasgow; I see that your visitors describe the examination there as excellent?—I do not recollect the nature of the report.

1379. As far as the report goes, they said they were very much pleased with everything they saw. Now, at the beginning of this century, Oxford and Cambridge used to give degrees without examination at all, and do you not think the idea of very low standards existing in some licensing bodies is very much a tradition of that kind?—I think that some of the licenses are still granted too readily.

1380. Take, for instance, your conjoint scheme which excludes three subjects from the Bachelor of Medicine degree in Edinburgh, and which you consider absolutely necessary for M.B. in London; namely, scientific botany, natural history, and natural philosophy?—But we cannot find minds which are capable of containing everything. When we aim at bringing them to the practical treatment of the diseases of the public we must not try to fill them with more than they can hold.

1381. But you stated, I think, that you thought the M.B. of Edinburgh was a general practitioner's qualification?—There is nothing to prevent your University of Edinburgh from examining a man upon whom it confers its M.B. in those subjects just named, after he has passed the Edinburgh conjoint board; that is to say, if they are left out of the Edinburgh conjoint board scheme. We thought we were asking quite as much as was necessary in our plan, and saw no advantage in including these subjects which might be studied at school.

1382. Would it not be the tendency that the examination would direct the general stream of study into the channel which you opened, and that great teaching institutions would teach for that examination mean rather than for the maximum?—"The higher" means merely this, that men must devote more time to study, and devote themselves also to special subjects. If I passed that examination and intended to be a physician, I should probably go on for the M.D.; but if I wanted to remain a general practitioner I should feel that I had had a sufficient examination qualification. I should be a qualified practitioner, but if I chose to go higher I must look for the means of doing it. Teaching may be merely teaching without a man's learning; a man learns more for himself than he is taught; my impression is that people are not taught so much as they learn for themselves.

1383. But a man having a standard to look to

Chairman—continued.

as that which the State considers sufficient for entering upon the Register, would be inclined to content himself with that, and not to go on to the higher degrees, would he not?—That is not the experience of the present day, because there are many subjects, such as comparative anatomy, which are not required by the licensing bodies, and yet there are teachers, and there are students who are found to listen to their lectures.

1384. Because those are required by the university which grants the licenses; but supposing the only condition for entering upon the Register is this conjoint board examination, will there not be a tendency to teach down to that conjoint system instead of teaching up to the other?—There is not the slightest fear of that, because the teaching must be good, and the schools whence those who passed come will be recognised and supported; if the schools teach for the conjoint or lower degree well, they will teach well for the higher, if more be required for higher distinction.

1385. Is it not found that the examination invariably determines the course of study in Oxford and Cambridge, and that the higher studies which are not included in the examinations receive very little attention?—No; in the London University candidates come up from private study and do quite as well as those who come from the universities and public schools.

1386. But that only shows that those persons have trained for your special examination?—They have trained themselves in private study; but I have no fear whatever that the action of the proposed scheme will lower in any way the standard of education.

1387. You would not be surprised to hear that a great many educationists have a different opinion?—I am quite willing they should; that is my conviction. I have gone through a great many examinations, myself beginning with the Irish Apothecaries' Hall in 1831. I passed a preliminary examination established by that body even then, in Greek, Latin, and mathematics; and I have had much practical experience both as an examinee and an examiner since that time.

1388. But we do not consider Dr. Quain has an ordinary mind; he has an ambitious mind; if you had possessed an ordinary mind you would have been perhaps satisfied to have got on the Register with the minimum examination, and we would never have heard of you again?—I cannot say how that might have been. I see many like myself, possessed of a reasonable desire to succeed.

Mr. Arthur Mills.

1389. I wish to ask you one or two questions which I asked Mr. Simon. You think that 19 bodies are too many for licensing purposes; that they are more than are needed?—Certainly.

1390. Do you think it right to continue all those bodies in a conjoint form, when the separate existence of so many of them can no longer be thought desirable?—They form in that case but one body in each board.

1391. Therefore, in a consolidated form, you think it would be right to continue them, though you think, otherwise, they would not be necessary?—Some of them are absolutely required. There might be some to the continuance of which objections could be made, but they will answer

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for themselves as to why they should be retained. I do not myself see the necessity for doing away with any of them.

1392. Mr. Simon spoke of examining bodies getting their livelihood out of fees paid for examination; do you think that is a satisfactory system?—I do not think it is. Still some of these bodies are very useful, and they cannot well be maintained otherwise than by fees. I ought to add that I do not know any of these bodies in England which afford any real pecuniary advantage to those connected with them.

1393. Is it not the fact that under the conjoint board system the fees in the several divisions of the kingdom would be very unequal?—They might be made unequal, but there is no reason why they should be; that is a matter of arrangement; it would be very desirable that they should be as much alike as possible.

1394. Under the contemplated arrangement will the fees be equal or unequal?—They will be equal, I presume.

1395. You stated, in answer to the Right honourable Chairman, that you thought it would be a lamentable thing if such a thing as direct representation were established; why do you think so?—Because I think it would periodically cause very unpleasant jarrings, jealousies, and contentions in the medical profession.

1396. It would cause the same jealousies and contentions as elections lead to everywhere?—Yes; we are better without it.

1397. That same argument, that direct representation would lead to jealousies and contentions, would also induce you to wish to see representation abolished altogether, would it not?—No, I do not at all desire it. What may be endured in a wide community, would be intolerable in a limited profession.

1398. You would think it might be a very good thing for other people, but a very bad thing for the medical profession?—I quite assent to that; but I would supplement that by saying, that if there was any object worth gaining I would say, unhesitatingly, "Have such contentions"; but I cannot see any good result that would be gained thereby.

1399. You also stated that you did not think the best men would come forward; why not?—Because they would not submit themselves to the ordeal.

1400. Do you think that is the result of the representative system generally?—With great respect, you must be a better judge of that than I am, but I am sorry to say that I do not think that the representative system has improved of late years.

1401. Then, in fact, the views which you express in regard to its effect upon the medical profession are the views which you hold generally in regard to the effect of representation; is not that so?—I am not competent to give an opinion upon that point, but I say there is no great object to be gained by the difficulty which would result from involving 22,000 or 23,000 medical practitioners in contentions as to who should or should not be elected to this simply administrative body.

1402. Supposing it were the fact that a very large number of the medical profession, as many as 2,000, I believe, had memorialised Parliament in favour of direct representation, what would you say then?—The number is more than that, a great deal.

Mr. Arthur Mills—continued.

1403. I would rather understate the number than overstate it. If it were the fact, that as many as 12,000 medical practitioners had signed petitions, praying for direct representation upon the Medical Council, and you found that people who had been medically trained held the same opinion, and that the whole of the medical press was unanimous in favour of direct representation, would that affect your judgment in favour of the expediency of introducing it?—Not until they told me the objects they had in view, and the means by which they were to be accomplished.

1404. You think, at present, there is no indication of the object they have in view?—At present I can see no clear indication of it; so many different objects are stated.

1405. Has the Council any direct representative element?—It has; the members of the Council are selected by certain bodies rather than sent as representing them; I wish it could be made to be felt so in all cases; but it may not be so. A number of those sent by various bodies do not think they are mere representative, but that they are selected by the body to carry out the special duties assigned to the Council by Parliament.

1406. Mr. Simon said in answer to a question put to him last Tuesday, "What I mean is that a man who is a medical practitioner should have a vote in electing the governing body of his corporation," and Mr. Simon, I think, went on to say, that he thought in the case of the College of Physicians and the College of Surgeons there would be nothing objectionable in every member of the College of Surgeons or the College of Physicians having a voice in the election of members of the governing body of the corporation?—I think that would be a proposal worthy of consideration.

1407. Now, will you tell me, how you distinguish between the reasonableness of that, and the reasonableness of these gentlemen (Mr. Simon talked of universal suffrage) they all being registered medical practitioners, having a voice in the direct election of members of the Medical Council?—In the one case the members would have in their corporation, so to speak, the right to manage their own affairs. In the other case, I take it that the Medical Council is a body placed between the State and the public, in which the State and the public are chiefly concerned, and not the medical profession.

1408. Then the present state of things is very much this, is it not; as though, for instance, in every borough of the United Kingdom, in which there is a town council, the town council should return Members to Parliament instead of the constituencies?—I do not see the analogy; this is simply an administrative body; you might just as well ask why the Indian Council or the Lords of the Admiralty should not be elected by a form of universal suffrage.

1409. My question to you was not at all analogous to that; my question was this: as I understand, as the election is now, it is an indirect election; that is to say, the governing bodies of, say the College of Physicians and the College of Surgeons, elect members to the Medical Council, to which you see no objection; but you think there would be a very great objection if universal suffrage were introduced, and all the members of the profession being registered medical practitioners, had a voice in electing members to the

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Medical Council?—I cannot see the analogy between the two. The members of the College of Surgeons would have a share in the management of their own private staff; that is a matter of their own affairs. The Medical Council, as I have already said, is a body standing between the State and the public, and I cannot see what anybody has to do between the State and the public in the way of representation. The State has thought proper to consult the various bodies who previously to 1858 were the sole licensing authority, such as they were; saying, in effect, we ask you to do this duty for us, viz., to form a Register of competent practitioners, and for that purpose to see that those examinations and education are properly conducted, and we in return give certain privileges to the members of the medical profession. I cannot see what anyone has to do with this understanding between the State and the public. I say all this with the greatest possible respect for general practitioners. For I believe it would be possible to select a Council of general practitioners alone, who would do just as well as the present Council, if their duties were defined.

1410. But the object of the creation of the Medical Council, as stated in the Act of 1858, is in these words: "Whereas it is expedient that persons requiring medical aid should be able to distinguish between qualified and unqualified practitioners"; I presume the purpose the Legislature had in view then was something that should carry out that object?—That was the chief if not sole object.

1411. I understand that, in your opinion, a body which had as an ingredient, say half-a-dozen members, who represented the profession generally, would not be a qualified body to carry out that purpose?—I do not say that, but I do object to this universal suffrage, because I cannot see anything that is to be gained by it; and I think the medical practitioners would be very much disappointed in the result.

1412. Do you agree with Mr. Simon as to the agitation which has been going on now for some time with regard to this matter, that those members of the profession who have engaged in the agitation have done so in any degree, or mainly, from pecuniary motives?—I say if I heard a really sound and good reason for it I should be prepared to consider the subject, but I have never heard one.

1413. You do not think it is a good reason that anybody should think that taxation should go with representation, and that the registered medical practitioners, who by their registration fees supply the whole cost of keeping going the Medical Council, should, on that ground, have a voice in the nomination?—I would like to refer to the words "taxation and representation"; it was Parliament that taxed the medical profession, and not the Medical Council; the Medical Council has not taxed the profession. Moreover, as already stated by way of analogy, solicitors register annually, and pay each time a large fee by stamp. They have no representation for this except in Parliament. If the Legislature had thought right to put the fee for medical registration as a stamp, and then pay the expenses of the Medical Council, it would have been infinitely more satisfactory.

1414. But as a matter of fact the charges of
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the Medical Council are provided by fees which are paid by those who are placed upon the Register?—Quite so; and when the fees are paid there is a privilege conferred, and the subject is at an end.

1415. In fact the practitioner who pays his fees upon registration receives his consideration, and is not entitled to any election in consequence?—I think there should be no such thing as election in the matter; I think it is a great mistake.

1416. If you had your own way what would you make the Medical Council?—Unfortunately, in answering that question I feel that I am a Crown nominee myself, but I think it would be infinitely better if the Crown made all the nominations.

1417. You think it would be better if it were made a sort of aulic council, nominated by the Crown?—Yes, for the benefit of the public.

1418. You know, of course, that in almost all the legislation which was attempted before the Act of 1858, I think there were as many as five or six Bills; two, I think, of Mr. Warburton's, two of Sir James Graham's, and two of Mr. Headlam's, the principle of representation was introduced?—Yes, but for the most part it was nomination by the Crown entered largely into the constitution of the Council.

1419. But it was the case, was it not, that in the two Bills of Mr. Warburton direct representation was a feature?—I could not say off-hand, but I believe it was so.

1420. You know also, I dare say, that the Bill of 1870 was, as some people call it, wrecked, or at all events, that it came to grief, in consequence of what was called the agitation upon the subject of direct representation organised by the British Medical Association?—I am quite sure it was so if you state it.

1421. Mr. Simon has stated so, and that consequently the Bill of 1870 failed mainly in consequence of that circumstance; now looking to that, and to the fact that the Bill of 1870 so failed, admittedly in consequence of that agitation, and that there have been other failures in legislation in consequence of the non-recognition of the demand of a portion at all events of the profession for direct representation upon the Medical Council, do you now think it likely that any measure will pass which altogether ignores that principle?—I hope no measure will pass which will recognise it.

1422. I ask not what your hopes are, but judging from the past, and anticipating as far as the future is concerned from what has taken place in the past, should you think it probable that any measure will pass which altogether ignores that principle?—I would only say that I think it much better that no measure should pass.

1423. You would rather leave things precisely as they are?—Yes.

1424. Assuming you are very anxious that the other and important provisions of the Bill now before Parliament should become law, which I assume you would desire, then would you think it better to run the risk of forfeiting those advantages, rather than concede the privileges of the Medical Council to some half-a-dozen by direct representation?—Unless by direct representation we were to have a body entirely different from what it is now, and intended for very different duties, we should be better without it.

1425. If it were contemplated that there should
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be six members of the Council out of the whole body who should be elected by direct representation, and that in the constitution, or mode of electing them, each candidate should have 25 nominators, so guaranteeing some kind of influence by the profession in their choice of a candidate, do you think that that would be of such evil consequence to the Medical Council that you would rather forego the advantages which are offered in the Bill now before Parliament with regard to medical education, and the various other features of this Bill, than have embodied in the Bill for the future, a direct representation?—Yes, I would. My objection is not in the slightest degree to the persons who would be elected, but to the principle of the direct representation of those who are said to be "interested." I have a paper before me on "Medical Reform," by Mr. Gamgee, who was the secretary of the body, by whom the original memorial was framed and the signatures to it collected, and he says on page 9, speaking of the relation of the State to the medical profession, "The fact of the Government of this country from which, whatever side of the House they have been chosen, have, as a rule, shown little favour to the medical profession. The contest is a comparatively recent one which resulted in obtaining some measure of justice for the assistant surgeons in the Navy. The Indian Medical Service since its transfer from the Company to the Crown could bear some testimony to the amount of sympathy to be expected from Government departments, and if anyone wishes to know something more of what the profession may expect from Ministers, let him but look at the state of the Poor Law Medical Service." Then again he says: "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." ("Medical Reform," by J. S. Gamgee, 1870.) Now, Sir, that is what is to be looked for as the result of direct representation; here it is in print by Mr. Gamgee, who was vice-president of the Medical Reform Union, and who was the active agent in framing a memorial signed by 9,000 practitioners. I say if those are the principles which are to guide the Medical Council, if it is to be a power contending for such objects, direct representation may or may not be the means by which they are to be carried out. The Council I look upon as a body entrusted with specific duties; if it is to be a body entrusted with other duties such as those above named let it be opened as wide as may be by direct representation: but if this Council is simply for medical education and examination, I do say, do not do this, or it will fail in the performance of its special duties.

1426. Supposing the object aimed at should not be set forth in the language of the pamphlet from which you have read, and supposing it

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should be in the temperate form which I have endeavoured to embody in the Bill, that is to say, in the introduction of six members in addition to the nominated members of the Crown, and in addition to those who are representing existing corporations, I ask you do you see such evil likely to result from that, as would lead you to risk the sacrifice of all the advantages to be derived from the passing of a Bill, in all other respects unobjectionable?—If you ask me what weight I would attach to memorials signed by such large numbers, I say that that strong expression of opinion was the result of aiming at such objects as those above named. If you could say this was simply a Council of Medical Education and nothing more; if it was to superintend examinations and nothing more; then if you and the memorialists who seem to have thought differently still wish persons to be elected by the mode of direct representation, I should not have the least objection to it; but my objection is that direct representation means a complete revolution in the aims and objects of the Council.

1427. You read an extract from that pamphlet by Mr. Gamgee; now I ask is it your opinion that the registered medical practitioners of the United Kingdom, being educated men, are men who are likely to be the victims of wire pullers, and not men having independent convictions of their own; and, if not, seeing that 9,000 or 10,000 have expressed their opinion in favour of direct representation, is not that an opinion which is entitled to the consideration of the Legislature?—These 9,000 or 10,000 would not have expressed this opinion if the object they aimed at were simply education and examination; they were led to look for something beyond; they aimed at something more, and in that view it is a very well-founded expression of opinion.

Mr. Errington.

1428. You expressed yourself strongly in favour of the Medical Council having the power of initiating proceedings against medical bodies, instead of the power of appealing to the Privy Council?—I think that would be a very great advantage.

1429. And you think it could be worked, although Dr. Simon thought that it could not be worked?—It could not, should not be worked in matters of slight detail, but in important principles it could be worked.

1430. Supposing we had a Medical Council with this power, and which enforced this power, would it not go far to obviate the necessity of the reform now proposed?—No, I think you cannot escape from the conjoint board examination; I think that is an essential feature of any medical legislation. Then I desire to say that there is another reason: the conjoint board system would spare students from the multiplicity of examinations which they have to go through, and, therefore, it is most important that there should be a single examining board.

1431. You said, in answer to the honourable Member for Exeter, that if you knew any object worth gaining by direct representation, you would not object to it?—I would not object to it in that case, or if those who seek it were agreed on some good objects, and that they could attain them, but I am afraid they are led by a "Will-o'-the-wisp," believing that they will obtain something which is unattainable.

1432. If

Mr. Errington—continued.

1432. If you gave the Medical Council increased scope and increased power, would it not be a very important object to gain the larger energy and activity, which would probably arise from the addition of a certain number of elected members?—In what direction might I ask, would you give it more scope.

1433. In the direction of acting; directly instead of indirectly, and through the Privy Council?—That could be done by half-a-dozen persons as well as by 50.

1434. Would it be as likely to be done?—Yes, it would be just as likely.

1435. Would you like the scope of their power to be altered beyond interfering with education and examination?—No; I am endeavouring to point out that the Council is framed for the supervision of medical education, and examination, and registration, and if it be kept to that it can do well, and it is not well constituted for doing more.

1436. You do not think that a new Council could be framed for other purposes, including medical education and examination?—Yes, it could be done, but I think it is an unnecessary change; these things could be done without such change. A Medical Council was never contemplated to be a body of the kind; there are advisers to the Government who could do those things, whereas a body like this, which sits and talks at 15 s. a minute, is a body which could not well be endowed with those other functions.

1437. There might be financial reform; it might not necessarily be so expensive as that?—You can make a change of any kind you like, but I am quite sure that if the Medical Council, constituted as it is, confined itself to the duties assigned to it by Act of Parliament, nobody would have reason to complain.

1438. Would you be in favour of assigning these other duties to them?—Certainly not to the present Council. I think it can be done without. I think these duties are better performed otherwise.

1439. You would not be in favour of substituting what you call a Medical Parliament for the present Council?—It is for Parliament itself to decide that.

1440. Mr. Simon was in favour, I think, of not making affiliation compulsory; do you concur in that opinion?—It is an absolute necessity, because if not you will have all sorts of ill practices by those who are free, and who would keep themselves free for the purpose of being what I may call free lances, advertising quacks, or anything else. I differ from Mr. Simon, in thinking as I do that the corporations exercise, or should exercise, a very healthy control over medical men, as much as the Bar Mess or the Incorporated Law Society do in their respective directions, and I should regret if foreign or colonial practitioners, or any class of men or women, were exempted from the same control.

1441. Are you of opinion, supposing this affiliation were not in the Bill, that that would lead ultimately to the decadence of these medical bodies?—I do not think that; it would rather lead to the social degradation of the members of the profession themselves.

1442. At all events, the profession, you think, would lose very much?—Unquestionably.

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Dr. Cameron.

1443. I did not exactly understand what you said about the admission of foreigners and colonists; will you kindly explain that further?—Under the (Government) Bill before the Committee, any person who applied to the Medical Council, being a foreigner or colonial practitioner, who could give evidence of having resided a certain time in a Colony, of being of good character, and of having obtained a license to practise in the Colony or in his own country, would obtain registration.

1444. You object to that; what do you propose to substitute for it?—I think that registration should be obtained through the licensing bodies.

1445. In what way?—I would suggest that, with the consent and approval of the General Medical Council, any of the medical authorities may confer, with or without examination, as the case may be, upon a colonial or foreign subject a qualification entitling him to be registered, provided that the medical authority had received such evidence as to character, professional education, and examination as would be deemed sufficient as a qualification for a person not a colonial or foreign practitioner. It would devolve upon the licensing body to investigate the claim of any such person.

1446. Does not it seem that that knocks over the whole principle of conjoint examination?—It must be admitted that to a certain extent it does, except so far that the licensing body obtains satisfactory proof that the qualification is equal to that required by the conjoint examination.

1447. Is not that allowing the corporation to judge?—Yes, but subject to the approval of the Medical Council.

1448. They are at present, more or less, under the control of the Medical Council?—The object I aim at is to have a double guard; the arrangement proposed in France would exclude persons practising there with English qualifications, except they underwent examination. It was hoped by something of this kind, if we did not require examination, but only satisfactory proof of competency, that the French would reciprocate with us, and allow English practitioners to practise in France on the like proof being adduced.

1449. You mentioned that England and Ireland were willing to grant women degrees; how do you propose to deal with women in Scotland?—I suppose they would have to go to Dublin, as they do now, or come to London.

1450. In conjunction with the conjoint scheme, if a man passed the English conjoint scheme, would it not be a great obstacle thrown in his way if he wished to go to Scotland, for instance, that he would have another examination to undergo?—I do not see why he should have another examination.

1451. At present are there not a number of people who take out a surgical license in London, and who afterwards take out a degree in medicine at Edinburgh or Glasgow?—I believe it is sometimes *vice versa*.

1452. But who afterwards go to Scotland for a medical degree on a certain amount of residence; does not that require a wider range of teaching?—I believe it is so; but it is also stated on good authority that candidates find out where they will get off most easily in examinations, or por-

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tions of examination, and they go to such places, no matter where.

1453. Would it be competent for a Scotch corporation to grant its degree or licentiate to any person who had merely passed the conjoint examination of England or Ireland?—It would be perfectly optional with them to do so; they could make their own regulations. If the Medical Council approved of it, the College of Physicians of Edinburgh could say, "We will receive the testamur of the London conjoint board as a qualification for our license"; there is nothing to prevent them doing that if the Medical Council approve of it.

1454. I will take you to a practical point; a great number of persons who get licenses in surgery in Dublin or in London go to Scotland for a medical degree, which they get on production of certain certificates after six months' residence; during that six months' residence they get education from various professors and learn different ideas, and have experience at different medical schools, and many people believe that that is of great importance to them; now what I want to ask you is, at the present moment they have to pass a second examination for this medical degree in any case, and it is as easy to go to Scotland as to take out an English or an Irish licentiate; would not that inducement to study at a second school be greatly knocked upon the head by this system proposed here?—I cannot see that it would in the least. The person who had obtained merely his qualification would go to the university for a higher distinction; or he need not pass this conjoint board examination at all; he may go to Scotland, having studied in England, or he may go through the whole education in Scotland.

1455. Upon what ground are the rights of the Archbishop of Canterbury saved?—He has a long-established right to give a merely honorary degree, which is of no practical value; it does not entitle the holder to practise.

Chairman (Dr. Lyon Playfair).

1456. It entitles a man to register on additional qualification?—I should be sorry if it were so, but we have no additional qualification yet; it amounts to very little in any sense of the word. The Archbishop gives Doctor of Divinity and Master of Arts degrees.

1457. What license does the University of London propose to give?—All its degrees, after due examination.

Dr. Cameron.

1458. It would have to give the very lowest license to a woman who had merely passed the examination by the conjoint board?—It would not give her anything without examination; she would have to pass her examination for medicine just the same as a man would.

1459. So that in point of fact, if a woman wished for a degree or a license in medicine in England, she would have to pass the stiffest examination possible, would she not?—She could not get a degree from any other body, but she is content with that; some of the ladies are already seeking the university degree. Mrs. Besant is said to be thus engaged.

1460. Would it not be rather hard upon the ladies to have to face the stiffest examination?—They can get a very sufficient license from the

Dr. Cameron—continued.

Hall; that they can get whether the Hall likes it or not: it is obliged by law to examine women. They can thus obtain a university degree, a college of physicians' license (in Ireland), and an apothecaries' license.

Mr. Wheelhouse.

1461. How is it that the Society of Apothecaries is obliged to grant a woman a diploma?—They did exclude women so long as they could not produce evidence of having attended a medical school; but now the women have obtained a school of their own, and they can produce evidence of having attended it. The Apothecaries' Society cannot exclude anybody, man or woman, as their Act is worded.

1462. I think you did not tell us *en bloc* what the expenditure of the Medical Council was; you said, I think it was in gross, 6,000*l.* a year?—It is, say, 109,000*l.* altogether.

1463. So that, at all events, there is to the credit of the Medical Council a good round sum yet?—There is the sum which was paid originally by those who were in practice prior to the passing of the Act. That sum is invested, and still remains invested.

1464. We have had it stated to us that it is quite possible to obtain a Table showing the number of schools, the several lectures given at the schools, and the fees paid for the full curriculum of all the schools and the curriculum of each school; can that be obtained from the Medical Council or anywhere else so as to be laid upon the table of the Committee?—Yes, it could be obtained from the various examining bodies. At Oxford it implies a period of eight or nine years, but the mere cost of a diploma could be easily ascertained.

1465. It is the medical matters I am anxious to get placed upon the table, so as to show the variations between the cost of obtaining the license to practise through the several portals which are now open?—May I ask if you mean the bare cost of the diploma?

1466. Not the bare cost of the diploma, but the cost of the diploma plus the reasonable expenses incurred by the medical school education, as distinguished from the university education?—I think the courtesy of the various bodies would afford that information.

1467. Who could tabulate such a statement for us?—We could endeavour to do it at the Medical Council office. (*Table subsequently handed in.*)

1468. Something was said early this morning with regard to the very large proportion of medical students passing through the University of Edinburgh, which gives, no doubt, a very high qualification; but is it not a fact within the province of your knowledge that men go in large numbers from England to Scotland (I do not say to the University of Edinburgh alone, but to other places in Scotland) to receive their diploma in those places, whatever they may be, because it is more easy to get them, perhaps?—I have been told by teachers both in a London and in the Leeds School of Medicine, that they found such to be the case.

1469. And it is more inexpensive, is it not?—I believe it is less expensive.

1470. Of course, wherever you can get the diploma of a body into which you are seeking admission at less expense than elsewhere, that will

Mr. Wheelhouse—continued.

will increase the number of applicants for that diploma at that particular place?—No doubt.

1471. I think you said, during the course of your examination to-day, that if there were greater opportunities at a more reasonable expense of getting a graduation degree, if I may call it so, in England, that would, of course, make a very material difference?—Undoubtedly it would.

1472. Do you think that a very large number of the gentlemen applying for and obtaining Scotch diplomas go from England to get those diplomas, and come back to England to practise upon them?—I believe it is the case, but I cannot speak positively. I think statistical facts may be obtained which will afford information on the subject.

1473. Is it not the fact within your own knowledge that English resident practitioners, both in the provinces and in London, are in very large numbers diplomatised, if I may use such a word, by the Scotch licensing bodies?—It is so.

1474. And that these gentlemen, having received their diplomas, wherever they may have been taken out, come to England to practise?—That is so. On the face of it there is no great objection to that.

1475. I am right in assuming that diplomas so given would be given on the payment of certain fees to the various collegiate bodies from which they are obtained?—Yes.

1476. If there be much more difficulty in what I may call the curriculum in one place than in another, that would have a great deal to do, would it not, with the number of persons who went to one place or the other for the purpose of obtaining a degree dependent on passing an examination?—No doubt some would seek the more difficult, and some the more easy, examination.

1477. But, as a rule, the larger number would go to the more easy examination?—Yes, no doubt they would.

1478. And the same thing would apply to fees?—No doubt.

1479. Have you any idea of the range between the cost of the least expensive diploma which would put you on to the Register, and the cost of the highest?—I believe the Irish Apothecaries' Hall diploma costs 10 s. 6 d.

1480. Am I really to understand that there is any portal in Ireland through which you can get on to the Medical Register by the payment of only 10 s. 6 d.?—The fee for the diploma is 10 s. 6 d.

Dr. Cameron.

1481. That does not include the fees for the lectures, and so on?—No, that is the fee for the diploma.

Mr. Wheelhouse.

1482. As a matter of fact, we may take it that the fees for the several medical schools range from 100 guineas, or 110 guineas down to 75 guineas?—That is for education; I think the lowest fee for diplomas is 10 s. 6 d.; the fees at my own university are 22 l. for M.D. degree, including those for matriculation and M.B. degree.

1483. At any rate, the difference between the cost of diplomas at one place and the other is as 22 l. is to 10 s. 6 d.?—Yes.

1484. Do you think it utterly unreasonable that we should admit any person into the medical

Mr. Wheelhouse—continued.

profession upon a diploma which costs 10 s. 6 d.?—It is a very small fee, but then the examination may be a good one.

Sir Trevor Lawrence.

1485. Have you any statement showing the number of students registered in 1874, and the number of qualifications granted in 1878, that is to say, in a period of four years, and the number of qualified persons registered in 1878, in the three divisions of the kingdom?—I can supply that information. In 1874 the number of students registered in England was 634, in Scotland 346, and in Ireland 386. (*The same was handed in.*)

	Number of Students Registered in 1874.	Number of Qualifications Granted in 1878.	Number of Qualified Persons Registered in 1878.	Estimated Number of Persons Practising in 1878.
ENGLAND -	634	660	582	13,703
SCOTLAND -	346	582	221	1,861
IRELAND -	386	290	175	2,344

1486. I find that in Scotland there were registered in 1874, 346 students; and taking the curriculum as lasting for four years, that would bring us down to 1878, when the number of qualifications granted, according to this Paper, was 582, so that 236 more qualifications were granted at the end of the period of the curriculum than the number of students who were registered at the beginning; how do you explain that?—The honourable Member's (Mr. Wheelhouse) explanation might account for it, either by the examination being an easy one, or, on the other hand, by people seeking it in the belief that it was a high one. If there were a full course of four years' study, that would render explanation necessary.

1487. Then I find that although the qualifications granted in Scotland were 582 in 1878, the number of qualified persons registered in Scotland in 1878, was only 220; is it your explanation that, having gone to Scotland either for the purpose of getting an exceedingly severe examination, or an exceedingly easy one, they then distribute themselves over the countries from which they come?—It is clear that they do not remain in Scotland.

1488. I suppose your real opinion is that these qualifications are sought for in Scotland because they are more easy to get than in England?—The fact remains; but I suppose they find some advantage or interest in getting a qualification there, and going somewhere else to practise without seeking registration.

1489. Is there any mystery about it, really?—I think you should ask some of the Scotch witnesses, when they come up, to explain these facts.

1490. But I have here also an estimate of the number of persons practising in England in 1878; according to this Paper it is nearly 14,000, and the number of registered qualified persons in the same year was 582, whereas the estimated number of persons practising in Scotland is about 1,900, and the number of qualifications granted is 582, or nearly the same number for the 1,900 persons practising in Scotland as for the 14,000 practising in England; is not that so?—Yes; I suppose the explanation

Mr. Quain,

M.D., F.R.S.

1 July 1879.

Mr. Quain,
C.B., F.R.S.

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Sir Trevor Lawrence—continued.

explanation is that the medical authorities give a great number of qualifications in Scotland, which cannot be made use of in Scotland, but the holders of which go elsewhere to practise. (*Required Statement handed in.*)

RETURN by the REGISTRAR of the Exact Number of MEDICAL PRACTITIONERS registered in each of Three Divisions of the UNITED KINGDOM, from 1858 to the end of June 1879; and the approximate Number now remaining in the "Medical Register."

COUNTRY.	Exact Number of Persons Registered from 1858 to 30 June 1879.	Approximate Number of Persons remaining in the "Medical Register," on 30 June 1879.
ENGLAND - -	23,431	15,151
SCOTLAND - -	4,755	3,815
IRELAND - -	5,519	3,846
TOTALS - - -	33,705	22,812

1491. You do not wish to commit yourself as to what the reason may be?—I do not.

1492. There is another question I should like to ask you: is it, in your opinion, necessary that an Act of this nature should be passed this year, or do you think that it would be injurious to the profession that further consideration should be given to this important question?—I think it will very much depend upon the Report of the Committee, which I hope will be a very short one, and will limit the duties of the Medical Council to its original intention.

1493. You have already stated sufficiently your opinion that any attempt by the Medical Council, or any similar body, to raise the status of the profession, to improve the position of army and navy surgeons, and of poor-law medical officers, would be entirely futile, and would do more harm than good?—It would be inefficient; neither duty would be done well. I do not deny that those improvements are necessary, but they should be sought in some other way.

Mr. Mitchell Henry.

1494. As regards the proposed conjoint examination, are you of opinion that the general feeling of the medical profession itself is strongly in

Mr. Mitchell Henry—continued.

favour of the conjoint scheme?—Certainly; there is no doubt about it.

1495. Is it not, in your opinion, necessary to distinguish between a conjoint scheme of examination, meaning one portal for the whole of the three kingdoms, and a conjoint scheme applying only to each part of the United Kingdom?—There is a distinction, but I think the three would be much better than the one.

1496. Therefore, as the English authorities have substantially agreed upon a conjoint scheme, and the authorities in Ireland also, is it not really a matter which concerns the present licensing authorities in Scotland, who stand in the way?—I believe if the opposition of the Scotch authorities were withdrawn, there would be a conjoint board in each division of the kingdom.

1497. If the Scotch licensing bodies agreed amongst themselves, the whole question would come to an end?—It would pretty well. Of course I think legislation is necessary for several objects.

1498. Do you believe that there is anything but the pecuniary difficulty which is preventing agreement in Scotland?—The Scotch people have very clearly and very ably stated their own objections, and I will not venture to explain them.

Mr. Arthur Mills.

1499. Dr. Acland said, in answer to questions put to him, that he thought it would not signify as a matter of business whether the Council consisted of 20, 24, or 30 members; do you agree with that?—No; I think the larger the number the more the waste of time.

Mr. Mitchell Henry.

1500. When you speak of the conjoint scheme diminishing the number of examinations, you do not understand that there will not be, for the army and navy surgeons, and probably for the poor-law surgeons, a separate examination?—There may be; I cannot answer that question; but I think if the conjoint board is full and sufficient the Army and Navy Board would be wise to accept its testamus, and spare these endless examinations.

1501. Have you reason to believe that if there is a reasonable scheme of conjoint examination, that would be taken as full and sufficient for the public service?—I have.

Mr. ROBERT D. LYONS, M.D., called in; and Examined.

Mr. Lyons,
M.D.

Chairman (Dr. Lyon Playfair).

1502. ARE you a Fellow of the College of Physicians in Ireland?—In consequence of some observations which were made here upon the last day, I sent to Ireland, and have had very carefully prepared a Paper, showing the periods of study and the details thereof, in Ireland, as laid

Chairman (Dr. Lyon Playfair)—continued.

down by the medical authorities of that part of the kingdom.

1503. Does it also show the various fees payable?—It does not.

1504. Will you hand that Paper in?—I will. (*The same was handed in.*)

Friday, 4th July 1879.

MEMBERS PRESENT:

Dr. Cameron.
Mr. Dalrymple.
Mr. Errington.
Mr. William Edward Forster.
Mr. Mitchell Henry.
Sir Trevor Lawrence.

Dr. Lush.
Mr. John Maitland.
Mr. Arthur Mills.
Dr. Lyon Playfair.
Mr. David Plunket.
Mr. Wheelhouse.

THE RIGHT HONOURABLE WILLIAM EDWARD FORSTER, IN THE CHAIR.

Mr. EDWARD WATERS, M.D., F.R.C.P.E., called in; and Examined.

Chairman.

1505. You are connected with the British Medical Association, I believe?—Yes; I have been connected with that association for about 25 years.

1506. I need not ask you whether you are a member of the medical profession, but will you inform the Committee how long you have been so?—I have been a graduate of the University of Edinburgh since 1847, and a fellow of the College of Physicians of Edinburgh since 1848. I was president of the association in the year 1866.

1507. Where do you reside?—At Chester.

1508. May I ask whether you have been in practice for yourself?—Yes, I am at present consulting physician to the Chester Infirmary.

1509. Now I must ask you, as the president of the association, to give the Committee some information with regard to it; when was the association first formed?—The association was formed in the year 1832, under the name of the "Provincial Medical and Surgical Association." When its sphere of operations increased that name was changed to that of "British Medical Association."

1510. When it was the Provincial Association, where was its centre?—Its operations were confined to England.

1511. But where were its offices?—The association held its meetings annually in different towns; the first meeting was held in Birmingham, and the next at Bristol; but the president of the Council, Sir Charles Hastings, lived at Worcester, and the secretary of the association also lived at Worcester.

1512. Did the term, Provincial Association, imply that it had then none, or but very few, metropolitan members?—Yes, that was the case.

1513. In what year was the association renamed the "British Medical Association"?—It must have been between the years 1860 and 1865; I think it was before the year 1860. The change was made in 1856.

1514. When was its first annual meeting held?—In 1832.

1515. But the first meeting outside England was held in Edinburgh in 1858, was it not?—That was the first meeting outside England.

O.105.

Chairman—continued.

1516. Under the presidency of the late Dr. Alison?—Yes, under the presidency of the late Dr. Alison.

1517. And a meeting was held in London for the first time in 1862, was it not?—Yes.

1518. Sir George Burrows being the president?—Yes.

1519. And in Dublin in 1867?—Yes, under the presidency of Dr. Stokes.

1520. What are the present arrangements with regard to meeting; at every meeting do they fix the town at which the meeting will be held in the forthcoming year?—Yes; invitations, as is the case with the British Association for the Advancement of Science, are given by localities; sometimes there are more than one, but one place is selected and submitted to the general body of the association as the place of meeting for the ensuing year; we meet this year at Cork.

1521. What constitutes membership?—Each member is proposed by three nominators, and is then balloted for, and for election a majority of three-fourths of those present is necessary.

1522. But I suppose the membership is confined to certain classes of individuals?—Yes, to registered medical practitioners.

1523. And what is the present number of members?—As nearly as possible 8,000, but the number is steadily increasing.

1524. To get an idea of how long it has been a large representation of the profession, will you tell us what would be about the number when you became president in 1866?—I believe between 3,500 and 4,000 members.

1525. I suppose that was a very large increase upon what it was when it was a provincial association?—It was.

1526. Has this large increase, doubling the number during the last 12 years, been a constant increase from year to year, or has there been any sudden jump?—It has been a steady increase.

1527. How many branches has the association?—The association has about 30 branches, embracing districts comprised in the name of the branch; for instance, there is the Lancashire and Cheshire Branch, and the Metropolitan Counties Branch.

1528. And do the branches meet independently

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dently of the association?—They hold annual meetings invariably, and many of them hold intermediate meetings as well.

1529. Would you tell the Committee who are the officers of the association; there is a Council, I suppose?—Yes, there is a Council, and there is a committee of Council.

1530. What does the Council consist of?—The Council consists of the president, the president elect, the treasurer, the president of the Council, all the gentlemen who have read annual addresses, or presided at sections at the meetings of the current or the preceding year, and a secretary from each branch; those are *all ex-officio* members. There are besides, members in the proportion of one to every 20 members of a branch.

1531. How is the president elected?—The president is elected by the vote of the association at the annual meeting; he is first of all president elect, being proposed at the meeting preceding that when he will fill the chair as president.

1532. In your annual meeting all the members assemble, and I see you have a committee of Council as well as a Council. What does the council itself do?—The Council itself meets; it may meet at any time upon the requisition of a certain number of the members, but, as a rule, it meets only once a year, and it elects the elected members of the committee of Council, which is the executive of the association.

1533. Then what you may call the business of the association is very much managed by the committee of Council?—Yes, by the committee of council.

1534. How is that committee formed?—The committee of Council is formed of the president, the permanent vice presidents, the president of the Council, the treasurer, a secretary from each branch, and 20 members elected by the general body of the Council.

1535. That makes rather a large body of between 50 and 60, does it not?—About that; it is not quite so numerous I think, but it is a considerable body.

1536. There are 30 branches, which means 30 secretaries, and 20 members of the Council, which makes 50, besides others?—Yes, that is so.

1537. How often do they meet generally?—They are obliged to hold four meetings in the year, and other meetings may be called, but, as a rule, I should think 25 or 30 meet sometimes more.

1538. You have given the Committee the constitution of the association; I must ask you what were the objects for which it was specially formed?—The association was specially formed for the promotion of kindly intercourse between the members of a scattered profession, and also for the promotion of science, and the discussion, in fact, of all questions connected with the public good in relation to the profession.

1539. I ought to have asked you this: I suppose there is a necessary subscription, and, if so, what is it?—One guinea, which entitles the subscriber to the journal of the association.

1540. But besides this object of friendly good fellowship with the members of the profession, I suppose the association had some distinct aim?—At the second annual meeting of the association, Dr. Barlow read an address on medical reform; this address was printed, and widely distributed amongst the members of the profes-

Chairman—continued.

sion, as well as amongst the members of the association.

1541. In what year was that?—In the year 1833. General interest was excited in the question. A Committee of the House of Commons, the first Committee, sat in 1834, and received voluminous evidence in relation to the three divisions of the kingdom, the evidence as regarded England being alone published, and occupying a volume of about 800 pages; that regarding Ireland and Scotland was never published, and the Committee did not make a Report.

1542. In consequence of Dr. Barlow's address, that was the first medical subject which may be said to have been taken up by the association?—Yes, by the association; there had been interest in the question outside the association as well, but in the association that was the first occasion on which the matter was taken up. In the year 1839 the medical reform committee of the association, which had been formed in 1837, put in a report.

1543. Could you give the Committee any sort of statement which you may have prepared, with reference to the ground upon which that medical reform committee was formed?—It was formed on account of the state of the profession, as set forth very fully in the petition of the association, which was agreed to at the meeting in the year 1839, and with the permission of the Committee I will read what the object of the association was. My object is to show that the profession has always aimed at the improvement of the education of its members. "The senate of the university," this is part of the petition, "having in the fulfilment of its duties devised and adopted"—

1544. What university does that refer to?—The senate of the University of London, "as a qualification for obtaining its medical degree, a course of studies general, as well as professional, suitable for all who engage in the practice of the art, has in this simple procedure laid the foundation of a plan of medical reform, which, if completed in the way indicated, would, in the opinion of your petitioners, confer incalculable benefits on the whole profession. Your petitioners beg" (I am leaving out a portion of the petition) "leave to represent 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, but tested by the same examinations, and when approved, entitled to the same privileges." I read that extract from the petition with the view of showing the early period at which the associations arrived at the conclusion that it was indispensable that the numerous examining bodies should in some manner or other be brought into shape, so that there might be something like uniformity of qualification and of tests on the part of every person entering the profession.

1545. Would you wish the Committee to gather from that statement that the first and principal object which the association took up, was a reform of the profession by a more uniform system of examination?—Yes.

1546. In fact, that rather would seem as if you considered that the notion of conjoint boards was very early held by your association?—Yes, certainly. The objects which the association had in view were, a good preliminary examination, to do

Chairman—continued.

do away with the defective attainments found amongst members of a so-called learned profession; that was the first object. Then, uniformity of qualification, as necessary to entrance into the profession. Then, based upon that uniformity, reciprocity of practice, so that a person who had passed an examination in one part of the kingdom should be entitled to practise in any part of the kingdom. Then, registration, and the general superintendence of professional education by a Medical Council; and representation of all interests in the Medical Council, including that of the profession. That was the programme.

1547. That was the programme which your association took up when they came practically to consider the question of medical reform. Now, have any of those objects been, in your opinion, attained?—There has been a register of the profession, which lets the public as well as the profession know those who are on the roll of the profession; that is registration; that has been realised. Then reciprocity of practice has been realised.

1548. I am afraid I must ask you to explain that term a little more fully?—Before the Act of 1858 the College of Physicians of London, for instance, possessed an exclusive right to the licensing of all persons practising within seven miles of London; in 1815 the Act of the Apothecaries' Society gave them the power of prosecuting any person who attempted to practise as an apothecary in England and Wales. The consequence was that a graduate of the University of London, for instance, under that system could not practise as a physician in London, and so with a graduate of Scotland, and so with Ireland; so that the privileges of the different licensing bodies were exercised in limited spheres.

1549. By reciprocity of practice you mean establishing this, that a gentleman who was licensed by a body within one area should be allowed to practise within the area of another body, upon a like return being made?—Yes. Now, for instance, a licentiate of the Apothecaries' Hall in Ireland, which is granted at the low fee of 10 s. 6 d., I believe, is now entitled to practise anywhere throughout the United Kingdom.

1550. Was it some time before the College of Physicians accepted that alteration?—During the conferences preceding the Act of 1858 the college agreed to accept it.

1551. You consider that reciprocity was one object gained?—Reciprocity was gained.

1552. Will you continue your statement to the Committee?—Then, as regards uniformity of testing examinations, and uniformity of qualification, as constituting the entrance to the profession, that, certainly, has not been gained; reciprocity was accepted by the licensing corporations, but they declined, at the time of the passing of the Act of 1858, to submit to a uniform scheme of education, and of examination, and fees.

1553. Another object you were aiming at was the formation of a Medical Council; that, of course, has been obtained?—Yes, it was obtained, but not obtained in the form which the association had in view. The association and, indeed, the profession; it was not the association only, but the profession had always stood up for representative Councils. The first efforts made to obtain them were of a somewhat crude character. In 1840 a Bill was introduced by Mr. Warburton, 0.105.

Chairman—continued.

Mr. Wakley, the proprietor and founder of the "Lancet," who was Member and coroner for Middlesex, and Mr. Hawes. That Bill embraced provisions for the election of representatives of the profession in the proposed General Medical Council.

1554. We will go into the question of direct representation more fully afterwards; in the meantime I will just ask you this: I understand you to say that you embodied in your first request for a Medical Council, the principle of direct representation?—The direct representation of all interests.

1555. You spoke of the association and of the profession: I think I must ask you one or two more questions with regard to the extent to which the association may be supposed to represent all branches of the profession; are there more members of the association surgeons or physicians?—There are, in the first place, in the kingdom more surgeons than physicians; but the association comprises all classes.

1556. You would not say that it was specially surgical, or specially medical?—Certainly not. For instance, it has perhaps more frequently happened that the president of the association has been a physician; but still on numerous occasions the president has been a surgeon. For instance, at the last meeting of the association in London, Sir William Ferguson was the president of the association.

1557. That induces me to ask, whether it is the case that those whom the public generally suppose to be the leading surgeons and physicians for the time being, have been generally connected with the association?—I think it may most truthfully be stated that the élite of the profession belong now to the association; all the lecturers and teachers in the provincial schools, and most in the capitals of the respective divisions of the kingdom.

1558. Would any very large proportion of the members be graduates of the Scotch universities?—There are a considerable number of graduates of the Scotch universities in England, and a great proportion of them are members of the association. I am myself a graduate of a Scotch university.

1559. I suppose the leading men, the men in very large metropolitan practice, are unable to attend the meetings of your Council?—Several do; for instance, I may say that Mr. Callender of St. Bartholomew's, and Dr. Sieveking, are very regular attendants at the meetings of the committee of Council.

1560. I am not giving any opinion at all upon your position; I am asking purely for information; but I suppose I may gather from what you state that you do not think that the statement, that the association does really represent the profession, could fairly be challenged?—I do not see how it could be challenged.

1561. You say your members are about 8,000; how many of those are English?—That I cannot say.

1562. I think we have had it in evidence that there are under 23,000 medical practitioners altogether upon the Register?—Yes, but the Register includes men in all parts of the world.

1563. But even then you represent 8,000?—Our members are 8,000.

1564. Out of 23,000?—No; I should say that

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we represent 8,000 out of 20,000, or less than 20,000.

1565. I believe, in fact, you have as members something between two-fifths and one-third of all the registered practitioners?—Yes, about that.

1566. Has there been any other society similar to yours formed?—I am not aware that there is any other society formed with the same objects, except the Irish Medical Association, which in that division of the kingdom plays the same part as the British Medical Association does in England.

1567. But you have Irish members, have you not?—Yes, certainly; we embrace the kingdom, but still there is an Irish Medical Association, which was founded before the operations of the British Medical Association had extended to Ireland. We went to Ireland in 1867, and it is only since then that Ireland constitutes anything like an important division of the association.

1568. You cannot give the Committee the number of your Scotch or Irish members residing in Scotland and Ireland?—I cannot give it, but the proportion is very small indeed compared with that of England.

1569. In fact, you are mainly an English society?—It is only recently that we have extended our operations to Scotland and Ireland. The Irish Medical Association, I may say, works entirely with the British Medical Association in this matter of medical reform, and the medical reform committee of the association has accepted as a member a member of the Council of the Irish Medical Association, that is to say, Dr. Grimshaw, who is connected with the King and Queen's College of Physicians, Ireland.

1570. You have been connected with the association for many years; has there been what may be called any schism in your body; have any of your members left you and formed another society?—I cannot say.

1571. You are not aware of such a circumstance?—I am not aware of it; it is the first I have heard of it.

1572. Do not suppose I have heard of it?—I take every question as being put with the view of eliciting facts, and to the best of my ability I am desirous of answering them correctly.

1573. Now I will take the views of the association, so far as you are able to express them, upon the principal questions now before us and before the public; what do you consider is the present feeling of the association with regard to conjoint boards?—I may say that in connection with the Bill of the honourable Member for Exeter, I have had occasion to ascertain that places which would have petitioned in favour of that Bill are now —

1574. As you have mentioned that Bill, I will ask you whether the honourable Member for Exeter has brought that Bill forward in connection with your association?—Yes, in connection with the association. In Ireland and in Scotland petitions in favour of that Bill have not been so numerous (I am stating the whole truth both against us and for us) in consequence of the feeling in favour of the conjoint board not being apparently so strong in those divisions of the kingdom as in this country.

1575. May I ask whether the clauses of this Bill, as regards conjoint boards, are, in your opinion, very similar to those of the Government Bill?—They are, as the Government Bill was

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materially modified in its passage through the House last year. In fact the Bill of Mr. Mills owes its origin to the unsatisfactory condition of the Government Bill when first introduced.

1576. I understand you to mean that you prefer the second edition of the Government Bill which made it compulsory, rather than the first which made it permissive?—We made representations on behalf of the association to the Lord President.

1577. You speak of not having so much support in Ireland and Scotland as might have been expected, but have you had a large support in England?—Yes, I think that the support in England is general; quite general.

1578. You are aware, of course, that there has been an attempt to arrive at a conjoint examination in England, independent of legislation?—I am perfectly aware of that.

1579. Has your association taken part in that?—We took part in so far as that while the English medical authorities were working towards the establishment of a conjoint board, we suspended Parliamentary action, in order to leave the field clear for them; we felt that if it were established in England then the strength of the association in trying to force it on Scotland and Ireland would be greatly increased.

1580. Your association must, of course, have a good deal of practical experience; have you found that practically it has been a disadvantage to the different towns and localities in England, that persons who could not obtain a diploma in one place had got it at another?—We think it is a glaring disadvantage.

1581. I mean not merely in theory, but have you found it is so practically?—We believe that a number of men of deficient attainment, both professional and educational, generally get into the profession through the facilities afforded by different (I will not call them rival) examining boards.

1582. You are, of course, aware that the chief opposition to the three conjoint boards, one for each kingdom, comes from Scotland?—Yes, and I think also from Ireland.

1583. I will take the Scotch objection, as regards what is thought to be the inconvenience of putting the universities and the other examining bodies on one board; has your association come to any opinion upon that particular matter?—The officers of the association see no reason why the universities should not co-operate with the corporations of Scotland, inasmuch as the universities are, equally with the corporations, examining and licensing boards virtually.

1584. I think I understand that a very fair proportion of your members are the graduates of Scotch universities?—They are; I am myself a graduate of the University of Edinburgh.

1585. Then, I think, we understand that as regards the question of conjoint boards, your association agrees with the principle at any rate, of the Government plan, and with the action of the Medical Council?—We advocated it in 1870, and we advocated it last year, and we flatter ourselves that the compulsory nature of the Government Bill in its what we consider improved character, is, to some extent, due to the action of the association.

1586. Last year, when the Government Bill was introduced, you took the opinions, I think, of your constituents as far as you could, with regard

Chairman—continued.

regard to the question as to whether the conjoint scheme should be compulsory, or not?—We did.

1587. What was the result of the answers?—The result of the answers was 4,910 for the compulsory conjoint scheme, and 264 against it. About 1 no in 18½.

1588. That, I suppose, you would consider an overpowering indication of the profession being in favour of it?—I do not think it can be questioned.

1589. Now, I will go to another question which is before the Committee, and that is the question of direct representation. You also, I think, took the opinion of your constituents upon that question, as the Government Bill did not embody it?—Yes, last year; we have repeatedly tested the opinion of the association upon all these matters.

1590. But what was the result of your appeal last year?—The result last year was 5,075 ayes for direct representation, and only 121 noes against it. About 1 no in 41.

1591. Do you happen to have by you the form in which you sent out these questions?—

1592. What is the chief reason why you desire direct representation?—First of all, we think, as we did when the Bill of 1858 passed, and when we were obliged to accept only six Government nominees, that the General Medical Council was constituted with an undue preponderance of the corporation representatives. The corporation representatives necessarily governed the Council, and we think them in undue preponderance, inasmuch as they are the parties who have to be controlled by the Council.

1593. I was rather struck by one word in your answer; you say, when we found there were "only six" nominees of the Crown; would your view have been met if there had been more nominees of the Crown?—No, the view would not have been met. Now, the Act of 1858 was the Bill of Mr. Headlam; the Bill of Mr. Headlam passed the second reading in the House of Commons in 1857 by a majority of 147; it was the Bill of the association. That Bill had been modified in conference between the officers of the association and the London corporations in conference with them, and with the representatives of the other corporations as well. We had, in the first instance, aimed at getting, and we have never given up the principle, direct representation.

1594. I think I understand that your first objection was, that you do not consider that the corporations are altogether a fair representation of the profession?—I think they have an undue representation, and I do not see that the representatives of the corporations can be regarded as representatives of the profession, because I observe from Mr. Simon's evidence that, in his memorial to the Council in 1873, he designates them as delegates. Now, the office of a delegate is clearly to take care of the interests committed to his special guardianship.

1595. But, of course, supposing that your objection be well founded, there are two ways of meeting that; one would be to make the Council no longer a representative of the corporations, and the other would be to reconstitute the corporations themselves?—We are all members, more or less, of corporations. We are clearly of opinion, however the representative of a corpora-

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tion be elected, whether, as at present, in the College of Surgeons, by the Council of the college, or whether, as in the Queen's University of Ireland, by a very small number, that that representative will, notwithstanding, hold it his first duty to take care of the individual interests of the corporation he represents.

1596. In what way can the interests of an individual corporation clash with the general interests of the profession or the public?—These corporations were all formed, in the first instance, with a view to the public good; but in process of time they have found a particular advantage of their own in acting, and, I am sorry to say, an advantage of a pecuniary character; and those licensing corporations will have their funds materially impaired.

1597. Can you give the Committee any illustration of that?—I may say that when the conjoint scheme was introduced in the General Medical Council, in 1868, Dr. Alexander Wood said it was really too much to expect them to perform the "happy dispatch;" I think that is a very illustrative mode of stating it. They felt that it would be the destruction of their corporation; and I believe, at the present moment, that the College of Surgeons of England, powerful as it is, feels that if the conjoint scheme be not extended to Ireland and to Scotland, it would be very detrimental to its own influence.

1598. But, supposing that the governing body of the College of Surgeons were really elected by the surgeons of England, would your objection be then removed?—No, certainly not; I believe that the representative would still be the representative of the corporation, and not of the profession.

1599. You have stated very clearly one chief ground of objection, but I want to get a little more at the practical ground; do you think that the Medical Council has failed in doing what it ought to do for want of direct representation, and, if so, in what way?—I may say that people in glass houses do not like to throw stones; and next, we have in the Medical Council the representatives of these corporation meeting, and they meet as friends; a pleasant party. It is a very unpleasant thing to mar the harmony of their meetings by the introduction of subjects of a disagreeable character; the consequence has been an amount of mutual forbearance between members of the General Medical Council, which has tended to keep back the education of the profession in this country.

1600. By that I suppose you mean that though they are now strongly in favour of conjoint boards, they have been a long time in arriving at that view?—I think it has really been forced upon them by outside pressure, and by the influence of the Government.

1601. That points, in your opinion, to delay; but can you tell the Committee anything which, in your opinion, the Council ought to have done, which it has refused to do, and which you think it would have done if there had been direct representation?—In the year 1868, when Dr. Parkes, who is now dead, called attention to the lamentable ignorance in general education which characterised the members of the medical profession who presented themselves for examination before the Army Medical Board, it fell like a bombshell upon the profession and the public. Dr. Parkes was a Government nominee, and not

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the representative of a corporation. I do not say that he would have been silent had he been a representative of a corporation, but that was a very startling disclosure, and it became patent to the public, as well as to the General Medical Council, which, however, could scarcely have been ignorant of it before, that the profession was not creditably educated.

1602. Of course my own experience is very limited, but I should have said that that view was very strongly put before me by the members of the Council themselves; when do you think they could have taken much stronger action than they did?—I think that if we go over the reports of their visitors upon examinations, we find in the answers to the examination papers such want of decent spelling, decent orthography, and such ignorance of the very first principles of mechanics, mechanics being considered an essential part of the preliminary education of a medical student, that these things would not have been passed over had there been representatives of the profession in the Medical Council.

1603. Are you prepared to give the Committee any instances of that?—I am; in the reports of the examinations, for instance, there is the question, "Why does the water ascend in a syringe?" and the answer is, "because the piston attracts it."

1604. I am afraid I must ask you this: I have no doubt that you would be able to give us many very imperfect answers to questions; but what I want to know is where you think the Council might have acted so as to make the standard of education higher than it is?—For instance, when that answer of the candidate disclosed such glaring ignorance, the Council should have let that be known to the public, and should have made representations on the subject to the Privy Council.

1605. I suppose it was based in great measure upon the evidence that they obtained by these answers, that the Council did take a very strong part in pressing upon the Government the action which they took?—These answers were given in 1873.

1606. But before that time the Council had pressed very strongly upon the Government the necessity of bringing in a Bill, which Bill was brought in by Lord Ripon?—Yes; but the profession had also pressed it upon the Government, as well as the Council.

1607. I rather fail to see how you come to the conclusion that the Council would have taken much more action with regard to medical education if they had direct representation, because you do not dispute that they have taken action in the matter?—I think again that their action has been on another point very defective; those reports have disclosed all this amount of ignorance, and yet, notwithstanding that, the Council have now for some years never repeated those visitations, although the reports show how necessary those visitations were; but the Council has left those different bodies to go on, it may be, I do not say that it is so, in the same vicious mode of proceeding.

1608. Did the candidates who you considered made such bad answers obtain their diplomas?—Yes, at the Queen's University.

1609. I will take page 182 of the Medical Council Reports of Visitors of Examination for 1874, of the examination of 1873; the first which happens to strike my eye is a case I suppose

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repeated literatim: "Mary Welch, aged 18, says she fell down from a height," the word "height" is spelt "hight;" then "sudden" is spelt "suddent," and there are other mistakes in spelling; and then, "about the region of the heart," the word "region" is spelt "regon;" do you imagine that candidate passed?—Yes, I believe that candidate passed.

1610. What reason have you for thinking so?—I cannot conceive the object of giving that instance in the report unless the candidate passed; therefore I presume the candidate passed.

1611. If you turn to page 162 of the same report, with regard to the Queen's University, you will find this is said to be a "verbatim copy of the answers of one of the candidates whose marks were amongst the lowest"?—That is so.

1612. If you turn to page 157 you will see it stated that, "of the 24 who presented themselves for the final examination, 17 were passed, five were rejected, and two withdrew;" now I should rather gather that this was a report of the lowest answers that were made at all?—I think not. If such a candidate passed, and it is subsequently shown that he did pass, the fact that seven out of 24 did not succeed only increases the proof that the candidates were utterly unprepared.

Mr. Plunket.

1613. I suppose those examples are not extracted as a jest?—No, I presume not.

Chairman.

1614. It would seem to me as if those whose marks were the lowest would be certainly among the number that were rejected?—I should have thought they were the lowest of the successful candidates.

1615. If you will turn to page 158 you will observe that the visitors state that, after having seen the written answers of the candidates, "We did not observe any instance of a candidate being passed who, in our opinion, deserved to be rejected;" but you are unable at present to tell us whether the lowest answers which are given are the answers of those passed candidates?—I am unable at present to say whether that was the case or not. There is, however, one point in connection with this subject which I wish to bring before the Committee, and it is this: that every medical student is required to pass a preliminary examination. Now I say that that man never should have been admitted as a medical student.

Sir Trevor Lawrence.

1616. Would that be the fault of the Council?—There is one great vice with regard to the preliminary examinations, and that is that the licensing bodies themselves are able to examine for the preliminary examination. Now, in the army and navy, which do not profess to be learned professions, we have Civil Service or independent examiners; but with the licensing corporations they themselves conduct the preliminary examinations.

Chairman.

1617. Then the fault would be with the corporation and not with the Council?—It would be with the Council for not insisting upon the education being improved. Here we are after 21 years of existence of the Medical Council, and we

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we are the medical profession worse off as regards medical attainments of all the countries in Europe.

1618. I will leave that matter, merely saying that I hope you will be able to give the Committee information at a future time, whether those answers of the candidates for the Queen's University examination, which are printed in this book, are the answers of candidates who were passed, or of candidates who were plucked; now have you any other case besides the Queen's University which you desire to bring forward?—I have a knowledge of individuals, but it is a very unpleasant thing to state.

1619. You need not give the names of the individuals?—I have in my knowledge, and before my mind, individuals who are doctors of medicine, who if they write a letter expose an amount of defective education which would be very unbecoming indeed, and could not exist on the part of a national schoolmaster.

1620. What would be their age?—They must be 21 before they go up.

1621. But when do you think they passed their examination?—I am speaking even of recent days; it happened to me not very long ago to be meeting a man who was a graduate of a university, the name of which I would rather not specify, and in conversation with him his English struck me as being very defective.

1622. I think we might ask you of what university; that does not identify the man?—Then the man will know who I am alluding to, but it is a good university; I may say that it was not the Queen's University.

1623. Your first objection to the Medical Council is, that it does not fulfil its duties as a Council for medical education?—I think that it does not fulfil them with sufficient energy.

1624. And you think that such a case as you have described, of a man who does not happen to spell or write well, is a proof that the Medical Council is not doing its duty?—It is a proof that the Medical Council is not doing its duty as regards general education.

1625. I suppose there could be no doubt whatever that all the members of the committee of Council on your association would be able to pass a strong examination in reading and spelling?—I think we should pass a creditable examination, or rather a not discreditable one.

1626. Now I gather from those answers that your association does not wish for any change in the constitution of the Medical Council, because it disregards the necessity of medical education, but rather because it wishes that to be more attended to?—Yes, it is not sufficiently attended to.

1627. Do you think that the Council fails in its duties of registration at all?—I cannot say that the Council does; there were a great many errors in the "Medical Register" of last year, I believe.

1628. I do not suppose you look for absolute perfection in that?—I do not attach importance to that in any way.

1629. As regards the "Pharmacopœa," do you object to that?—I do not object to the "Pharmacopœa," but I think it has cost an enormous amount of money.

1630. Now do you wish the Council to undertake any fresh duties?—The association have undertaken duties which have been, I think, of good effect for the public. For instance, with

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regard to vaccination, in the year 1839, we endeavoured to impress upon the Legislature, by petition, the importance of having properly educated vaccinators, and it is only quite recently that that suggestion has been acted upon, and that only after the country has been alarmed by repeated epidemics of small-pox; that is one point. I think that the General Medical Council might, with respect to such an important matter as that, have taken action with advantage to the public.

1631. Then you think it is advisable that there should be a State-organised body which should take up the general question of health and disease?—I think there should be some body to advise the Government, or a body to which the State could refer, and that that body should be one representing collective professional opinion.

1632. In what way would that be of more avail than the expression of opinion by eminent individuals, and by voluntary associations, such as the one you yourself belong to?—Our voluntary association has been in existence since 1832. It was only after 25 years of unceasing agitation and labour, and expenditure of energy, that the Bill of 1858 was obtained; and here we are again, after another period of time, another 21 years, and yet without a fresh Bill. We think it is of great importance that the Medical Council, speaking with authority, and representing not only the Government but the medical profession, should have its authority increased.

1633. I think that we are rather leaving the point that I was bringing before you; I understand that the Bills have been Bills mainly for the establishment of a conjoint board, but I think I understood you to say that the Council ought to take up the function of advising the Government with regard to questions of health; now, what I want to ask you is, where would be the advantage of having an acknowledged State-organised body for that purpose, over what at present exists, namely, the expression of opinion of the eminent individuals and members of the profession in voluntary association?—You would have, then, instead of the expression of opinion of eminent individuals, the views of the profession; but the Council must be modified before it could be said to represent the views of the profession. I would observe, however, that it is rather out of the record for me to speak upon these subjects, as my opinions must be taken as only my own individual opinions; the association has not avowed any distinct views upon this subject.

1634. Then the association has not declared that it ought to be the function of the Council to take up these questions?—It has not.

1635. It has been stated in evidence that there is another object in direct representation, and that is, that there should be an organised body which should represent the interests of the profession; do you think that that ought to be the case?—I do not know what the "interests of the profession" are, or what is meant by the term, as separate from the interests of the public.

1636. Take some such case as this: If it were the feeling of many members of the profession that medical service was badly paid by either the central government or by local bodies, by boards of guardians, for instance; that would come within the description, would it not?—No particular prominence has ever been given to the subject by the association. The question of money,

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1637. I will just read you the statement which is made; this is from a report of the executive committee of the Medical Council; and in respect to the claim for direct representation it is there stated: "But it is maintained by some, especially by those who desire that a part of the members of the Council should be elected by the votes of all registered practitioners, that it ought to undertake other and much larger duties than any yet assigned to it. They would have a Council which should occupy itself, not only with subjects relating to medical education and registration, but with the consideration of the pecuniary and other interests of the profession, with such subjects, for examples, as the position and claims of the medical officers of the army and navy, and of practitioners engaged in any of the departments of the public service, the claims of the medical officers of charities, the suppression of quackery, and generally with what is sometimes termed 'the government of the profession;' " is that a fair description?—I cannot say that it is. For instance, in 1869, the Medical Reform Committee of the Association issued an address to the members of the Legislature and the general public, and in referring to the defects of the Council, it stated those defects as follows: "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." Since this address was issued, the examinations have been made to some extent more practical; that is to say, there are the clinical examinations before the granting of a diploma, but even at the present date it is defective; and then, "third, the number of examinations and examining boards;" they say, "Unfortunately the preliminary examination is in many instances a very imperfect test of the candidates general knowledge," and I think the visitors' report goes to the same thing.

1638. Do I understand that you disavow, on the part of the Medical Association, any desire that the Council should take up what may be called the especial championship of the medical profession?—I have never done anything of the kind. I have been chairman of the Medical Reform Committee since the year 1867, and I should like to give you the names of the Reform Committee of the British Medical Association. (*The same was handed in.*)

1639. You disclaim any such notice upon your own part; but I think I understand you also to say that you did not believe that it was the desire of the association?—I am not commissioned in any way to agitate for anything of the kind.

1640. Have you the memorial which was sent in signed by a very large number of the members of the profession, for direct representation?—I have not got it with me; on the 7th July 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

Chairman—continued.

and surgery, who are now for the most part deprived of any professional franchise."

1641. Then a memorial was addressed to Her Majesty's Government in 1869 for a popular mode of electing members of Council, originating in Birmingham, and signed by nearly 10,000 persons?—Yes, and subsequently the number of signatures increased. I do not think the number ever reached 10,000.

1642. Will you supply the Committee with a copy of that memorial?—I will.

1643. How would you elect a representative?—The details are fully set forth in the Bill of the honourable Member for Exeter.

1644. Will you kindly refer me to the clause?—It is Clause 3, page 2; under that clause the voting papers are to be issued by the registrar by post, and the posting of those papers is to be considered the delivery of the voting papers, and those voting papers being issued to every member of the profession in each division of the kingdom, then the answers will have to be signed and witnessed, and returned to the registrar; that is simply the process of voting; the votes will then be collected by the registrar, and the selected candidates declared. Every member of the profession will be eligible to be a candidate, but each candidate must have at least 25 nominators; there may be more than 25 nominators of course, and we believe that the names of the nominators will be to a great extent a guide to the profession generally as to the respective eligibility of the candidates.

1645. For instance, if the 25 nominators comprise the leading members of your executive committee, they would probably get the votes of a very large number of the members of your association?—I have no doubt that if the committee of the association selected any person as a candidate he would be a very great addition indeed to the General Medical Council; he would be a representative member, but I do not think the British Medical Association desires to put forward its own officials as candidates, because it has most distinctly disclaimed any action in this matter for the association alone; it has been acting for the profession, and it has invariably aimed at ascertaining, not only the views of the association, but also of the profession. I have no doubt if we had the names of distinguished members of the General Medical Council as nominating candidates, that then such nomination would have enormous influence with the profession.

1646. The danger which would otherwise arise, that men scattered all over the country would not know whom to elect by personal knowledge, would be removed by their making their election, not upon their own opinion, but upon their estimate of the opinion of the nominators?—To some extent. Here I would observe that the term "universal popular suffrage" has been very freely used in this matter by the opponents of direct representation; but I scarcely think it is an argument to apply such a term to the members of a profession which should be regarded as an educated constituency. I think it may fairly be assumed that if election is to be found anywhere, if the representative principle is practicable, in the view of the good of the public, then such a constituency as the medical profession may fairly be assumed to be able to form an estimate of the respective merits of the candidates.

1647. You have yourself to deal with a constituency

Chairman—continued.

stituency of 8,000, consequently you have some experience, I suppose, in election matters; have you the principle of direct representation for electing your own Council?—First of all, we have our Council elected; one member for every 20 members of a branch; that is one point. Then we have the secretary of each branch, also a member of that Council. Now, the Secretary may truly be considered the representative member of a branch.

1648. Then you do not apply to your own election the plan of direct representation?—To a certain extent. We only wish to apply it to a certain extent in the General Medical Council.

1649. But it would appear to me that you do not apply it at all; you have none of the members of your body elected by the general immediate direct suffrage of your members, have you?—Every president is elected.

1650. But by the meeting?—Yes, by the meeting.

1651. You do not send round voting papers, as you propose for the State Council. You do not follow that plan in electing your own Council?—There are voting papers used in the branches in the election of members of the Council; that is a vote by ballot.

1652. But it is not by the general meeting?—No, by the branches. The branches each send a member to the Council of the Association for every 20 members.

1653. Do you imagine that the candidates would send out addresses?—I do not believe that they would be benefited by issuing such addresses.

1654. But do you think it would be somewhat like the election of which my right honourable friend is the happy result; that is to say, like the election of a member for a university?—Most certainly not; the representative of a university is a gentleman with a political career before him, and an object of great ambition, but the representative in that General Medical Council will meet perhaps for a week once a year, and will simply lay before the Council the views of the profession sending him there; he has no career before him.

1655. I suppose you expect that there would be a contest?—I do not; for instance, the representative for the University of Oxford is elected for the General Medical Council by a constituency of about 5,000 divines, lawyers, doctors, and graduates in arts. Now, there is no difficulty about that election; there is no expense; there is no issuing of addresses; no turmoil, and no agitation. The representative for the University of Cambridge represents a constituency of 5,500; there is no turmoil, no agitation, no issuing of addresses, and no committees formed.

1656. Is there not this difference, that in that case a very great number of the electors happen to have nominally the right of electing, but not having anything to do with the medical profession, take no interest in the election; whereas here the electors would all be persons who would be interested, and would take a considerable interest in the election?—I hope they would take an interest in it; I do not think the whole profession would take a vast interest in it, but still they would have an opportunity of taking an interest in it. I believe there would be as little difficulty in the election of direct representatives as there is in either of the universities.

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Chairman—continued.

In Scotland the constituency would not number 2,000.

1657. You do not think that it would be a costly election?—If there be any cost it will only be the expense of postage. The registrar will have to print circulars and issue lists of the candidates, and the voting papers. That would be the sole cost.

1658. There would be 20,000 halfpennies to begin with in sending out the circulars?—Yes, that would be for the whole kingdom. There are about 13,500 medical practitioners in England and Wales; there are 1,861 in Scotland, and there are 2,344 in Ireland. Now, those figures I have had abstracted from the "Medical Directory," and I believe that that is as nearly as possible the number of the profession in each division of the kingdom. Now a point has been made in the evidence given before you of the turmoil of repeated elections, that is especially guarded against, because the election is only to recur once in five years. If a member resigns or dies there is not to be a fresh election, but a gentleman will be elected by the General Medical Council to fill his place, so that the elections of the direct representatives will simply occur once in five years. Now we have an analogous kind of voting and election with regard to the Medical Benevolent College. A circular is issued with the addresses of the candidates, and that circular is returned. No second circular is issued, and there is never any question as to who is the successful candidate at the Medical Benevolent College, and the expense of an election of that kind, though it may be considerable for a person aiming at becoming a pupil in the Medical Benevolent College, would be nothing as regards the profession.

1659. Is that the system now for election in the Medical Benevolent Society. I am informed that it has been done away with?—Canvassing has been done away with; it has been decided that the Council of the Medical Benevolent College should nominate the most eligible candidates, but the subscribers are in no way bound by that nomination, and they may select whom they please out of the list of candidates forwarded to them.

1660. I would ask you whether you think there is any foundation for the opinion that professional agitators would have an advantage in the event of such an election?—I do not think that the professional agitators would have the remotest chance of election. I think, on the contrary, it would have a very effective influence against their pretensions.

1661. What I gather is, that you think the eminent men would still be elected?—Yes, and would carry with them the power and force of being representatives of the profession.

1662. I will ask you a question of detail, though of important detail; by the Dentists Act of last year a dentist's register is kept by the Medical Council, and there are 5,000 dentists registered; would you give them representation in the Council?—In our Bill, in the penal clause, we make express provision against anyone assuming the title of "surgeon dentist," "surgeon accoucheur," and "physician accoucheur," which is not a provision of the Government Bill; that is introduced with a view of making it more clear to the public that no one shall use the designation of "surgeon" or "physician" without being a member, entitled to the use of that designation.

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signation. Then I was going to say that those men who are surgeons and physicians truly, will have representation, but the dentists, who are simply mechanical dentists, would, in my individual opinion (the association has not pronounced upon this point), not be members of the medical profession.

1663. Is it not the case that many of the dentists in the largest practice who pull the most teeth out and stop the most teeth, are men in the position of being dentists, and nothing else?—That may be so; there are bone setters who are nothing else, and who are extremely popular men, but still we would not give the bone-setters registration.

1664. Is there anything you would desire to add to your evidence?—I should like to mention to the Committee an observation of Mr. Cowper-Temple on the last debate of the Bill of the honourable Member for Salisbury. Mr. Cowper-Temple was the gentleman who carried the Bill of 1858 to a successful issue, and he in this debate said that "he, for one, thought that great advantage might arise if a certain number of medical gentlemen, representatives of the general practitioners throughout the country, were added to the Council; and then he went on to give his reasons: "Such an arrangement would make the Council more completely representative of the profession than at the present, and it would also have the good effect of bringing more sympathy to bear upon the relations between the young men of the profession and those who had attained to eminence and experience; and the introduction of such men into the Council would bring the present members of that body into closer relation with the great mass of the profession, and would in that way be productive of beneficial results." Now it is a very remarkable thing that Mr. Simon alluded most distinctly, at the last meeting of the General Medical Council, to the "great schism in the profession;" referring, I presume, as there is no other schism, to that between the General Medical Council and the profession. It seems a very remarkable thing that the General Medical Council and the profession, for I think there can be no question but that the profession is in favour of direct representation, should be at issue upon a question of this kind, and the difference existing between them to a certain extent tends to block legislation. I do not know that I made the point quite clear about the election of the British Medical Association; I have the bye-laws, and they are very short: "Each recognised branch shall, before each annual general meeting, elect members who shall represent that branch in the Council for the ensuing year, according to the following scheme: for every 20 members of a branch one member shall be elected a representative, together with one other member of such branch, to be called the honorary secretary of that branch, and who shall together represent such branch in the Council." I would read this with a view to show that the representation in the British Medical Association in the Council is direct.

Mr. Mitchell Henry.

1665. Supposing the Medical Council were constituted as you wish, what would you consider the duties of the Medical Council to be?—To promote the education of the general medical practitioners, that is to say, of the profession.

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1666. That is their primary duty?—That is their primary duty.

1667. That is their sole duty, is it not?—It is their great duty.

1668. That would be their duty if the Council were elected, as you wish it to be?—Yes, it would still remain their duty.

1669. Would they have any other duties?—They have other duties under the Act of 1858; for instance, they strike a man, whose conduct is infamous, off the register of the profession.

1670. The duties which the Council have hitherto discharged have been to attend to the medical education, to prepare a register of medical practitioners, and to prepare a "Pharmacopœia"; those are the duties which they have hitherto discharged?—They have hitherto discharged them.

1671. Do you contemplate that the Council should discharge any other duties than those?—No, we do not.

1672. Is not the register of practitioners complete?—Yes.

1673. Does the Council strike off, or has it struck off, the names of persons guilty of infamous conduct?—It has struck off the names of persons who have been convicted in courts of law; it has not done anything further, that I am aware of.

1674. Do you complain that it has not done anything further of that kind?—I think the Council ought to take care in the interests of the public, as well as of the profession, that men whose conduct is discreditable to the profession, should be removed from the register.

1675. Have you seen the list of persons whose names have been erased from the "Medical Register," amounting to 30 in number?—I have not.

1676. Amongst them I find the name of a person erased because he was convicted of felony, and another for infamous conduct in a professional respect; now that is not a person convicted at law; another person for an entry having been fraudulently and incorrectly made; what action do you think the Council ought to have taken in reference to the register, which it has not taken?—I do not lay any specific charge against the Council as regards the register.

1677. Then do you lay any charge against the Council as respects the formation of the "Pharmacopœia"?—I consider it a very fair "Pharmacopœia," but I think that it is not kept up to the requirements of the day; that for instance there is scarcely a leading physician in London who does not prescribe remedies which are not included in the "Pharmacopœia."

1678. But do you think that new remedies should be readily admitted in the "Pharmacopœia"?—No, I am not prepared to say so. I think that the Council has fairly discharged its duties as regards the "Pharmacopœia;" that is my own personal opinion.

1679. Then may I take it that where you think the Council has failed in its duty has been as regards medical education?—Yes, as regards medical education.

1680. And that, if you had an improved Council, you contemplate that there would be a great improvement in medical education?—I believe there would be an improvement in medical education.

1681. And that that is the sole duty which you would expect the Council to discharge in an improved

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improved manner if you had direct representation?—That is the great duty; but I think with regard to all the other points, particularly as regards the striking of men off the register, greater confidence would be reposed in the action of the Council if there were representatives of the profession upon it.

1682. What other points are there which you think would be improved in the action of the Medical Council by direct representation?—The corporations have certain disciplinary powers; the Council has never moved the corporations which have those powers to exercise them. A great deal has been said of the importance of affiliating every member of the profession to one or other of the corporations, on account of the influence, moral and disciplinary, which that corporation would exercise over him. Now there are various colleges. I am not aware that those colleges have ever exercised that power, and certainly the Council has never made any effort to induce them to do so. For instance, members of the profession pursuing objectionable modes of practice have never been brought to order through the action of the Council. Then again, supposing there is a want of disciplinary power, although there have been seven amending Acts since 1858, it has never sought to obtain disciplinary control if its present powers are inadequate.

1683. What do you mean by "disciplinary control"?—I mean that there are certain peculiar branches of medical practice, and there are many men who derive a very lucrative business in connection with such modes of practice, and those men prey upon the public.

1684. Then, by the "discipline which ought to be exercised," you mean that their names should be struck off?—Exactly; that their names should be struck off.

1685. Do you mean that the different licensing bodies have the power of striking off the names of the persons who bring disgrace upon their colleges or bodies with which they are connected, and that they have not exercised their power sufficiently?—If they have that power they have never exercised it, and if they have not that power, then steps should have been taken to obtain that power.

1686. I presume you know that the College of Surgeons, which has that power, has exercised it in respect of striking off the names of persons who are considered to have disgraced the profession?—I am not aware of that.

1687. What do you mean by the term "disciplinary measures in reference to persons who are guilty of objectionable modes of practice"? what do you actually mean, in the first place, by "objectionable modes of practice"?—There are certain ailments which afflict humanity, and there are men who certainly practise very generally in matters of that kind.

1688. Do you mean persons who practise homœopathy?—No, certainly not.

1689. Or hydropathy?—No, certainly not.

1690. Nor any special system so called of medicine?—No, certainly not.

1691. Do you mean the quack advertisers?—I do mean the quack advertisers.

1692. Those are the persons you are referring to?—Certainly.

1693. Are you aware that the Medical Council has struck off a considerable number of persons from the register for that very offence?—I am

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aware that it has struck off, in the course of 21 years, some.

1694. Then you think that if you had direct representation, the action of the Council in this respect would be quickened?—I think that the action of the Council in all respects would be quickened; not so much in that respect as in the great matter of education.

1695. I see that so late as June in this year, only a few days ago, the King and Queen's College of Physicians, in Ireland, struck off the name of a licentiate of the college for improper conduct; the specific cause is not stated, but it is given as for "improper conduct," and the King and Queen's College of Physicians having struck his name off from their membership, have referred it to the Council to strike his name off the register?—And the Council, of course, has very properly taken action there, I presume.

1696. Now with respect to the question of medical education, you are of opinion, of course, that the conjoint scheme of medical examination is essential?—Yes, I consider it most important.

1697. Suppose we assume, as I think may be assumed, because it has been so stated authoritatively, that as regards England, the conjoint scheme of medical education has already been agreed upon?—A scheme has been agreed upon.

1698. Have you seen that scheme?—I have.

1699. Do you approve of it?—Yes, I think it is as good as could be effected under the circumstances; I approve of it.

1700. It is also stated, that the corporations in Ireland are ready to agree to a joint scheme, but that the corporations in Scotland stand out against the conjoint scheme?—Yes. I have reason to know that though the majority of the corporations in Ireland have given in their adhesion to the conjoint scheme, yet that the conjoint scheme is not popular in the country. For instance, the northern branch of the association in Ireland issued and passed a resolution, at its last meeting, in favour of direct representation, as distinct from approval of the conjoint scheme. That resolution in favour of direct representation was sent to all the members in the north of Ireland, with an intimation that such was the view of that branch of the association; but they would not petition in favour of the Bill of the honourable Member for Exeter, on account of its including the conjoint scheme.

1701. Then, I may take it, that the direct representation is, in the opinion of some persons, more important than the adoption of a conjoint scheme of examination, which you say is essential to medical education?—Yes; for instance, I can adduce, in corroboration of what I stated, that the secretary of the branch in the south of Ireland regards the Medical Bill, No. 2, as bad for the Irish universities and graduates; they also are in favour of the direct representation of the profession in the Council, while not accepting the conjoint scheme. I am referring simply to Ireland.

1702. Then I would ask you, if the adoption of a conjoint scheme is essential to that improvement of medical education, which you say is necessary, and if bodies who are petitioning for direct representation are opposed to the conjoint scheme, what good will the public, or the profession, derive, in an educational point of view, by the return of direct representatives to the Council?—It is quite manifest that the majority will govern the minority, and although the vote

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of the association, taken last year, shows a greater number of noes to the conjoint scheme than to direct representation, yet the noes would be overwhelmed by the advocates of the conjoint scheme, and, therefore, we should have representatives in the General Medical Council who, notwithstanding the non-adhesion of some branches, not very numerous, to the conjoint scheme, would be in favour of it. The noes to the conjoint scheme were 294; the noes are a very active minority, and set forth all their strength.

1703. Do you think that a conjoint scheme will ever be adopted, unless it is made compulsory by Act of Parliament?—I am convinced that it will not.

1704. Then I must ask you again, what advantage do you think, in an educational point of view, will be derived from a direct representation of the profession upon the Medical Council?—I think I have answered the question, to the best of my ability, repeatedly. I believe that the position of the Medical Council, as regards the profession (and that surely is a matter of consideration, if only on the ground of sentiment), will be entirely altered by the infusion into it of a certain proportion of direct representatives, and that instead of being at issue and arrayed in opposing camps on questions of medical policy which come before the public, they will work together. Now, the British Medical Association has always been aiming at working with, and not in opposition to, the General Medical Council; that is most distinctly shown when, in 1867, I, as president of the association, and seconded by the gentleman who is now president, proposed that we should support the Medical Council in its endeavour to amend the Medical Act. We had every confidence at that time in the Medical Council, and thought that we might rely on the efficiency of its work, and also rely upon its accepting, to a reasonable extent, the influence of the profession. We passed that resolution, and at the same time that that resolution was submitted to the General Medical Council, a second was submitted, to the effect that, in any alteration of the Medical Act, the constitution of the Medical Council ought to be re-considered, so that the great body of the profession should be fairly represented.

1705. You used the expression "medical policy;" what do you mean by "medical policy?"—The definition of the term is not an easy matter; but my idea of "medical policy" is matters relating to the medical profession, and to that profession in regard to its relations to the public; for instance, I consider the conjoint scheme a matter of medical policy.

1706. The conjoint scheme is a matter of medical education, which you have already stated as the proper duty of the Medical Council; but when you speak of other matters of medical policy, how do you reconcile that with your statement that you do not propose to add other duties to the Medical Council than they have already?—I have already stated that in the view of the association the Council has failed in regard to the medical education. Corporations and rich universities send their delegates to the General Medical Council, but the profession has given 150,000 *l.* to the General Medical Council. For that we receive a "Pharmacopœia" and a register; but we remain at this time with a profession inferiorly educated as compared with every other

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nation in Europe. In France no man can become a medical student till he is "*Bachelier ès lettres*," and he cannot become a doctor till he is still further "*Bachelier ès sciences*." The consequence is that the medical man in France is a much better educated man than the medical man in England; and his influence for good is immensely increased.

1707. Of course we could not go through all the different qualifications of medical men in different countries in Europe; but we may take it as your opinion that the medical profession in this country is badly educated?—Inferiorly educated.

1708. And that inferiority of education is due, in your opinion, to neglect on the part of the Council?—I think that the inferiority is due to general want of action on the part of the Medical Council.

1709. That being so, you still state that the compulsory conjoint scheme of examination being essential, that cannot be brought about by any improvement of the representation of the profession on the Council, but must be brought about by an Act of Parliament?—Yes, I firmly believe that if there had been direct representatives of the profession in the General Medical Council, these small majorities in favour of the conjoint scheme, which have marked the divisions which have taken place in regard to it, would have been greatly increased; and that, as a consequence of the increase of the majority, the activity of the minority would have been proportionately diminished.

1710. Are you of opinion that the medical profession is better or worse educated now than it was 20 years ago?—I think it is better educated in many respects; but taking the enormous progress of education generally in this country which has taken place during the last 20 years, then I say the medical profession has not kept equal pace with the general spread of education.

1711. I wish to ask you about the Bill of 1870; what was the cause of that Bill being rejected?—There were a variety of causes. At that time the British Medical Association had not a Medical Reform Committee, but simply a direct representation committee, which was appointed at the annual meeting in Dublin, with only two dissentient voices; those two gentlemen being Dr. Markham and Dr. Stewart, both of whom are now advocates of direct representation, but who at that time differed as to the mode in which it was to be carried out.

1712. The Bill of 1870 provided for a conjoint scheme of examination?—It did.

1713. Did it provide for the direct representation of the profession?—It did not, although the Association had laid before the General Medical Council the fact that no measures would be accepted without it, and although that had also been laid before the Government.

1714. Is it the fact, then, that although convinced that a conjoint scheme of examination is essential for medical education, the Association procured the rejection of that scheme because it did not provide for direct representation?—I may state that the association did not stand alone. There were bodies who in the General Medical Council had given in their adhesion to the scheme, but who seemed to repent immediately afterwards, because the representatives of some of those bodies were my most active assistants in trying

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trying to obstruct the passage of that Bill; and though an offer, it is true, was made to the British Medical Association, it is certain that at that late period of the Session the Bill could not have passed, even if the association had not moved in the matter. I may mention that Mr. Macnamara sent a telegram to me to say that the Bill was down for second reading; and I had to post up immediately from Chester to aid him in opposing the Bill, though the college had voted in favour of it.

1715. Suppose it were possible now to pass a Bill making it compulsory to have a conjoint examination, but not providing for other reforms, would you think it desirable in the interests of the profession, and of the public, that a short Bill as that should pass?—I should think that when legislation is once entered upon, the great point to be held in view is to make it as complete as possible for all time afterwards, and not to do it piecemeal.

1716. In other words, you would rather not have a compulsory scheme of conjoint examination, unless all the other things that you require are legislated for, is that so?—I am not prepared to say that myself personally, but still it is undoubted that the profession demands it; it is undoubted that the profession even in the north of Ireland by its application to all its members, and in the south of Ireland, and throughout the kingdom, by its influence over its members, will mar the prospects of any Bill which has not received the wishes of the profession. I may mention that a most distinguished statesman of the present day told me that no Government, however strong, could pass a Bill which was in opposition to the wishes of the whole profession, for which the Government were legislating.

Chairman.

1717. You say in opposition to the wishes of the whole profession, but the Bill of 1870 was not, as I understand, in opposition to the profession, it only omitted something which you think the profession wished?—The Bill of 1870 conceded a conjoint scheme. While most desirous that there should be a conjoint scheme, there were many most grave objections to the Bill of 1870 even on that point alone, and amongst them was the feeling that the governance of the profession by that Bill would in a great measure be placed in the hands of one individual, that individual being the medical adviser of the Privy Council.

1718. Are we to understand that you think the medical profession would oppose the passing of any Bill for a conjoint scheme, which did not also include a plan for direct representation?—I believe that there would be found throughout the country such a strong opposition arrayed in favour of direct representation, that it would be most difficult to pass any Bill that did not contain that provision; I do not say that it is impossible.

Mr. Mitchell Henry.

1719. The Bill which you favour increases the number of members of the Council from 26 to 29, does it not?—From 24 to 30.

1720. Suppose a conjoint scheme of examination were hit upon and made compulsory, do you think it necessary that there should be a Council of 30 gentlemen meeting in London for the purpose of carrying that scheme into operation?—

O.105.

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You will observe that the association has distinctly stated, that its object is to get about one-fourth of the Council as representatives of the profession, who with the other fourth as Government nominees, would balance the corporation representatives. The association is not pledged to any special number of the Council; the association would desire to see some of the present medical authorities whose *raison d'être* is at end, also at an end, but the association has not put that forth in their Bill, because they thought they had opposition enough without courting more; but the association goes in for one-fourth of the Council.

1721. Do you think if a proper system of examination were provided for, that in the interests of education the number of the Council might be considerably reduced, instead of being increased?—There is a great deal of work to be done by the Council. I think it would be injudicious to decrease the number to any very great extent, because the number of the Council facilitates the appointment of committees, and by committees a great deal of work might be done in anticipation of a meeting of the Council, which takes place only once a year, and is necessarily of very limited duration; and I should not, therefore, be for diminishing the number of the Council to a very large extent.

1722. I understood you to say that the corporations and licensing bodies had pecuniary interests involved, which were antagonistic to those of the profession; is that so?—No; I say that that the licensing corporations desire fees from the passing of candidates, and that the prosperity of their exchequer is necessarily dependent on the smaller or greater number of men passed; that is all that I say.

1723. But if there were a conjoint compulsory scheme of examination, would not that objection very much fall to the ground?—Certainly.

1724. Now as regards the College of Surgeons; what interest has the College of Surgeons of England antagonistic to the profession; what do they do with their money which is objectionable?—You are selecting for your question the most distinguished institution in the kingdom, and the one which has the greatest number of members. There is no doubt that the College of Surgeons of England at present occupies a most favourable position in the profession; but even at present with regard to the College of Surgeons I may as well state all that I know. An examiner of that body mentioned to me as a fact that the spelling of the candidates in the present day was "atrocious;" that was his own word.

1725. But did he tell you that those candidates who spelt atrociously passed their examination?—I understood it so. Now these candidates who spell atrociously, if the General Medical Council did its duty, could not have offered themselves, they could not have commenced their studies.

1726. I am not speaking of the Medical Council, but of the College of Surgeons?—The General Medical Council issues recommendations as regards the preliminary examinations.

1727. But you are aware that there is a preliminary examination for the College of Surgeons, which includes spelling and writing?—Yes.

1728. Therefore if they fail in those subjects the blame is due to the College of Surgeons, and not to the Medical Council?—I think it is due to the want of supervision by the Council.

1729. If candidates have passed examinations and

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and entered on the profession of late years with very defective spelling, is that owing to the regulations, or to the neglect of the regulations?—It is owing to grave neglect somewhere, I call it mismanagement.

1730. You have referred to the Queen's University of Ireland, and to an instance of defective spelling there in a candidate who apparently passed the examination; did you refer to the report on that examination made by the visiting committee of the Medical Council?—I did.

1731. Will you allow me to read you a few lines of it; do you find this, it is dated June 1873, "It is with much pleasure that we are able to report so satisfactorily of the medical examination in 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," that means of imitation by other bodies. In the report of the examinations held in September and October I find that the visitors say, "We are bound to repeat that the examinations which we witnessed were, within their scope, admirably well conducted and complete and thoroughly honest?"—But I think there are strictures as well as commendations; therefore I think the report must be taken as a whole and not by individual passages, otherwise there will be mystification and wrong impressions conveyed.

1732. But did not you take a passage of the report in that case of defective spelling as an example of the kind of examination that was given at the Queen's University?—Mine was clearly a positive fact.

1733. I am reading you the summary of the whole; was not the man whose spelling was defective described as the lowest man?—Yes, he was described as the lowest man, but if he was a successful man, then I say his success was unpardonable.

1734. There has been no visitation of the Queen's University since 1873?—Not since 1874, five years have elapsed since the last visitation.

1735. Will you allow me to read this passage to you from the report, "Before bringing our report to a close we think it right to say that in the course of our visit we ascertained that it is a common practice for candidates rejected at the M.D. examination of the Queen's University to present themselves at the next ensuing examination of one or other of the Scottish licensing bodies, and to obtain therefrom a license to practise, almost immediately after previous examiners had declared them to be unfit. Then they go on to say, this is an exceedingly reprehensible practice injurious to the profession and one which ought to be suppressed?"—But it has not been suppressed, though the report has been given in so many years. At the present day there are very strange facts coming to my knowledge. Dr. De Bartolomé, of Sheffield, has communicated to me some facts, which I would not myself relate, but which he would be quite willing to relate to the Committee, of the strange way in which men of defective education get into the profession.

1736. You do not think that these things being so are at all an argument in favour of a compulsory conjoint scheme?—I am in favour of that.

1737. Do you think that a great boon would be conferred upon the public and upon the profession, if such a scheme were passed into operation, without delay?—I believe so.

Mr. Plunket.

1738. As I understand, your proposal is that there should be six members added to the existing members of the Council, in order to represent the views of the profession at large?—Yes.

1739. And you consider that that is an adequate number for the purpose of representation?—The Crown nominees are independent of the corporations, and would constitute a fourth of the Council; the representatives of the profession would constitute another fourth, and the representatives of some of the corporations would join that half of the Council in works which were for the public good in opposition to any limited objects.

1740. You consider that those six members would offer a *bonâ fide* representation to the profession at large?—I cannot see anything else.

1741. Therefore, you would not be in favour of taking away any representative from existing corporations, only for the purpose of supplying their place with direct representatives of the profession?—No, not in that light; but I should like to see certain corporations either disfranchised or linked; for instance, I cannot see any excuse for the persistence of the Apothecaries Society in Ireland; I do not see what good object it serves.

1742. But you do not propose that the stronger, and if I might say so the more honourable, corporations, still less that the universities should be sacrificed for the purpose of providing representatives for the profession at large?—We will at once take the broad line of the Royal colleges; let them be represented, and let the universities be represented.

1743. I will take, for instance, Ireland; you mentioned the Apothecaries Hall, and I do not wish to press you upon that point; but as regards other corporations which at present are represented, you say that the Royal Colleges of Physicians and Surgeons should have their representatives?—Yes.

1744. And the University of Dublin, and also the Queen's University?—Yes; the Queen's University also; because it is so difficult to link the Queen's University with the University of Dublin; in fact, the Queen's University would not otherwise be represented at all.

1745. I think you have also said that you would not be in favour of the introduction of general topics for discussion at the meetings of the Council?—Though the Council is a General Medical Council of Education, yet it is certain that the Council has had to consider, for instance, the question of vaccination, which, you may say, does not fall within its limits; indeed, I understand that the Council has in former times even gone into the question of coroners' inquests, and other matters; I would not debar the Council from a discussion of any of these matters if they deemed it advisable, and likely to be carried on in the interests of the public; but still I would not make it a special business of the Council.

1746. Is it your present opinion that you can look to the introduction of these direct representatives of the profession as likely to bring forward additional topics to those which are now usually discussed by the Council?—I think the direct representatives would do this: there are no men who so well know the defects of the system through which they have passed as those who have done so recently; when men have passed their examinations successfully, and embarked in practice, they at once find where the system

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system under which they pursued their studies was defective, and those men consequently will, I think, bring to the Council a knowledge of certain difficulties in relation to the education of the profession.

1747. I am not talking of the education of the profession at present; I am talking of subjects outside the education of the profession; you referred to vaccination and coroners' inquests; I suppose you consider that is pushing the semi-professional subjects of discussion as far as you would at all be disposed to do?—Yes.

1748. The reason I have been asking these questions is, that it strikes me, as you have said, that people when they become practitioners, observe matters which might not occur to them otherwise; you would look, therefore, to having as the result of this direct representation, men sent up to the Council in considerable practice?—I have no doubt that they would be men of mark in the profession.

1749. And, therefore, of practice?—They might not always be men of practice; for instance, if a man distinguished himself for his devotion to hygiene, and made a name for himself, it is highly probable that such a man would be selected by the profession. Then again, there is no representative of that branch of the profession called obstetrics in the General Medical Council, and the Obstetrical Society of London has waited upon the General Medical Council, and has waited upon the Government, and represented this to them.

1750. But besides these specialists, you desire to see by direct representation doctors sent up to the Council, who from considerable practical experience, have ideas to put forward; that is your wish?—Yes, and I should hope men from the large provincial schools.

1751. Do you not hope for a greater infusion of the provincial doctors upon the Council than there exists at present?—I do.

1752. I suppose you would not at all curtail the time at present at the disposal of the Council for discussing this all important question of medical education, would you?—I think the speeches ought to be limited by time.

1753. That is rather a critical question, when you have to deal with it, as we have found in this House, but at all events you would not at all wish to sacrifice the time at the disposal of the Council for discussing questions of educational form, by the introduction of these extraneous subjects?—Certainly not.

1754. Do you not believe it would be difficult for the first men of the profession in London, and would it not be still more difficult for men of large practice in the provinces, to devote any more of their time to these unpaid duties, as I may call them, at the Council, than they do at present?—I believe, that men from a sense of duty, if they accepted the post of the representatives of the profession, would most unquestionably discharge that duty, to the best of their ability, at whatever personal sacrifice.

1755. I certainly agree with you so far, that I think such a man as Dr. Quain, whom we have had here before us, and Sir James Paget, devote time, which is largely money in their cases, to this work, and deserve very well of the public; but still there is a limit to that, and therefore I ask this question: would there not be danger, if these extraneous subjects were introduced, and there

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were a great deal of activity and discussion with reference to them, that such men as Dr. Quain and Sir James Paget, would say to themselves and to the public, "We are quite willing to devote our time to practical business, but we decline to sacrifice our time and our money, to hear speeches and general questions ventilated"; would there not be a danger of your losing some of your best Councillors?—I do not think there would. I think that those men would, if the subjects were of overwhelming interest, feel themselves bound to consider them, and to influence any discussion which might arise. I have great experience of the willingness of men in large practice to sacrifice themselves, that is to say, so far as their pecuniary interests are concerned, in this association. The officers of the association, the vice presidents and the president, are all men in large practice. They come up to London unpaid, and devote themselves to what they believe is the good work, without the smallest possible chance of any reward.

1756. Do you know any men on the Medical Council at present who desire to have these topics added to their business?—I am not aware that I have desired to introduce extraneous topics; all I have said is, that if the Council did think it right to consider these matters, then it might be within their province voluntarily to consider them.

1757. I gather from the evidence you have given, that you would consider, for instance, such a rather abstract subject as medical jurisprudence as one which should not be allowed to compete with the reform of medical education for the time at the disposal of the Council?—I think that as regards medical jurisprudence, very great good would be derived from a discussion in the General Medical Council.

1758. Do you think it would be reasonable to expect such men as Dr. Quain and Sir James Paget (I merely select them, because their names are before me here) to devote much of their time to such a discussion as that, even if they proposed to take part in it?—I think if a professor of medical jurisprudence were to read such a paper as Dr. MacLagan, of Edinburgh, read at Bath last year, it would be a subject of such intense interest that Sir James Paget and Dr. Quain would be delighted to take part in it.

1759. That is to say, to sacrifice additional valuable time?—I do not think it would fall within the province of the duties of the Council; the duties of the Council are limited.

1760. Is it your view that they should discuss these matters, or that they should not?—I do not say that they should, I merely say that I believe no harm would result from that discussion, but I do not say, make it part of their duties.

1761. Then with regard to the poor-law medical relief, is not that rather a wide subject to be brought before the Council?—Yes, but I am not aware that it would be brought before the Council.

1762. I have in my hand what the medical reform committee drew up as a petition, and I find that a portion of the expectations that they have from the success of the direct representation scheme is, "That the introduction into the General Medical Council of representatives elected by the profession would give the profes-

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sion more confidence in the Council than at present, and would also add to the knowledge of the Council with respect to the needs of the public and of the profession in medical education, medical jurisprudence, and poor-law medical relief, and would tend to balance the present overwhelming influence of corporate representatives"?—In every word of that I entirely concur.

1763. I am not asking you this question in a spirit antagonistic to direct representation, but I only put to you this question: would it, do you think, be desirable to guard against the introduction of such wide subjects as that upon a Council, where you hope for the presence of men whose time is exceedingly valuable?—Most decidedly, and I would not have these subjects made a part of their duty.

1764. What do you exactly mean by saying that they "would also add to the knowledge of the Council with respect to the needs of the public and of the profession"?—The needs of the public as regards the profession. Education must unquestionably fall within the province of the General Medical Council, and it is because the profession is not what the profession desires, for there is absolute unanimity in the profession as regards the improvement of the education of the profession, it is for that very reason that we think this independent element in the Council so important.

1765. At all events you would regret the introduction of such topics, contrary to the opinion and desire of such men as I have named, men in large practice, who at present devote their valuable time to such subjects as that of the improvement of education?—I do not think there would be so very much time given up to these questions, even if they were mooted. I think the great thing which has occupied the time of the Council has been the debates on the conjoint scheme, where the discussion has been fought one year, revived the next, gone on in the next, and been re-discussed the same year. It is that conjoint scheme which has occupied the time of the Council; once that conjoint scheme is passed, it will be a matter of great ease to visit three examinations instead of having to visit 19, as at present.

1766. Therefore, if a compulsory joint scheme had been passed in the year 1870, a great deal of valuable time would have been saved for those purposes since?—There is no doubt that if the plea of the profession for direct representation had been conceded in 1870, an immense amount of valuable time would have been saved.

1767. Now, as to these shortcomings in the matter of medical education, I think you have only drawn our attention to a single instance, and that was in the year 1873?—Yes, and I remark upon that, that we are now in the year 1879, and for the last five years, notwithstanding the discovery of these defects, there has been no subsequent visitation of the Council.

1768. I want to ask your attention to this: do you know whether any action has been taken at all by the Council; have the Council been doing nothing at all, all this time, as to the form of medical education?—I believe the Council has been endeavouring to improve education, but has failed to do so. We state further, in our manifesto or address of 1869, that we consider that they have undoubtedly effected some improvements.

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1769. Have you issued any manifesto since 1869?—We should have done more, but we really were received as a deputation by the General Medical Council in such a manner, that the then president of the Council or the association, Dr. Sibson, would not during his life ever go before the Medical Council again. Now, Dr. Sibson was a gentleman who had a great deal to do with drawing up the Nomenclature of Disease, which was printed at the expense of the State, and sent round to every member of the profession; and Dr. Sibson had a presentation of plate from the College of Physicians of London for his services, and yet though he was with us in that deputation, he was so dissatisfied with the way in which all the representations of the associations were absolutely ignored, that he never would go before the General Medical Council again.

1770. I suppose you would be prepared to admit that there has been a considerable improvement within the last 10 years, since that document was published?—There has been an improvement in education generally throughout the whole country. Take a peasant, take a child eight years old, he cannot be compared with the child of 10 years ago, or even of five years ago; there is a general march in education, but I maintain that the advance in the education of the profession has not kept pace with that general march.

1771. Might I ask you upon what grounds you found that opinion?—I ground it simply upon the fact which Dr. De Bartolomé tells me about the want of education, and the ignorance of men who enter the profession; I find it also upon the reports of the visitors to the examinations.

1772. What I am asking you is this, have not there been great activity displayed and efforts made by the Medical Council since they published this document in 1869, to improve, as far as they had power to do, the examinations?—I do not think they have done all they should have done; I think if certain corporations had been told that unless they improved the standard, particularly of their preliminary examinations, they would be represented to the Privy Council, the state of things would have been very different.

1773. Are you aware that during the last year or two attempts have been made by the Council to make improvements in this particular matter?—Certainly they are wanted.

1774. Are you aware or not whether any action has been taken?—It would be impossible that the Council, containing the men it does in its ranks, should not aim at doing good; I do not say the contrary for an instant; I believe the Council has, from the first, aimed at doing good, and has done good; but still it has not done all that the profession believes it had a right to expect from it.

1775. Just let me call your attention to this; I find here, in the minutes of the meeting of the General Council of the 14th of May 1877, an amendment moved by Sir Dominic Corrigan, and seconded by Dr. Andrew Wood, which afterwards, on becoming a substantive resolution, was carried, "That it is desirable 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 this Council, and that it be delegated

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delegated to the executive committee to communicate with the licensing bodies on the subject; do you consider that was a good move?—I think it was.

1776. Now I will read from the recommendations of the Medical Council on Education in 1879: "That no person shall be registered as a medical student unless he shall have previously passed a preliminary examination in the subjects of general education as hereinafter provided. That it be delegated to the executive committee to prepare annually, and lay before the Council for recognition, a list of examining bodies, whose examinations fulfil the conditions of the Medical Council as regards general education; that, for the present, testimonials of proficiency granted by educational bodies, according to the subjoined list, be accepted." That contained all the principal educational duties of the three kingdoms, "the Council reserving the right to add or take from the list a degree in arts of any university of the United Kingdom, or of the Colonies, or of such other universities as may be specially recognised from time to time by the Medical Council is considered a sufficient testimonial of proficiency;" may I ask you, do not you think, supposing these proposals had been carried out, or were capable of being enforced by the Medical Council who proposed them, that it would have done all you required?—It would have done a great deal, but now in this schedule I find on the first page, "Royal College of Surgeons of Edinburgh, Preliminary Examination in General Education, conducted by a Board appointed by these two colleges combined"; that is to say, the two Colleges of Physicians and Surgeons of Edinburgh. I think we in the profession regard it as very objectionable that the licensing bodies should conduct the preliminary examination of the candidates.

1777. But supposing that these principles, and this Bill, and the compulsory conjoint scheme, were enacted and made the law of the land, the shortcomings which you have just referred to, supposing them to exist at present, would be disposed of, would they not?—Certainly.

1778. As regards the propriety of insisting upon the introduction into the Bill now before Parliament of clauses dealing with direct representation as a *sine qua non* for allowing the Bill to pass, of course you think it is a fair opportunity to endeavour to carry out your principles; but supposing that the majority of either House of Parliament were not in favour of this direct representation, do you think then that it would be a politic thing in the interest of the public to stay the Bill further, in order to put the screw on about direct representation?—The profession is of opinion, and it is really my own candid opinion, that a majority cannot be got for any Bill which does not contain the modification of the Council sought.

1779. That is, as I understand, because you say the members of the profession exercise so strong an influence in certain constituencies?—That is so.

1780. Whatever their opinions are, was it considered a pledge?—Yes; I must say from the knowledge I have acquired that the members are in favour of it.

1781. But I would ask you to follow that up, because I do not quite catch your reasoning; if

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some person proposes as an amendment certain clauses to carry out your views, and supposing upon a division a majority, say of the House of Commons, decide against that amendment, I ask you, do you think it would be in the interest of the public to obstruct the progress of the Bill, because it had been defeated upon a division?—The British Medical Association has really most carefully abstained from obstruction.

1782. As a body?—Yes, as a body.

1783. But I know you have great influence, and very deserved influence, if you will allow me to say so, with a great number of those gentlemen who have signed their names to the document connected with your movement, and I ask you now, supposing a majority in the House of Commons should, unfortunately, as I am inclined myself to say at present, decide against all direct representation being introduced into this particular Bill, do you think it would be a wise and right thing, in the interest of the public, as far as individual medical men can do it, to obstruct the progress of this Bill as a leverage to carrying your point about direct representation?—That is an extremely difficult question to answer.

1784. That is the reason I asked it?—There has been a great deal of difference of opinion in the General Medical Council in the way of answering questions, but I have been most anxious to be as candid and straightforward as my knowledge will allow. Our position has been this: the association was pledged as a body to the obtaining of direct representation in 1870; in so pledging itself the association was simply acting upon the invariable tradition of the association from its earliest commencement. Therefore, having appointed a direct representation committee, which was instructed not to accept any Bill unless it included direct representation, and that committee knowing that the whole profession as a body held that view, they could not accept a Bill which did not include direct representation. It was promised that if a Select Committee were asked for in the ensuing Session, that Select Committee would not be opposed if they withdrew their opposition, an opposition which they were specially appointed to enforce with all their power; they did not withdraw their opposition. It is true a number of bodies petitioned in favour of direct representation at that time; the College of Surgeons of Edinburgh, the College of Physicians of Edinburgh, the Faculty of Physicians and Surgeons of Glasgow, the College of Physicians of Ireland, and the College of Surgeons of Ireland; all those bodies petitioned in favour of direct representation at that time, and supported the demand of the profession. We declined to accept the offer made. I have great doubts as to whether I was acting rightly; if I myself alone had been involved I would have accepted the offer of the Government, but I was the servant of a large association, and I could not accept their offer. I spoke to members of the House of Commons, and I told them all about it; and they said I did quite right; they said, If you had accepted that offer direct representation was completely shelved. The House would not have occupied itself with one point only, when it had had its time occupied the preceding Session with the general subject of medical reform; and the subject would, consequently, have been shelved. I may say that a

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brother-in-law of Mr. Gladstone's told me that I had done quite right; and other men told me that I had done quite right, therefore I felt quite satisfied. Then come the other points: last year the Government bring in a Bill; we have been doing our best to get them to alter the Bill, and they did alter it in some respects; for instance, instead of permissive conjunction they granted compulsory conjunction, and they included the corporations as well as the universities in their scheme. Now, our Bill had been introduced before the Government Bill ultimately came into the House of Commons; and we held by our Bill, and the profession backed us. It was not our fault that the profession, last year, and in 1870, to a man, petitioned against the Government Bill, because it did not include direct representation. Others told me, in discussion, that it was impossible for a Government, however strong, to pass a Bill which was opposed by the general body of the profession. If I may now come to my own individual opinion, I consider the conjoint scheme of great importance, and would sacrifice much to secure it; but I am not prepared to say that I would absolutely act on my own feeling in favour of it; I should be bound now, as I have been ever bound since I have been the chairman of the Medical Reform Committee, to act upon the wishes of the association, which I think is entitled to make itself heard in Parliament.

1785. As I am afraid we shall not have the benefit of having all the members of the association here to give their opinions upon this particular point, I wish to get the advantage of your particular opinion upon this simple question; supposing the majority of the House of Commons were in favour of carrying the conjoint scheme, and all the other advantages of this Bill, which has become still more valuable, in my opinion, since you thought it ought not to be stopped, as you told us a few minutes ago, for the sake of direct representation, would you yourself sanction a proceeding which would practically stop all the valuable legislation contained in the Bill as it stands, if it were impossible at that time to get a majority of the House of Commons to sanction the introduction of amendments carrying out your ideas about direct representation?—You must observe that if a majority of Parliament decide in favour of a particular measure, I am powerless there; it is not my work; it is the work of Parliament. If the majorities in favour of any measure in this country, which is governed by representative institutions, declined most determinedly to give the profession any representation, although it has accorded to the general public popular suffrage, then we are bound to admit that we are not going to introduce revolutionary proceedings.

1786. Then I hope we agree, if that is your view, because I do not wish to be taken as opposing direct representation, but rather as desiring to see safeguards provided if provision is made for it; I think you agree with me in saying this, that, supposing the majority in Parliament, having decided, in the first place, in favour of the main provisions of this Bill, the majority in Parliament should decide then against direct representation, which I might myself perhaps regret, you would not sanction the stoppage of the progress of the general measure by any further form of obstruction?—Of course I am not in

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Parliament, and I am not aware that I have the means of obstructing.

1787. May I ask you how many persons signed the petition to which you have referred, that is to say, the petition in favour of direct representation?—In 1870 it was rather a matter of urgency, and there was a kind of memorandum issued with the journal of the association; the consequence of that was, that within about a week 10,000 men sent in objections to any measure which did not include direct representation.

1788. Was that the last time when a test of that kind was applied to the opinion of the profession?—The only test which has been really applied to the profession was that contained in the circular of last year, when, in regard to direct representation, a large, indeed an overwhelming, number of answers were given in favour of it. And they are the answers, you will bear in mind, of educated men, though imperfectly educated as a body, of course.

1789. That is in favour of the conjoint scheme?—Of both; the affirmatives in favour of direct representation far exceeded the affirmatives in favour of the conjoint scheme.

1790. How many replies did you receive?—There were 5,227 replies. There were 5,075 ayes for direct representation, and 121 noes. Then for the compulsory conjoint scheme the ayes were fewer in number, namely, 4,910, and the noes more than double the noes to those against direct representation, being 264.

1791. What length of time intervened between the issue of that circular for signatures and the time at which the lists of signatures were closed?—A very short time, because it was considered important to get the result in quickly.

1792. Was it about a week?—About a fortnight, I think. At any rate the answers were got in and counted up, and the thing closed. I have had many answers since, all in the same direction, but I have not added them to the original number.

1793. I believe those papers were sent for signature to each member of the profession?—Yes; I will not say that every member got one, because there was a great deal of difficulty about issuing them in the hurry; whether they all went to the post, or not, I would not say.

1794. But in the main?—In the main they were issued to all.

1795. Could you tell us how many were issued?—I believe there were not more than 17,000 or 18,000 circulars issued for the whole kingdom. There are in the kingdom, I find by the register, a greater number of medical practitioners than that number; but it was about 17,000 or 18,000 that were issued.

1796. Then, in fact, something considerably less than a third of the profession claim to have voted in favour of direct representation?—Yes, the replies were to that extent.

1797. I suppose you would not say for a moment that the majority of that 5,000 would be in favour of the more sweeping question which we have been discussing for sometime, namely, obstructing any Bill which did not contain a provision for direct representation?—I am afraid they would. At that time there was great desire to obtain the conjoint scheme.

1798. And there is still?—There is still. I think that if this circular were again issued, we should have a decidedly fewer number in

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in favour of the compulsory conjoint scheme than we had in 1878.

1799. Why do you say that?—Because in the whole of the north of Ireland the branch there regard the conjoint scheme as bad for the Irish university graduates, and they are opposed to it.

1800. You do not speak of the University of Dublin?—No; but there is a letter, for instance, from the secretary of the branch of the association in Cork; now instead of petitioning for the Medical Bill, No. 2, he said he could get up a petition in favour of direct representation, but he could not get up a petition in favour of the Medical Bill, No. 2, because they regarded the Bill as bad for the Irish Universities.

1801. I suppose the document to which you have just referred was sent to you in the interest of the Queen's University?—No, I cannot say that. This gentleman is the secretary of the southern branch; and the secretary for the northern branch did exactly the same thing.

1802. The northern branch of what division of the Kingdom?—Of Ireland; and the branch passed a resolution in favour of direct representation as essential in any measure which might be passed.

1803. Is that a branch of your association?—Yes, it is a branch of our association. They also mentioned that they had sent a copy of this resolution to every Member of Parliament of the north of Ireland, with a request to him to support the resolution.

1804. You are yourself, you told us, entirely in favour of the conjoint scheme?—I am.

Mr. Wheelhouse.

1805. I am right in saying this, am I not, as a summary of your testimony. If you can get the conjoint scheme and direct representation, you would very much prefer that to anything else?—Certainly.

1806. But supposing you cannot get direct representation in the present Bill, you would rather accept the Bill without direct representation than forego medical legislation with regard to the conjoint scheme; is that so, or not?—The whole future of the profession will be handed over to the General Medical Council; and if it was important to have direct representation at any time, it is really important in my opinion to the profession to have it now; and I cannot in my position, as regards the association, say that I am prepared to accept any incomplete measure.

1807. Would it not be better to accept the present Bill, even though there might be no direct representation provided for them to forego any medical legislation for the present?—I believe my answer must be the same.

1808. With regard to the constitution of the General Medical Council, you say you would not, under any circumstances, have that decreased, so far as number was concerned?—Not materially.

1809. But you would make a change, so far as some of the small corporations are concerned?—I would.

1810. What I want to arrive at is this: supposing the Council were enlarged by the addition of say six members, chosen by the profession itself, would it not be more easy by dividing the duties of the General Medical Council among several committees, for which

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the members would be thereby provided to deal with a very large number of what may be called minor questions in those committees?—I certainly think that the Council must not be diminished too far, because the advantage of the appointment of those sub-committees to facilitate the work of the general meeting of the Council is beyond all question.

1811. And would it not, in your opinion, be a very great advantage to the General Medical Council if a large part of its work were subdivided into committees, which could report to the General Medical Council as a last resort?—I have no doubt upon the subject.

Dr. Lush.

1812. Practically the question of the conjoint scheme is settled, I think; that is to say, it is adopted by each of the three Bills before the Committee?—It is certainly.

1813. So that the main point is the direct representation?—And the modification of the Council.

1814. In page 16 of the minutes of the General Medical Council there is a description of the present Council, which I will read to you: "The constituencies through which the members of Council are chosen by the universities and corporations are varied. Some are very large, amounting to several thousands; one very small, consisting of eight members; some wholly medical, as in the corporations; some mixed, medical, and non-medical, as in all the universities, some of the corporations elect by the whole body of the fellows; some through a Council, elected by the fellows, or otherwise;" that is, in your opinion, a very true and fair description of the present Council?—Yes; it is.

1815. But in the scheme of the Bill of the honourable Member for Exeter, you retain the whole of these bodies in that relation to the Council which they have at present?—We do. I have stated before that one great reason for retaining all these members in our Bill was that we did not wish to court opposition.

1816. You adding six to the Council, multiplies the debating power very considerably?—I hope that the members will not be silent.

1817. That is to say, the members that you send?—Yes.

1818. Do you not think we might very much diminish the present Council with advantage?—Not too much.

1819. At present you see there is already an association of two bodies to elect one representative; the Universities of Edinburgh and Aberdeen are joined, and the Universities of Glasgow and St. Andrews are joined; do you not think that a further linking of the present electoral bodies would be an advantage?—I think that certain bodies, such as the Faculty of Physicians and Surgeons of Glasgow and the two Apothecaries Societies might be linked. I do not see that they exercise any beneficial influence, either on education or for the public good, and I do not think that they are entitled to representatives in the General Medical Council, when the great University of Edinburgh has only half a representative.

1820. If a suitable and satisfactory mode of linking, which would diminish the number of the university representatives were arrived at, it would not be, in your opinion, a bad scheme?—

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I would like the Royal Colleges to retain their representatives.

1821. Would you disfranchise the other bodies?—I would either disfranchise the other colleges, or put them in a lump together, or link them with some body of greater importance.

1822. There is a great objection, as you know, to this linking, on the part of the bodies themselves?—Yes.

1823. I presume you would regard that as a very natural objection, that it is destructive for any small body to be associated with a larger one; it practically means extinction?—Yes, but not on that account undesirable.

1824. That would be the easiest way of getting rid, without disrespect, of these useless, and in some respects effete bodies?—I think it would be the most delicate manner of doing it.

1825. In order to do that, you must diminish the number of the Council, must you not?—Not necessarily, because we must have direct representatives added to it.

1826. Any scheme which would retain the number of the Council as at present, and which would still include six representatives of the profession, would meet with your approbation, as I gather?—I should like the General Medical Council to contain somewhere about its present number.

1827. But you would add six direct representatives to the Council?—Yes; that would be one-fourth of the Council.

1828. If you could get your direct representation and retain your present number of 24, that would amount to the extinction of six of the present representatives as individual representatives?—There are four bodies.

1829. There are, as I understand, 19 persons sent by corporations?—There are 17 sent by corporations and universities, six Government nominees, and a president of the Council elected from without. I see no reason why the president of the Council should not be elected from the members of the Council, and that would give one seat.

1830. Is that precisely the condition of things as stated here; I understand that there are six nominees of the Crown, and six deducted from 24 would leave 18?—No; the president of the Council is elected from without the representatives. If one of the representatives is made president of the Council, then another representative supplies his place. For instance, at Oxford the president of the Council is Dr. Acland; he was the representative of Oxford, and Dr. Rolleston is the representative in his place; he succeeded him.

1831. But it never has happened that any person has really been elected from without the Council; some member from the Council has always been elected?—I am not aware of its never having been done, but I do not think it has been done.

1832. Then the linking of the small bodies with the greater would meet with your approbation, provided the Council were not diminished?—Yes.

1833. Do you think that the administrative power of the Council is sufficient?—I do not.

1834. At present they have only the power to recommend to the Privy Council?—That is all.

1835. You would add to it?—I would.

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1836. Would the extension of these powers have the effect of giving them greater power over the interests of the profession?—Yes.

1837. And in the suppression of illegal practice?—The Medical Council has admitted its want of power in the direction of suppressing quackery, and all the Bills aim at giving it greater power.

1838. Would that power be in the direction of giving the initiative in anything which may occur to interest the profession, or merely to administer the Act as it at present stands?—The penal clause, if I may use that objectionable term, of the Bill of the honourable Member for Exeter, is stronger than the clause in the Bill of 1858; they would have to administer the clause of any new Bill.

Mr. Errington.

1839. You told the Committee that the majority in favour of the conjoint scheme would probably diminish if a fresh vote were taken?—I believe it would. I think if the profession were aware that their vote would influence legislation, that then we should have an enormously greater return to the circulars than we have succeeded in obtaining, but there has been of course a feeling of disappointment and languor creeping over the profession, and I think that that has had a great deal to do with the smallness of the number of replies which were obtained in 1878.

1840. At all events you think that if you had this enormously larger number of replies to a fresh demand, the majority in favour of the conjoint scheme would be found to have diminished?—Not in England. We should certainly get a larger number of objections to the conjoint scheme taking the kingdom generally.

1841. You are aware that on the Medical Council the majority in favour of the conjoint scheme in 1878 and 1879 is considerably smaller than it was in 1870?—I am aware of that.

1842. Under these circumstances, do you not think that the assumption which my honourable friend put to you, that the conjoint scheme might be taken as a settled point, was rather premature?—I believe that the conjoint scheme is the desire of an enormous majority of the profession.

1843. You do not think, then, that these constantly diminishing majorities indicate that, upon more careful consideration, many persons are seeing practical difficulties and objections to the conjoint scheme?—I rather think that the opposition to the conjoint scheme is more pronounced in the present day from the discussions which have taken place, and from the belief, which has thereby been engendered, that the great medical authorities in Ireland and in Scotland will suffer more.

1844. You told the Committee that opinion had changed in Ireland. I will just ask you whether opinion has not also changed almost universally in Scotland?—I will not say universally.

1845. But almost universally?—There is no doubt that in Scotland, as in Ireland, they do not like it; the replies are not in favour of the conjoint scheme, but in favour of direct representation.

1846. Do you think that if this scheme could be adjourned for 10 years longer, the same change might

Mr. Errington—continued.

might be found to extend to England?—That would be a most lamentable thing, but I do not think that. I think the profession would almost become more revolutionary than ever.

1847. I may refer you to your answer to the honourable Member for Galway about the Council being in favour of direct representation, and opposed to the conjoint scheme; that is not because they are opposed to reform, but because they advocate a different sort of reform, is it not?—Yes.

1848. They advocate a much stronger Council with a more extended power and more activity, which would enable us to avoid the necessity of interfering with the bodies?—I cannot be a witness to that; I cannot answer that question.

1849. Is it not the case that those persons who oppose the conjoint scheme, and yet who are in favour of direct representation, have a scheme, by which medical education and examinations may be reformed, although they oppose the conjoint scheme?—I believe they all desire to see improvement in medical education; but I cannot answer for the persons whom you are speaking of.

1850. You are aware that there is a project supported very largely, for making the necessary reform by means of an enlarged Council, with much strengthened and increased powers?—I am aware of that.

1851. Do you think that if Parliament were to accept that plan in opposition to the conjoint scheme, it would produce that necessary reform in examination and education?—No, I do think that numerous licensing bodies are very objectionable, and that we should diminish them as much as possible, and make the entrance into the profession through, in the fact, what we have always stood up for, namely, one portal.

1852. Even supposing the numerous licensing bodies were quite efficient?—It is very objectionable, because corporations rise and fall; they may be good to day, and we can never answer for what they may be five and twenty years hence; and legislation ought to be carried out upon broad principles. With regard to the conjoint scheme, the association has always supported it.

1853. I understand you to say that the Medical Council, owing to their constitution, have not made use even of the powers which they possess?—That is my opinion.

1854. Therefore, if they were to get extended powers, some change should be made in their constitution which should give them more energy?—Yes.

1855. You tell the Committee that you do not at present ask for any increase of the scope of action of the Medical Council, but would you object to an enlarged scope of action being given to it, supposing it were reformed in the sense you

Mr. Errington—continued.

mean of direct representation?—I think the Medical Council is intended to exercise supervision over and to direct medical education.

1856. You said you would not ask for increased power, but supposing Parliament proposed in addition to giving you direct representation, to give considerably increased powers?—I think the Council ought to have increased power.

1857. And increased scope?—I could not say as to that.

1858. Say with respect to questions of medical policy, and questions affecting the interests of the profession generally?—I think such questions ought not to be incumbent upon the General Medical Council, but still they would be a very proper body to take into consideration certain subjects.

1859. Do not you think that many of those members of the profession who vote for direct representation, do so with the idea that the Medical Council, when reformed, should deal with those questions of medical policy?—Some may; but I think as a whole, their great object is to see the education of the profession improved.

1860. Dr. Ackland told the Committee that he did not consider it the province of the Medical Council to interfere with medical education directly; is this your opinion, or would you be in favour of interference with the teaching in schools and hospitals?—I would have the examination rules laid down.

1861. But I mean with reference to education, not examination?—I would have a scheme of education also sanctioned, and indeed originated by the General Medical Council.

1862. That is a duty which they have completely ignored, I believe?—They have neglected it.

1863. You express the opinion that those candidates in the Queen's University, whose papers have been so unsatisfactory have probably passed the examination?—Yes.

1864. I would just read to you one sentence from the report of the visitors, which I think clears up the point: "The written answers of the candidates were supplied to us after they had been read over and estimated by the examiners. We read over several, and compared our estimate with that of the examiners; the decision arrived at by them appeared to us in every case to be perfectly fair and satisfactory. We did not observe any instance of a candidate being passed, who, in our opinion, deserved to be rejected." Does not that strike you as a proof that the individual whose papers you objected to, could hardly be considered to have passed?—It is a point to be ascertained; but I think it is a very fair inference that he did pass.

Mr.
Waters, M.D.,
F.R.C.P.E.

4 July 1879.

Monday, 7th July 1879.

MEMBERS PRESENT:

Mr. Dalrymple.
Mr. Errington.
Mr. W. E. Forster.
Sir Trevor Lawrence.
Mr. Mitchell Henry.

Mr. Maitland.
Mr. A. Mills.
Dr. Lyon Playfair.
Mr. David Plunket.
Mr. Wheelhouse.

THE RIGHT HONOURABLE WILLIAM EDWARD FORSTER, IN THE CHAIR.

MR. EDWARD WATERS, M.D., F.R.C.P.E., called in; and further Examined.

Mr.

Waters, M.D.,
F.R.C.P.E.

7 July 1879.

Mr. Maitland.

1865. I WANT to ask you a question or two about direct representation; I think I understood you to say that if direct representation were granted the Medical Council would be more fitted to enter into general discussions of what I think you called questions of medical policy, in which the medical profession and the public were interested?—It is clear that the General Medical Council, although it is strictly a Council of registration and education, interests itself in matters of that description. For instance, on 30th June 1868, Sir Dominic Corrigan said that the duties of the Council were not confined to registration and education. The Council had considered the subject of inquests, vaccination, medical evidence, and the Pharmacy Bill, and it has also latterly considered the interests of dentists and obstetricians and also vivisection.

1866. That is to say, it has discussed those matters at its meetings?—Yes. Then our association also takes an interest in matters of a similar kind, and in matters of general interest to the profession and of importance to the public, and we have a department of State medicine.

1867. My question was this, do you think that if direct representation were given by Parliament the Medical Council would be more fitted for entering into those discussions?—I believe that the direct representatives would bring a great amount of knowledge to bear upon the deliberations of the Council in public, but I believe still further that in that private intercourse which occurs between members of the same body, assembled for a particular purpose, there will be an interchange of thought in conversations, which would be a great advantage to the public deliberations, in fact, which mature opinion in private, just as the committees of any public body may mature facts for consideration.

1868. Do you think that discussions of that kind would be more likely to occur than now?—I do not think they would occur except under pressing necessity, but I believe that the consideration of these subjects in private, and possibly in public, would be inevitable.

1869. More so than at present?—Yes, more so than at present, I think. Perhaps I may also say, that I think that once this question of the examinations of the conjoint scheme being set-

Mr. Maitland—continued.

tled, there will remain comparatively little for the Council to do except the visitation of examinations, and that, in that way, they will have time for the consideration of matters of great public interest.

1870. Supposing that this Committee, or Parliament, were to disapprove of that, and were to desire that the Council should, as formerly, confine itself to the three or four principal objects for which it was instituted, do you think that there are any other uses to which these proposed representatives of the profession might be put; do you think that they would, for example, throw more energy into the action of the Council in reference to those three or four matters for which it was originally instituted?—I believe that those representatives would bring a most important knowledge as well as influence to bear upon the question of medical education. The whole profession is unanimous for the improvement of medical education. I do not say it in any unkindly sense, but the improvement of medical education is not the way to get the largest number of candidates for the licensing bodies; therefore, to a great extent, the profession, in desiring to improve medical legislation, has been resisted by some of the licensing corporations.

1871. Of course you can only judge as a matter of probability, but do you think, if there had been members on the Council elected by direct representation, they would have been able to have put greater pressure upon some of those licensing bodies which we have heard were passing candidates on too slight qualifications?—That is one of the great objects which we have in view in getting direct representatives upon the Council. We believe that the conduct of the visitation of examinations would be much more to the satisfaction of the profession at large, which is also to be considered in these matters, as well as the licensing corporations; and we believe that it would have been impossible, with the disclosures in the reports of the examinations, for five years to have passed without any fresh visitation of examinations.

1872. Do you think that they would perhaps have taken action at the time that Dr. Parkes made his representations?—Dr. Parkes was not a corporation

Mr. Maitland—continued.

a corporation representative, he was an independent member of the profession, and I believe that but for Dr. Parkes's presence at the Council, the glaring defects with regard to the ignorance of those who came up to the Army Examining Board would never have been disclosed. It fell like a bomb upon the profession and the General Medical Council.

1873. The Medical Council did nothing, at least nothing effective?—No, I do not see that they have done anything effective. I am free to admit that there is a certain improvement in medical education, but I maintain that that improvement is not *pari passu* with the improvement that has taken place generally in education.

1874. If there had been direct representation of members elected by the profession on that occasion, do you think that the Council would have taken some steps against the defaulting bodies?—They would not have allowed the matter to pass over in the smooth manner which characterised the communication

Mr. Mills.

1875. Are the answers which are given upon this report of the visitation of medical examinations at Queen's University in Ireland the answers given by the candidates who passed?—They are the answers, as I gather, from the report itself and the marks attached to the answers, of the successful candidates. I was asked on the last occasion, at Question 1591, to put in one of the circulars addressed to the profession on the occasion of the canvass of the profession. I have it here. (*The same was delivered in, and is as follows:—*)

BRITISH MEDICAL ASSOCIATION.

THE Medical Reform Committee is desirous of ascertaining the opinion of every member of the profession residing in the United Kingdom on the two questions:—

1. Are you of opinion that the medical profession should be directly represented in the General Medical Council?—Yes.

2. Are you of opinion that the establishment of a conjoint Board for the granting of licenses to practise all branches of the profession should be made compulsory in each of the three divisions of the kingdom?—Yes.

(signed) F. J. White,
M.D., Ed., M.R.C.P., Lond.,
Athole-place, Perth.

There is also a note which was issued by, and signed by, some presidents of the association, and by lecturers in medical schools. (*The same was delivered in, and is as follows:—*)

BRITISH MEDICAL ASSOCIATION.

Dear Sir,

Queen's Hotel, Birmingham,
2nd April 1873.

A CRISIS, as you are aware, has arrived in regard to medical reform, and the action of the British Medical Association and of the profession is imperatively required to frustrate the passing of a Medical Bill which does not embody the principles for which the association and the profession have for so many years contended.

Under these circumstances, we urge upon you the importance of petitioning the House of Lords to prevent the passing of this or any Bill which does not recognise these great principles.

With that view, we forward a form of petition for your guidance.

Unless the petition be written on one side only of a sheet of paper it will not be received.

The petition may be forwarded for presentation to
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Mr. Mills—continued.

any local peer; to the General Secretary of the Association; or to Dr. Waters, Chester.

Eason Wilkinson, M.D., F.R.C.P., President of the Association.

Randle Wilbraham Falconer, M.D., LL.D., &c., President-Elect and President of the Council.

Charles Chadwick, M.D., F.R.C.P., Ex-President of the Association.

Martin Bartolomé, M.D., F.R.C.P., Ex-President of the Association.

W. F. Wade, M.D., F.R.C.P., Physician to the Birmingham General Hospital, &c.

Balthazar Foster, M.D., F.R.C.P., Physician to the General Hospital, Birmingham.

Edward Waters, M.D., F.R.C.P.E., Chester, Chairman and Convener of the Medical Reform Committee, and Ex-President of the Association.

1876. Did I understand you correctly to say, in answer to the Right Honourable Chairman, that the British Medical Association does not recognise or adopt the principle of direct representation in the selection of its own Council?—I am glad you have asked me that question, because I have learnt that in consequence of my non-apprehension of a question put to me by the Right Honourable Chairman, I have left in the minds of some of the Committee an impression such as you suggest. As a matter of fact, the Council of the British Medical Association is, with one exception, to which I will presently refer, entirely composed of members who are freely elected year by year by the members of the different branches of the association, and all these members may, if it seem good to their electors, be changed every year. Each branch elects annually one member of the Council for each 20 of its members, that is five per cent. It also annually elects its secretary, who is *ex officio* a member of the Council. Now as to the exception to which I have referred; we have at our annual meetings different sections; for example, medicine and surgery, &c. The president of each such section, who is chosen solely on the ground of scientific distinction, becomes for that and the succeeding year a member of the Council. We have also at each annual meeting addresses or orations on different medical topics; for example, again, medicine and surgery, each orator becomes for that and the succeeding year a member of the Council. As an example of the kind of men who are in turn thus placed on the Council, I may mention that this year, at Cork, we shall have three orators, one in medicine, namely, Dr. Hudson, of Dublin, the Crown nominee for Ireland; one in surgery, namely, Mr. W. S. Savory, F.R.S., of St. Bartholomew's Hospital, London; one in public medicine, namely, Dr. Fergus, of Glasgow, the Crown nominee for Scotland; while the president of the medical section is Dr. Andrew Clark, of London. Those are the only exceptions to the absolutely and directly representative character of the Council of the British Medical Association. It is, therefore, entirely erroneous to say that we preach one thing and practice another in the case of the Council of the Association. But I wish that there should be no misapprehension on this very important topic, and I therefore ask the Committee to allow me to state the facts with regard to the Committee of the Council, which, and not the Council, is the executive body of the British Medical Association. This body, the committee of the Council, consists of, first, the ex-presidents of the association, who have each been chosen as president by the vote of the whole association

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association in general meeting assembled, that is to say, by universal suffrage; secondly, the secretaries of the branches elected each year by the open vote of the branch which returns them. There are about 27 or 30 branches; thirdly, 20 members elected by the Council each year (the Council itself being, it will be remembered, elected by open voting). Of this 20, five are compulsorily retired each year. Fourthly, the treasurer of the association, another member of the committee, is elected triennially by open vote of the association in general meeting assembled. I would say that although, of course, the association has gone in for direct representation, they believe that the simpler plan would be that the nomination of candidates should be advertised for, and that voting papers should be issued, and that those who have the largest number of votes should be the direct representatives of the profession; but if there is on the part of the Committee, or of the House of Commons, an insuperable objection to so large a constituency as England would present, although it is only about three times the constituency of Oxford, in fact, not quite three times the number of the constituency by which the representative for the University of Cambridge is elected; if the Select Committee like to temper the universal suffrage of the profession by making them elect an elective committee of one per cent. of the profession, which committee shall elect from itself members to represent the profession in the General Medical Council, I believe the profession would be content. The corporations are at present dominant in the Council, and the interests of the several corporations are not to the advantage of the profession or the public. Professional representatives are required to temper this domination of the corporation representatives.

1877. I should be glad if you would state as shortly as you can what you have already stated in answer to some questions, the action taken by the association before 1858; but would you be good enough simply to tell us how many Bills were actually brought forward to your knowledge before 1858 with reference to medical reform, at the instigation of the association, or in connection with it?—The association was in communication with private Members of Parliament, and with the Members of the respective Governments, but from some cause or other it was unsuccessful; but there was a Bill in 1840, brought forward by Mr. Warburton and Mr. Wakley.

1878. Will you mention how many Bills there were, and by whom they were introduced?—One by Mr. Warburton and Mr. Wakley, one in 1840, one in 1841 somewhat similar, that is to say, containing a provision for the representation of the profession directly in the General Medical Council; one in 1844 by Sir James Graham, in which a representation of the profession was also attempted. In that representation it was attempted that every licentiate of a corporation, as, for instance, all the members of the Royal College of Surgeons, should have a direct voice in the election, and so with the graduates of the universities; but we found out that the thing was really impracticable, that the corporations would not admit of it, and we therefore abandoned it. But independently of that, we hold that if the representatives of the corporations were elected in that way, such representatives would still feel that the interests of the corporation was its special charge.

Mr. Mills—continued.

Then, in July 1845, Sir James Graham brought forward another Bill, in which all the Council were to be nominated by Her Majesty. Then, in 1855, the association, through Mr. Headlam, brought in a Bill, which was read on the 26th of June 1855.

1879. Altogether how many Bills were there prior to 1858?—I think there must have been more Bills than those; there must have been at least a dozen Bills.

1880. All those Bills failed, did they not?—Yes, they all failed.

1881. Of those Bills, the two Bills of Mr. Warburton, the Bills of Mr. Headlam, and Sir James Graham's first Bill, adopted in some form or other the principle of direct representation in the Council?—Yes, certainly.

1882. Since 1858, when that Act was passed which it is the present purpose of this Committee to amend, has the association generally acted, in so far as it could, in harmony with the General Medical Council?—We have been most desirous to co-operate with the General Medical Council; efforts were made to conciliate the General Medical Council, and to do away with the anomaly, as we regarded it, of the General Medical Council and the profession being in antagonistic camps.

1883. I have here before me the minutes of some proceedings which took place at Birmingham in 1867, when, at a meeting of the British Medical Association, a resolution was proposed and seconded, "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." This resolution was passed at a meeting of the British Medical Association in 1867, was it not?—It was passed at a meeting of the committee of the Council of the British Medical Association; that is to say, by the most distinguished men as representatives of the association.

1884. I want that to appear on our minutes, because evidence has been given before this Committee, from which it might have been inferred that the action of the British Medical Association has been antagonistic to that of the General Medical Council; but so far as that resolution is concerned, at all events, it may be taken, as the resolution expresses generally what has been the line of action taken by the British Medical Association with reference to the General Medical Council all along?—Nobody can speak better as to that resolution than myself, as I was then President of the association, and I proposed it. We were not exactly aware what measures of amendment of the Medical Act the General Medical Council contemplated, but we at that time reposed confidence in the General Medical Council, and we therefore, although not knowing what its Bill really was, suggested that we should support the Medical Council, and I proposed, and the present president of the association, Dr. Wilbraham Falconer, who was then treasurer of the association, seconded it, and it was carried unanimously.

1885. I wish

Mr. Mills—continued.

1885. I wish to ask you a question with reference to the opinions actually expressed at different times by members of the Medical Council in favour of the principle of direct representation; I find that Dr. Parkes said that he 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, and "whether its councils 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;" I am right, am I not, in supposing that Dr. Parkes was a member of the Medical Council?—Dr. Parkes was at that time a member of the Medical Council.

1886. And it seems that he expressed an opinion in favour of the introduction of direct representatives?—Yes, that was so.

1887. I am right in saying that he was a most distinguished man?—We regarded Dr. Parkes as one of the most earnest and most accomplished men in the profession.

1888. There is another member of the Council, Sir Dominic Corrigan, who is reported to have said, "On the question of education, the Council 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;" that is the opinion expressed by Sir Dominic Corrigan, who also was a member of the Council?—Yes, he was a member of the General Medical Council, and also in 1867, as orator in the section of medicine, at the meeting of the association in Dublin, read a long paper which went entirely to advocate the necessity of the representation of the profession in the General Medical Council.

1889. I observe that Dr. Paget, of Cambridge, who opposed the proposition for the alteration of the Council by direct representation, is publicly reported to have particularly mentioned in his speech, that he, Dr. Paget, was returned to the Council by a constituency of 5,400?—Yes, and Dr. Paget reproached Sir Dominic Corrigan, whose action was not in accordance with his, and also Dr. Andrew Wood, whose action was not in accordance with his, that they were elected by small constituencies.

1890. My object in putting this question to you is, that it should clearly appear that the expression of opinion in favour of such an alteration in the Council has found its echo within the walls of the Council itself; now, I observe that 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, that it would be worse to give the profession an idea that they were not attended to; that expression of opinion was intended to convey the idea, of Dr. Andrew Wood, at all events, that the view of the general profession, as indicated by their petitions and memorials, should be attended to, and that if it were not attended to, he thought that some danger might arise from neglecting that expression of opinion?—Dr. Andrew Wood even went so far as to advocate that direct representatives should be admitted to the Council.

1891. You have given evidence as regards the
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Mr. Mills—continued.

action of the British Medical Association with reference to the different movements in favour of medical reform. I gather from your evidence that you have regarded the association as acting as the representative of a very large proportion of the medical profession throughout the country in the action which it has taken in this matter?—It cannot be otherwise; the association numbers 8,000.

1892. One of the Bills which are now before the Committee, Bill No. 2, is the Bill which has been supported by the British Medical Association, is it not?—It is the Bill which the association prefers.

1893. As Mr. Simon said that the movement in favour of direct representation was of a somewhat fictitious nature, unconnected with educational improvement, and which, he said, reached fever heat about 1869, partly owing to the influence of certain articles in the "Medical Mirror," do you agree with that opinion of Mr. Simon?—I do not know a single member of the profession who has been in the habit of writing in the "Medical Mirror."

1894. Then you do not agree with that opinion?—It is not correct.

1895. In the evidence which has been given by Mr. Simon and others, certainly by Mr. Simon, it has been suggested that there is something of a trade's union element in what you are demanding for direct representation; do you admit the correctness of that?—Most distinctly not; the association has never deviated from the principle which it at first set forth, namely, a desire to improve the medical education of the country.

1896. In speaking of the petitions which have been presented to Parliament and memorials presented by certain public bodies, the observation has been made that gentlemen have put their names to the petitions and memorials in favour of this object, and it has been suggested that the putting down of their names did not necessarily imply a *bonâ fide* feeling and view in favour of it; do you consider that of those petitions which have been signed by more than 2,000 persons, presented to Parliament in the course of the present Session, it would be right or fair to say that they were obtained under pressure of any kind, or that they are not the *bonâ fide* expression of the opinions of those medical practitioners?—It is entirely incorrect. In Birmingham a circular was issued by some members of the committee of Council of that branch to the profession in the surrounding district, and without any pressure whatever they obtained the adhesion of 474 signatures, I believe, to that petition. I may say that in Chester every man, all the surgeons and physicians at the hospitals, signed it. From Birkenhead there is a petition which I have seen, because it passed through my hands, and the men who signed it are the surgeons and the physicians at the hospital. In the Lancashire and Cheshire branch, which comprises the eminent men of the district attached to the schools of Manchester and Liverpool, who form the Council, a resolution was unanimously passed in favour of the Bill No. 2. I may say that only yesterday there was a petition sent to me from West Hertfordshire, and I find that of the men who signed it, three are surgeons at the West Hertford Infirmary, another man, the senior medical officer of St. Alban's Hospital and surgeon to the prison,

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prison, so that they are the best men in the district.

1897. Speaking generally, you say, with regard to the 2,000 registered medical practitioners who have signed petitions during the present Session of Parliament, and the signatures to those various memorials, the opinions of those gentlemen who signed those documents were under the *bonâ fide* conviction that they were supporting an object which, in their own judgment, they consider to be, on public grounds, an important one?—It is the deliberate judgment, sustained through a long series of years, of the most thoughtful men in the profession.

1898. If it was suggested that these memorials and petitions have been got up to advocate pecuniary or selfish interests, you would negative such a suggestion?—It is entirely unfounded.

1899. An objection has been raised that, as to the turmoils, as they have been called, and the heartburnings that would attend the election of direct representatives, do you know any objections of that kind which would not equally attend every popular representation?—It is very kind of the opponents of this principle to suggest all this, but the advocates of the principle have no doubt that it would materially contribute to that harmony which exists in the profession, or ought to exist in the profession, and which ought to exist between them and the General Medical Council. As regards the members that we have, I may mention Dr. Andrew Clark, who is at present president of the metropolitan counties branch: he recently read a paper on medical education, for discussion at that branch; the discussion was adjourned, and will yet go on. If that paper meets, as in all probability it will do, with the approval of a great number of the members of the metropolitan counties branch, is it not natural that if there be a direct representative, Dr. Andrew Clark would have his nomination supported by some 500 or 600 members of the profession; and would not the names of those members carry weight in influencing other members to vote in the right direction. I believe that the best men in the provinces, and some of the best men in the metropolis, would be returned to the General Medical Council. For instance, a member of the medical reform committee has been selected by Trinity College, Dublin, to represent it in the General Medical Council; and I should further say, Trinity College, Dublin, has passed a resolution, quite recently, in favour of the admission of direct representatives of the profession into the General Medical Council.

1900. Should you suggest, if you had any suggestion to make, that the Council should have more duties to discharge than those which were contemplated in the Act of 1858?—It is not for me to suggest what the Council should do, but I have already stated, in reply to the honourable Member for county Longford, that I believe those things would be a matter of conversation and deliberation, and possibly of public discussion in the General Medical Council if it were felt by the members of the General Medical Council that it would be to the advantage of the profession.

1901. Do you think the suggestion of having a representative element in the Council, as has

Mr. Mills—continued.

been suggested, is really at variance with the practice of other professions whose interests are looked after by corporate bodies, and whose management is entrusted to them; for instance, it has been suggested that the bar or the legal profession is not represented in anybody excepting I suppose it is represented in Parliament; but do you think, for instance, that it is unreasonable that the medical profession should, in the Medical Council, desire to have some direct representation, and that it is inconsistent with the practice of other professions in that matter?—In the law every man may become a judge as he is not connected with corporations of any kind, but any man, be he who he may, may become a judge, or a person of the first consequence in that profession; and I believe that in the law the regulation of its business is in the hands of the judges chiefly; but I do not profess to speak with absolute certainty on those points. I have no doubt that the honourable Member already knows more about them than I do. I would only remark that if an anomaly has existed from times gone by, the existence of those anomalies in the present day is no reason why, when opinion is matured by long discussion as regards the medical profession, the same anomaly should continue to exist.

1902. It has been suggested by the answers to some questions which have been put in the course of this inquiry particularly referring to the eminence of existing members of the Medical Council, that the Council would be deteriorated by any change in the way of direct representation, have you any opinion to give upon that subject; do you think it would be so?—My belief is, I know it, and the whole world knows it, that there are many men of the first distinction in the General Medical Council, but I believe that there are men of equal distinction outside of it. As regards a great many of the Medical Council there can be no question that the profession outside contains men, whether deserved or not, of far greater mark in the estimation of the profession, and of the public, than many of the members of the General Medical Council. There are some men of great distinction in the Medical Association.

1903. What view does the medical press generally express with regard to the question of the alteration of the constitution of the Council by introducing direct representatives?—The "Lancet," which is an organ of medical opinion of great importance, has stood up in perhaps a more unqualified manner than we have done for the necessity of direct representation. As regards the "British Medical Journal," it is the journal of the association, and is under the management, more or less, of a special committee, the journal and finance committee; and it is impossible that in that journal opinions should be advocated which were opposed to a large section even of the members of the association, without eliciting their disapprobation, because our journal is so open to adverse criticism that when a gentleman in the profession designated Bill No. 2 as an infamous Bill, because it did not go sufficiently far as regards the penal clause in his estimation, that letter was admitted into the "British Medical Journal," and it was made a matter of very severe stricture.

1904. Is there any medical journal of eminence, however it may differ in other points, which

Mr. Mills—continued.

which does not generally advocate an alteration of the Council by the introduction of some direct representative element?—I cannot speak absolutely for the "Medical Times and Gazette," its note is rather uncertain; but it is a most respectable journal. But generally speaking, there is no question about it, that the organ of medical opinion in Ireland, the medical press of Ireland, and the "Lancet" in this country, and the "British Medical Journal," which are really the representative journals of the two kingdoms, are decidedly in favour of it; I should also like to put it in evidence that the Irish Medical Association, which has existed since the year 1839, and which issued last year the observations of the Council of the Irish Medical Association on impending medical legislation, is also unanimously in favour of it.

Dr. Lyon Playfair.

1905. I think you referred to the conjoint scheme, which was prepared by the universities and corporations, and that you gave a general approval of it?—Yes, that is so.

1906. Did you give an approval to that portion which was unanimously recommended by the corporations and universities that the two first examinations of the universities should be allowed to be conducted by the universities themselves, and that the third and final examination should only be by the conjoint board?—Yes, I do approve of that.

1907. The effect of that would be, not to make such a very heavy charge upon the university students going for the higher examinations, because, instead of paying 30*l.* they would only have to pay 5*l.* 5*s.*?—Yes, that is so.

1908. You stated that in Ireland the feeling, so far as it is expressed by the two branch Medical Councils, was going against the scheme of conjoint examination?—The conjoint examination is not so popular in Ireland as it is in England.

1909. Can you tell me, with regard to Scotland, has there been any expression of feeling, say within the last twelve months, which you have seen in any medical societies or medical representation from Scotland, in favour of the conjoint scheme?—The conjoint scheme is not in such great favour in Scotland, simply because it is supposed that it would be prejudicial to the universities.

1910. But the corporations themselves, who petitioned once in favour of the conjoint scheme, are now against the conjoint scheme?—Yes, most decidedly.

1911. Are you aware of any general feeling amongst Scotch medical men in favour of the conjoint scheme?—I believe that opinion is divided; I believe that outside the corporations there is a strong feeling in favour of the conjoint scheme.

1912. Could you give me any evidence of that feeling in Scotland, for I have not yet been able to discover it?—There are a few petitioners from Scotland in favour of Bill No. 2, but they are very few, I am sorry to say.

1913. If you had increased power of representation, specially of the general medical practitioners of the country, might not there be some improvement of the education in practical subjects; take for example increased attention to midwifery?—I believe it is one of those points upon which

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Mr. Lyon Playfair—continued.

opinion in the Medical Council is divided. I believe that the men in the provinces who are dependent entirely upon their own resources, and who learn their own deficiencies, but have no means of obtaining help when in difficulty, those men would through their representatives bring to bear upon the General Medical Council information which would lead the General Medical Council to come to a definite conclusion.

1914. In fact, you would not class, would you, midwifery as a specialty for a general practitioner as you would class dentistry as a specialty?—It is entirely different. A general medical practitioner is the midwife of his district; it is the most important part of his practice; he attends the wife and the children, and he therefore attends the family, and so it is that men even of position in the country are obliged to attend midwifery when they would rather not.

1915. Then it is a part of the regular practice?—Yes, it is as much a part of it as setting a fracture.

1916. You and several other witnesses were asked about the report of Dr. Risdon Bennett, in which he stated that persons rejected at the Queen's University obtained Scotch diplomas; I never interfered in any questions upon the subject, because Dr. Risdon Bennett will probably be here, but are you not aware that Dr. Risdon Bennett has positively declined to disclose the source of the information that he has received as to any of the universities, nor have the Scotch corporations been able to identify any single case, or to find out what was the evidence for that statement?—There is a difficulty about communicating names.

1917. I will quote Dr. Bennett's own words as they are reported in your journal of 18th July 1874, on the General Medical Council; he was asked to give certain evidence as to his statement, and "Dr. Bennett declined to disclose the source of the information he had received; with regard to the judiciousness or otherwise of putting such a statement in the report, he could only say that it was very much pressed upon him and his colleague;" are you aware that the corporations and the universities in Scotland have diligently endeavoured to find what was the foundation for that statement, and that they have not succeeded?—As to their diligence, I am not able to answer for that. I am aware that it is declared that they have aimed at discovering the name of this person, but unsuccessfully.

1918. But are you aware that Dr. Bennett was particularly pressed in the Medical Council to give some evidence or some clue by which it could be traced?—I am aware that he was.

Sir Trevor Lawrence.

1919. Do you think that your position as president of the Medical Association interferes with your practice?—My position as chairman of the committee has been a most severe tax upon me.

1920. Do you find that your position as chairman of the Medical Association interferes with your own practice?—I am no longer president; the president is an annual president; I was president in the year 1866.

1921. Did you then find it interfere?—To a certain extent; but then you must put, *per contra*, that being president of the association would rather help one again in the estimation of the public.

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1922. I understand

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1922. I understand that the principal reason why you favour direct representation is that thereby the somewhat overwhelming interests and power of the corporations would be neutralised?—The corporations are virtually dominant in the General Medical Council as at present constituted.

1923. Do you think that by having direct representation, that would be to some extent counteracted?—Yes, I think it would.

1924. I understood you to say that such men as Dr. Andrew Clarke would be sure to be elected; do you consider that there is no danger that those gentlemen thus elected would still have a very strong regard each to the interests of his own *alma mater*, and that so far from the interests of the corporations being less represented, there may be some risk about their being even more represented?—I believe that the men who would be the representatives of the profession would be amenable to the bar of the profession, and that it would be impossible for them to advocate the interests of the corporation as opposed to those of the general profession.

1925. Would they be elected for five years?—Yes, for five years.

1926. During that time, before they could be made amenable to the tribunal that you refer to, a good deal of mischief might be done?—But there are other people sitting in judgment; you have the double control of the Council and of the public.

1927. As far as my experience goes, I confess that there is a very strong feeling on the part of all people in favour of their own *alma mater*, and they are somewhat blind to her defects; you do not think there is any danger in that direction?—Edinburgh is my *alma mater*; I selected Edinburgh as the school at which I thought I could best learn my profession. I have a great regard for my *alma mater*, but still I am not here to advocate the interests of that *alma mater* as opposed to the general interests of the public and the profession.

1928. I understand you admit that a very considerable improvement in medical education has taken place, at all events, more or less through the influence of the General Medical Council, since 1858?—In reply to that, I must say that I believe an important element in the improvement of medical education has been caused by pressure from without, by the pressure, for instance, of the British Medical Association, who went to work before the General Medical Council, in 1868, and the Bill of 1870 reverts especially to the improvement which the association demanded in the medical education of that date, and also by bringing the General Medical Council more or less to the bar of public opinion. I am not going to underrate any one of the excellent members of that Council, but still I believe there has been pressure from without, which has contributed to improve the medical education.

1929. But the General Medical Council has yielded to that pressure, I understand?—To a certain extent, but not sufficiently, because there have been no visitations of examinations for five years, although such glaring defects were disclosed in the last visitation; and there has been no proper preliminary education for the profession. Men who go into the profession are not sufficiently educated to commence their medical

Sir Trevor Lawrence—continued.

studies, and hold in consequence an inferior position in society, to the detriment of the public as well as of the profession.

1930. I think it is quite 30 years ago I myself passed the preliminary examination at the Royal College of Surgeons; of course the details I have not very distinctly in my memory, but I remember that there were Latin and Greek authors, and there were Mathematical and French examinations?—I think you must have read your Latin and Greek authors at home; certainly there was nothing of the kind 30 years ago.

1931. Not for a fellowship of the Royal College of Surgeons?—I am talking of a member of the college; a fellowship is quite a different thing; the education for the fellowship then, as it is now, was really a thoroughly good surgical education.

1932. When my father was a medical student at St. Bartholomew's, there were three courses of lectures only; I had the calendar of that hospital before me the other day, and I think I am correct in saying that there are now more than 20, and several of those have been of recent introduction; does not that imply that a gradual improvement, such as you think we are obliged to look for from the action of direct representatives, has been going on in the medical as in other professions?—I think there is a decided improvement; specialities in the present day are more general than they were 30 years ago. For instance, if you take Sir William Lawrence, he was as accomplished as an oculist as he was as a surgeon, and consequently his knowledge embraced all branches of his profession, and on that account the esteem in which he was regarded by the students of the hospital was proportionately greater than that almost of any other man of the day.

1933. With regard to midwifery, of course, if an increased period of attendance on any special subject is required, it must, to some extent, involve a longer period given to the medical curriculum?—In Edinburgh, for all departments of medical knowledge, you were taught, not by short superficial lectures, but by full courses of lectures; and there the midwifery course runs over five months (it was six months in my time), and 100 to 120 lectures. I believe it is possible for other schools to have the same curriculum with great advantage to the public.

1934. I think the right honourable gentleman the Member for the University mentioned scientific botany as a part of the medical course; do you not think that the subjects which the young men coming up to study the medical profession are now called upon to embrace in their studies are quite sufficiently numerous, and that the complaint is that their intellectual powers are hardly equal to the strain which is put upon them?—I do not think that the strain is too great for men of moderate ability and moderate diligence. None of those uni-corporations or universities desire to reject men; their object is to treat them leniently, and I do not think the strain too great. But if I was to give expression to my individual opinion, I think that botany, chemistry, and natural history should form part of the preliminary education of the men. These things must come in, general culture requires it.

1935. Do you agree with the opinion which I see expressed in the petition from the faculty of

Sir Trevor Lawrence—continued.

of physicians and surgeons of Glasgow: "On the whole, the faculty think that in a curriculum limited as at present to four years, it would be unwise to increase the already large extent of obligatory study in the way of either adding thereto a new subject or augmenting the duration of a course at present imperative"—I would not vary very much the curriculum, for instance, of the University of Edinburgh, but I would like to have the curricula of all the licensing bodies up to the mark.

1936. I understand that you were disposed to express an opinion not exactly finding fault, but hardly as being quite satisfied, with the action of the General Medical Council in dealing with such members of the profession as misconduct themselves: do you think there is no danger that if the Council were to take an active part in originating action in that respect, there would be a complaint against them on that account?—On this matter of prosecutions I am not, myself, a very good witness; I am not an advocate for prosecutions; but still I think that the General Medical Council, which has the register under its guardianship, ought to take care that none but the most thoroughly proper men are on that register.

1937. Practically, it would come, if they were to originate action in the matter, to their being prosecutors and judges in their own case, would it not?—If they were prosecutors they would have to go before some body.

1938. Prosecutors in a professional sense, I mean, as dealing with the register; their object is to strike a man who considerably misconducts himself, off the register, and take action against him, but they are not bound to prosecute him?—I am not aware that that action is to be taken before any one body.

1939. We have had some evidence on this point before; and I ask you this question because I understand that you have, to some extent, expressed dissatisfaction with the action which the Council have already taken in that matter; and you thought that they might have done more?—Yes, that was my impression; but I really am not a very good witness upon that point.

1940. With regard to the time of the eminent men on the General Medical Council, do not you think that although they might very fairly give that time which perhaps they could ill afford, to such important subjects as general medical education: if you brought before them minor questions which might be of some importance to the profession, you could hardly expect them to surrender more time to discuss those questions?—I am not an advocate for bringing minor questions before them, but I would say that I think those gentlemen are the very men who, from their position, and from the emoluments which they derive from it, are in the very best position to give up some of their time for the public good. I am sure I would give up a little of my time, as I think, to the public good without any remuneration of any kind.

1941. But would it not make rather a larger demand upon the power of self-sacrifice of men who have always such a great demand upon their time?—I think if their remuneration is such that a few hours occasionally in the year cannot be given to the public good, such men had better be out of the Council.

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Sir Trevor Lawrence—continued.

1942. The minor points that you refer to are those mentioned in your answers to the honourable and learned Member for Dublin University, "the needs of the public and of the profession in medical education, medical jurisprudence, and poor-law medical relief?"—Since that petition the poor-law medical relief has been put upon somewhat a better footing, and it, therefore, does not form one of the prominent parts in our programme to-day; but in sanitary medicine, for instance, would not it be an advantage to the Council to have upon it men acquainted with the drainage of large districts, and with the diseases incidental to manufactures and to mines, with the pollution of rivers, and with the influence on the health of all those things? I think it would be a great advantage.

1943. I understand you to say, as to the memorials which have been brought forward with regard to direct representation, that it is entirely unfounded to suggest that they have been got up to work out personal or pecuniary objects in any way?—Most undoubtedly.

1944. You were proposing to put in copies of two memorials: one was from your association, and the other from Birmingham, for the same object, but not by a member of the association?—Yes; I cannot put the latter in at present. I have written to Mr. Gamgee to ask him for a copy of it, but he has only one left, and that he will not part with; but we can get a copy of one from the British Medical Association.

1945. Is not the suggestion equally unfounded that the members now on the General Medical Council are influenced by pecuniary interests of their corporations, as opposed to the interests of the profession generally?—Of course it is a question which I must answer to the best of my belief. I believe most firmly that in certain cases the interests of the corporations are in the minds of the gentlemen who represent those corporations in the General Medical Council. I may say, for instance, that when the Bill of 1870 came down with its provision making the license of the conjoint board the entrance to the profession, Dr. Alexander Wood, who was the representative for one of the corporations, said, "You cannot expect us to perform the 'happy dispatch.'"

1946. Might I not be justified in saying that, inasmuch as the British Medical Association, although "it did not stand alone," to use their own expression, had an active part in causing the rejection of the Bill of 1870 (because it did not embrace direct representation, although it did give the conjoint scheme), that to some extent there may have been an element of personal interest at work there?—Not on the side of the officers of the association. I think it is not unnatural that the originators of the Bill of 1870, who expected it to be carried, should feel desperately aggrieved that it was not successful.

1947. When you got direct representatives of the various universities and other bodies, you will have something of the nature of a medical Parliament; can you give me any instances of any such body in any other country which supervises general education and general professional matters?—I must demur to the correctness of that expression, a "medical Parliament." I believe it would be no more a medical Parliament than it is at present.

1948. But it would embrace a very large and wide

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wide variety of subjects which it does not embrace now; I do not wish to discuss the expression; but you get a body which has to deal with the interests of the profession at large. Is there any other country in which such a body, with direct representatives taken from the profession has been constituted to deal with professional education and professional subjects?—There is no other country with a representative system as it exists in England.

1949. Do you mean professional representation?—I am speaking of representation. An Englishman desires representation, he believes he has a voice in everything that goes on in his own locality, and in the country, in the election

Sir Trevor Lawrence—continued.

of members for Parliament; and an Englishman is in a different position to the citizen of any other country.

1950. Take the United States?—With regard to the United States, I should mention that a great number of the States in respect of medical education are in a most lamentable condition, and, therefore, I would not recommend the Medical Council to cite the United States.

1951. You cannot give me any instance of any such body as that which you desire to constitute being in existence in any country at present?—No, I cannot; all we desire is to make the three men four, that is all, and it seems to me a very small matter.

Dr. JAMES GREY GLOVER, M.D., Edin.; L.C.S., Edin.; L.S.A., Lond.; called in; and Examined.

Dr. Glover,
M.D.,
L.C.S.E., L.S.A.

Chairman.

1952. You are a Doctor of Medicine of Edinburgh?—Yes.

1953. And a Licentiate of the Royal College of Surgeons of Edinburgh?—Yes.

1954. And a Licentiate of the Society of Apothecaries?—Yes.

1955. Are you in practice as a general practitioner?—Yes, I am, in Highbury.

1956. For how long have you been so?—For 15 years.

1957. I think that you are in some way connected with the "Lancet" newspaper?—I am on the staff of the "Lancet."

1958. You have therefore had opportunities of seeing the working of the General Medical Council for the last 12 or 15 years?—Yes.

1959. More than others, do you think?—Decidedly more, I should say, than most people who are not members of the Council.

1960. I understand that you are prepared to give us your opinions upon the Council with regard to three points, namely, the constitution of the Council, the constitution of the examining boards, and the functions and powers of the Council?—Yes.

1961. Before going into those points, I would ask you, do you disapprove of the way in which the present members of the Council are sent there?—I do.

1962. That does not mean that you object to the individuals?—Not at all; I have the highest possible respect for the individuals.

1963. Do you object on account of their being sent as representatives of the corporations?—Yes, and of other interested bodies. I would not object to those bodies, the corporations, being represented by any means, but I object to the predominance of the representation of interest.

1964. We have had it frequently before us that the corporations have nine members, the universities eight, and the Crown six; with regard to the universities, would you say that you think that the representatives of the universities have interests to attend to?—I think they are not without interests; and they are asserting them just now in a way that I very much regret; and as a graduate of one of those universities especially, I regret it.

1965. Which is that?—The Scotch universities are using all their power in opposition to the present demand for a conjoint board.

Chairman—continued.

1966. But you are aware that the Scotch universities do not get four members; they have four universities, but only two members for the four?—Yes.

1967. Am I right in supposing that your objection to the representations by the corporations is even greater than that of the universities?—It is.

1968. Upon a ground similar to that stated by the last witness, that you consider that those representatives will look after the interests of the corporations?—Yes, and I think that the history of both the examining boards and of the Council shows that the corporations' influence in the examinations and in the Council work is retarding and injurious.

1969. Is not that rather a theoretical objection; have you any practical objections to offer?—I have the greatest practical objection from personal observations of the working of the Council. I would like to say that if I had not strong practical objection I would not press my theoretical objection. If I were not convinced from actual observation, from very minute and very prolonged observation of the working of the Council, I would not press any theoretical objection.

1970. Does this practical objection apply to what is acknowledged to be the first duty of the Council, that is, medical education?—It applies principally to that.

1971. That you will admit to be the most important function of the Council?—I think that by far the first function of the Council. It is the Council of Medical Education according to the Act of Parliament, and if it has not effected the improvement of medical education it has failed.

1972. You do think that the Council has failed altogether in that matter?—I do not think that it has failed altogether, but I think it has failed seriously and most disappointingly, especially when we remember the eminence of its members, the large sums of money that it has received, the length of time that it has had to do the work in, which it has not done.

1973. But you acknowledge that it has done good?—Decidedly some good, but far less than it might have done at a less cost of time and money.

1974. Three things have been clearly shown before

Chairman—continued.

before us: first, that the Council is appointed mainly to look after medical education; secondly, that it has attempted to fulfil that duty; and thirdly, that there has been considerable improvement in medical education; taking those three facts before you, I want you to be good enough to give your reasons for thinking that the Council might have got matters to a better state than it has?—My main feeling with regard to the work of the Council, and my fault with it, is that while it has greatly added to the stringency and severity of the examinations, it has not made any corresponding improvement in medical education, or given any corresponding care or time to the improving of medical education. It has added greatly to the severity of the examinations, while it has neglected the process by which the student was to be prepared for those examinations.

1975. It took the matter up first in 1859, did it not?—Yes, it took the matter up in 1859, at its first sitting, and that was in a report, to which the name of Sir Benjamin Brodie was attached, expressing the opinions of the Council as to the necessity of preliminary education, and saying that by the next year, the year 1860, the committee would hope to be able to formulate its views on medical education, proper and professional medical education; and I think I should not be wrong in saying that up to this time, 1879, 20 years after the Council was formed, it has not given its deliberate and complete opinion on the methods and details of medical education.

1976. Am I to understand by that, that you consider that the Council having in the first year after its formation acknowledged that it was its business to formulate a scheme of medical examination, has yet not done so?—Quite so.

1977. During the last 12 years there have been two special occasions on which the subject has been brought before it, have there not?—There have been two very special occasions on which the subject of medical education turned up; I should say that in the first place it was at the instance of Dr. Parkes in 1869, who was by far the most earnest medical educationist who, perhaps, ever sat in the Council. Dr. Parkes had been for many years an examiner upon the Army and Navy Medical Boards. He gave to the Council some of his experience as to the ignorance which was found in men who had passed two of the present boards. If you will allow me to read a few sentences from Dr. Parkes' speech (and I should think it a misfortune if his views were not represented in this Committee), I will do so, although, to a certain extent, I must admit that those evils have been corrected. Dr. Parkes says, "I am very happy that Dr. Christison has given me the opportunity of explaining to him, and the other members of the Council, some of the reasons why it appears necessary that there should be an entrance examination of gentlemen about to enter the Army Medical Service; and I believe this matter will be found to be most intimately connected with medical education, and, therefore, in explaining it I shall not be at all out of order, nor infringe on the business before the Council. I wish it to be clearly understood that in the remarks I am about to make I am in no way referring to those gentlemen who have passed the examination for the Indian service and the army, and are now serving in various parts of the world; but I must say this,

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Chairman—continued.

that in every examination we have had in the Indian service and the army, during the ten years I have been examiner, and during which time very nearly 800 candidates have come before the examining boards, there have presented themselves, on every examination, a number of men so imperfectly prepared in the practical parts of their profession, that we found we could not conscientiously admit them into the ranks of the service. I am aware, Sir, that this may seem a strange assertion to the members of the Council, particularly when we consider that every one of those gentlemen brought forward the double qualification; but, by the permission of the Director General, I have brought down some documentary evidence that will be satisfactory, I believe, to every member of this Council. How, Sir, can we pass a man into the service who knows so little of anatomy as this, that he does not know the radius from the ulna, the os calcis from the astragalus; that he believes the œsophagus is in front of the arch of the aorta, and that the aorta may rise from the right ventricle. How, in surgery, can we pass a man who gives such answers as these?" Those are rather technical but very fundamental matters. Dr. Parkes said that sooner than pass such men as those into the army he would rather that soldiers and sailors had no doctors at all; and those men held licenses of the present bodies.

1978. That caused, I suppose, a warm discussion in the Council?—Yes, it caused discussion in the Council, and it led the Council to pay very special attention to the appointment of a committee of great authority to examine into the state of matters. The first stimulus came from Dr. Parkes in the shape of the disclosures I have named.

Mr. Errington.

1979. Was Dr. Parkes a member of the Council at the time?—Yes, he was a member; he was a Crown member.

Chairman.

1980. The result of that was the formation of a committee?—Yes.

1981. What do you consider was the second special stimulus?—The second special stimulus was in 1876, when the returns from the various examining boards began to accumulate, and showed clearly that the number of rejections at the examinations was steadily increasing. Dr. Aquilla Smith took the trouble to analyse those returns for 15 years, so far as regarded the last examination, and the chief result of this analysis was to show that the rejections at the final examinations, embracing subjects of the greatest practical importance, had gone up from 12.4 per cent. in 1861 to 23.2 per cent. in 1875, or nearly double. The rejections had steadily increased from the one period to the other till they were nearly doubled.

1982. That might have arisen from two grounds: one, that the education was perhaps, if not really retrograding, and the other, that the examinations might have been made partly by the influence of the Council much more stringent?—Quite so.

1983. Which was it?—I think it was that the Council had been paying much more attention to the stringency of the examinations than to the efficiency of the schools; that they had been neglecting

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neglecting the process of education and paying attention only to the severity of their examinations.

1984. How could the Council increase the efficiency of the schools?—That is the very point which I will try to answer. The process of medical education is a very difficult one. The committee of the Council to which I have referred, in 1869 had paid very great attention to the nature of the curriculum, and to the mode of teaching the student, especially desiring that he should be taught in more practical tutorial ways. They made various suggestions in the interests of the students, and another very important suggestion of theirs was that the student should be examined constantly in his class; that you should require not only a certificate that he had attended a class, but a certificate that he had been examined periodically, and that unless such certificate of class examination were forthcoming his certificate should not be accepted. Those were the kind of recommendations. I should like to give you somewhat particularly the recommendations of the Committee of 1869, if you will allow me. I will instance a few of the recommendations or suggestions that were made 10 years ago, in 1869, and which have been more or less repeated and supported since by the committee of the Council, sometimes by full vote of the Council, and sometimes by the Council adopting entirely the report of the committee. I will give you the recommendations of the committee of 1869: 1st, A separation in the teaching of the subjects of *materia medica* and therapeutics. That is a point upon which teachers are uniformly agreed, that you should teach a man the nature of drugs at the beginning of his education, and the therapeutical use of them at the end of it.

1985. Then I gather from your answer that you consider that one chief ground of the present defective condition of medical education, as you consider it to be, arises from there being no compulsion upon the schools to have a proper curriculum?—Yes, and no compulsion on them to accept the Recommendations of the Medical Council.

1986. Will you tell me where the Medical Council is to blame for that?—Might I be allowed to complete my point. It recommended, as long ago as 16 years, a separation in teaching of the subjects of *materia medica* and therapeutics; 2ndly, in regard to midwifery. A very important suggestion was made, and expressed in very decided language, that the attention to midwifery was too slight, considering the importance of midwifery in general practice. That, I think, cannot be overrated. Ten years ago the committee recommended a six months' course of practical instruction; that a man should see midwifery, and that he should see instrumental midwifery, and be in every way fitted for the serious duties of life. But 10 years after the Council, by such men as Doctor Andrew Wood, Dr. Parkes, and Sir Robert Christison, and men of equal authority, had recommended a six months' course of midwifery with practical instruction, the Council sanctioned a conjoint scheme for England, under which only three months' teaching in midwifery and diseases of women is provided.

1987. Dr. Smith's analysis, which you have given us, was with regard to the final examination?—Yes.

Chairman—continued.

1988. Have you any facts to give us with regard to the first professional examinations?—I have; I have tried to ascertain the number of rejections in the first examination, which is equally important with the second. It comprises subjects like anatomy, physiology, chemistry, and *materia medica*, that cannot possibly be overrated in importance. I have endeavoured to ascertain roughly the facts with regard to this examination, and I will put in some tables, showing the rejections at the first professional examination in 1867 and in 1877, that is to say, at an interval of 10 years. In the year 1867 there were rejected at the first professional examination by all the bodies 24·727ths per cent.; in 1877 the rejections were 36·95ths per cent.

1989. That arises from the examination being more stringent?—Yes.

1990. What is the length of time between the two examinations?—The first examination is supposed to take place at the end of the second year, and the last examination is at the end of the fourth year.

1991. In what examinations were there the largest proportion of rejections?—It is very remarkable that some of the largest number of rejections are in bodies that might not be suspected of being severe. The Royal College of Surgeons, Edinburgh, in 1867, rejected 40 per cent., the faculty of Glasgow 41½ths per cent. The Royal College of Physicians, Edinburgh, and the Faculty of the Physicians and Surgeons, Glasgow, that is one of the two conjoint examinations in Scotland, rejected 43 per cent.; and in the conjoint examination of the Royal College of Physicians and of Surgeons, Edinburgh, 30 per cent. were rejected; in the University of Dublin, 57 per cent. were rejected; in the College of Surgeons in England, 22 per cent., and in the College of Physicians in England, 11 per cent. I beg to hand in these tables. (*The same were handed in.*)

1992. It would appear as though the more rejections had been from those examining bodies of whom it had been thought, whether rightly or not, that their examinations were the most easy?—It is so, certainly.

1993. Then did not that arise from their complying with the recommendations to make their examination more stringent?—Yes, and I think from a feeling that there was a great deal of criticism on the subject. Of course the rejection of a student may either arise from his own state of unpreparedness, or from the nature of the examination.

1994. It might arise, might it not, from this, that a good many students thought they would get off easiest at those places, but they found out it was harder than they expected?—Quite so.

1995. And therefore that would rather tend to prove that the students that went to those bodies were the least prepared?—Yes.

1996. Has not the fact that there are many students plucked, a most direct influence and power in increasing the work and attention paid at the schools themselves?—Undoubtedly that is the only influence that can operate powerfully upon the student.

1997. Does not the increased stringency of the examination have a direct effect in improving the education?—It tends to do so; but still the student has no power over the methods of his school or of his teachers.

1998. What you mean to say is this, that through

Chairman—continued.

though the fact that a student, if he finds that many men have been plucked, will make him, in order to avoid such a contingency, work very hard, yet that he works under disadvantageous conditions if he does not work under a good scheme of education?—That is my view.

1999. Public attention was directed, was it not, to this large proportion of rejections?—Yes.

2000. And I suppose the medical press took it up?—Yes, the medical press took it up and pressed it very much.

2001. Probably you are aware of many articles being written in the "Lancet" about it?—I think there were.

2002. In the year 1876 the Council appointed a committee, did they not?—Yes.

2003. And that committee reported in 1877?—Yes; the chief point of inquiry by the committee was the explanation of the large proportion of those rejections. The inquiry was ultimately delegated to the executive committee, which again delegated it to Dr. Humphy, of Cambridge, who prepared a very able report for the consideration of the Council in 1877. It was universally felt that the points raised by this report should form the main subject of attention at the meeting. Instead of that, all the old points and reports in both preliminary and professional education, which had been discussed over and over again, but never settled, were gone over. Dr. Humphy's report, and a report by another committee on Recommendations, were thrown into a crucible. Only two resolutions of any practical bearing came out of the unprecedentedly long session.

2004. Then your objection to the Council is the objection which one hears made to other representative bodies, and one body of great eminence in this country, and perhaps in the world, that there is more talk than action?—Yes, that it does not do the main thing that it was created to do. I do not think that it requires a Council of 24 such eminent men to make a Register.

2005. Then the Council sat a long time, did it not?—It sat 13 days, at a cost of over 5,000 £.

2006. Were there resolutions passed?—Yes, the result of all that labour was two resolutions in the interest of the medical student, who I think has been sadly overlooked by the Council. The first of those two resolutions was in favour of the examination of the student at the end of the first year, tending to give him a sense of responsibility and of reward from the very outset of his work. It was universally felt in the Council that a student coming, say to London, and not having the responsibility of an examination for a couple of years, wastes his first session.

2007. The second resolution was to save him from too much lecturing?—Yes, and to favour other more tutorial methods of teaching.

2008. Will you give us the exact terms of those two resolutions?—The first was: "That it is desirable that an examination in the earlier subjects of professional study should take place before the end of the first year of professional study." The second: "That 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 be allowed to say that so far back as 1864, in a committee of which Dr. Christison was chairman, the same resolution as regards lecturing was passed, and that the terms of it were, that no students be
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compelled to take the same course of lectures oftener than once. To show the importance of that, I may say that the Irish College of Surgeons requires a student to take three courses of lectures on anatomy, and many bodies two courses of lectures on anatomy, &c. The above two resolutions were passed in 1877, and up to this time there has not been the slightest action taken upon them by any one of the bodies of the country; and my main charge against the Council is this: that though it is without a committee on education, which result seldom in passing important resolutions, as those resolutions, having only the nature of Recommendations, are disregarded by the bodies, and are even forgotten by the Council. They come back to the same work five or ten years after, and go over exactly the same ground.

2009. You think the final result of all that was that the Council has succeeded in increasing the severity of the examinations, but has done little to increase the efficiency of medical education?—Yes.

2010. The committees of the Council have made many reports, but do you think that they have been properly considered by the Council?—I think they have been very disrespectfully treated. They have often been brought on at the end of the sitting, when the members were tired, and wishing to get home, and they have been passed on to the next year's meeting, with the understanding that they should be taken early sometime the next year, and sometimes they have gone without any mention in the report. This was so in 1873, and again in 1876. When I say that the report of 1873 was drawn up by Dr. Parkes and by Sir Robert Christison, and signed by Sir Robert Christison, I think the Committee will agree with me that the Council should have attached great importance to it. As soon as it received it, it resolved to defer its consideration till the next year. It has never been discussed since, and so far as I know never mentioned.

2011. Was a committee on the working of the recommendations of the Council appointed in 1875 to report the next session?—Yes, a committee in 1875 on the working of the Recommendations of the Council was appointed to report the next session. The next session came, 1876, and on the last day of the session it was resolved to take the report on an early day in the next session, 1877. Then it came into competition and collision with Dr. Humphy's report on the rejections at the examining boards. The two got so jumbled up together that confusion and disappointment resulted, and as I have said only two important resolutions came out of it, which have never been acted on by the bodies.

2012. Dr. Humphy's report recommended the visitation of schools, did it not?—Yes, Dr. Humphy's report also recommended the visitation of schools. The report of 1869 met with an exactly similar reception. That report was drawn up by a committee of great weight, and bears the impress of Dr. Parkes. I must show, by the fate of that report, how effectual the work of the committees of the Council is.

2013. What were the names of the committee?—The names of the committee were Mr. Syme, the chairman; Mr. Caesar Hawkins, Dr. Acland, Dr. Andrew Wood, Dr. Thomson, Dr. Aquilla Smith, Mr. Hargrave, Dr. Apjohn, Dr. Sharpey, Dr. Parkes, Dr. Christison, and Dr. Stokes.

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2014. How could you expect to get a committee from which good results were more likely to be obtained?—I could not see it possible to have a more authoritative committee, and the fact that it has not had any effect shows that there is something in the constitution of the Council which invalidates the very eminence and authority of the members.

2015. There were several important recommendations or suggestions in that report, were there not?—Yes; I will only mention a few of them. 1. A separation in teaching of the subjects which I have referred to, the subjects of materia medica and therapeutics. 2. Midwifery, teaching a six months' course, and practical instruction, was recommended. 3. Pathological anatomy to be made a separate study. 4. And, very urgently indeed, some limitation of the extent to which the teaching of each subject is to be carried. The Right honourable Member for Edinburgh will tell us how utterly impossible it is to teach the whole subject of chemistry, and even the area of anatomy, as has been generally thought, might, with advantage for medical and surgical purposes, be somewhat limited. However, that was one of the points—the limitation of the extent to which the teaching of each subject is to be carried. 5. Class examinations were to be certified and compulsory. 6. Strong recommendations of combinations (consolidation) of licensing boards in each division of the kingdom; and, 7. That education should be practical.

2016. Not one of those suggestions up to this time, I believe, has obtained the force of law?—Up to now, 1879, not one of these suggestions has the force of law, and within the last year or two the Council has indirectly given its sanction to a midwifery curriculum at variance with this report of 1869, and at variance with the sense of all who have practised in this branch of practice.

2017. You are strongly of opinion that the object which, at any rate, was contemplated, which was the raising a much higher standard of medical education, has not been obtained, but do you consider that that has been the fault of the Council, or what I may call its misfortune; has it been because the Council has not done what it could have done, or because the Council could not do what was necessary?—I think that it was from a want of power in the Council. The Council had not the power to enforce improvements in medical education which it felt to be necessary.

2018. I turn to the Act, and I find that no power was given to them to interfere with the curricula of the different schools. The only power that was given to them, if you call it power, was to make representations to the Privy Council?—Quite so.

2019. You are of opinion, are you not, that more power ought to have been given them?—Yes.

2020. Then I understand that you do not blame the Council, but you rather blame the Legislature which put them in a false position?—I blame the Council very distinctly and strongly for this, that as it had not the power to enforce its suggestions it has never looked to the regard which was paid to its own recommendations, and that when it had ample proof that its recommendations were not taking effect, it did not ask for more power.

2021. But in 1869 it did ask for more power, did it not?—In 1878 it declined more power.

Chairman—continued.

2022. But in 1869 the Council had much to do with the Bill which was brought forward in 1870, which would have given it more power?—I think that the Bill of that year would have given them more power; but last year, when the Bill of the present Government was first introduced, and which proposed to give the Council power to regulate the courses of study in medical education and examination rules, it distinctly requested to be excused. It wished to leave all the details upon which they have been fruitlessly "recommending" for 10 or 12 years in the hands of the medical bodies.

2023. Was it not the case that the first edition of the present Government Bill was merely permissive of conjoint boards instead of compulsory, and afforded much freer action to the examining bodies than to the Council?—Yes, as regards that part of the Bill it was so; but I am speaking of another clause which gave power to make examination rules and to control the course of study. That was in the first edition of the Government Bill, but the Council passed a resolution distinctly declining the responsibility, and wishing not to have anything to do with the initiation of courses of study.

2024. And, therefore, that is not in the present Bill?—Yes, it has been put in again in the House of Lords, I am glad to say, and I think it is one of the most essential parts of any legislation. Clause 15 says: "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 examination of persons desiring to obtain a qualifying certificate under this Act, and so on. That was put in by amendment in the House of Lords, after being deleted at the request of the Council.

2025. How do you explain this bad work of the Council?—I connect rejections at the examination boards with bad medical education, and bad medical education with the unsatisfactory work of the Medical Council. Whether this connection obtains or not, I have shown that the Medical Council has not done its work efficiently. It has not suggested a proper system of medical education. The suggestions it has made have not been much regarded, and they have been fragmentary and at odd times.

2026. But how do you explain this bad work; what do you consider to be the fault?—I consider there are two faults in the Council: first, its want of responsibility; and secondly, a certain timidity and fear of the bodies of which it is composed.

2027. As regards want of power, that you have already stated?—Yes, and I attach the highest importance to it. I consider that the Council ought to have more power.

2028. But you consider that the Council prefers to have no power?—That is the greatest fault which I see in the Council; that it not only has no power, but it does not wish to have any.

2029. Do you think that it relies too much upon the bodies; it relies upon them for doing the work that you consider the Medical Council ought to do?—Yes, distinctly.

2030. It has made recommendations that have been disregarded, in your opinion; has it expressed no wish to have the power to get its recommendations complied with?—It has not only expressed no wish to have the power when it

Chairman—continued.

it was suggested that it should have and use power like a responsible body on which the various bodies are fairly represented, but it declined it, and begged to be excused.

2031. The Council being, as you consider, thus faulty, what would be the remedies which you would propose?—My suggestions would be, to alter its constitution, in the first place, and then to make it responsible, by giving it more power.

2032. As regards the alteration of the constitution, how would you do that?—I would distinctly reduce the corporation element and influence in the Council.

2033. Do you mean to say that you would strike out some of the corporations?—Yes, certainly.

2034. That is rather a strong measure to propose; upon what ground would you do it?—I would do it upon the ground that some of those bodies are evidently not wanted any longer in the economy of things. They came into existence under a different set of conditions from those which now obtain, and the further occupation of seats on the Council by several of them cannot be defended.

2035. To which bodies do you refer?—I would rather have been excused naming them, but I have no hesitation in naming three, so as to be perfectly impartial in each division of the kingdom. I should say that the Irish Apothecaries' Society could be dispensed with. I think that the English Apothecaries' Society too, although it has done very good work, is certainly no longer wanted; and I think that one of the Scotch corporations might be dispensed with. I do not like to say which body, but perhaps the Faculty of Physicians and Surgeons of Glasgow, leaving the two Royal Colleges.

2036. Take the English apothecaries; for what purpose is their examination?—Their examination was, until the Act of 1858 passed, the only qualification in medicine for English practitioners. Now it does not examine in surgery, and it is, I believe, the only body, perhaps, now that does not examine all round. Under the force of public opinion partial examinations are almost not to be found, excepting in the Apothecaries' Society, who really have not power to examine in surgery.

2037. You are yourself a licentiate of the Apothecaries' Society?—Yes, I am a licentiate of the Apothecaries' Society, and I speak very respectfully about it.

2038. Do you think there is any truth in the allegation that members of the Council, however eminent they are, do not, from some reason or other, possibly from their present position, understand the wants of general practice?—I do think that there is a great deal of truth in that. I think that the Council is composed of a body of very eminent men, but who are consultants for the most part. The duties of their life are different, and very seriously different, from those of the general practitioner.

2039. We will take very eminent men, such as Sir James Paget and Sir William Jenner, they have struggled up, have they not, through all the difficulties of men in general practice?—Yes, I am not aware that Sir James Paget was ever a general practitioner, but I think Sir William Jenner was.

2040. Your objection would also apply, would

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it not, to a surgeon in common practice?—Yes, to a purely consulting surgeon.

2041. Taking those very eminent men who have succeeded in their profession by their ability, many of them, into contact with younger men in the profession in lectures, who have themselves in one way or another struggled up through the difficulties that beset young men, why do you consider that they are not as well able as any man can possibly be for judging of the wants of general practice, and the defects of medical education?—For the most part I should say they have not struggled much. Most of those gentlemen are men of eminent intellectual abilities, and most of them originally of good social position who have had, perhaps, a Continental education and, generally, larger advantages of education than fall to the lot of most men; and by reason of those circumstances, I do not think that they are likely quite to understand the difficulties of a man who has to get on with ordinary education, and who depends upon the ordinary English, Scotch, and Irish schools. I would like as an illustration to say, that I was once very much struck by what occurred in the Council. There was a discussion about an obstetric Bill, a Bill to legislate with regard to midwifery, and it was remarkable to notice in the Council the absence of obstetric experience; and one gentleman, as eminent and as good as any man that ever sat in it, Dr. Stokes, of Dublin, known throughout the world, said that he had never been in the chamber of a lying-in woman.

2042. You would introduce men who were more in practical sympathy with the great body of the working men of the profession?—I would introduce a certain proportion of men who were familiar with the wants of general practice, and the defects of the present system of medical education.

2043. Does that mean that you are in favour of direct representation?—Yes, distinctly; if it can be carried out. I do not care much about the method by which the representatives of general practice are introduced into the Council, but I should prefer it to be by direct representation.

2044. Are you aware that there are objections to direct representation on account of the difficulties, to say the least, of the machinery necessary for it?—Yes, I am.

2045. Could you suggest any other mode of supplying the want?—Personally I should be satisfied if the Crown would undertake to represent the general practitioners.

2046. Is it possible to obtain the result by reforming the examining bodies?—I think not. I think that unless the constitution of the Council is altered we shall have very much a repetition of the same things that we have had for the last 10 years.

2047. I suppose if you came to the question of reform, it might be as easy to reform the Council as to reform the examining bodies?—Yes, quite; but I should reform both.

2048. I understand that you would propose a diminution of the representation?—Distinctly; for I think that without that the Council would still work in the same unsatisfactory way that it has been doing.

2049. You would not meddle, I presume, with the university representation?—I regret that my

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own university has only a half representative. I think it is an utterly absurd thing that a body that has 1,200 medical students, and that supplies a very large proportion of the practitioners of England and India, should only have a half representative, when a body like the Apothecaries' Society of Ireland has a whole one. It is utterly indefensible.

2050. Forgetting the fact that the University of Edinburgh is your *alma mater*, I suppose you would say it was generally acknowledged that the University of Edinburgh was one of the principal medical schools, not only in this country but in the world?—I should say that there could be no doubt about that.

2051. So that it must sound absurd to any foreigner that if there be a Council that university in a Council of 23 should only have a half representative?—Quite absurd.

2052. How many representatives of the profession would you have?—That would depend upon the size of the Council.

2053. Referring to a previous question with regard to the present eminent members of the Council not being in practical sympathy with the members of the profession, must you not remember that they are brought into daily contact with them by consultation?—Certainly.

2054. Do not you think that that in some measure meets the difficulty?—No, I do not. I think it has very little to do with the real difficulties of a medical man, perhaps, in the midnight, when there is no consultant to be got.

2055. I suppose you would consider that they would be too much occupied with the claims of the position that they have attained to attend to much else?—Yes. I would like, if the Committee would allow me, to quote a few words from the president of the Medical Teachers' Association as to the influence of the present corporation examination boards. I think this is of so much importance that I will ask you to allow me to read a few sentences. This is the medical teacher's view of this question. Medical examinations caused an agitation in 1868, and I am going to quote a few words from the chairman of that association, whose name I shall mention after I have read the passage. I read in the "Lancet" of 25th January, 1868, "In my judgment, gentlemen, there are two objects which are of quite paramount interest to all who wish to improve our medical education: first, to insist upon a very high standard of efficiency and public spirit in all the examining boards of the country; secondly, to insist upon a very great simplification, if not an almost entire extinction, of that ponderous code of detailed regulations under which now we either groan or sleep. That the importance of these objects in relation to the essential aim of our association may not in any degree be underrated or misunderstood, I will venture a few remarks upon each of them; necessarily, from the limit of time, restricting myself to some very broad considerations. First, as regards our examining boards. Think, gentlemen, what the Council of our College of Surgeons might have done in the last 25 years in promotion of medical science, if it had administered its great trust disinterestedly, admitting to the profession annually several hundred members (sometimes, I believe, as many as 500, besides fellows), with a fee of 22 l. a head, and able, I presume, to allot fully half of this very large income to the

Chairman—continued.

payment of a proper examining board; what is the course which it has taken? It has treated the examinerships in its gift as mere lucrative perquisites of its own body, best to be divided among its own members; and, with scarcely an exception, the 10 oldest members of the Council have been the 10 examiners of the college, sharing among them the payment I have described. The elder members of the board have generally shown so much attachment to office that the succession of younger men has become more and more impeded; and of late, I believe, 60 years of age has been about the earliest time at which a man's turn could come to enter upon the functions and profits of an examiner at the College of Surgeons. Can you wonder, gentlemen, that medical education has languished in England, when suffering under an influence like this? As regards the mere examination in surgery, it has been bad enough that men should only be entering upon that duty at an age when, in a normal state of things, they would rather be preparing to abandon it: and I cannot but deem it to have been very mischievous, even for practical surgery in this country, that our examiners for long past years have been men from 60 to 80 years of age. But think, gentlemen, what the mischief must have been, in relation to the sciences of our profession, that during this period of unexampled scientific progress, persons in the fourth and fifth vicennials of life have been empowered to settle, according to their own dim lights, what should be the standard of scientific proficiency for men first entering the medical profession. And this state of things, this utter corruption, for such it is, has been defended by arguments which, if they mean anything, mean that examinerships of vital importance to the strength and development of surgery and medicine, may be used as a kind of almshouse for effete members of the profession." I admit that there has been a considerable modification since that time, but the very grave words which I have quoted are the words of Mr. Simon, who was lately before the Committee; he was not a member of the Council when he spoke those words. I think it remarkable that after speaking those words, probably because he spoke them, he was elected a member of the Council of the college of which he is now president.

Dr. Lyon Playfair.

2056. You said, did you not, that you wished to say something about direct representation?—I have said that I am not myself particular as to the mode of getting the members of the profession represented, but I do not see the insuperable difficulties in the way of a direct vote of the profession which have been raised up. I saw the other day the secretary of the Law Society, a body composed of 3,000 or 4,000 members, and I find that the Council of that body is elected by the direct vote of those members. That Council has also examining duties; it examines solicitors in the country, and there is no difficulty in it, and there is not very much expense. I asked him about the expense, and he said that it was about 50 l. a year.

2057. Do you consider that if you reformed the constitution of the Council in the way you have indicated, that it would be sufficient for its practical working without giving it increased power?—No, I do not. I think the two must go together, because

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because there is such a want of responsibility, in effect, and where bodies are left to their own option, either to take the recommendation of the Council or not, as a matter of fact, we find that they do not adopt the most important of the recommendations; and after 10 years' experience I think it would be a great waste of time to go on.

2058. And you think that they should have some power of seeing that their recommendations are carried into effect?—Quite so.

2059. And you would give them the power of visiting?—Certainly, and not only of visiting the examinations, but visiting the schools; I would like to say, that about three years ago it was proposed to visit the schools. It was a motion supported by Sir James Paget and Mr. Lister, and four very important members of the Council, but it was not carried; it was doubted whether the Council had power to visit the medical schools.

2060. Suppose you gave it the power of visiting, would you do more than give an inspectatorial power; would you put the Medical Council in direct control of the education of those institutions?—No, but I would give the Council the power of inspection, and complaint to the Privy Council. But with the present constitution of the Council I am quite sure it would never be used, as it never has been used.

2061. You are aware, for instance, that the universities are extremely jealous of having any one interfere with their autonomy, that it is the principle of a university that it has a self-autonomy, and that they will not even allow the Government to interfere with that autonomy. Would you be inclined to give the Medical Council a direct interference with the autonomy, even with regard to the professional education of bodies whose very principle is self-government?—I think, to some extent, I would; I do not think that the universities would object to the inspection of their examinations, for example. They have not objected to it, and they have received the visitors. Then, I think, with regard to any of the arrangements of their schools they would be equally willing to have visits.

2062. In your suggestions, would you really be prepared to go so far as to give the General Medical Council the power of controlling the teaching institutions, and in default, you would put it upon them to bring the matter before the Privy Council?—Yes, if they did not carry out certain points which the Council considered essential for medical education, such as the five or six points which I have enumerated, upon which committees of the greatest possible authority have sat over and over again.

2063. There is another function of the Council which I do not think you have yet given your opinion upon, namely, the mode in which it exercises its registration functions; what have you to say with regard to that?—The register is a very good register on the whole, but it has never been considered a model of accuracy, and in some years very numerous complaints of inaccuracy have been made.

2064. Medical men especially are an extremely fluctuating body, changing their place from time to time; is not that some explanation of the inaccuracy of which you complain?—That is one explanation, but I think that the Council should have paid a little more attention to the means of perfecting its register.

2065. Do you mean both as regards the
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Dr. Lyon Playfair—continued.

qualifications and the addresses?—Yes, it has not had time; it has had so much to do in the way of looking after the corporations, and its time has been so much absorbed in semi-political questions, that the register has suffered from inattention. I would wish, moreover, to say, if you will allow me to say it here, that I think the Council in relation to the register should not only take great pains to perfect the register, but should show some disposition to punish, in the more prominent cases, those who fraudulently pretend to be registered, or those who, being registered, abuse the privilege of registration. It has received 137,000 £ for registering, and I think it owes something to the profession to vindicate the sanctity and purity of the register.

2066. And you think that the register might with reasonable diligence and attention on the part of the Council be made considerably more efficient than it is now?—I think it might be made more perfect.

2067. Under the present system, in England especially, and in Ireland I believe also, a person may have to undergo two nearly identical examinations in order to receive the double qualification?—Yes, he must pass two boards in order to be qualified and certified.

2068. Is there any inconvenience or any injustice in that on the part of the candidates?—I think there is both. I think it is very worrying that a man should have to pass two practically identical examinations; it is both worrying and unjust.

2069. Then the only good point that you can see in it is the good to the corporations themselves, who receive the fees?—Quite so; they receive two sets of fees. There was some show of reason for that when one corporation examined in one half of the profession, and the other in the other, but now when they through the force of public opinion examine all round, it seems to me to be completely indefensible.

2070. Do you think it would be possible, even if you did not apply the very stringent mode of getting rid of certain corporations, that you suggest that under the conjoint examination system there was a survival of the fittest, and, as a natural result, the disappearance of the feeblest, do not you think that under such circumstances as that it would be possible for the Legislature to insist that every corporation should examine both in medicine and in surgery?—I fear I scarcely understand your question.

2071. At the present moment, for instance, the Apothecaries' Company do not examine in surgery?—No.

2072. If the Apothecaries' Company is to continue as a licensing corporation, would you think that the Legislature would be wrong in insisting that it should examine in surgery?—I should think that the Legislature would be wrong if, insisting that the Apothecaries' Hall should require surgery, it should still consider the license of the Hall an incomplete qualification. I think the qualification should be a complete one when the body examines in all subjects.

2073. I am supposing, at the present moment, that you have not a conjoint board, but that those licensing bodies are continuing in the same way; as I think the College of Surgeons, just now, do not examine in chemistry, but, at all events, they do not examine now in midwifery?—They do examine their members, I think.

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2074. To

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2074. To quote from Dr. Humphry's Report, which you have already alluded to, it says, in 1877, "At the College of Surgeons, England, there is no examination in chemistry, materia medica, midwifery, and forensic medicine; at the Society of Apothecaries, London, there is no examination in surgery; in the examination for the license of King's College of Physicians and Surgeons there is no examination in surgery; and at the College of Surgeons, Ireland, there is no examination in midwifery." If this statement in the Report of the Medical Council is correct, none of those bodies can give complete qualifications?—No.

2075. If they are to exist separately, I presume that you think it right, if they are to be licensing bodies at all, that they should give complete qualifications, covering the whole of the subject of the examinations?—Certainly.

2076. And you think that half qualifications ought to cease?—Certainly.

2077. Is there anything but the money interest connected with a retention of the system of half qualifications?—I do not think so; it is only the corporations that defend it; and they only suggest, for the cure of all evils, that the men should be required to get two qualifications.

2078. That leads up to the improvement of the system, in your opinion; do you approve of the system of conjoint examinations prescribed in the Bill?—I do not fully approve of it; I think it would be a very great improvement upon the present state of matters. My own private opinion is strongly in favour of independent examining boards, independent of the corporations altogether.

2079. You mean the licensing of the State, through the Medical Council?—Yes. I would give the Medical Council the power of electing three boards, one in each division of the kingdom; but if that is impracticable, I can see objections. I think the conjoint system would be a very great improvement upon the present.

2080. Then the best system, in fact, is to introduce the system of the Staats Examen of Germany into England?—Very much so.

2081. Would they have to decentralise it, as they have been forced to decentralise it in Germany?—No, I would make it central.

2082. You are aware that it is done in Germany, are you not?—I am not very familiar with the details.

2083. It is not in one central part of the kingdom, but the examiners are sent down to the university towns where the education took place, and the professors of the Staats Examen are associated together in the examination?—Yes; I would carry out a scheme like that in the main metropolitan towns of London, Edinburgh, and Dublin.

2084. Would you not carry that out still further: supposing that you had it in Scotland, would not it be a very far cry to Aberdeen; would you force the Aberdeen students to come all the way to Edinburgh; would you not send an examining body to Aberdeen?—I think it would be less inconvenient to the students to come to Edinburgh than for the board to go to Aberdeen; and, considering that they have to come to London from the North of England, I do not see that there is much hardship.

2085. At present you are aware that the li-

Dr. Lyon Playfair—continued.

centiates of the corporation in England most all come to London?—Yes.

2086. And you think that the inconvenience is not very great?—No.

2087. The universities of England, of course, are licensing boards?—Yes, they give degrees which at present have the virtue of qualifications.

2088. However, with regard to England, the licenses granted by the universities, except by the University of London, are trifling in amount?—They are very few in number.

2089. Where would you interpose that Staat Examen or public board; would you interpose it before the license is granted by the licensing bodies, or after their license, as a proof that the men were fit for the practice of the profession?—I think before. If I may give my own personal opinion I would make it independent of the corporations, and of their license by an independent board, and if men liked to affiliate themselves with the corporations after that, they would be at full liberty to do so.

2090. Would you have no fear that the great bulk of the profession would be satisfied with that examining board, which practically allows them to enter the profession, and that they would have very little inducement to go on to the higher qualifications?—I do not think that. I think that there would be more who would want the higher qualifications than we have at this moment. If you were to raise the tone of professional feeling and qualification, I think that men would be more likely to want the higher qualifications.

2091. At Oxford and Cambridge, I think, it is found that the teaching now is directed to the examination; would you not be afraid that the teaching bodies might direct all their zeal to the examination which was the door to enter the profession, and that there would be very little teaching above that?—I do not anticipate that difficulty.

2092. What is to prevent that from being the fact with regard to that examination, that you do not teach in teaching institutions the things that will not pay for examinations?—As I have said, I think that the higher this minimum examination is made, the higher will the demand be for medical education of all kinds.

2093. And for the higher licenses do not you think that they might be confined to the ambitious and not to the general body of the profession?—No, it would raise the amount of ambition for professional distinction.

2094. Failing that plan of having a totally independent board, you would have a conjoint board?—Distinctly the next in advantage to an independent board is compulsory conjoint boards in each division of the kingdom.

2095. With a necessary entrance, do you mean, through a corporation afterwards?—I am indifferent upon that matter myself.

2096. Under such a system would not the weak-kneed corporation very quickly fade away?—I think it is desirable that some of them almost should retire. I think they have served their generation; but the advantage of a conjoint board is that it would secure one examination in place of two, which I think very important in the interest of the student, who has been far too little considered; and secondly, because three boards in the place of 19 would be much more easily

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easily supervised and inspected. The equality of cost and of severity of examination I take for granted, but it is one of the difficulties of a conjoint system to make the examination cheap; the fees are necessarily unequal. If all existing parties are to be satisfied out of the fees of the conjoint boards, the fees in the different divisions of the kingdom will be different.

2097. Do you think that there is much harm in the different fees if the General Council have increased powers and saw that the conjoint boards were thorough in their efficiency of examination?—It would be a great advantage and a great improvement; but still I think that the fees must be equal, or else we should have the old charge of underselling, and those remarks which I think most unpleasant, and which everybody in its own interest should try to stop.

2098. With regard to a large number would it not be a greater benefit to a poor medical student if he could get, for the payment of a guinea instead of 30 *l.*, an equally efficient education?—Certainly. I entirely agree with that, and I think that is one of the faults of the conjoint proposal, that it contemplates very high fees. For a man for a common license to practice to have to pay over 30 *l.*, is a very great hardship.

2099. Are you aware that in getting in through the Staats Examen of Germany, it is only a few thalers?—It is a very small fee, but the conjoint fees contemplate the maintenance of the existing bodies.

2100. Do you generally approve of the conjoint scheme which has been arranged for England?—With those qualifications which I have already indicated.

2101. Do you approve of the recommendation that the preliminary first and second examinations should be conducted by the university, and the final one by the conjoint board?—Yes, I do as regards England.

2102. Do you see any objection to that with respect to Scotland and Ireland?—I think with this qualification, that the Council should be distinctly represented on the university examining boards and have some means of inspecting them.

2103. And that, you are aware, they would not have any objection to?—Precisely so.

2104. Under the present scheme of the Bill, the conjoint boards contemplate the maintenance of all the existing bodies, and their existing emoluments?—They do.

2105. Do you see any logical argument for that which would justify legislation in their interest?—I object to those schemes which contemplate the maintenance in perpetuity of all the existing bodies when the very essence of the case for reform is, that the bodies are too numerous, and not adapted to the existing state of things.

2106. Does not that Bill create a 20th body for giving the qualification, namely, the Archbishop of Canterbury?—Yes.

2107. So that under the Bill there is a new constitution?—There is a constitution of his functions.

2108. But as to the constitution of a new body there is none?—No; the bodies are to continue to exist in perpetuity, and therefore the candidates must go through a second portal.

2109. The candidate having passed the conjoint board is not in the profession, according to the Bill; he must pass through a second portal, 0.105.

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which is a corporation; he must knock at the door of another, and ask permission to pass through?—Yes.

2110. He cannot demand it as a right, I think?—No.

2111. Has there been an increase of work thrown upon the Council by the Dentists Act of 1878?—A huge amount of work, and that, I believe, greatly interfered with the essential duties of the Council under the Act of 1858.

2112. In what way do you think it has done that?—By taking up its time, and by taking up the time of the officials. The registrar of the Council, I think, would be able to tell the Committee how much labour and care and trouble it has imposed upon him, and how largely it has drawn upon the time of the Council itself.

2113. You are of opinion that if other specialists asked the same, the work of the Council might be largely increased?—I think it might; and I think it most desirable that the Council should not undertake any further duties in regard to specialists.

2114. Do you consider that there is anything in the state of medicine that would justify the Legislature in restoring to the Archbishop of Canterbury a power which I think he lost in 1858?—I think it is most undesirable that he should have that power.

2115. It was not a registrable qualification?—No; at the time of the passing of the Act the present holders of the Archbishop's license were registrable, but not since.

Mr. Errington.

2116. Have you not been struck with what has been told us by several witnesses, as to the constantly diminishing majorities with which the conjoint scheme has been supported, both in the Medical Council and outside?—I have been very much struck indeed, especially with the inconsistency of men like Dr. Andrew Wood, who supported the demand for conjoint boards in 1870; so strongly that he seconded the resolution in the Council, that if the bodies did not do their duty in this respect the Medical Council should go straight to the Privy Council and represent them; and yet now, in 1879, he is one of the greatest opponents of the conjoint scheme.

2117. Do you think that it necessarily proves inconsistency to change one's opinions deliberately?—It is a proof of the vacillation of the human mind.

2118. Do not you think that more careful consideration of the difficulties of the question may justify a man in changing the course that he has once adopted?—The result of all the considerations that I have given to it is entirely the other way. I can quite understand men changing their opinions, of course.

2119. It has not, at all events, had the effect of inducing you to reconsider the very strong opinion which you formed in favour of the conjoint scheme?—No, nor as to the consolidation of the examining bodies.

2120. As I understand it, those persons who originally supported the conjoint scheme, but who now oppose it, are in favour of some scheme of reform, though not of the conjoint scheme?—Not in the full sense of the word.

2121. Would you be in favour that the reformed Medical Council, in addition to increased power,

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power, should have also increased scope of action?—Not to any very great extent.

2122. Would you be inclined to include in its action cases of medical policy and question affecting the interests of the profession generally?—No, decidedly not. I have spoken as to looking after the purity of the register, and perhaps in bad cases prosecuting persons who pretend to be registered.

2123. Supposing that you introduced a direct elective representation into the Council, could you exclude the consideration of those questions, do you think?—Certainly.

2124. Dr. Quain's opinion was that if you kept the Medical Council merely as a Council for medical education, it would become less efficient if you were to introduce direct representation; but that if the scope of the Council were enlarged then direct representation might very fairly be introduced; do you agree with that distinction as to the different circumstances?—I do not think I quite catch the honourable Member's meaning.

2125. If the Medical Council remained with its present limited objects it would become less efficient by the introduction of direct representation, but that if Parliament agreed to considerably enlarge the scope of the operation of the Medical Council, then it would be desirable that the profession at large should be represented upon it?—I entirely disbelieve that the introduction into it of direct representation would make the Council less efficient for its present purposes, and my whole contention is that in order to do the duties which it was created to do in 1858, it should have some representation of the profession.

2126. You admit that there are questions of medical policy, and also questions affecting the interests of the profession generally; to what body would you propose that those questions should be left?—To some of the voluntary associations.

2127. You think that it would not be an advantage to the profession if Parliament were even to leave to this new Medical Council the option of taking action in those cases?—No, personally I do not wish it, and I think in that I express the opinion of most men who have thought upon the matter.

2128. It was, however, suggested by some of the witnesses that those questions, even if they were not directly introduced, would be sure to arise in discussion in a Council in which there was direct representation?—Not so long as the duties of the Council, as expressed in the Act of Parliament, continue as they are.

2129. Do you see any very great objection to increase the number of the General Medical Council?—I think it is quite large enough.

2130. Supposing the Medical Council were to appoint, as at present, an executive committee, would there be any great loss of time, do you suppose, by the numbers of the Council being increased to 30 instead of 24?—No, I do not think there would.

2131. You propose to gain three seats by taking away the representation from the Apothecaries' Society of Ireland and the Apothecaries' Society of England, and the Faculty of Physicians and Surgeons of Glasgow; have you any suggestions to make as to further reducing the number of the present representatives?—I

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think that the principle of grouping might be carried further, and I should like to see it carried further in regard to the corporations.

2132. Would you group universities, or group corporations?—Corporations chiefly, as having money interests which must interfere with distinctly medical questions.

2133. You spoke about being in favour of examining boards like the Staats Examen boards in Germany; they would be examinations for admission to the register, would they not?—Yes.

2134. Are you acquainted with the details of the Bill which was proposed by Sir Dominic Corrigan to the Medical Council some years ago, and which are now contained, more or less, in the Bill called the Medical Officers' Qualifications Bill?—I am.

2135. Do you think that they would go far enough in the direction of protecting the public and the profession?—I do not like to give an opinion upon that Bill, because I think it is a most unreasonable proposition; if the present examining boards are not sufficient to enable a medical man to treat a pauper, or a sailor, or a soldier, by all means create other boards; but to suggest a Bill that would retain all existing boards, with the power of requiring men to take their qualifications, and then, after doing that, require the passing another board, is a most indefensible proposition.

2136. You no doubt are aware that the ground upon which that proposition is defended is this, that paupers, or soldiers, or sailors, are not in a position to choose their own medical adviser, whilst the general public being at liberty to choose their own advisers are supposed to be able to distinguish those who are competent and those who are not competent; do you think that there is anything unreasonable in that distinction?—By creating such a board, you would acknowledge the incompetency of the present boards; if you find them incompetent create others, but there is no necessity for the two.

2137. At all events, you do not approve of the principle of that Bill?—No.

Mr. Maitland.

2138. As I understand at present, in the army and navy there are boards for the examination of persons who come as candidates?—Yes, there are.

2139. Is not that very similar to the proposal contained in Sir Dominic Corrigan's Bill?—Yes; I am sorry to say that the army and navy authorities felt it necessary to put a test of their own, but I believe that it would very likely be abolished if the army and navy authorities were satisfied that the examining boards were made satisfactory; I am not quite sure, because there are some specialities in the education of medical men, for army and navy purposes, which might require to be tested.

2140. A similar argument might be used for those other public or semi-public bodies that are referred to in that Bill?—No, it cannot be maintained, that if the State recognises examinations which are sufficient to qualify men for practising upon Her Majesty's subjects that are not paupers, it should refuse to recognise their fitness to treat paupers. Surely, if it were an examination which entitled them to practise on the general population, it should entitle them to take a poor law appointment.

2141. You

Mr. Maitland—continued.

2141. You said something about your approval of the interference which was proposed with the course of study in the universities?—Only to the extent of enabling the Council to satisfy itself that the university examination was at least equal to that required by the conjoint board.

2142. Not with the examination, but the course of study as I understood you?—Yes, I think that the Council should have the right of requiring that persons getting on the register should have gone through such a course of study as it thinks necessary; my own feeling is strongly against much detailed regulation as to the course of study, but there are certain things agreed upon as to medical education, and if the Medical Council had no doubt about their propriety, I think should have the power of seeing that they were enforced even upon the universities.

2143. Are there any great medical licensing authorities, or education authorities, in which there are not courses of midwifery?—The University of London does very little in the way of exacting special courses or detailed study; it simply relies upon its examination; it leaves men very much to get their knowledge where they can.

2144. You recommend, I think, that in some courses there should be a limitation upon the teaching of certain branches?—I quoted a resolution of the Council to the effect that no examining body should be required to compel a man to attend more than one course of lectures on the same subject, and I quoted it not with the view of expressing any opinion upon it, although I highly approve of it, but to shew that that recommendation had been passed by the Council and various others, but that no notice was taken of them by the examining boards, they were not acted upon, and that the recommendations of the Council took no effect.

2145. I suppose that in some of the universities, and possibly in some of the other schools, those bodies had an interest in making the students attend certain classes?—Yes.

2146. Was it with regard to that sort of thing that this resolution was passed?—That is one of the things, I suppose, which has led to the curriculum of the student being so loaded with lectures. Numerous courses of lectures are required on the same subject; for example, the Irish College of Surgeons requires three courses on anatomy. Now, the opinion of the Council was that a man should not be required to attend more than one, and after attending one, he should be left to his own spontaneity in the matter.

Mr. Wheelhouse.

2147. First of all, will you allow me to ask you this, what is the precise title which is given by the licensing body to those men who are Licentiates of the College of Physicians of Edinburgh?—Licentiate of the College of Physicians.

2148. When a person comes to practise upon that, at all events in England, does not he style himself Doctor?—Yes, in many instances he does. I might be permitted to say here, perhaps, that that, I believe, to be the principal explanation why they run to that college.

2149. Is not the fact, rightly or wrongly, of being supposed in that instance to have the title of Doctor conferred, a strong motive for inducing

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a gentleman to go and seek that particular portal?—Very strong indeed.

2150. Supposing you go to the College of Physicians, for instance, in Edinburgh, do you know whether you are exempt from examination in materia medica, or in botany, or in chemistry, if you hold a surgeon's diploma previously?—Yes, if you hold a previous diploma, I think you would be exempt from examination in those subjects; but I do not like to speak positively; however, that is my impression.

2151. Are there any other bodies, except the one I have named, of which an *alumnus* styles himself Doctor, not having a medical degree of the university to that extent?—Licentiates of the King and Queen's College of Physicians are under the pleasing delusion, I believe, or used to be; I think it is pretty well gone now; but they had the impression that the license of the college carried the right of using the title of Doctor.

2152. In short, wherever there are places of that kind, giving, rightly or wrongly, the title of Doctor, or the title of Physician, they are all places to which men would go in consequence of its being supposed that it conferred upon them that title?—Certainly, when you find a notion that there is a somewhat higher sounding title and not an extremely difficult examination, I think there is a combination of attractions that is very strong.

2153. Do you know whether the examination in any of those places is a slighter examination than it would be, say, at your own university?—I do not know of my own knowledge at all. I know the general impression is, that it is easier.

2154. Does it pre-suppose any residence at any such place, or in connection with any such place, as it would do, say, at the University of Edinburgh?—Certainly not.

2155. A man merely takes, as I understand, his diploma here, and if he be already registered he goes there for an additional one?—Yes, quite so; but we know that in one memorable year it was given without examination at all.

2156. Is it given upon examination, or is it given merely upon the production of the certificate?—It is given new only upon an examination, but persons holding one qualification are exempt from half the examination, and in one year the thing was given very freely, in many instances, without any examination at all, to the great advantage of the college which up to that time had not had any ordinary licentiates.

2157. Do you know whether it would be possible for a young man to get into the medical profession and on to the register without having attended a single lecture?—I think it is just possible with the present regulations; I do not say it is common.

2158. Will you explain to the Committee how that could be done?—Various schools profess to take a note of a man's personal attendance at lectures, but as a matter of fact it is done in a somewhat loose way, and a man might manage, I think, to get a card dropped into the class signifying his attendance if he were an unprincipled man. If he were a clever man he might get up the requisite knowledge for passing the examinations; he might get crammed, or otherwise get his knowledge, without going through a course of lectures.

2159. As a fact, it is possible, with the present loose

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loose regulations, that a young man might be actually absent from almost every single lecture which is required of him in the curriculum of the school to which he is attached?—Yes, but I think that that must be an exceedingly rare case.

2160. Exceedingly rare so far as you are concerned; but is it not quite possible, if the arrangement is so loose as you speak of, that at present a young man may omit a very considerable number of lectures of any one of the boards?—That is quite possible.

2161. Do you know whether there is any roll-call of the students attending a class generally, say the anatomy class, at one of the schools in the provinces?—I do not know; I take my own experience in the University of Edinburgh, and there we left a card, and the roll was not called.

2162. Then, with the exception of taking out the card in the first instance, what means are there of checking the attendance of a student at his lectures in the several curricula that he ought to have?—There are none, excepting that the system of class examinations has become very much more common lately, so that a man is not only required to attend lectures, but examinations; but that is not compulsory.

2163. But is it compulsory upon the several schools to have a class examination at all?—Certainly not. It is a recommendation of the Council that they should have such a class examination, but, as I have shown the Committee, those recommendations are not necessarily carried out.

2164. Without any reference to the General Medical Council at the moment, I am speaking of schools, do schools generally ask for and demand an examination as part of their system of lectures?—I think schools generally are having it, but they cannot compel it.

2165. I suppose it would be voluntary; if a young man is supposed to have attended his lectures, there is nothing to compel him to attend a class examination of any sort?—No.

2166. He would say that he had fulfilled the law by attending the lectures?—Yes.

2167. So that, in point of fact, if he was very crafty he could practically get on to the register with comparatively very little trouble in some schools?—Yes.

2168. There are some places, for instance, two societies of apothecaries, the one in England and the one in Ireland, in which the curriculum is comparatively a very restricted one, is it not?—Yes.

2169. Can you tell me, for example, what is the curriculum required by the Irish Society of Apothecaries?—No, I do not happen to know the particulars about it; but it is an ordinary minimum curriculum.

2170. Do you know what is the ordinary examination of that society?—No.

2171. Nor over what it runs?—No.

2172. But at all events it would be restricted?—It is an ordinary examination.

2173. I think you said that you did not see the *raison d'être* of the title of that society as a pass body?—No.

2174. Would you, now that it is on the list, think it desirable that that body should be retained in conjunction with some other body, or would you rather consider that it was desirable to have it struck out of the list altogether?—I

Mr. Wheelhouse—continued.

am afraid it should be struck out. I cannot see any reason for the occupation of a seat in the Medical Council by such a body.

2175. Supposing it had a right to any elective franchise whatever, you would consider that it certainly ought to be amalgamated in a sort of half representation with some other?—Yes, grouped or linked.

2176. Are there any other bodies, looking through the list in the register before me, that you would think desirable *super visum* to have linked together; you say that the universities, you think, have a special title to themselves, but with regard to other bodies, there are the College of Physicians and Surgeons of England; the Apothecaries Society of London; the four universities of England; the College of Physicians of Edinburgh; the College of Surgeons of Edinburgh; the College of Physicians and Surgeons of Glasgow; the two universities of Scotland (that is to say, the conjoint universities); then in Ireland, King and Queen's College of Physicians; the Royal College of Surgeons; the Apothecaries' Hall; the University of Dublin; and the Queen's University. Looking at that list, just see whether there are any others at this moment?—I cannot say that I should be prepared to give an immediate answer to that question. I should like to see the principle of grouping carried further; it is already applied, and as I think very unfortunately and absurdly, in the case of the Scotch universities.

2177. So far as the Scotch universities are concerned with reference to Edinburgh, you would give them full representation?—Certainly.

2178. Would you give any of the present bodies more than one representative on the Council?—Certainly not.

2179. As I understand, the grouping would be, in your view, providing seats more especially for a direct representation of the profession in the Council?—Yes, abating the corporation element in the representation. I think the grouping could be carried out a little further, the chairman could be elected from the members of the Council, and these changes would make room for those additional representatives that we all wish to see there, without enlarging the Council to any considerable extent.

2180. Did it ever strike you, with reference to enlarging the Council, that if the Council were so enlarged a considerable part of the work now done by the Council, as a body, might be done by committees so formed out of the body of the Council, say, of three or four members upon each committee?—Yes.

2181. Would that be an advantage, do you think, or a disadvantage?—I think it would be an advantage.

2182. You consider that it is not desirable to have any longer a special examination for, say, the poor-law service, or the army service, or the navy service, or anything of that sort?—I think as regards the poor-law service, distinctly not; the examination, if it is worth anything, should test a man's ability to treat a pauper, and if it is not such as to enable him to do that, then he should not be allowed to practise upon the rest of Her Majesty's subjects.

2183. That would be, at all events, one other pass, which we might call the 20th or 22nd portal?—Yes.

2183. Would

Mr. Wheelhouse—continued.

2184. Would there be any use in asking for the evidence of some of the senior medical students of the hospitals in London, or in the provinces, upon this inquiry, so as to give us, if we could arrive at it, what is their knowledge of the present state, and the effective working of the several curricula of the schools?—I think the students have been too little regarded in the whole discussion, but I do not know that they would be prepared to say exactly what the defects in the system were to which they owed their unsuccessful at the examining boards.

2185. Would it be desirable that, from some of the hospitals in London, for example, for the elucidation of the matter before the Committee, a student or students should be asked to come here?—I think it would be.

2186. Are they likely to throw any light upon the general progress and general aspect of medical education at this moment?—I do not know that students taken at random would be likely to do so, but the evidence of some intelligent students, or even of some intelligent students who have been plucked, might be very desirable.

2187. Supposing we should see a necessity for such students being called here, how would it be best to get some intelligent students, as distinguished from students of another description?—It would have to be done by personal selection.

2188. By whom?—By some of the examiners, I think, who would be themselves interested in the matter, and would examine the students who have failed in their examination. Why men fail, you can only learn from the men themselves who have failed.

2189. I suppose you would have had your central examining board in the main in London, when it was formed by a conjoint scheme of State education?—Yes, certainly.

2190. Supposing it were determined to have a State education scheme, such as they have in Germany, would you require men to come up from Scotland for the final examination only?—For both. I regard the first examination as even more important than the second.

2191. At present every medical student does come up, wherever his school may be, from the country in England to pass in London, does he not?—Yes, except that he may not come to London at all; he may go to Edinburgh.

2192. I mean he must go to some examination centre?—Yes.

2193. And so with regard even to a State examination in England, there would be really the same difficulty of bringing up the students as there is now for their pass examination?—Quite so.

2194. But it would be increased if he were obliged to come up to London for his first examination?—Yes.

2195. Has it ever struck you that it is possible that the examiners might go round to the schools for the first examination on the State's education principle?—I have not thought of that method. I think it desirable that it should be central.

2196. But that would, of course, weigh rather heavily upon students, say from the Leeds or the Newcastle schools?—One can get up in five or six hours, even from Newcastle.

2197. It is not the time, but the expense that I am speaking of. At present, as I understand, the curricula are pretty nearly the same throughout England; that is to say, a student at the

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Mr. Wheelhouse—continued.

Leeds school can have his education for just about as much as bringing him up to London, in addition to the cost that he would be at if he went to the London school?—Yes.

2198. Is not the difference somewhere about 20*l.* or 30*l.*?—Yes, so I understand.

2199. Looking at it altogether, you are in favour of the State examination scheme, if it can be done; but if not, of a conjoint scheme of three boards?—Yes.

2200. How long would you desire that the first and final examination should be apart; when would you take the first of the two examinations?—I should approve of the resolution that was passed by the General Medical Council in 1877 allowing a student to take his first examination at the end of the first year. Unfortunately, that recommendation has had no effect, like a good many other recommendations of the Council. I think it is a great misfortune that a student comes to London and has no examination to pass for two years; he naturally says, "I have nothing particularly to do," and he wastes the first part of the time. I think I ought to say that the examination of the students at the end of the first year is a part, I think, of the conjoint scheme in England.

2201. I daresay you are aware of the 18th clause of the present Medical Act, which says, "The several colleges and bodies in the United Kingdom, mentioned in Schedule A to this Act, shall from time to time, when required by the General Council, furnish such Council with such information as they may require as to the courses of study and examinations to be gone through in order to obtain the respective qualifications mentioned in Schedule A to this Act, and the ages at which such courses of study and examination are required to be gone through, and such qualifications are conferred, and generally as to the requisites for obtaining such qualifications." Do you know whether under that section the General Medical Council has ever required the bodies to furnish any information of any kind?—Yes, I think it has.

2202. But not from time to time continuously?—No, not systematically.

2203. Have they ever visited the school systematically?—They have never visited the schools at all. They have come to a resolution, by a very large majority, not to visit the schools.

2204. Is it not almost essential to putting a school into an efficient state, and keeping it so, that some visitatorial power should be exercised by someone?—I think it is desirable.

2205. Do you know whether the Council has ever required any notice from a school that the course of study and examination has been gone through?—No; even with regard to its own recommendations it has never instituted an inquiry as to how far they have been acted upon by the schools or by the examining bodies. It says it has taken it into consideration, but not systematically. After passing resolutions one year, it has not said the next year, "Has this recommendation been carried out?" That it has distinctly failed to do.

2206. Do you know whether they have ever required to see the ages at which the courses of study and examination are to be passed through?—No; it has expressed its opinion that no person should be admitted to a qualification that is not 21 years old.

2207. Although it has expressed that opinion,

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it has not taken any practical action upon the opinion to enforce it?—Not at all.

2208. And that you attribute to the fact of its powers being only recommendatory, as distinguished from mandatory?—Quite so.

2209. If that 18th section had been carried out, supposing their powers were mandatory instead of recommendatory, it would have been a very great advantage?—It would have been a very great advantage to the Council, and to its reputation as a public body.

2210. Does the present Bill make a power like that compulsory or mandatory?—Yes; that is to say, the Bill, as sent from the Lords, gives the Council the power to frame examination rules, and to regulate courses of study. In its first form it did so, and then, at the request of the Medical Council, the additional power granted to the Council was deleted; but it has been re-inserted, I am glad to say, and now remains part of the Bill.

2211. Is there any other Pharmacopœia published besides that of the Council?—No.

2212. Is there not one by Mr. Squire?—Yes; that is a private work, giving the Pharmacopœia with some additions.

2213. What is Mr. Squire's Pharmacopœia?—Mr. Squire's Pharmacopœia is a book which gives you the English Pharmacopœia in substance, with some additional information which may be interesting to practitioners or chemists, which is not embodied in the British Pharmacopœia.

2214. Are those additional prescriptions, or what are they?—They are notes on the Pharmacopœia, on the Pharmacopœias of other countries, and such like things.

2215. That is a private speculation, is it not?—Yes.

2216. Under no circumstances, as I understand you, if it were possible, would you admit any man on the medical register who had not passed an examination, either by the State's education board or by the general board under the conjoint scheme?—No.

2217. You would allow all tutorial bodies to exercise their power as a tutorial power, but not as a licensing power?—Yes, I would allow them to give degrees and diplomas, but not having, however, a licensing virtue.

2218. With reference to the larger universities, your own, for example, do you think that it would do the university any harm in any way?—Certainly not; I believe that no body has such an interest in this legislation being carried through as the Scotch bodies, including the Scotch universities.

2219. I need scarcely ask you as to whether or not, this having any detrimental effect upon some of the smaller bodies in the way of public good and public necessity, those bodies must go, even if it ruined them, as has been suggested?—Certainly. The great interest of the Scotch universities, so far as I understand it, is in their teaching position; the fees for the examinations are not very great, and do not come into the pockets of the examiners. I believe I am right in saying that, but it is incredible to think that the demand for Edinburgh teaching should diminish by this legislation, and equally so to think that the value of the degree should diminish.

2220. You do not think that it would have a deleterious or damaging effect upon the degrees, either of the universities of Edinburgh or

Mr. Wheelhouse—continued.

Glasgow, or of our universities in England?—Certainly not; on the contrary, I think that the bodies, especially the schools, have a great interest in having this matter settled.

2221. It would tend very much to the harmony of the medical profession generally, would it not, if the matter were legislated upon?—Exceedingly so.

2222. Supposing always that you could get the Bill which is proposed by the Government without direct representation, would you not rather have that Government Bill, and postpone direct representation if you cannot get direct representation as well?—That is a difficult question, but for my single self I should like not to accept any Bill which did not include an amendment in the constitution of the Medical Council. I have seen, over a large number of years, so much of its bad working, that I should regret it myself if it is not amended.

2223. To put a crucial question, would you rather have legislation postponed altogether at the expense of what you could get, if you could not get, together with it, what you call direct representation?—Yes, I would postpone it until the thing could be completely done. I have such a strong opinion of the probable permanence of legislation.

Mr. Mitchell Henry.

2224. Referring to some of your answers to the honourable Member for Leeds, about medical education, do you mean to convey to the Committee that it is possible legally for a young man now to obtain a qualification and a license to practise without having attended any lectures?—It is conceivable, I think, but it is not likely. He is supposed to present certificates that he has attended lectures. But Mr. Wheelhouse's supposition was, that an unprincipled man may send his card in by somebody else.

2225. Does that amount to anything more than saying that it is possible for frauds to be committed by an unprincipled person amongst medical students, as well as amongst others?—Quite so.

2226. Would not the person who committed the fraud at once be open to punishment just as anyone else is?—Yes.

2227. When you spoke of no care being taken as to the attendance upon lectures; have you had the experience of the London schools?—No, I have not. I said to the honourable Member for Leeds that I had studied in the University of Edinburgh, where a card was left.

2228. You think that in Edinburgh there might be found persons who would leave the cards of their friends?—I am afraid that occasionally it might be done. I should be sorry to think that it was done in any large number of instances.

2229. Speaking of the means of medical education in this country, do you think that there is a competition downwards on the part of the medical schools, as to which shall give the easiest education and charge the lowest fees?—I cannot exactly understand competition in the medical schools downwards, for their whole success as a school must depend upon their preparing men for examinations.

2230. If that is so, is not that an answer to all the questions upon that subject by the honourable Member for Leeds; that is to say, that it is the direct

Mr. Mitchell Henry—continued.

direct interest of the medical schools to take care that their pupils do attend their lectures, and that their pupils are fully educated?—It is certainly so; but if their curricula and the rules of the Medical Council are such as not to compel students to do their duty, or to indicate to them what their duty is, notwithstanding the good intention of the schools, the students' work may be badly done.

2231. As you are so well acquainted with the large schools of England, would you be surprised to learn that in the schools in England the pains taken by the teachers to insure regularity of attendance is increasingly greater, and probably is greater, in that profession than in any other profession for which education is provided?—I should not be surprised, as our medical teachers in England are very earnest men, and they are more in earnest now than they ever were.

2232. If the success of the schools depends upon the success of the pupils, is it not a necessary inference that that should be so?—Yes, it is in that direction.

2233. When you spoke of the undesirability of requiring students to attend more than one course of lectures, did you bear in mind that at present lectures are given in proportion to the importance of the subject; in some cases there being two courses of lectures, and in others only one?—Yes, I did.

2234. What number of lectures do you formulate for a course?—I said that I approved of the resolution of the Council not to compel more than one course of lectures. My meaning is, that if a student finds a course of lectures instructive and helpful to him, I would leave it to his own sense of interest to take a second course, but I would not compel him to take a second course, or a third course, as is now done by some of the bodies, so that the student's time should be liberated for getting up the subject in another way.

2235. Is not that a point of detail upon which there may be very considerable differences of opinion?—It is a point of detail upon which there is a greater amount of uniformity of opinion than upon almost any question of medical education.

2236. Do you mean that you will find any hospital surgeon in London, or in any of the large towns, who will tell you that a student would receive sufficient education by attendance on one course of lectures in surgery during the time that he was a student?—I mean that the Medical Council which represents the schools, and the bodies of the country, have passed two or three resolutions in favour of requiring not more than one course, as far back as 1864, and again in 1877.

2237. Then that amounts, does it not, to the opinion that if a student is attending one of the large London hospitals in which there are many courses of surgery and medicine, he need not attend any more lectures upon those subjects, than upon such subjects as botany, which he may study anywhere where, in town or country, plants can be got?—It amounts simply to saying that he is not required to attend more than one course of lectures on systematic surgery; it has nothing to do with his hospital attendance. His attention to cases is quite another matter, and a very important matter.

2238. With respect to direct representation, you are in favour of adding six members to the Council, are you not?—Yes.

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Mr. Mitchell Henry—continued.

2239. Who is to pay the expense of those elections?—I said that, from what I could learn, the elections would not be very expensive; but I think that they should be paid for out of the funds of the Council.

Mr. Arthur Mills.

2240. I understand that you have expressed a decided opinion in favour of the introduction into the Medical Council of the direct representative element?—Yes.

2241. Objections have been raised to direct representation in the Medical Council on the ground that the electors in various divisions of the country would not be able to know anything of the qualifications of the candidates; I will ask you whether your attention has been called to the provisions of the Bill which I had the honour to introduce into Parliament, in which, I think, there is a provision by which each candidate must have at least 25 nominators, being registered medical practitioners, and whether that would not meet the risk of the qualifications of the candidates not being known in the divisions of the country in which they reside?—I think it would, but I think, if necessary, the number of nominators might be increased.

2242. I presume that the provision of having nominators of that number would guard against the risk of an unknown man being put up and elected?—Quite so.

2243. Do you think that the representations of registered medical practitioners throughout the United Kingdom which have been very numerous, amounting in medicine to as many as 2,000 registered medical practitioners, really *bona fide* express the views of the profession upon that subject?—Distinctly so.

2244. In answer to a question from the honourable Member for Leeds, you said that you would prefer a postponement of legislation to any measure which did not include the direct representation of the profession on the Medical Council?—Yes.

2245. Looking at the difficulty of legislation generally, do you think that any Medical Act which left out an important element such as that, would have much chance of being supplemented by a second Act in the next Parliament?—Not the least.

2246. I will ask you further whether you do not think that the omission of so important an element, or an element which a large portion of the medical profession consider so important, would not practically mean its indefinite postponement?—Decidedly so.

2247. I do not know whether you heard the evidence given by Dr. Waters; but, whether you did or not, was he right in supposing that the general opinion of the medical press of the United Kingdom, however there may be differences upon other points connected with medical legislation, is pretty generally unanimous in favour of the admission of direct representatives to the Council?—Distinctly so.

Dr. Lyon Playfair.

2248. A person who has attached to his name "Licentiate of the College of Physicians of Edinburgh," has no legal right, has he, to assume the title of Doctor?—Certainly not, I think.

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2249. If

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2249. If a man receives the title of Doctor from the Archbishop of Canterbury, he would have no right to assume the title of Archbishop?—No.

2250. Is it not simply an utter assumption, as the college does not give a qualification, if he chooses to assume the title of Doctor, it is a mere act of imposition on his part, and an act which would be condemned by the college itself?—Yes, unless the college in some way has rather encouraged the notion that he is entitled to such a title.

2251. Do you think that they do?—No, I do not think that they do now.

Mr. Mitchell Henry.

2252. Do you mean that medical men getting the qualification of a licentiate from Edinburgh sign themselves as "M.D."?—No.

2253. Merely that they are called Doctor, in common parlance?—Not only so, but they put the title of Doctor on their brass plate and on their card; that is done very largely indeed.

2254. You are doubtless aware that in Ireland every medical man is called a "Doctor," as every lawyer is called a "Councillor," and every reputable person is called "his Honor"?—Yes, but I am speaking of England.

Mr. Wheelhouse.

2255. But you do not want people to put a particular designation upon their calling cards?—No, not unless it is deserved.

2256. As I understand, with reference to those gentlemen who are in the College of Physicians, they were in the habit, until lately, of putting "Doctor" before their names on their visiting cards?—Certainly.

Dr. Lyon Playfair.

2257. Is there anything else which you wish to mention to the Committee?—I wish to say a word about the memorial in 1869, of which Mr. Gamgee was a principal promoter. Mr. Simon, unfortunately I think, very inaccurately represented that the views of the memorialists had reference to the interests of the profession, and even their money interests. I, for my part, having signed that memorial, and knowing something of the views of the promoters, wish to say that that is an entire misapprehension.

2258. It was with reference to the improved education, and not to the representation of the practitioners of the country?—Yes, certainly.

2259. And that the Council might have more business to discharge?—That it might discharge its proper duties more effectually.

Friday, 11th July 1879.

MEMBERS PRESENT :

Dr. Cameron.
Mr. Errington.
Mr. William Edward Forster.
Mr. Goldney.
Mr. Mitchell Henry.
Sir Trevor Lawrence.

Dr. Lush.
Mr. John Maitland.
Mr. Arthur Mills.
Mr. O'Leary.
Dr. Lyon Playfair.
Mr. Wheelhouse.

THE RIGHT HONOURABLE WILLIAM EDWARD FORSTER, IN THE CHAIR.

Sir JAMES PAGET, Bart., F.R.S., called in; and Examined.

Chairman.

2260. YOU are a Member of the Medical Council?—I am.

2261. For how long have you been so?—For three years.

2262. Are you the representative there of the College of Surgeons?—I am.

2263. And have been so the whole of those three years?—Yes.

2264. How long have you been upon the Council of the College of Surgeons?—Fourteen years.

2265. And you have been President of the College?—I have.

2266. When were you president?—Four years ago.

2267. Is it an annual office?—It is an annual office.

2268. There are two points upon which the Committee would be very glad to have your opinion especially, one what may be called conjoint examinations, and the other the constitution of the Council, and I will take the conjoint examinations first; you are in favour of a conjoint examination for each division of the kingdom, I believe?—Yes.

2269. Will you kindly tell the Committee the chief reasons upon which you are in favour of it?—Chiefly to diminish the number of examining boards, to diminish thereby the chances of some examinations being too low, to increase the probability of raising the standard of all the examinations, and to give the universities a share in the management of the examinations in all the several corporations.

2270. Does that mean, that you consider that any of the examinations of the present bodies are too low?—I would not venture to say that any of them are too low for safety. I do not think that any of them frequently pass men who are not fit to begin practice, but I think that some of the examinations might be made higher than they are with great advantage. I think that the purpose of an examination should be not merely to ascertain that a man is fit to begin

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Chairman—continued.

practice, but that he has learnt his profession as thoroughly as he can, and is as fit as he can be to improve himself in it.

2271. I suppose there ought to be a progress in medical knowledge as in other things, and looking back to your experience, would you say that there has been, from year to year, a progress in the general standard?—Yes.

2272. But do you think that, by a more uniform system of examination, you would be more sure that the standard would be raised from year to year?—Yes.

2273. And you think that the standard might be raised from year to year?—If not from year to year, yet that every five or 10 years there should be a distinct improvement.

2274. The standards of examinations have been raised though, have they not, within the last 15 or 20 years?—Yes, very distinctly, and in all places.

2275. Some of the examinations are easier than others?—Yes, they are.

2276. But you would not say that any of them were at an unsafely low standard?—No.

2277. None of the visitors from the Council have reported them to be so?—No.

2278. Do you consider that the examination at the College of Surgeons is high enough at the present time?—I think it is quite high enough in all the subjects in which they examine, which are anatomy, physiology, pathology, surgery, and medicine; but I should add, with regard to the College of Surgeons, that they do not examine in chemistry, or materia medica, or midwifery.

2279. But how does a young man who is to be a country practitioner, and who would have much midwifery practice, get his qualification?—Practically the harm is not great, because very few persons indeed now practice with a single qualification.

2280. But how does a man get his qualification?—In England, he gets a second qualification from the College of Physicians, or from the Society of Apothecaries.

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2281. But

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Chairman—continued.

2281. But how would a man get his midwifery qualification?—He is examined in midwifery at the College of Physicians and the Society of Apothecaries, so I think that the damage is not great; but still I think it is a great defect that anyone should practice at present upon a single qualification, and that registration may be given him, though he has never been examined in materia medica or midwifery.

2282. What is then the meaning of surgeon accoucheur?—He is one usually who has been examined in more than one place; he may have been examined at the College of Surgeons, and also at the Society of Apothecaries, or at the College of Physicians, where he would get his medical examination and his midwifery.

2283. Does this exclusion of midwifery from strictly surgical teaching apply to other examining surgical bodies besides the College of Surgeons in England; does it apply to the College of Surgeons in Ireland?—No; I think they are examined in it there.

2284. Was there ever an examination for midwifery at the College of Surgeons?—There was for a special license, but that was as an addition to the membership of the College; it was not in any sense compulsory that anyone should pass it. But may I add upon this point that it is, partly, because the College of Surgeons is very anxious to have examinations in these subjects, that it has urged the formation of a conjoint system. The College of Surgeons is by no means content that its members should not be examined in those subjects, and I may say that, for the last 10 years, we have been striving for a conjoint examination, that, amongst other advantages, we might have these examinations.

Sir Trevor Lawrence.

2285. Is the exclusion of the examination with reference to midwifery still continued?—It was suspended on account of difficulties in the examination of ladies.

Chairman.

2286. It surprises me that midwifery is not considered part of surgical education?—It would have been considered years ago a necessary part of the education for the College of Surgeons but for the fact that it was examined in by the Society of Apothecaries and the College of Physicians, and that nearly all pass more than one of the examinations.

2287. We are informed that upon the register there are a considerable number who are only qualified as surgeons?—That number would be made up for the most part, I imagine, of those who intend to practise nothing but surgery, like myself, for instance.

2288. Now take your examination for your College of Surgeons; of course you have to bear in mind that if you were to make it over high you would be disqualifying many young men who would be aiming at getting their living without any very large practice?—Yes, there is a constant strife, if I may so call it, between the examinations (I speak of the College of Surgeons) and the means of teaching in the schools. It is very difficult to increase the standard of examination anywhere, unless you can be sure that

Chairman—continued.

all the schools are prepared to teach up to that level, and after the same manner.

2289. Will you kindly tell the Committee what are the examinations in the College of Surgeons; we have not yet, I think, got it before us; how many examinations are there, and what is the length of time between them?—There is, in the first instance, what is called the preliminary examination, which is in matters of general education. That examination must be passed before any one can be registered as a medical student.

2290. Is that before a young man is allowed to walk the hospitals, as it is called?—Yes; before he can begin any medical studies which would be reckoned as studies, he must have passed a preliminary examination in certain classical and other subjects. Then he commences his medical studies, and at the end of two years, after following a certain prescribed course, he must pass an examination in anatomy and physiology. Then he must complete four years of study from his commencement, and then must pass an examination in surgery and pathology, and in medicine, unless he has a medical qualification from some of the authorised bodies.

2291. Has it been always the case that he has had an examination in medicine?—That has been the case, I think, for about the last 11 years.

2292. Then it is not a fact that a practitioner, who has a diploma from the College of Surgeons, has not had an examination in medicine?—From the date I speak of, about which I am uncertain, he must have been examined in medicine at the College, or he must have received a medical diploma from one of the authorities.

2293. Supposing he gets his examination from your College, is it an examination at all corresponding to that which he would have to go through at the College of Physicians?—Yes, it is an examination closely corresponding to that, and is held by Fellows of the College of Physicians, who are expressly appointed by the College of Surgeons for that purpose.

2294. With regard to the preliminary examination, has that been raised of late years?—Yes, it has been slightly raised; but the question of preliminary examination is a remarkable instance of the difficulty in getting educational bodies to provide what we want for examinations.

2295. At what age do the students come to you for preliminary examination?—Seventeen or 18. We are very anxious that they should be examined in chemistry and botany in the preliminary examination, but it is almost impossible to obtain men who have been so examined.

2296. I think I have known of your complaining of the want of scientific teaching in our schools, as being evidenced by that?—Yes.

2297. Then take this midway examination; has that been raised much?—The primary examination, so called, has been raised very much, and complaints are now commonly made that it is higher than it is fair to expose students to.

2298. Supposing a young man does not pass it, he must come up again?—He must come up again at the end of three months, if he has done moderately well; and at the end of six months if he has done really very badly. That is determined

Chairman—continued.

mined by the number of marks he has received in each examination.

2299. Is it, I will not say ever the case; but is it at all common that a young man is unable to pass at all?—I do not think it is common for any man who has capacity and work enough in him to justify his wishing to be in the medical profession; but there are a few very idle ones and a few very stupid ones who cannot pass the examination.

2300. Do you find that any difficulties are put in your way in keeping up as high a standard, or gradually raising the standard as much as you would desire, by the existence of other examining bodies?—Yes; I do not think it affects a large number of students; but there certainly are instances in which students are advised to go to what are known to be the easier examinations.

2301. Do you mean advised by their relations, or by their private tutor?—Generally by their private teacher; not so much by the teachers in the schools as by their private teachers. If they find that they are not likely to pass the examination of the College of Surgeons, they advise them to go elsewhere.

2302. With regard to private teachers (I am asking quite in ignorance), are there any persons approaching to what we understand as crammers for the Civil Service?—There are eight or 10 in London, at least.

2303. Those crammers would look at their papers, and would naturally give them advice as to where they should go to pass?—Yes.

2304. Now it has been suggested that, in the place of conjoint boards of the different examining bodies, it might be advisable for the Council itself to undertake the examinations?—I think that would be a very great damage to the profession; the management of examinations is a management of constantly varying details. Something, I think, has been said of the number of meetings which have been held by what is called the Committee of Reference, with regard to the formation of conjoint boards, and of which I am chairman; hour after hour has been spent, and well spent, in considering questions which would take nearly as many days if they were considered by as many persons as are on the Medical Council. That Committee of Reference is formed by two representatives from each of the bodies who would take part in a conjoint system in England.

2305. Why should not that committee be the examining body?—The committee could not do more than appoint the examiners.

2306. With regard to the examination by the College of Surgeons, the College, I suppose, appoints examiners?—Yes.

2307. I am only asking why should not the committee of the Medical Council appoint examiners in the same way as the Committee of your College of Surgeons does?—They might appoint examiners, but they would have to spend an immense time in drawing up the regulations for the examiners to follow, and they would have to appoint persons who should look after the conduct of the examinations.

2308. Practically, does the examination by the College of Surgeons take up the time of the members of the Council?—The members of the Council of the College appoint examiners.

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Chairman—continued.

2309. But does the supervision of the examination take much time?—It is expected that the members of the Council will be occasionally present there, and inform themselves of the progress of examinations.

2310. And would be expected to give more time than would be given by the members of the Medical Council?—Yes; because members of the Council must come from very different parts. We have only seven members of the Council resident in London.

2311. Besides that, should I be right in saying that the members of the Council of the College of Surgeons would be able to pay more attention to what may be called surgical examination than they could to what may be called the general medical examination of the whole kingdom?—Yes; they have themselves been teachers in the very schools from which the students are now coming.

2312. Then the Council, as at present constituted, would not be fit, you think, for that duty?—I believe they would be exceedingly unfit for anything like the details of examinations.

2313. Would there not also be this danger, that the examination by the Council must necessarily be a minimum examination; it would notoriously be so, and the persons passing it would, I suppose, not of necessity be connected with any of the present authorities in medicine. I may say, having considered that matter when it was before the Medical Council, at one of its last meetings, that I do not believe if there were an examination instituted by the Medical Council, giving, as was then proposed, the title of "Licentiate in Medicine and Surgery," that three students in a hundred would be content with passing that alone, and those three would be at once signalled as of an inferior class in the profession. The rest would go at once to the College of Surgeons, or the College of Physicians, or some similar bodies, to obtain what they would regard then as honorary distinctions.

2314. You think that the proper function of the corporation in this matter is to keep the examining bodies up to their duty rather than to do it themselves?—Yes.

2315. How are the examinations conducted in Germany?—I am not at all familiar with their manner of examination, except that I know that every one has to pass a State examination, whether he has a diploma from a university or not.

2316. Is the State examination thought to be sufficient?—It is regarded always as a measure of safety; all who are passed by it are, at least, competent to begin practice, which is supposed not to be the case with some of those examined in some of the German universities.

2317. With regard to your examination, do you allow the preliminary examination of any other examining body to stand in the place of yours?—There is a long list of bodies from whom the preliminary examination in general education may be received; of course, the universities are included, but it is a very extensive list.

2318. Take your primary examination?—No, that must be passed at the college; no other is received, unless in the case of persons admitted *ad eundem*. These are under particular regulations,

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lations, but for students, no other primary examination than our own is received.

2319. Have you any interchange at all of examination with the Society of Apothecaries?—The holding of a license of the Society of Apothecaries is received by us in place of an examination in medicine, and similarly the holding of a license in the College of Physicians, or a membership of the College of Physicians, is received in place of a medical examination.

2320. And how would the universities in Scotland act; do they take your examinations?—The universities in Scotland, I think, do not take any examinations but their own primary examinations, but the Colleges of Surgeons and Physicians in Scotland accept the primary examinations of any other of the authorised bodies; therefore they would accept ours, or the primary examination of the Society of Apothecaries, or of the College of Physicians, or any other such body.

2321. Do you accept theirs?—No, we accept no primary examination but our own.

2322. About how many diplomas do you issue in a year?—I have here a report which was presented only yesterday to the Council of the College, stating the number examined. The number of pass examinations for the year 1878-79 was 509. The number who passed was 345, and the number rejected 164. There is also upon the other side a list of those who passed the primary examination.

2323. That is a very large proportion of rejections?—The rejections range about one-third of the whole; they are more numerous for the primary examination than they are for the pass.

2324. The rejections are about one third, or rather less, in each case?—About one-third.

2325. You do not know about how many of those who pass finally have been rejected before?—No, I have no return of that, but you will observe that the number who pass the primary examination is considerably greater than of those who pass the final examination.

2326. Now suppose that the Council were to give a pass examination, leaving it to the different bodies to give an honour examination, might there not be advantages in that?—I think it would lead to the disappearance of some of the present examining bodies altogether, because their standard would not be considered honourable enough to be worth a second examination. I do not wish to enumerate those bodies, but I think there are some which would disappear. I think such a body as the College of Surgeons of England would be quite unaffected by it.

2327. Would it not be rather a good test whether a body ought to be allowed to remain as an examining body?—If it were wished to get rid of some of them, it would be an effectual method.

2328. The result would be that the direct supervision over medical education would be transferred to the Council?—That I think would be a grievous damage.

2329. Why do you think so?—Influence upon medical education must be exercised upon the spot, by persons intimately connected with the schools, themselves still familiar with the work of the schools. The members of the Medical Council, if they are to be selected according to

Chairman—continued.

the present plan, much more if they were selected from the general body of the profession, would certainly not have that knowledge. If I may take my own case as an example, it is quite impossible that I could ever lose a very deep personal interest in medical education. I have not taught for many years, but my interest in general medical education is as great as it ever was, not because I am a member of the Medical Council, but because I am an old Bartholomew's man, and have been all my life engaged in teaching, or having to do with examinations; and I suppose that it is known as an ordinary matter of business, that details can be managed much better by those who can meet once a week, than by those who only meet once a year.

2330. You say that there would be a disadvantage in transferring to the general body the work which is now supervised very much by those gentlemen who have themselves been engaged in teaching and lecturing, and who must know what ought to be taught, and what would be the position of the young men who come up?—Quite so.

2331. Before I leave the subject of conjoint boards, you took part in the scheme which was arranged for England, did you not?—I did.

2332. That scheme having been arranged, why was not it voluntarily brought into force, notwithstanding no Bill being passed?—I think chiefly because we felt that the scheme would be very imperfect if it were confined to England alone, and, as certainly one of the effects of the scheme would be to make the examinations more difficult, we felt we should be inducing students to go elsewhere to be examined more easily.

2333. Of course you are aware that the chief objections to the conjoint scheme have come from Scotland, and, perhaps, I may say from the Scotch University; would you like to give any opinion with regard to the objection?—I would not, because I am not familiar enough with them to know how the objection might be overcome, but I cannot imagine that the difficulties can be greater than we had to meet in England, and those difficulties, by incessant conferences and deliberations, we did manage to overcome.

2334. But you are clearly of opinion that unless you could have a conjoint board in each kingdom, there would be a difficulty in working your scheme?—Yes, quite so.

2335. Now I will ask you a few questions with regard to the constitution of the Council. The constitution of the Council of course refers to what ought to be the work of the Council; what would you consider to be the present functions of the Council?—The work of the "Pharmacopœia" which is one duty, is fairly finished off and kept in hand. The registration is now in excellent condition and kept in hand, and nothing remains for the Council, but the supervision of medical examinations, and through the medical examinations the supervision of medical education.

2336. For that purpose do you consider the constitution of the Medical Council a good one?—Yes, I think the Council contains in itself a sufficient number of those who have been most actively engaged in teaching for the examinations, and who are constantly employed in considering them.

2837. Theoretically

Chairman—continued.

2337. Theoretically there do seem to be some objections, seeing that each examining body, quite irrespective of its importance and its influence, sends in a member, with the exception of the Scotch universities, not the least important by any means, which send in, each of them, half a member?—I have often thought of that as a theoretical objection, but when I have looked around at other places, it has seemed that the objection is insuperable everywhere. I have often heard it proposed, for example, for the Medical Council, that there should be representatives according to number in different places; if that were so, the representatives of London ought to be equal to the representatives of Scotland.

2338. You mean as to the number of students?—No, as to the number of practitioners.

Dr. Lyon Playfair.

2339. That is to say, as to the number of licenses granted?—Upon a scheme of representation, it has been suggested that it should be according to number, which would make the representation of London equal to that of Scotland, which is absurd.

Chairman.

2340. Have you found in the deliberations of the Council that the constituency of each member is generally borne in mind, or do they discuss matters independently of the bodies which send them?—I think one great advantage of the General Medical Council in that respect has been that each member can bring, if he pleases, any charge of error against any one of the authorities, and that charge can be immediately met or accepted by another representing that authority, and a very large quantity of the work which has been done through the Medical Council has been so done.

2341. That would imply, would it not, that unless each examining body were represented, it ought to cease to be an examining body?—Yes.

2342. And that while it is an examining body, however small it be, it would be almost necessary that it should be represented, because it could hardly be reformed or improved without some one to defend it?—That is so exactly.

2343. Now we have heard of proposals to increase the functions of the Council; would you do so?—No.

2344. For instance, nothing can exceed the importance of sanitary legislation; do you think there would be no advantage in the Medical Council being an authorised State body, which the Executive Government of the day would consult upon matters of sanitary legislation?—I think it would require that the Medical Council should contain some sanitary officers. I cannot imagine that either the representative of the College of Surgeons of England or of any other College of Surgeons should undertake the study of sanitary matters so as to be able to give guidance upon them.

2345. You would consider that what may be called sanitary interests would be better advocated by individuals, and by the opinion of the profession being arrived at through voluntary associations than by relying upon any State body?—

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Chairman—continued.

Far better, unless it were in the position of the Privy Council, able to appoint its own sanitary officers.

2346. I suppose you would hardly think it advisable to have such a body as that separated off from the Government?—It would not be at all advisable.

2347. Then as regards what may be called the legitimate interests of the profession, would there be no advantage in the Council representing those interests?—I think those interests are much better discussed in public meetings, where any member of the profession can come and state his own views and defend them.

2348. You think that if either of those functions were imposed upon the Council, they would be so absorbing that they would very much cause the Council to lose sight of their duty of supervising education?—I should think, to take a single interest, that of the medical officers of the army, if that were committed to the Medical Council it could not be discussed in less than 10 or 14 days, and would then probably come to no good result. It is better discussed and kept in motion by themselves.

2349. We have had it stated by witnesses of much experience, that as regards medical education itself, they consider that the Council has rather failed in its object for two reasons, first, for want of power, and secondly, for want of will to use that power; have you ever heard of such a representation?—I have heard of those objections, and it has always occurred to me as being worth saying, that if we had an ideal standard of perfection which we could possibly attain, some great force might attain it; but seeing that all these things have to be worked through examining boards and schools, there is a necessity of slowness of movement, as there is in all matters of education. As it is, when it is said that so little is done in medical education, it ought to be considered whether there is more done in any part of the kingdom for any other education. I venture to say that there is not a profession or a business in the kingdom of which the members are so completely educated in all that concerns their profession or business, as are the members of the medical profession. I know pretty well other educations, through members of my own family who have had to pursue them, and if I look at the education for ordination in the Church, or for solicitors, barristers, civil engineers, or any others that I hear of, there is not one that can compare reasonably with what is done for medical students.

2350. But is there not this difference, take the bar, for instance, that the practice of a man is in itself a competitive examination by which it is immediately found out by what he does when he gets a brief, whether he can get on or not, and the public are better able to form an opinion about him than they can about a country practitioner, or even a practitioner in a town, of whom they would be very little able to judge?—I have often used the same expression as regarded all the members of my profession, that through their lives they never cease from being in a competitive examination. That can be very fairly judged of by some of the public, and they are always talked of and judged by their professional brethren, and by those who know what they do. There is hardly one who

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is not at some time of his life under bodies of governors, as at infirmaries or workhouses, and so on. They are all their life under view, and really spend their lives in a competitive examination.

2351. It is objected that the Council have allowed the last 10 years to pass by without much real change in medical education, though it can be shown that they were aware of its deficiencies at that early period?—It is very difficult to say how much the Medical Council has done, and how much has been done by the several examining bodies. When I read what is said of the Medical Council, some seem to assume that the Medical Council does everything, and others seem to assume that it does nothing. Now it must be conceded of the large medical bodies that they are all active in the promotion of medical education. I speak with personal knowledge of the College of Surgeons and of the University of London. It would be difficult to find a body more active than they are in the promotion of medical education, where it can be improved. Not a meeting of the College Council passes but the subject is considered, and they have now, as some believe, raised their standard of primary examination above what can be reasonably demanded of the schools.

2352. Take the average of the general practitioners in England; would you say that their education is equal to what it is in France or Germany?—I have often tried to get an exact answer to that question; an answer which would give the relative qualities of the practitioners in both, but I have never come across anybody who has known intimately 20 general practitioners in England, and as many in France, and in Germany. However, from what information I can obtain, I believe the general practitioners of England are, as a body, more competent for the duties of their profession than those of either France or Germany, or any other country that I can hear of. My profession leads to my meeting them in very large numbers in consultations, and if I have been once struck with ignorance I have been 20 times surprised with knowledge.

2353. It is sometimes stated that the Medical Council, being composed of men who have risen to great eminence in their profession, the very fact of their being men of such eminence rather puts them out of sympathy with the general body of practitioners; I presume you would not concur in that opinion?—I do not think that can be fairly said, for we meet the general practitioners constantly, and those who are in consulting practice, as I am, depend more upon the good opinion of the general practitioner than any men living. Every man in consulting practice really has his reputation largely dependent upon the opinion formed of him by those who meet him in consultation.

2354. They form their opinion of you, and you have to form your opinion of them, and, consequently, you are brought into close connection with them?—So far as a knowledge of what are the acquirements of general practitioners goes, I do not think any could judge so well as those who are in consulting practice.

2355. You have of course had the question of direct representation of the profession on the Council brought before you?—I have. I could

Chairman—continued.

state my own opinion; but if I may be allowed to refer to this memorandum of Mr. Simon's, I should say that it expresses just what I would state.

2356. I do not suppose that you imagine that there would be any harm to the Council by having some proportion of direct representatives?—I think if there could be some members of what are called the general body of the profession, I hardly know how to define it, it would lead to no harm, if they were not very numerous; but I do not think that the good that would be done would be so great as to make it desirable to have the direct representation of the whole profession to procure it. If they could be elected by any other means than those of a general election it would be far better.

2357. What objection is there to a general election?—I think the whole process would be very inconvenient; that is to say, of appeals to constituencies, canvassings, expenses to be incurred by it generally. The result would, probably, be the election of the persons who had the best organisation for election purposes, and not of those the best fitted for the work of the Council.

2358. Do you think such a system might at all have the effect of bringing what is called party interests into the body of the Council?—I think the party interests would be represented by the different journals. I do not think that the medical profession would divide itself into parties; but the "Lancet" would be ranged against the "British Medical Journal," and both of them, perhaps, against the "Medical Gazette."

2359. You would in that sense bring party action into play?—In that sense party action would be formed.

2360. Do you think there is any way at all in which direct representatives could be got in, except by general election?—The method suggested by Mr. Simon seems to me to be a fair one, that each of the corporations should be in a position to offer an opportunity of becoming an elector to every one of its members; for example, the Universities of Oxford and Cambridge send their representative elected by their whole body; the College of Surgeons of England has its representative elected by its Council, which is elected by the fellows, and every member of the college may, under certain conditions, become a fellow. In other institutions the election is by executive bodies alone, and they are not themselves elected by the members; but I can suppose that a plan might be devised by which every one of the authorities should send a representative directly or indirectly elected by a very large portion of its members.

2361. We have had a paper brought before us which shows a very great difference in the constituency of the examining bodies?—Yes, the difference is very great. I think that might be equalised.

2362. That great difference mainly arises from the constitution of those bodies, which does not give the representation to its own members?—That is so; but, if I may be allowed to say so, I think it would be far better that the Crown should appoint members from the general body of the profession.

2363. The Crown at present appoints six members?—

Chairman—continued.

bers?—Yes; but the Crown has not, for the most part, appointed them from the general body of the profession. Mr. Teale, who is one of the Crown nominees, is a general practitioner, and so is Dr. Fergus, but the others would not be reckoned as belonging to the general body of the profession.

2364. There is nothing to prevent the Crown from so nominating general practitioners?—Nothing, to my knowledge.

2365. Do you think it would be possible to embody in any Bills a suggestion that the Crown should do so?—I do not know, technically, if it could be done, but I think if such persons are to be on the Council (and I see no objection to their being there), it would be best that they should be nominated by the Crown.

2366. Do you think that the Council for practical work is large enough?—Yes.

2367. Could the Council be increased without inconvenience?—I think there would be very little difference between a Council of 24, or 28, or 30; there would be practically no difference.

Mr. Mitchell Henry.

2368. Is it not the case that although the College of Surgeons and other important licensing bodies do not examine in all subjects of a complete medical education, yet that most of those whom they examine acquire that education in their curricula of study?—Yes.

2369. So that when the College of Surgeons is reproached with not examining in midwifery, it is not the case that the College does not insist upon education in midwifery, but merely that it does not examine in it?—But it will be generally found that the students will not study actively that in which they are not likely to be examined.

2370. Is it the case, in your opinion, that the great number of licensing bodies has brought it about that the one has depended upon the certainty that medical men would take out more than one license for a complete education, and so has not required every subject from its own licentiate?—Yes.

2371. Do you think that anything remains to be done by the Medical Council, except to superintend and put the finishing touches upon medical education?—I should use the term "superintend" there as implying considerable influence to be exercised, whether directly or indirectly. I think, in regard to the formation of conjoint schemes, that the Medical Council should have the power directly or indirectly of compelling them.

2372. Do you think it a great advantage that examiners should be changed tolerably frequently?—The rule is a good one that an examiner should not hold office for more than five years, and it has generally followed that the good examiners are nearly sure to be re-elected.

2373. If there were a conjoint scheme of education for each part of the United Kingdom, do you contemplate that that would do away with the special examinations for the public service?—No, I would still have the special examinations for the army and navy competitive. I think the best men should be selected for that.

2374. After having obtained their diploma?
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Mr. Mitchell Henry—continued.

—After having obtained their license to practise.

2375. Now speaking as a practising surgeon of so much eminence, and as a teacher of such very extensive experience, do you, or do you not, think that the medical men who practise in the United Kingdom at the present day are men highly qualified for their duties?—Speaking generally, very highly qualified.

2376. Has there been a great raising of the standard of qualification within your experience?—Yes, and I should like to add not merely in what is called practical knowledge, but in that kind of scientific knowledge which makes a man constantly able to learn while he is in practice; they are self-improving men to the last.

2377. Of course it would, in your opinion, be impossible to make all men, by any system of examination or education, equally qualified for any profession?—Quite.

2378. All I presume that the Legislature can do, or that bodies responsible for education can do, is to ensure that no person shall enter the profession without having had, not only the opportunity of learning thoroughly everything which is necessary, but also has been tested to ascertain that he has learnt it sufficiently to make him a safe practitioner?—That is all that can be done, but I think it is the duty of examining bodies to see that that teaching shall have been done in such a way that a man shall not pass his examination by any unfair means of cramming, or getting knowledge which he would lose again in a month.

2379. Is it not the case that under the present system the evils of cram are very much minimised, owing to the fact that the different large schools of medical education require continuous examination as a condition of proceeding from one step to the other in medical education?—Yes.

2380. Would it not be a very great evil, if by any theoretically complete system of medical education, we were to give an impetus to the system of cramming?—Yes.

2381. And do you think that the different medical schools in all parts of the United Kingdom competing with each other is a safeguard to the public, that the examinations shall be high, and, and that the mode of teaching shall be complete?—Yes, I think that is the general result of competing schools; the return which I have just handed to the Chairman is one presented annually to the College of Surgeons, and I think some of the other institutions have the same, where the number of students examined and rejected from each school is set down; of course it varies considerably, but every school looks very carefully to see what is the proportion of rejected men, as, if a school continues for three or four years together having a considerable number of students rejected, it at once loses in reputation, and therefore in its number of new students; which is a very important result of having competing schools.

2382. The reputation of a teaching institution depends in a great measure, I presume, upon the ability and zeal of its teachers, and the teachers themselves have, have they not, a direct pecuniary, as well as professional, interest in the success of their pupils?—Yes.

2383. Is it not the case that in all the large schools
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schools of medicine, there is a most wholesome competition to turn out the best educated pupils?—Yes.

Chairman.

2384. I omitted to ask you this question. It has been objected against the Medical Council that though they have succeeded in making the examinations more stringent, yet that by neglecting to issue a good scheme of education, they have not enabled the students to meet those stringent examinations. The objection was that they had neglected to do what was expected of them in issuing a good scheme of medical education?—I cannot say what was the state of things more than three years ago, but three years ago the Medical Council issued a very copious set of papers called "Recommendations," which were to be observed by all the examining boards; those recommendations, as far as I know, were either previously observed, or have been observed since by all of them; there may be a few exceptions, but I think none of any grave importance.

2385. But they were merely recommendations. Do you think it would have been better if you had had power given you by the Act of Parliament to force those recommendations to be attended to?—I do not remember that there was any so grave wrong in any of the examining boards at that time that any compulsory power was required. I do not remember any of them omitting anything serious, or doing anything wrong, requiring it, except that some of the examining board granting single qualifications were not examining in all subjects; and those very bodies were prepared to remedy that by a conjoint examination.

2386. You have given in a paper stating the number of students passed and rejected at the primary and pass examinations for the last year; could you furnish us with those particulars for the last five years?—Yes.

[The following Paper was handed in:—]

PRIMARY EXAMINATIONS.

Y E A R.	Total Number of Candidates.	Approved.	Referred.
1874-75 - - -	727	504	223
1875-76 - - -	700	446	254
1876-77 - - -	792	546	246
1877-78 - - -	747	478	269
1878-79 - - -	785	530	255

PASS EXAMINATIONS.

Y E A R.	Total Number of Candidates.	Approved.	Referred.
1874-75 - - -	518	392	126
1875-76 - - -	516	333	133
1876-77 - - -	569	432	137
1877-78 - - -	531	410	121
1878-79 - - -	509	345	164

Sir Trevor Lawrence.

2387. I understood you to convey distinctly that there is now no university or corporation by

Sir Trevor Lawrence—continued.

which persons unfit for practice are commonly or frequently licensed?—That is so.

2388. When you used the expression "frequently," which I think you used in answer to the Right honourable Chairman, you would rather suggest that if such a thing occurred it was by accident?—Yes, the luck of an examination will sometimes pass an unfit man.

2389. In that respect I suppose the result of the examinations of the present day shows a marked advance upon the result of examinations 20 years ago?—Yes, especially in that the examinations are so much more various and so much more practical than they used to be.

2390. Questions have been asked of several of the witnesses how they explained the decreasing majority in the Council in favour of conjoint boards; have you any explanation to offer upon that point?—No; I could only guess that it is chiefly owing to the fact that the representatives of Scotland have looked more carefully into the difficulties of the matter, and things which they thought could be in the first instance surmounted, have been found insurmountable by them. I only guess it to be so.

2391. Dr. Waters expressed a decided opinion that the representatives of the various corporations were disposed to look after, I think he used the expression, the "pecuniary interests," of their own corporations, as opposed to the general interests of the profession; do you think that there is any ground whatever for a charge of that nature?—I think there is very little ground for the charge; but I should like to add that if the charge is made it ought to be asked further, how the members of the governing bodies of the corporations themselves profit by the pecuniary advantage. The whole of the money taken by the corporations is spent for professional and public uses. Take the case of the College of Surgeons, which receives a very large income from examinations; but the whole of it, and more besides, from what it has been able to invest, is expended entirely for professional and public uses, with the exception of about 250*l.* a year, which is paid to the Council. We receive a guinea each time we attend, and a very hard-earned guinea it is.

2392. The examiners receive a remuneration for examining?—Yes, that is work which is paid for. I find the examinations at the College of Surgeons cost 6,300*l.* a year.

2393. And those examinations last several hours, and are conducted by some of the most eminent members of the medical profession in London?—Yes.

2394. I suppose it might fairly be said that if the same amount of time were devoted to ordinary professional work, the remuneration, at all events, would not be less?—I should think that, even if we were employed in writing, more might be earned.

2395. It has been suggested that a large amount of the labours of the Medical Council have been given for a considerable number of years to perfecting a conjoint scheme, and that now that has been, so far as England is concerned at all events, practically completed. If the conjoint scheme were adopted, it is suggested that the work of the Council would be, so far as medical education goes, done, and it would have time to attend to other matters. Do you think there would not still

Sir Trevor Lawrence—continued.

still remain important matters of medical education which the Council would have to occupy them?—Yes; if they had nothing to do with medical education, they might much diminish the length of the meetings; but I can hardly imagine the time at which there will not be work to do in that direction.

2396. Do the meetings of the Medical Council last so long as to be a somewhat serious tax on the time of those who are members?—I should not like to say that; they have never lasted more than 10 days, and they occupy about four hours a day.

2397. Do the Council sit continuously, *de die in diem*?—Yes.

2398. Do you consider that the principle which is contained in the Bill of this year, that medical men shall be affiliated to the various corporations an important moral safeguard?—Yes.

2399. And you would be very unwilling that that should be in any way relaxed?—As I have said, I think that if medical practitioners were licensed by the Medical Council, not more than two or three in 100 would be content with it.

2400. A witness has complained somewhat seriously of what he considered to be the neglect by the Medical Council of the recommendations of the various committees which had been appointed by it; I will read you an answer given by Dr. Glover, in reply to a question by the Right honourable Chairman; it is Question No. 2010: "The committees of the Council have made many reports, but do you think that they have been properly considered by the Council?" and his answer is, "I think they have been very disrespectfully treated; they have been brought on at the end of the sitting, when the members were tired, and wishing to get home, and they have been passed on to the next year's meeting, with the understanding that they should be taken early some time the next year, and so they have gone without any mention in the report. This was so in 1873, and again in 1876. When I say that the Report of 1873 was drawn up by Dr. Parkes and by Sir Robert Christison, and signed by Sir Robert Christison, I think the Committee will agree with me that the Council, as soon as it received it, resolved to defer its consideration till the next year. It has never been discussed since, and, so far as I know, never mentioned. Then with regard to the Report of the Committee of 1875, he makes a further statement?—I was not on the Council in 1873 or 1875. The Report of 1876, I suppose, is the Report upon what were called the recommendations on education; that was discussed, I remember, at great length, and discussed certainly in the early part of the sitting of the Council, and I may add, that it was discussed so fully that that was one of the things which has always rested in my mind as an evidence that the Council had better not discuss matters of detail; but all recommendations concerning the number of lectures, and frequency of the lectures to be attended, were discussed, as it seemed to me, at very great length, though many of them might have been better discussed by the several examining bodies.

2401. As far as your experience goes, you are of opinion that there is no desire to disregard, and no practice of disregarding, the opinions and

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recommendations of the Committees?—As far as I can see, there is none; and certainly since I have been upon the Executive Committee all their reports have been very respectfully treated, to say the least.

2402. Is it the case that the visitations of examinations had been suspended in 1876, mainly in consequence of the hope and belief that the whole system of examination would be re-organised though the conjoint scheme?—Yes, and not they alone, but a considerable number of improvements which would have been made, I may say at least by the College of Surgeons, have been delayed in the doubt whether there will or will not be the alterations of the examinations which would be maintained in a conjoint examination; much good work is in suspense until the matter is settled.

2403. You mean owing to a doubt as to what may be the ultimate legislative action?—Precisely.

2404. So far as your acquaintance with the matter goes, have the various examining bodies of the different corporations and universities received with proper respect and proper regard the recommendations which were made in respect of their examinations? Have they paid attention to the representations which have come through the Medical Council?—I can speak only of the College of Surgeons as to the manner of receiving them.

2405. I mean with practical respect?—The representations have been received with practical respect, but with difference of opinion, as may be expected from 24 persons; but the recommendations of the Council accorded so nearly with the regulations of the College of Surgeons, that there were only three or four points which had to be considered, and if I remember rightly, they were all adopted.

2406. Would you like to see the universities of England joined with the corporations in a conjoint examining board?—It would be very important.

2407. Neither in Oxford nor in Cambridge is there any complete system of medical education?—In the University of Cambridge a student may, if he pleases, complete his whole studies; in the University of Oxford that is not the case.

2408. Considerable complaints have been made with regard to the accuracy of the Medical Register; are you of opinion that the Medical Register in its present state is as accurate as the sources of information from which it has to be derived enabled it to be?—I believe it to be so now; it was not so some few years ago, but I think it is now as accurate as it can be made.

2409. When a complaint is made, as it was, in answer to Question 2064, in which Dr. Glover says, "I think the Council should have paid a little more attention to the means of perfecting its register;" as a matter of fact a great deal of attention has been constantly paid to that, has it not?—The greatest attention has been within the last year or two; the Medical Register was in many respects defective, till our present registrar was appointed; numerous clerical defects had slipped into it, many persons had changed their addresses or had died, and the necessary alterations were not made; I believe now the Medical

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Register is as accurate as any document of the kind can be. The difficulty, I may say, is that it is not compulsory on any one to send notice of change of residence, or to send notice of death. The Medical Council cannot from anywhere claim the means of correcting itself; therefore there is very considerable difficulty in keeping both the names and addresses in order; but it is done.

2410. That register has practically to be corrected in much the same sort of way as the Post Office Directory?—Yes, only the Post Office Directory, I apprehend, is corrected by persons who go round.

2411. If such questions as these, to which some reference has been made; questions of the position of medical officers in the army and navy, sanitary legislation, or poor law medical officers, came to be matters to be considered by the Medical Council, would you yourself be disposed to accept a position on a Medical Council, which would deal with matters of that kind?—I would not accept a position upon the Medical Council or any where, to transact business with which I was wholly unacquainted, and I could not undertake to learn all the interests of poor law and sanitary officers, and the rest. Each of those interests, if it is to be represented at all, must be represented by persons who have made themselves familiar with the matter.

2412. So far as the Medical Council goes, there are numerous members on that body who would consider themselves incompetent to deal with those questions, and the General Medical Council would have to be recruited from other sources by gentlemen who would be competent to deal with them?—Quite so.

2413. Do you think there is any ground for the suggestion that the existing members of the Medical Council are not in practical sympathy with the great body of the working members of the profession?—No.

2414. In answer to Question 2020, Dr. Glover says, "I blame the Council very distinctly and strongly for this, that as it had not the power [to interfere with the curricula of the different schools]." I am obliged to insert that from a previous question to make it clear; "it has never looked to the regard which was paid to its own recommendations, and that when it had ample proof that its recommendations were not taking effect, it did not ask for more power." Do you think there is any ground for an accusation of that sort, the Act not giving the Council power to interfere with the curricula of the different schools?—I think the Council ought not to interfere with the curricula of the schools.

2415. And that not having that power, they ought to have had it, and that when it was offered to them in 1878, they declined it?—I think they were quite right in declining to interfere with the curricula of the schools at all; the schools are quite enough guided by the examining bodies, and it would be very much to be regretted if the Medical Council had any power to interfere with the curricula of the schools. I remember myself suggesting, that it would be well if the Medical Council had the power to order the visitations of schools; that was not accepted by the Medical

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Council, and I am not prepared to say that the majority were not right.

2416. One of the reasons why it was suggested that it would be desirable to have upon the Council, men whom the witness thought were more in practical sympathy with the working body of the general profession was, that in that witness's opinion, there were not many men upon the Council who had had early days of struggle, and therefore did not know what it was to have to meet with the difficulties of the early days of a medical career. Is it not the case, that there are on the Council several who have had early days of struggle and difficulty?—I am personally acquainted with several who have had them, and therefore they must feel the difficulties of the professional life as keenly as others do.

2417. I am personally acquainted with others too, but I did not wish to mention their names, but only to get the facts on record from you. Now with regard to the direct representation of the profession; you believe the Council would derive no extra help from the outside by the admission of direct representatives; you believe it is fully competent as it is?—It is quite competent at present to deal with all questions of education.

2418. As I understand, you would be altogether opposed to constituting anything like a general professional Council or Parliament?—Yes, I should.

Mr. Wheelhouse.

2419. Will you tell me why you think the Medical Council ought not to have any power to interfere with the curricula of the schools?—I think the curricula are best determined by the examining bodies who are in most intimate relation with the schools.

2420. But do you not think that it would be very desirable indeed that there should be some power to compel the schools to have certain courses of lectures, without which, an alumnus of those schools would not be accepted by say, the College of Surgeons?—Those are absolutely compulsory now.

2421. In what way?—The College of Surgeons does not admit any one to examination, unless he has passed through a certain exactly fixed course of education.

2422. Do not you think it very desirable that a similar power to that should be conferred upon the General Medical Council, so that the same regulation should apply to all places as well as to the Royal College of Surgeons of England?—In every place the system of examination is exactly and peremptorily laid down, and the differences in the systems of different places are not very large, and in so far as they do differ, I think the remedy would be found in conjoint examination.

2423. A conjoint examination, I suppose, could not in any way be carried out, except on one of two principles; either what is called in Germany Stadt's education, or in England by the conjoint scheme?—One or the other.

2424. Which should you prefer the Stadt's education scheme, that is to say, that the State's examiner should come round to the several universities on examining centres, making a conjoint board with them, for the purpose of examining their

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their own students, or send those students up to a board in London so formed, or the conjoint scheme?—I should prefer the conjoint scheme very much.

2425. Would you give me any reason for preferring the one plan to the other?—I think, as I have said, that the relation existing between the examining bodies and the several schools is much more intimate, more daily, and one of more constant mutual regard, than could exist between a body of State examiners and any of the schools.

2426. I suppose I am right in thinking that the schools have a more direct influence, and could bring a more direct influence, to bear upon a conjoint scheme, than any State's education scheme could be supposed to do?—Very much more.

2427. That would have too much red tape, I suppose, literally?—Yes.

2428. I think you stated just now that the College of Surgeons require more in the shape of an examination than some other of the examining bodies?—Yes, I do not doubt from what I can learn that the primary examination of the College of Surgeons is a more difficult one than, I may say, is given in most of the other examining bodies.

2429. I believe, notwithstanding that the College of Surgeons does not examine in certain medical matters, as I may call them, or therapeutics generally?—The College of Surgeons examines in therapeutics, but it does not examine in chemistry, botany, and materia medica.

2430. Or in midwifery?—Or in midwifery.

2431. In order to pass the College of Surgeons therefore, so far as the pass of that body is concerned, there is no necessity for any education whatever, say, in midwifery?—A man must be educated if he is to be examined, and if he is not to be examined, he is nearly sure not to be educated.

2432. When you say he is not examined, why is he not examined in midwifery?—The reason for that is to be sought for some distance back. The College of Surgeons was founded to examine in surgery; but in course of time it gradually enlarged its sphere, and took in more of anatomy and more of physiology; but practically, it knew that examinations in midwifery were held by other bodies, to which its members commonly went to be examined; there was therefore no strong pressure upon the College of Surgeons to examine in anything but what immediately concerned its own subjects. It has felt, however, of late years, that that was a position it ought not to hold, and certainly for the last 10 years it has been looking for occasions or opportunities for having an examination in midwifery. Then came the question of the conjoint board, and it has been said time after time, it is useless to institute our own examination, when next year or the year after he shall have a new conjoint system.

2433. Do you consider that the conjoint system can be instituted in this country without the action of Parliament?—Yes, it can be.

2434. What then is the necessity for legislation upon the question of the conjoint scheme?—The feeling in England is, that a conjoint

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scheme here alone would not accomplish so great an improvement in the education of the profession as to make it desirable to incur the risk of sending students to easier examinations than they would have here.

2435. In point of fact, the conjoint scheme would have the effect of placing England somewhat in an unfortunate antagonism; I do not say certainly, but possibly, to other examining countries?—Certainly.

2436. And unless a conjoint scheme at all events were introduced into each of the three countries, it would be unfair towards the country which did introduce the conjoint scheme for itself?—Yes; at the same time, I think it most probable, that if conjoint schemes are not made compulsory, England will adopt one, but I only give that as my own guess at what will happen.

2437. There is a very strong feeling at all events among medical practitioners as to the necessity of such a conjoint scheme?—There is.

2438. Do you know whether taken altogether there are numerically more portals in England than in Scotland?—It is so difficult to reckon them as alike at all, but there are seven in England, and I think seven in Scotland.

2439. You will not say the same thing, but something like a similar proportion or rather less would apply to Ireland?—Yes, there are five in Ireland.

2440. Would you tell me what is the difference which leads men to go to each of the schools, sometimes I suppose on account of propinquity, sometimes on account of the peculiar class of education, and sometimes on account of the fees?—I presume you are speaking of the several schools, not of the different examining boards?

2441. Yes?—Many things affect it. First of all, old connections. The father sends his son, or an uncle his nephew, and a teacher sends his pupil. Something has also to do with position and propinquity; and much has to do with the reputation which the school bears for its possession of complete materials for teaching, and for its success in examinations.

2442. Does anything depend upon fees?—Yes; but the difference of cost is not so great as to be frequently a turning point, I think.

2443. Can you give me any idea as to the difference between the cost of any of the places to which a man may go and get on to the medical register thereby?—I can only speak for schools in England, and indeed I can only speak with certainty for schools in London; but the cost of education ranges from 90 to 125 guineas for what is really necessary.

2444. But I was rather anxious to find out whether you knew what was the cost of an education placing a man on the register in Scotland or in Ireland, apart from the universities, and Trinity College, Dublin?—Certainly the charge is less both in Scotland and in Ireland than in England.

2445. Much less so, do you think?—I do not know the difference, but it is less; but then there would have to be considered also the cost of residence. The cost of London education in that respect is much more than that of Edinburgh.

2446. Can you tell me whether the cost of the schools is less in Ireland and in Scotland than

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it is in England?—I do not know, but I think it is.

2447. Do you know whether the cost of the pass-examination in England is generally larger than it is in Scotland or in Ireland?—Yes, it is; that is, assuming that a person in England has to obtain a double qualification; the cost of that would be greater than in Ireland or in Scotland.

2448. In Ireland or Scotland it is not so usual to pass the double qualification as it is in England, is it?—Yes; there is now a partial conjoint examination in Scotland, in which the greater part obtain double qualifications.

2449. Do they do so by one examination?—By an examination held at the same time in both medical and surgical subjects; it may therefore be called a double examination.

2450. And with one set of fees paying the whole expenses?—Yes, I think so.

2451. But in England, where a man takes the double qualification, he has to pay two sets of fees?—Yes, he does.

2452. Would it be at all difficult, except from the objections raised by the tutorial bodies, to get a conjoint scheme into action either in Scotland or in Ireland?—I really cannot answer that. I apprehend the difficulties in Scotland are very great, else, I am sure, they would have been overcome.

2453. Have you ever heard, or have you any idea, what are the alleged difficulties in Scotland?—I think I can say that one of them is this, that the Scotch universities are more nearly in what may be considered rivalry with the Scotch corporations than they are in England. Our English corporations are very little affected indeed by the number who may pass any of our examining corporations, for they themselves examine none but their own graduates, and those are not in large numbers. The University of London, though it examines persons from all centres, yet has its examination set so high that none, or a comparatively small number, go to it; but in Scotland the universities examine even a larger number than the corporations; and therefore, though I cannot say in what degree, they are more nearly in a position of rivalry.

2454. Now I suppose in respect to teaching, rivalry is a good thing, that is to say, it tends to keep up the education both scientific and professional of the several alumni?—Yes.

2455. But how is it as regards the fees, is there any difference?—I do not think the difference of fees determines a man to go to this or that place.

2456. Do you speak only of university teaching, or do you speak of each of the several corporations which give a pass when you say that?—I am speaking of the corporations; the instances in which a small fee would attract a man to one corporation more than another, are very few, and that is sufficiently illustrated by this. The Society of Apothecaries in London grants its licenses for 6*l.*, and the College of Surgeons grants its licenses for 20*l.*, and anybody with either of those licenses can be placed upon the register with full right to practise. I do not suppose that there are three or four persons in a year who pass the Society of Apothecaries alone on account of cheapness, preferring it on that ground to the College of Surgeons.

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2457. But still in order to make a complete qualification, as that complete qualification is understood in England, it is almost necessary to have a double qualification for medical practitioners in England, is it not?—Yes.

2458. There has been some reason why a man goes either to the Apothecaries' Society or to the College of Surgeons for the particular license granted by that body?—Yes.

2459. But supposing, for example, that the College of Surgeons were to examine in those matters which are now considered the province of the Apothecaries' Society, as well as in those matters which it does itself examine into, do you think that men would resort to the Apothecaries' Hall as much as they do now?—In certain instances, two qualifications are required; the College of Surgeons could not give a license to practice in medicine, or as an apothecary. All the poor-law medical officers, for example, are required to have a double qualification, therefore a person possessing only the diploma of the College of Surgeons could not hold office under the Poor Law Department.

2460. That is the state of things as it exists, but supposing there were legislation which should give either the College of Surgeons or the Apothecaries' Society power to examine and pass in the branches which are excepted by the other society, would you then consider that men would go to the same extent, and in the same numbers, to the two bodies, as go now?—I think they would probably then go to the one.

2461. And it is the necessity for having a double qualification to take their offices which really induces men very often to seek both qualifications now?—Yes.

2462. The conjoint examination scheme, supposing it were carried into operation, would have some effect, possibly, in that way, would it not?—Everyone passing the conjoint examination would receive two or three diplomas, that is to say, he would receive the surgical, the medical, and the apothecaries'.

2463. But from what body would he receive the three qualifications under that scheme; that is ideally; I cannot of course speak really?—Under the conjoint scheme he would receive the license of the College of Physicians, the membership of the College of Surgeons, and the license of the Apothecaries' Society.

2464. So that he would be a fully qualified practitioner?—Yes.

2465. Still, you do not consider, in the majority of instances, as I understand, that anyone would be content only with a single qualification of that kind?—They would be content with those three qualifications; it would not be called single; he would receive three diplomas; he would be enabled to register those three diplomas, and add the initials of each to his name. May I for a moment be allowed to say that that would not be the case with university students; they would merely pass the examination as a condition precedent to their own university examination.

2466. I am going to ask you this, rather with reference to the view you have just expressed. How would a gentleman under the conjoint scheme, get a certificate, say from the College of Physicians, for example?—In the conjoint scheme all the English examining bodies would take part; the four universities, the College of Physicians, the

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the College of Surgeons, and the Apothecaries' Society, and the condition would be that any student passing the conjoint examinations would receive these three diplomas, the license of the College of Physicians, the membership of the College of Surgeons, and the license of the Society of Apothecaries.

2467. And in order to present himself for examination by such a board under such a conjoint scheme, he would have still to produce the certificates of the lecturers or professors at the university or college, or school, wherever he had been studying previously to presentation?—Yes.

2468. What would you do with regard to the preliminary examination under such a state of things?—That would remain as it is, because students are now registered, and no one can be registered as a medical student without passing such a preliminary examination, and no medical studies commenced before the preliminary examination would be counted as studies at all.

2469. Would you have anything similar to what is known at Oxford as "Mods"?—"Mods" might be, perhaps, pretty well compared with our primary examination.

2470. Then would the primary examination and the preliminary examination be the same, or would you have a second examination after the matriculation examination?—They would have their preliminary examination before becoming students. Then under the conjoint scheme, I may observe, we propose to have an examination at the end of the first year, which would be called a first examination; then, next we should have that which would correspond with the present primary examination, which would be called the second examination; and at the end of four years of study we should have what is called a pass-examination; and the regulations for the first, second, and final examinations are all exactly laid down.

Dr. Lyon Playfair.

2471. And adopted by the Bill?—They were approved of by the Medical Council.

2472. In one of the clauses of the Bill they are ratified by the Bill?—Yes, they are; they have to be sanctioned by the Privy Council.

2473. After being sanctioned by the Medical Council; but they are adopted by the Bill?—Yes, they are.

Mr. Wheelhouse.

2474. As the Committee were informed the other day, a man may be a full year almost kicking his heels about in London thinking he has nothing to do, and that he can make up the time afterwards?—In schools which are not well managed that is the case, but in schools that are well managed they are too well looked after for that.

2475. But there is a very great amount of difference, is there not, in the schools with reference to the requirements from the pupils?—Yes, in medical schools as in others there are some good schools and some bad.

2476. But without being good or bad in themselves, I am speaking more especially of the tendency of the schools?—Yes, there is a difference.

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ence in that respect; some schools are very much more strict than others.

2477. Could you tell the Committee what is actually required by the London schools to entitle a pupil to his lecture certificates; is there first of all any roll call of the students in attendance at the several schools?—I cannot speak for all, but certainly I can say that in most schools the students are marked as they come into lecture, and those markings are kept and shown to the several lecturers; different rules are observed in different schools for determining whether a man shall have his certificates or not; they are all of them fair enough. Students may evade them, but that is the custom, and it has grown up in nearly all the schools, that before a man can get his certificates he must have passed such an examination as will show that he has made good use of his opportunities of learning.

2478. You say that a student may evade those rules; suppose a man does not come a given number of times to his lectures on anatomy, for example, during the lecture session, and does not really pay much, if any, attention to them, what would be the consequence at the end of the session with regard to his attendance under such circumstances?—Certainly in many of the schools, and in all the best, his certificates would be refused.

2479. The schools have the power to do that?—Yes.

2480. And they would do it?—Yes.

2481. So that the session, so far as those lectures were involved, would be lost?—Yes.

2482. Supposing a student attended not over well, but irregularly and badly, could he by evasion do anything to obtain his certificates in an unfair way?—It would vary so much in different schools that I could not give a definite answer to that question; a man who was notoriously idle could not get his certificates, but another man who had failed to attend to one particular course of lectures, if he could be shown to have attended to other work, could get them.

2483. So that upon the average you think the attendance at lectures is tolerably fair?—Yes, I think so.

2484. Is it such an attendance, as far as you know, at the schools as almost precludes a man getting on the register who has not had a fair and reasonably good medical education?—Yes, I should like to say that you will find in every school some 10 or 15 per cent. of men who are either very idle or very dull, and who will never be quite fit for examination; and a certain number more who will never do more than they can possibly help in order to pass their examination, and who are very apt to run, as they say, too near the wind.

2485. Might not that be altered very largely for the better by giving the General Medical Council the right of laying down something like a minimum curriculum for the schools generally, compulsorily?—The minimum curriculum is laid down absolutely.

2486. Not by the General Medical Council?—By bodies with whom the schools are in much more immediate relation.

2487. I want to arrive at this, if I can, whether in your opinion it would not be desirable to give the General Medical Council power to

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do that, and to insist upon it compulsorily?—It is insisted upon compulsorily by those who stand much more nearly in relation to the schools, and who can inflict immediate punishment. One of the reasons of my not approving of your suggestion is, that the Medical Council meets once a year, and then in full and serious session, whereas the several examining bodies meet at various times, a good many times in the year; and the presentation of certificates to them takes place very often at the time of examination; all these questions about the observance of the curriculum would come before the General Council once a year.

2488. Would it not be very desirable that the General Medical Council as the governing body of the country in medical matters, should have the right to lay down a compulsory medical curriculum which should be the minimum at all events?—I would rather have it laid down by the examining bodies, as they can much more easily consult upon the matter than the Medical Council can.

2489. But still if the medical bodies can do that, would it not be very desirable indeed that there should be an ultimate resort to the General Medical Council, as a sort of a safeguard to the medical bodies, who should be able to say, now you must do this, not according to our regulations, but if you mean to pass, you must do this?—I think not.

2490. Will you give me your reason for saying so?—If I might compare it with a thing I am not familiar with, it would be like carrying every ordinary case of action to the Court of Chancery first, or to the Supreme Court of Appeal.

2491. Then you would in no way have a power vested in the General Medical Council of laying down rules for the guidance of the various medical bodies, beyond what they have?—I think that the functions of the Medical Council should be in that respect limited to certain general broad principles, and that they should not interfere with details.

2492. Would you give the General Medical Council a compulsory power to order a visitation of the several medical schools in the country?—No.

2493. You do not think that desirable?—I do not think it is so desirable, as that the General Medical Council should be invested with power, which they then must exercise, whether it is wanted or not.

2494. At present one of the complaints, as I understand, is that the bodies being so numerous and the curricula so various, one examining body

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requiring so much, and another examining power requiring so much, there is no kind of inter-communion among them at this moment?—Those are the examining boards; the Medical Council has the power of visiting them, but I think you spoke of schools.

2495. I am speaking of schools now?—The examining bodies exercise the right to visit schools, and do visit them, and correct them more quickly than the Medical Council would. There were great disputes lately at the Bristol School of Medicine, as to whether they had a proper apparatus for teaching, and the College of Surgeons inquired into it, and the things were remedied, I think, within 18 months of that visitation; and I venture to say the Medical Council would not have done it under three years.

2496. Would it not be desirable that a compulsory power should be vested in the Medical Council; it might be exercisable as they thought fit, but still would it not be desirable that the Medical Council should have the power. If it is good for the boards would it not be good for the General Medical Council?—I think complaints reach examining boards much sooner than the Medical Council.

2497. Take an ordinary examination of a young man for a pass in Lincoln's Inn Fields, how long does it take each gentleman to go through an examination, upon an average; of course there are differences?—In the final examination, which I presume your question refers to, the written questions take three hours; the examination of patients takes an hour more; the examination on the dead body (I am guessing rather as to time) takes from half an hour to an hour more, and the *vivâ voce* examination takes an hour more.

2498. So that a man is under examination some four or five hours?—Yes, fully that; generally they require three days, one day for the written examination, then another day for the *vivâ voce*, and then another day for the examination of sick persons.

2499. How is the clinical part, or the examination of patients performed; do they go to the hospital to do it?—No; for the College of Surgeons they get what are called out patients of the hospitals; you can get any number of such cases in London at 5s. a piece.

2500. That is to say, persons who can be removed?—Yes, they make perfectly good subjects for examination, and each student has to make an examination of two or three, and is examined upon his diagnosis, and the treatment of the case.

THE RIGHT HON. DR. LYON PLAYFAIR, TOOK THE CHAIR.

Dr. Cameron.

2501. You stated in reply, I think, to a question put to you by Sir Trevor Lawrence, that the members of the College of Surgeons have no pecuniary interest in the examinations or the fees; that is so, is it not?—The members of the Council have no interest in the fees.

2502. But that is not so with regard to the other bodies, is it; there are other licensing bodies which are also teaching bodies, as for ex-

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ample, the Scottish universities and the Irish College of Surgeons?—I am not familiar enough with the details to say.

2503. You stated that if there were a State Licentiate in Medicine and Surgery you believed that probably not three per cent. of the persons who got that license would be content with it?—That is so.

2504. Is not that rather an argument against the

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the conjoint scheme; would it not be rather desirable to have a State minimum, and then to leave the 97 per cent. of those who received the State licentiate to aspire to higher qualifications?—I think a State examination would of itself, in England, be a very ill-conducted one, and therefore not desirable.

2505. You state that there is an intimate relation between the examining bodies and the schools which enables those examining bodies to control the schools, and which would be absent in the case of a State examining body?—Yes.

2506. Would not that intimate relation be absent in the case of a conjoint board?—No, because the several examining bodies of the present time would appoint the examiners under the conjoint board. If I take the case of the proposed English conjoint board the committee of reference would nominate examiners, but those examiners would be appointed by the several corporations taking part in it, who would, therefore, through their examiners have an immediate knowledge of what takes place in the examination room, and would so retain their intimate relations with the school.

2507. But if it came to a question of not recognising a certain school, how would the present machinery operate in the case of your having this conjoint scheme?—I suppose if a school had to be disallowed, it would have to be disallowed (the question has not been raised yet that I know of) by the several co-operating authorities upon the suggestion of the committee of reference.

2508. It would be disallowed practically by the Medical Council?—The committee of reference is not appointed by the Medical Council, but by the several bodies who take part in the conjoint examinations. In respect to the conjoint examinations, the Medical Council has only the power of giving sanction.

2509. You stated that a State licentiate would probably lead to the disappearance of several of the present licensing bodies; would that be any evil?—My own opinion might not be accepted by them. I think that two or three might be spared.

2510. I ask the question for this reason; if you keep up any unnecessary bodies, you have to tax the students and persons wishing degrees, in order to maintain them, and it seems to me that that is an evil?—In a measure it is, but the tax is not heavy.

2511. Now with regard to the powers exercised by the Medical Council; you speak of their having given up the visitations in 1876?—In 1876 I think were the last visitations.

2512. In 1875 I find there was a visitation of the College of Surgeons. I wish to ask you whether the recommendations made by the visitors have been adopted; one of the recommendations was that the examiners did not appear to consider physiology as an essential part of the examination. Then the visitors go on to say, "This we consider to be an unsatisfactory state of matters. In view of the great importance of this branch of medical education, and the admitted fact that a sound knowledge of it is now a necessary part of the training of every intelligent surgeon, we think that a much more prominent place should be assigned to physiology by making it a stated and necessary part of the oral examination of
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every candidate"?—That has been adopted since, and that is the very point at present in discussion as to whether the examination in physiology at the College of Surgeons is not a great deal too difficult.

2513. Then another of their remarks was to this effect, "We think it right to call the attention of the Council to the fact that, although chemistry and materia medica form subjects of professional education for the membership of the college, and subjects on which the Medical Council has recommended that every person entitled to registration should have been examined, the college has not made any provision for testing the candidate's knowledge on these subjects, either at the primary or the pass examination"?—That is just one of the points which the college has looked to the conjoint scheme to do, and I would say that if it had not been in the constant expectation of the conjoint scheme, the college would have instituted an examination in physiology if not in materia medica.

2514. I understand you require attendance in chemistry, materia medica, forensic medicine, midwifery, and pathological anatomy; do you examine in those subjects?—There is an examination in pathological anatomy and in medicine, but not in chemistry, not in materia medica, not in midwifery, and not in forensic medicine.

2515. I think you stated that where there was no examination in a certain subject, the students were very apt not to pay any great attention to that subject; therefore I presume they cannot be supposed to pay much attention to materia medica for instance?—I should think it a very great defect in the College of Surgeons if it were not, as I have said, the practice, with scarcely an exception, that every one who passes the College of Surgeons passes also some other examination in which these subjects are included.

2516. But the point I wish to ask you upon is this: I see you require certificates of attendance at these lectures, which must furnish evidence that the student has attended the practical instructions and examinations of his teachers in each course; now that lays a great responsibility upon the schools, does it not?—Yes.

2517. I think I understood you to say that you propose that the Medical Council should visit the schools?—Yes, I proposed it, and I think upon the whole it would be a good thing.

2518. I quite agree with that; it seems to me to be most important; but might I ask you upon what ground the Medical Council rejected your motion?—They first of all rejected it on the ground that they had no authority to do it, and that they already exceeded any authority they had, very largely even in making recommendations. It is no part of their act that they should do that, and I think they thought it prudent not to exceed their authority more, because, as a very distinguished representative of one of the corporations in Ireland objected, there was not the least power to compel the schools to be looked after, or to receive them. Then again, the mere visitation of a school, it was said, upon one day in the year or two days in the year could not tell what the real work of the school was all the year round. I urged that there were some schools, as I believed, so ill provided with the means of teaching, that a single visit would be enough to
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convict them of the necessity for amendment, but it was not thought that that was urgent enough, especially as the examining bodies have themselves the right of visitation.

2519. In connection with the recommendations in this book, I find that the examiners state that the oral examinations took place at two tables immediately after the practical examination had been conducted, and that, in fact, the oral examinations only lasted for 10 minutes at each table; is that so now?—It is either 10 or 15 minutes. I think still sometimes it is 10 minutes; but may I say in regard to that report, that I think the examiners are better judges upon those matters than the visitors; 10 minutes is commonly enough to find out whether a man is good or bad.

2520. The visitors say that, in the reports of 1866 and 1867, they made several recommendations, and amongst them a recommendation for an extension of the time given to an oral and practical examination?—I have no doubt the time has been lengthened since then.

2521. Do you know what time is now given to it?—I think that each student is examined 15 minutes by each of four examiners.

2522. That is so now, but what I wish to ask you is this, what was the time previously to 1866 and 1867?—I could not tell you.

2523. There is another recommendation, and I want to ask you whether that has been attended to; the visitors remark that operations were not required to be performed upon the dead body, and I think they made a recommendation on that point, that dissections of surgical regions should be placed there, and special examinations made?—The objection was felt about the operations on the dead body, seeing the number of students they had to examine, that it would be very difficult indeed to obtain dead bodies enough for the purpose; but an examination upon the living body with blunt instruments, is quite as good as an examination on the dead body, and better. The living persons lie down, and the directions of incisions and the general directions are gone through with nearly as strict inquiry as upon the dead.

2524. I merely wished to ask you these questions with regard to the advice of the Medical Council upon the examinations of the various bodies. Have you any minimum age for entry as a medical student?—I do not know whether it is 16, but practically there no advantage in it, for he must study four years before he is 21.

2525. I ask you that question, because in the answer you gave to the Right honourable Chairman, Mr. Forster, you stated, I think, that you found great difficulty in getting men sufficiently educated to pass your preliminary examination in chemistry, botany, and so forth?—Yes, that it was very difficult to get such education in chemistry and botany as would permit those subjects to be made compulsory in the preliminary examination.

2526. But then do you mean you would be satisfied with that amount of information concerning chemistry and botany, which might be picked up at a school for instance?—I would be quite satisfied with it in botany, but in chemistry the study could not be left off, because it must go on in the form of practical chemistry in the schools; and even in the medical and therapeutical examina-

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tions, it must form so large a part that the students could not give it up. Botany I should not mind seeing given up.

2527. Chemistry forms a large part of materia medica and forensic medicine, and it would be impossible to undergo an examination in those subjects without a certain knowledge of chemistry; but not examining in those subjects or in chemistry, have you anything to keep up a man's chemical knowledge in the full examination, including the medical?—In the medical examination a man is almost certain to be examined as to some chemical questions, whether having to test urine, or to give the chemical composition of this or of that morbid product, so that he could not give up his chemistry altogether with any fair chance of success in the examination.

2528. You mentioned the conjoint scheme, which you said could be instituted without Parliamentary interference, and that probably it might be; and you said that a fear was entertained lest students might be frightened at it, and go to some place where they might find an easier examination; could not the Medical Council prevent the standard of the examinations outside England from competing injuriously with that of the conjoint board?—The Medical Council, of course, can require any curriculum of education, and it can require any number of subjects to be examined in, but it cannot tell what severity of examination shall be instituted.

2529. By visits, might they not?—They might tell it if they were there once a week or once a month, or if they were present at every examination, but they could not tell it by any other means. They get returns of the questions, but the questions are of no use without the answers; they tell nothing.

2530. But by more frequent visitations they might surely do something to prevent the deterioration of the standard?—They might do it doubtless, but visitations of examinations are difficult and costly things.

2531. The honourable Member for Leeds examined you about the cost of medical education in the two countries, and elicited the answer that the cost was considerably greater in England than in either Ireland or Scotland?—I said I believed so: I was not quite certain of it.

2532. Assuming the standard of requirements insisted upon by different bodies in the three countries to be equal, is it not an obvious advantage to the public to have education as cheap as possible?—Yes; I should like to say that medical education is exceedingly cheap; I do not know where any other education can be found where a man can be taught for, at the highest, 120 guineas for four years by a staff of 25 or 30 persons, all eminent in their several callings.

2533. I merely wished to have it pointed out that the fact of cheaper education to be procured in Scotland and in Ireland, was a reason rather for maintaining the existing state of things?—I think it would have to be regulated, lest although the education were cheaper, the examination should be less stringent.

2534. Always assuming the equal stringency of examination; now with regard to the financial aspect of this conjoint scheme; in the English conjoint scheme, as I understand it, there are really

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really only three bodies concerned financially, the College of Surgeons, the College of Physicians, and the Apothecaries' Society; is not that so?—Yes.

2535. And they have agreed upon the relative proportions in which they will divide the money received for fees, and so on?—Yes.

2536. The universities are out of the running altogether?—Yes.

2537. A different state of things exists in Scotland, does it not?—Yes.

2538. In Scotland you have no body exactly corresponding to the Society of Apothecaries?—No.

2539. And you have two bodies giving surgical qualifications, the Glasgow College of Physicians and Surgeons and the Edinburgh College of Surgeons?—Yes, and the Scotch universities also can give surgical diplomas.

2540. Cannot the English universities give surgical degrees?—Cambridge has decided to give one; the University of London gives it, whereas Oxford does not, and Durham, I think, does not.

2541. But the financial question has been very easily solved, owing to their being only three bodies, and owing to your having agreed to the proportion in which the funds received are to be divided?—It has been more easily solved than I suppose it would be in Scotland or Ireland.

2542. There is an essential difference in the Bill in that, for there is no power to give any part of the fees to the universities?—I do not remember the Bill enough to say that; my impression was that the clause empowered the conjoint scheme to determine the disposition of fees to the various bodies giving diplomas.

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2543. The surplus fees are to be given towards the support of any medical corporation of the United Kingdom, but the universities are not mentioned?—I did not know that.

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2544-5. Have you any idea of the amount of fees received by the examiners of those three bodies in England?—I cannot speak for more than the College of Surgeons. I think the reckoning there may be that each of the examiners for the final examination receive from 200 *l.* to 250 *l.* a year, and each of the examiners for the primary examination receives from 120 *l.* to 150 *l.*

2546. Have you any idea what total that would make?—The fees paid last year to the examiners for the primary examination were 1,855 *l.*, and for the final examination 2,814 *l.* Then I should add to that, that the examiners in medicine receive 220 *l.*

2547. Roughly taking the total, the fees for examiners which would be paid by the College of Surgeons last year, would be about 5,000 *l.*?—Yes, and the other expenses of the examination would be more than another 1,000 *l.*

2548. I see it is calculated that the total cost of examinations under the conjoint scheme would be about 7,000 *l.* a year?—Yes, that would be an economy.

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2549. You are aware that the great principle of the Bill is the one portal system?—Yes.

2550. As I understand, the conjoint examination as proposed in this Bill would, in your opinion, produce the effect of the one portal system?—As nearly as is practicable.

2551. Take the three particulars; first as to the standard of education; will that be similar? Yes, as nearly as possible.

2552. As to fees; will they be similar?—It is proposed that the fees should be the same.

2553. In the three countries?—There is no reason why they should not be so. I do not think that important, but I think they will be.

2554. You spoke of the English conjoint scheme consisting of the amalgamation of three bodies; the College of Physicians, the College of Surgeons, and the Apothecaries' Society?—And the universities.

2555. Are the universities included in the conjoint scheme?—Yes, inasmuch as they will not grant any of their diplomas qualifying for practice to any one who had not passed the conjoint examination.

2556. The Council have been endeavouring from time to time to frame some scheme of examination, and the Council is not at present altogether unanimous upon the conjoint scheme proposed under the Bill, is it?—No. The result of the division was that all the English and most of the Irish members were for it, and the Scotch members against it.

2557. You are aware, of course, that some few years since there was an effort made to equalise the examinations in the three kingdoms by means of visitations?—Yes.

2558. Would you be good enough to place before the Committee the mode in which these visitors were appointed?—They were appointed by the Medical Council, who elected some of their own members, and other persons very familiar with the examinations, who might visit each of the separate examining boards.

2559. Did not the different local examining bodies, and the authorities also in the different parts of the three kingdoms, elect further members from their bodies to be such visitors in other parts of the kingdom under the Medical Council?—I think not.

2560. Did not the College of Physicians of Dublin, and the College of Surgeons of Ireland, absolutely nominate gentlemen who came to England, and under the direction of the Medical Council visited either the Scotch or the English examining boards during the examinations?—That may have occurred before I was a member of the Council, but I do not think it did. The Council appointed its own visitors, and they may have sanctioned the going of persons who were not appointed by themselves, but I do not think they sanctioned the going of any persons nominated by the examining bodies.

2561. I will take the year 1873; at that time, there were visitors appointed under special provisions that they should not visit the examinations in that part of the United Kingdom to which they belonged, and with which they would be supposed to have any sympathy; that occurred as a matter of fact?—The Medical Council appointed persons as visitors who had no personal interest in the bodies which they visited.

2562. And made special arrangements that they should

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should belong to a different country?—No doubt.

2563. Are you aware why it was that the visitations were not continued from the year 1872 or 1873?—I do not know all the motives which may have affected the Council in the matter, but I think there was a general feeling that the result of the visitations was satisfactory. I have here a resolution of the Medical Council, dated 10th May 1877, in regard to the visitation of examinations: "That having regard to the good spirit in which the visitations of examinations and the reports of the visitors have been generally received by the licensing bodies, and to the improvements which have been made in all, or nearly all, the examinations for admission to the register, it is desirable not to enter now into a discussion on the reports of the Committee on the visitations of examinations and the answers of the licensing bodies, but to send copies of the report of 1876 to the licensing bodies for consideration." That report of 1876 was a general report on the visitation of the Medical Council.

2564. Then in that case the visitation system, which commenced in 1872 and 1873, must have proved to be efficacious and contributory towards the good results, or they would not have continued it, and still recommend it, in 1877?—Quite so.

2565. Do you think, from your own knowledge, that visitors sent as independent visitors by the Medical Council to the various examining boards, would tend to produce a uniformity of examination almost more than any other provisions of the Bill?—I think it is a very good measure, so far as it goes, but it cannot be so complete for the purpose of uniformity as a system which is more frequently overlooked, and upon which persons meeting in conference from all the several examining bodies can discuss with one another what are still the existing defects of the system.

2566. But do you not think that the practical effect has been that when visitors have made a report to the Medical Council in the slightest way reflecting on any shortcomings of an examining board, it has quickened them up in a very remarkable degree on some occasions?—Yes, certainly.

2567. Upon the whole if persisted in, and even improved, do you think that would contribute very largely to uniformity of examination?—Yes.

2568. In the conjoint scheme of the three kingdoms without such visitors coming from a central authority, such as the Medical Council, in your opinion would there be real uniformity of examinations?—I think there would be as great uniformity as is possible, but when I hear "uniformity" spoken of, if you mean an absolute and unflinching uniformity, that cannot be.

2569. What I mean is, for this practical purpose: take a candidate who says, I intend to go to the conjoint scheme of the Royal College of Surgeons of Ireland or of Scotland, but in preference I will take one board rather than the other, though not that of my own country, but a lower level; would a visitation prevent such a thing as that?—It would materially help it; but what I think would be more material still, would be the effect which any one of the examining bodies which was disposed to have a high ex-

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mination, would have upon one which has a lower.

2570. But still the principle of visitors independently, having no sympathy and no relation at all with the examining boards, acting under the direct control of the Council, and as their representative, would, you think, tend at all events to insure uniformity more than anything else?—I think it would tend more than anything, except the conjoint scheme, and that with the conjoint scheme it would be an excellent implement to keep the three conjoint schemes alike.

2571. Incidentally, speaking of the Medical Council, you mentioned that the sending of the visitors was a very costly proceeding; do you remember what amount of remuneration they allow to such visitors; I think it is five guineas a day, is it not?—I believe it is about that.

2572. It was said to be a very costly and expensive piece of machinery?—Yes.

2573. I am by that led to ask you another question; could you give me any idea with reference to the surplus fund in the hands of the Medical Council, or its disposal at present?—No.

2574. Would you be surprised to hear that there was a sum closely approaching 40,000 *l.* lying unused in connection with the Medical Council; that is to say, the accumulated property of the Medical Council?—I am unable to say from my personal knowledge, but I am informed that the sum invested is 28,615 *l.*

2575. Do you think that accumulation undesirable?—I do not think so; I think it should be relieved of all difficulty in meeting its expenses.

2576. When Dr. Cameron questioned you upon that point, I think you put it as an item of consideration that such examiners were costly?—When I spoke of costliness, I spoke rather with regard to the suggestion that visitation should be frequent, and that unless frequent, it cannot be very effective.

2577. Are you aware whether the Medical Council has sent any visitors to the Irish examining boards for the last six years, since 1873?—I believe not.

2578. But the Medical Council is empowered at present to send such visitors to each of the examining boards in the three kingdoms?—Yes.

2579. And the Medical Council have not acted upon that with regard at least to the Irish examining boards?—Not since the year 1873. I have here the cost of visitations for three years: in 1873-74 the cost was 598 *l.* 10 *s.*, in 1874-75 it was 456 *l.* 15 *s.*, and in 1875-76 it was 718 *l.* 4 *s.*, so that in those years 1,773 *l.* 9 *s.* is the total, and 591 *l.* 3 *s.* the average of each year.

2580. Have you got the amount for 1876-77?—No, I have not.

2581. I am glad to see that the amount for visitors is increasing each year?—It may be said to be so.

2582. Is not that an indication that the Council must approve of the result of such visitations?—If I can guess at the result produced on the mind of the Council I should say the result of the visitations was that they could not find so grave defects in any of the existing examinations as to need a continual watchfulness, and that they found the recommendations they had made were so generally adopted that nothing that could be called scandalous occurred,

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occurred, if even anything which could be called scandalous did ever exist.

2583. Did they report that the different examining boards required change?—No.

2584. Then might I ask what are the salient reasons why you would depart from the present examining boards and fly to the conjoint board for the three kingdoms; or, leaving England aside, take Ireland and Scotland?—I could only say from hearsay as regards Ireland and Scotland, but there is a general belief that some of the examinations both in Ireland and Scotland are not so high as they might be. I do not hear it stated that any of them are so low as to be unsafe, but it is believed that some of them are not so high as they might be. For example, this was stated in the Medical Council, that the examinations held in Edinburgh by the Royal College of Surgeons are not so high as the examinations held in the Universities of Edinburgh, though it does not appear that the Universities of Edinburgh or Glasgow reject any man whom they deem fit for practice. In that case it seems to me, that if the Edinburgh University has set a higher standard of examination than the College of Surgeons, there should be an elevation of the College of Surgeons examination to the level of that in the university, or something intermediate between the two, because I hold that it is the duty of examining bodies, not merely to find out the lowest at which a man can be safe to begin practice, but to establish the highest standard which can reasonably be required of an average medical student.

2585. Would it be difficult or easy to reconcile both the high and low standard under the conjoint scheme?—I think under the conjoint scheme, we should not have the merest minimum fitness for practice, but that there would be an effort on the part of all the combined bodies to press on the students all the knowledge they can possibly acquire. We ought not to be content with mere safety; the examining bodies ought to be a great means for constantly improving the knowledge of the medical profession.

2586. Suppose we look at the conjoint scheme, would a successful candidate under that conjoint scheme obtain as a matter of fact separate diplomas in each of the three bodies?—He may have one or more at his will; if he does not choose to have all three, he need not take them.

2587. It is quite optional?—A man must take two.

2588. I was anxious to know whether, in your opinion, it would be at all likely that there would be an atrophy, as it were, of the different local bodies; that is to say, whether the individuality of the colleges or the universities might not be lost, to a certain extent, after the lapse of some years under this system of the conjoint board?—Their individuality, as expressed in the examinations, would be lost, but their individuality as bodies maintaining themselves and improving medical education by museums, libraries, and the rest, would remain.

2589. What I have in mind is rather the individuality of the candidate; would he be likely to come back and identify himself with the future interest of the university that he was divorced from under this conjoint examination scheme?—He would not be divorced from any; but instead of receiving two diplomas he would receive three;

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one from each of the different bodies in the conjoint scheme, and he would hold himself attached to those bodies.

2590. He does not necessarily, therefore, come back to his teaching establishment?—His teaching establishment would be different from his college; he would never previously have been in connection with it at all; he would affiliate himself to one or more of these colleges. With regard to the universities in England he will be in the same degree exactly, attached to them; and the passing of the conjoint examination in regard to the English universities will only be the fulfilment of a condition without which he cannot proceed to their diplomas; but he will by the conjoint examination enter into no relation with the College of Surgeons for example.

2591. You spoke of certain instances where students fail, and seek an easier examining board; will that be possible under the conjoint scheme of the three kingdoms?—It would be very much more difficult; first of all, because as we hope the level of examination in all the three kingdoms will be very nearly the same, and then next because he would have to go right away from his first examination in England to a very similar examination in Scotland or Ireland, or he would have to come from Ireland or Scotland to England to meet the same examination again. The facility of examination is rather, for instance, in these licensing bodies which do not examine in all subjects; for example, the Society of Apothecaries in London examine but little in anatomy, and a student may pass the Society of Apothecaries in London, and with that may proceed to Scotland, where he would escape all primary examinations, and pass only the final examinations in surgery and medicine.

2592. You were speaking about the London examinations, and about the examinations of the three kingdoms. I think you spoke about the Royal College of Surgeons in England, and that members of Council are only present occasionally at the examinations. Did I understand you correctly to say that they were only present occasionally?—Yes.

2593. And that in fact the mode of examination, and the examination altogether, is left completely in the hands of the board or Court of Examiners?—I would hardly say that it is completely left in their hands; let me say in regard to that that the examinations in the College of Surgeons are, for all such parts as with fairness to the candidate can be so, public; that any medical teacher, for instance, or any medical man, can go and hear the examinations. The examinations are therefore visited not only by the Council, who go when they please, but are largely visited by all teachers as often as they please.

2594. Are you aware that members of the Council of the College of Surgeons of Ireland are always present at the examinations?—No.

2595. Are you aware that where by accident the member of the Council of the College of Surgeons of Ireland cannot be present at the examination, there are two examiners bound to sit together, one to examine, and one to listen and assess the examination of the other?—May I ask, do the members of the Council sit as assessors?

2596. They are present in the Examination Hall,

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Hall, presiding over the examinations and visiting the candidates with the examiner; if your councillor is not present, a special examiner is detailed to sit with the examiner who examines in the hall?—In England that condition would be more commonly fulfilled by the plan of the conjoint scheme, that two examiners shall always sit at each table, one to listen and the other to examine.

2597. Does that apply generally to other places than Ireland; is it the case in Scotland?—I presume so, because I see enumerated "the assessors" of this or that examination.

2598. You stated with regard to the College of Surgeons of England, that it would not accept the anatomical and physiological examination, or, as we term it, the primary examination from any other college?—That is so.

2599. Are you aware of any other college which adopts the same rule?—No; I have had occasion to look at the regulations of the colleges in Edinburgh and Glasgow, and I find that they admit generally the primary examinations of any one of the authorised bodies. I do not know what it is in Ireland.

2600. Is there any difference in the number of years that students must attend in anatomy and physiology in Ireland as compared with the different colleges of England and Scotland?—There is a difference; the difference is that they must attend more courses of practical anatomy in Ireland than in England or Scotland.

2601. And in physiology?—I am not sure about that.

2602. You are not aware whether it is so as regards physiology?—I am not.

2603. So that there is a year more in the curriculum in the Dublin College than for either London or the Scotch colleges?—Yes, the Irish have always been distinguished for their study of practical anatomy.

2604. You mentioned that the College of Surgeons of England did not examine in chemistry and materia medica. Are you aware that the students are examined in both in the College of Surgeons of Ireland?—Yes.

2605. Again, the students are not examined in the English College of Surgeons in jurisprudence, are they?—No.

2606. Are you aware that they are examined in jurisprudence in the College of Surgeons of Ireland?—I was not aware of that.

2607. You have stated that education costs less in Ireland and Scotland than in England?—I said I believed so. I do not know the cost in either of those countries, but I should think so.

2608. Going back to your previous answer as to the fact of a year's more study being required in theoretical and practical anatomy, dissections, and physiology, do you think that will hold good now?—It is not a year's more time, but a year more of particular lectures to be inserted in the time.

2609. Will not they cost more?—No, the general rule is an entrance fee to the school for all the lectures or teaching required.

2610. Then, at all events, it is not quite true of Ireland that the cost would be less for medical education than that of the College of Surgeons

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of England?—The rule in England is for a general entrance fee to whatever is necessary. I have heard that the general entrance fee is less in Ireland than in England; the cost in England is now rather more than it used to be, though the number of lectures is considerably less.

2611. You have mentioned that there are two sets of fees paid in England for the two diplomas of physician and surgeon; as I understand you, it is not so in Ireland or Scotland?—I spoke of that again as a matter of belief more than of knowledge.

2612. In Scotland, I believe, they are conjoined; double qualifications?—Yes.

2613. In Ireland, you are aware, there is no such combination; the fees are separate and rather high, and higher than in England?—I do not know that.

2614. £. 42, are they not?—I am not aware of that.

2615. With regard to the relative examinations in the College of Surgeons of England and of Ireland, the duration of the written examination in the College of Surgeons of England is three hours?—Yes.

2616. Are you aware that it is four hours in the College of Surgeons of Ireland?—No, I do not know that.

2617. And the *vivâ voce* examination is the same; with reference to dissections, I understand you to say that the clinical examination was not conducted in the wards of a hospital in the College of Surgeons of England?—No.

2618. Are you aware that it is elaborately conducted for many hours in the hospitals by the College of Surgeons of Ireland?—Yes, I have heard so; but if I am asked, I am bound to say I do not think it is at all a better system.

2619. I understand you to say that operations are not absolutely performed on the dead subject in the examinations of the College of Surgeons of England?—Not necessarily.

2620. But upon a living body with blunt instruments?—Yes.

2621. Are you aware that both methods are pursued in the same examination in Ireland?—Yes. Perhaps I may say that a great part of the difficulty in England lies in the number of persons who have to be examined.

Mr. Arthur Mills.

2622. I wish to ask you a few questions about the constitution of the Council; I think I inferred from your answer to the Right honourable Chairman, that you think the introduction of direct representatives of the profession into the Medical Council would be undesirable; what is your opinion on that question?—I think that any measure for introducing members into the Council by direct representation is undesirable. The persons whom, it is supposed, direct representation would send there, would, probably, be useful in the Council; but they should be elected by some other means.

2623. Dr. Acland stated that for the purpose of business he did not think it much mattered whether the Council consisted of 20, 24, or 30 members; I think I understood you to express concurrence in that opinion?—I think there would

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would practically be no difference between 24 and 30.

2624. You are aware no doubt that a very large number of registered medical practitioners, I think at one time as many as 12,000, expressed in memorials and petitions their desire for a direct representation of the profession upon the Council?—Yes.

2625. You attach, I suppose, some importance to that representation?—Yes.

2626. Do not you think that petitions signed by registered medical practitioners, who are of course men of education, are entitled to special consideration beyond those ordinarily presented to Parliament by interested but at the same time uneducated men?—Certainly.

2627. It is in evidence, I think, before this Committee that in at least four or five Bills which were introduced into Parliament prior to the Act of 1858 (for instance, Mr. Warburton's, Mr. Headlam's, and Sir James Graham's), the principle of direct representation was in some form recognised. Therefore, I ask you this: the question must, I presume, have been for some years before the country, and is not a new question?—It is not.

2628. As a matter of time, it has been a long time before the country?—It has.

2629. May I ask you whether this particular question was not discussed by the Medical Council itself last year?—Yes.

2630. From a Report which I have before me, it appears that upon the 3rd July 1878, a resolution was passed, which I think was proposed by Sir William Gull, and seconded by yourself in these terms: "That the constitution of this Council needs revision; and that the Council do affirm and represent to the Government that, at its first meeting after the present Session of Parliament, it will consider what modifications of its constitution are demanded and required, and will report to the Government accordingly;" may I ask has any further action been taken by the Medical Council in pursuance of that resolution of the 3rd July, last year?—If I remember rightly, there was a short Session of Parliament soon afterwards, before the Medical Council had an opportunity of meeting; the understanding then was with regard to the time at which they would meet, and "the first meeting after the present Session of Parliament" would be about the corresponding time in the next year, but there was intermediately a very short meeting of Parliament, and it was passed over for that session; still that question was fully considered as the last meeting of the Council.

2631. Could you tell the Committee what was the general result of that meeting?—The general result was, that a very large majority of the Council decided that direct representation was not desirable.

2632. Speaking of the period since 1858, when the Act which it is now sought to amend was passed, this movement for direct representation on the Medical Council has been rather increasing in strength during that period; it has also been stated that the Bill failed in 1870 mainly because it ignored this demand for direct representation. Now the question I wish to ask you is this: assuming, for the sake of argument, that the idea of direct representation is, as I think you seem to imagine, a mistake, yet judging from 0.105.

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the past, do you think it probable that any Medical Bill which wholly ignored direct representation, would be likely, under the present circumstances, to pass through Parliament?—I cannot guess what Parliament would do. I can but think it a very weighty element for consideration, that three Governments in succession of different political views have decided against it; the Government which passed the Medical Act, was a Conservative one; the one which proposed the next measure, was a Liberal one; that was Mr. Forster's Bill; and the next, which proposes this Bill, is a Conservative Government. So if I were asked the opinion of Parliament, I say the views of those times would best express it.

2633. What I wish to ask you is this: Accepting the fact that there have been four or five Bills prior to the Act of 1858, which had embodied this principle, and that since 1858 every measure which had been introduced into Parliament, and I really do not know how many those are, has failed, and especially that of 1870 failed, in consequence of what was called the agitation in favour of direct representation; I would ask you, judging from that, do you not think that the chances would be rather against a Bill passing which ignored that feature altogether. I am not speaking of what the successive Governments thought right, but what the feeling of the profession generally, as expressed in their memorials and petitions, has been, and the strength they have shown in the House of Commons?—I cannot judge what the House of Commons would be disposed to do. So far as I know that matter has never been fully discussed in the House of Commons. As soon as it began to be talked of in Mr. Forster's Bill, that Bill was withdrawn, and so on the last occasion, before it was discussed in the House of Commons; I therefore cannot tell what the opinion of the House of Commons would be upon that matter, seeing that it has never been discussed there.

2634. I only wanted you to distinguish between the action taken by the Government, and the result of measures proposed to Parliament which has taken cognisance of these movements, and I was rather led to think from what I saw of the report of the proceedings in the Medical Council, that several members of the Council itself were rather conscious, in fact expressed their conviction, that this matter was, whether rightly or wrongly, so strongly felt in the profession generally, that sooner or later it would be necessary to take notice of it?—Yes, I quite think so, but that is assuming that there is no alternative by which to satisfy the general body of the profession, except that of a general election, and as far as I know no alternative has yet been proposed.

2635. Do you think it desirable that there should be any legislation at all for the purpose of amending the Act of 1858?—I think that unless there is some legislation we shall be, as we have been for the last 10 years, very greatly hindered in the progress of medical teaching.

2636. Thinking, as you do, that it is desirable that there should be legislation, do you generally approve of the Government Bill of this year, which in fact is a reproduction of the Bill of last year mainly?—I do.

2637. You are aware, of course, that that Bill underwent

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underwent various changes last year, before it was finally presented to the House of Commons; that in the first instance it had a conjoint scheme. I am not sure whether in the first instance the conjoint scheme was compulsory; I think it was permissive, and it was subsequently made compulsory, and Mr. Simon instanced a case in which it was compulsory to begin with; now, however, many changes it went through, do you not think that those changes in the framing of the Bill as discussed in the Medical Council, in themselves indicate a great deal of variety of opinion upon the Medical Council itself, upon the general subject of medical education?—There was no severe conflict of opinion, if I remember rightly, except with regard to the conjoint scheme.

2638. But there was very great conflict with regard to that, was there not?—Yes.

2639. Thinking as you do, that some legislative deliverance was desirable, do not you think that it might be expedited by infusing a little new blood into the Council; that you might thereby get an element which would make the Council more able to come to practical conclusions?—I should be very sorry indeed if anything were done to add to the Medical Council members, with a definite understanding that they were to vote in this way, or that, as against any present proposal. I have heard it suggested that the best way would be to put half a dozen members of the profession into the Medical Council in order that the Scotch opinion in the Council might be completely quenched.

2640. But supposing it were not in view to swamp the Medical Council and its opinions by infusing such an element, but supposing you adopted what I may call the very moderate and guarded form in which the principle of direct representation is infused into the Bill I have had the honour to introduce, in which six elected members are introduced, each to be nominated by no fewer than 25 registered medical practitioners, do you think that there would be any danger of swamping any particular element in the Council?—I should be very sorry if the motive of the introduction of any member of the general body of the profession into the Council were to swamp any element, but I quite think that the profession might, under proper arrangements, introduce six persons of great ability; if it were advisable to alter the constitution of the Council that would be a method devoid of all harm, and possibly productive of some good; but I do not think that the good to be attained by it would be nearly so great as the mischief which would be incurred by a general election.

2641. Will you kindly point out what you think are the perils connected with the election of six representatives of the profession upon the Medical Council, which are not also connected with all representation everywhere, such as the representation of Members of Parliament, of town councils, and of all other representative arrangements?—In the election of Members of Parliament they have to present themselves to their constituents to declare their opinions, to be cross-examined, to be browbeaten and tested as for any competitive examination; and thereby I daresay the result is better than it would be without such proceedings. In the case of the Medical Council there can be nothing of that sort. Moreover of the Medical Council you do not want persons in

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what is called great distinction, or most prominent in the profession; but businesslike men; men accustomed to transact business in committees, and able to discuss matters when brought before them. By a general election it seems to me most unlikely that those persons would be elected. Then, again, I should deem it a very undesirable thing to have anything like the divisions of party politics, or the division of feeling raised by an election, which may be very well in place among the lower classes of people who have votes, but ought not to exist amongst gentlemen.

2642. But you are aware that there are many elections which take place among bodies, where there is no such feeling elicited. I am a member of a Board of Guardians, and a member of the School Board, and in neither instance is there any party feeling; do you think it necessary that that all these evils should arise?—I can but observe what I should greatly dislike to see in a professional election, namely, the placarding of the names of School Board candidates and vestrymen.

2643. But you are aware that some of the most distinguished Members of Parliament have been elected without any such proceedings as you object to. My Right honourable friend now in the chair is a happy example of such a mode of election?—But he has been elected in precisely the same way as some of the members of the Medical Council are at present elected.

2644. So that really the danger of the turmoil and excitement of a contested election is one of your main objections to having direct representation on the board?—Yes, not the whole of it; you would not have a set of blackguards about the hustings as at an ordinary election, but you would have all the evils of attractive letters written to journals, and the praises of a particular gentleman sounded, saying what he could do for the profession, and what his capacities were, and so on, all which I think it is highly desirable to avoid.

2645. I quite understand you to say that you think legislation desirable, and you think it desirable if you can get the Bill now before Parliament; I refer not to my Bill, but to the Bill which the Government proposes?—Yes.

2646. Would you think it wise to risk the loss of the advantages which you say you think that Bill will confer upon the profession and the public, by refusing to recognise in any form the principle of direct representation?—Yes.

2647. You think it wise to remain as you are, rather than take in that principle?—Yes, but I have only been examined upon two points, namely, the conjoint scheme, and direct representation; there are many points in the Bill which are not involved in either of them; I would therefore sooner sacrifice the principle of the conjoint scheme.

2648. I did not mean that; I was not ignoring all the many advantages which are comprised within the four corners of the Government Bill, which you are better able to appreciate than I am; but I ask you whether you would think it wise to risk what you consider the great advantages of getting those provisions passed, which are now in the Government Bill before Parliament, than to make any concession at all upon the principle of direct representation?—I would not

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not say "any concession at all;" I have already said that I think it would be a reasonable thing that certain members of the general body should be upon the Medical Council; but if the sacrifice of the conjoint scheme for each division of the kingdom should follow upon a refusal of direct representation, I should think it well to sacrifice it; I cannot suppose that what is proposed for the admission of colonial degrees, or the registration of dentists, or the management of midwives, and the rest, would be given up if direct representation were not granted.

2649. I am speaking from an experience of only 10 or 12 years in the House of Commons, but I ask you this question; the House of Commons has gone in for a Bill to amend the Medical Act of 1858, and to make certain provisions in regard to it; now, do you think it likely, supposing it is dealt with piecemeal, that you will be able to get the other matters connected with it dealt with afterwards; supposing, for instance, we live till next year, and the Government lasts, and we manage to pass part of the Bill now, do you think you would be able to pass the other part of it next year, or do you not think that you would be practically giving up altogether all you did not pass now?—I cannot guess what the House of Parliament would do, nor can I say what I think ought to be the price of passing this Bill.

2650. My point was really this: I have heard it so often said, and seen it in speeches which I have read, and in publications, that you could go to work in this matter piecemeal; it was suggested even in the deliberations of the Medical Council last year, that you might do part of it one Session and part of it the other; what I wanted to suggest was whether those who make up their mind to be postponed this year must not make up their mind to be postponed indefinitely?—I can give no judgment upon that point.

2651. It is in evidence that the whole funds of the Medical Council now arise from registration fees?—Yes.

2652. Now, bearing in mind the ordinary associations between taxation and representation, do you not think that the compulsion which lies on all medical practitioners to pay those fees, does not bring with it some representative rights?—That question was very carefully discussed by the Medical Council in the Executive Committee; it seemed to all, I think, that this was not in any sense in the nature of a tax; the practitioners do not acquire legal rights at all until they have paid it; it is their fee once for all for being registered for life.

2653. Am I wrong in supposing that the medical practitioners cannot be put upon the register without paying the fee?—No.

2654. Therefore they derive advantages from paying it which they would not derive without?—Yes, it gives them, once for all, a right to be registered, but it does not in any sense contribute to the Medical Council except for the distinct purposes of the work sent to them by Government to do.

2655. It is money which goes out of the medical practitioners' pockets?—Yes, once for all, they are registered.

2656. So that whether we call it a tax or not we may regard it as the payment they make 0.105.

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under legislative arrangements?—It would be surely as reasonable that the taxpayer should vote for a representative on the Local Government Board.

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2657. I think you stated that you did not want to add too much to the power of the Medical Council by giving it control over the teaching bodies of the kingdom?—Yes.

2658. You further thought it was desirable that each teaching body should have the control of its own curriculum, and should be responsible for the teaching of its students?—Not over its own curriculum, but over the teaching of its students; the teaching bodies have not to do with the curricula in England.

2659. They have the order of the teaching, have they not?—They must teach their subjects in a certain order, and in not less than a certain quantity, but that is not by a curriculum of their own making.

2660. I am not quite sure that I understand you; what is it that you desire the Medical Council not to have power over with regard to the teaching?—I think the Medical Council should have general power over the principles of examination by all the examining boards, but should not approach the schools nearer than through the examining boards.

2661. You are aware that the examinations, and the character of the examinations, control practically the teaching in the institutions?—Yes, I am.

2662. And that Clause 15 of this Bill really hands over to the Medical Council all the power which the universities now possess over their own degrees in regulating the curriculum and the mode of examinations?—That must be in what is called the last edition of the Bill, which assigns to the Medical Council the power of framing regulations.

2663. First, it gives to the Medical Council the regulation of the curriculum of study?—May I there say at once that the Medical Council has never asked for that, and has more than once decided that it does not wish to have it.

2664. The Bill first gives to the Medical Council the power of regulating the curriculum of study; secondly, to frame and allow rules for regulating the examinations?—Yes.

2665. And thirdly, power to revoke, alter, and add to such rules; fourthly, power to determine the subjects for such examinations; fifthly, power to determine the standard for such examinations, and power to determine the method of conducting such examinations; and lastly, power to determine the conditions under which candidates will be admitted to examinations. Now, if you take all those powers which this Bill proposes to give to the Medical Council, what is left to the universities of the United Kingdom either in regulating their courses of studies or in regulating the examinations of students, except the name of conferring the degree?—I quite feel that; I see this is a copy of the Bill which came from the House of Lords, and between its coming down from the House of Lords and its appearance in the House of Commons that clause was altered.

2666. You disapprove of such very extensive powers

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powers being given to the Medical Council?—
Yes.

2667. And you are perhaps not surprised that the universities, seeing that all their existing powers for regulating study and regulating examinations are handed over to a new authority, are in some cases jealous of that power?—Yes, the Bill before this gave the Medical Council the power of supervision; not of framing regulations, but of approving them.

2668. You are aware that one of the clauses of the Bill also adopts your conjoint scheme if the Privy Council approve of it?—Yes.

2669. It adopts the one already framed?—
Yes.

2670. And that Clause 19 distributes the whole proceeds of examination amongst the corporations alone, giving the universities nothing?—Yes.

2671. Do not you think that that may have a prejudicial effect in decreasing the teaching power of the university at the present moment by depriving them of the means of keeping up their laboratories for practical instruction, and their museums?—It would not in any degree effect the universities of England, but I imagine that it would affect the universities of Scotland and of Ireland; certainly of Scotland.

2672. Are you aware that out of the proceeds of examinations at the present moment the university of Edinburgh keeps up institutions, such as the Anatomical Museum, the Materia Medica, Pathological, and Physiological Museums, and laboratories; so that if you did not give it any portion of the examination fees, and the number of candidates were lessened, that would very seriously effect its power as a teaching body?—I may say that the last part of Clause 19 relates only to surplus, but if I remember rightly, the remainder of the clause would justify any division of fees.

2673. The surplus arises simply after the expenses of examinations have been paid, "And for paying the cost of continuing to maintain under the control of any medical corporation of that part any such medical museum or medical library," but it does not give to the universities, only to the corporations, the power of supporting museum and libraries?—The universities will then confine themselves, I imagine, to the granting of honorary degrees to those who have passed the conjoint board, and from the fees payable for those honorary degrees they will maintain themselves.

2674. By the term "honorary degree," do you mean a degree without examination?—No, I mean a degree which would not be necessary for registration.

2675. That is to say, a degree with honours?—Yes, a higher degree.

2676. Might that not result in a large teaching university like Edinburgh, with 1,200 students, that those students, who could not pass in high honours, would be satisfied with the conjoint board, and neglect the degrees of the university?—Yes, I think that that would very likely happen, but the university would, in the consideration of the conjoint board, have to watch its own interests.

2677. But it is to have no aid from the conjoint board; all the corporations are to have plenty of money aid, but the universities which you say are to share in the conjoint board are not

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to be aided like corporations by the Bill, but are to be excluded from all aid by the scheme?—Yes; if the universities decide not to confine themselves to giving higher degrees, they would need some change in the Bill to enable them to maintain their museums, libraries, and the rest.

2678. In saying that you generally approve of the Bill, you do not approve of all these clauses?—I never considered that clause; this clause I might almost say was never before the Medical Council, that is to say, the clause as it was brought down from the House of Lords.

2679. You stated in your evidence, I think very correctly, that the medical men of England upon the whole were quite as well qualified, you thought better qualified, than the medical men of other countries, such as Germany and France?—Yes; if I said England, I meant Great Britain.

2680. I think you used the expression, which I thought a good expression, that in your numerous dealings with them, if you had rarely been struck with an instance of ignorance, you had been much more struck with the amount of knowledge which the general practitioners of this kingdom show?—Yes, that is so.

2681. And you stated also that the visitations of the Medical Council had shown no signs of default; that the present licensing bodies were doing their duty in examinations, and that on the whole the qualifying examinations were good?—
Yes.

2682. If that is the case, does not it require very strong grounds of another kind to justify interference with a system which has produced such good results for the whole kingdom, and which is being exercised by the licensing bodies with propriety at the present moment?—As I have said I think that the examining boards should not be contented with measures of safety, but ought to consider it their duty continually to help in the increase of knowledge by improved medical education.

2683. Is not that very much the same as you might say with regard to the universities; your university, or my university, at an early period of this century used to give away its degrees without examination at all; but has not public opinion exercised such influence upon the universities, that all the universities in the kingdom at this moment give their degrees with high standards of examination?—Just so; but I should be afraid to say that there is general contentment with the condition of any universities yet.

2684. But would you appoint a conjoint board for all the universities of the kingdom for degrees in arts or law, or would you not be satisfied that public opinion is causing improvement in their examinations, and that their diplomas are given upon really acknowledged merits?—I think that public opinion is the first and greatest of all motives, but the more immediate and quickly acting, I think, would be the mutual supervision of the several representatives of these bodies, meeting and conferring, and helping one another. I have not discovered yet what are the evils to be remedied by such drastic remedies as are proposed in altering the whole system of the kingdom.

2685. You say you are satisfied with the medical practitioners of the kingdom, that they are better educated than in other countries, and that
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you are satisfied that the licensing boards are doing their duty. Now, I want to know what is the acknowledged evil which should require such a drastic remedy as the taking away from all licensing boards of their present powers, and the transfer of them to a new licensing board common to each division of the kingdom?—I do not apprehend that the conjoint scheme would take away from the Medical Boards their power of granting licenses; the Government scheme would.

2686. I mean the Government scheme would?—The scheme of the Medical Council would do that.

2687. And the scheme of this Bill we are considering, will it not?—I do not think that it will take away from the several authorities their power of granting licenses, or of influencing education; each authority would grant its own licenses, and each enrol its own members, but all in harmony with the rest.

2688. Could the University of Cambridge grant a qualifying license to a medical man if this Bill were passed?—Not unless he passed to another degree, the M.B.; he must pass the conjoint board, and then the university authorities would be no longer bound to consider whether the man was to be diplomatised because he was just fit to practise, but would give their degrees for honours' sake.

2689. I understand that each medical authority is a unit in the board which you call a conjoint board, but that the candidate must pass through one of them before he receives license?—Yes, they have absolutely independent powers, but they would have each their separate share.

2690. Would not the result of this be that the weak corporations must be weeded out by your conjoint scheme?—They would not, I think, be weeded out; they would have the power of nominating examiners, and the power of granting their own licenses.

2691. What would be the interest of a student who had passed your conjoint board and had got his qualification through the College of Surgeons and the College of Physicians, to go and register with the Society of Apothecaries or the College of Surgeons in Glasgow?—If he had the diplomas of the College of Physicians and of the College of Surgeons, he would have no interest in gaining also the diploma of the college in Glasgow certainly.

2692. Must not the weak corporations which have no high reputation to induce men to join them, perish by the action of the conjoint scheme?—I should think it never happens that anybody who has got his English diploma—

2693. But I am not speaking of the English diplomas but of the Scotch for Scotland, and of the English for England; what is the use of a man having the diploma of the College of Surgeons, going and registering with the Society of Apothecaries?—He might do so or not; at present a good many go to the Society of Apothecaries who might go to the College of Physicians.

2694. Do not you think that when the individuality of corporations is merged in this conjoint board, there will be a demand that the conjoint board alone shall give the qualification, and that there need be no necessity to go through the corporations; is there any logical necessity

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under the Bill which should induce men to go through the corporations at all?—No, the result of that would be, I think, that the weak corporations would go to the wall.

2695. If you allow women to get on through the qualifying board alone, without going through a corporation, and if you allow foreign graduates and colonial graduates to get upon the register, without going through the qualifying examination, do not you think that a demand would soon arise in the country, that that single examination board shall be the only qualifying authority, and that it should not be necessary to go through the corporations at all?—I cannot venture to say what would in that case happen. I think the result would be that a very small number would go through the board, and take the title of L.M.S.M., or whatever it would be, but that more than 95 per cent. would proceed next to the reputed corporations or universities, and get honorary degrees.

2696. At present your honorary degrees in the College of Surgeons are not 90 per cent., but only 10 per cent.: your fellows, are only 10 per cent. of your whole licentiates?—Those are degrees with our higher honours, but the membership of the College of Surgeons has, I may say, up till the last few years, always been sought for for honour's sake; it has not been necessary for the purpose of registration; anybody desiring to register could always register with the licentiateship of the Apothecaries' Society with a very low fee, and yet with complete liberty to practise anything; it is mainly because the degrees are honorary that the College of Surgeons has retained its great importance up to this time.

2697. You used the term, that supposing the College of Surgeons were not so high as the Edinburgh University in its qualifications under the conjoint scheme, the examination of the College of Surgeons ought to be raised to the standard of the university?—I said either to the standard or to something intermediate. I think that it ought to be higher.

2698. But do not you think that there is a danger that instead of there being a levelling up there may be a levelling down; that there is always a disposition in a teaching body to teach what will pay for examinations, and that rather than teach up they will teach down?—I have never seen an instance of levelling downwards in examinations.

2699. If you have not, what do you think is the necessity for having a conjoint board?—Because standards of examination do not rise fast enough.

2700. But I thought we were in an admirable condition compared with the medical men of other countries; that with our 19 portals we were better than the rest of the world?—But that I do not think is a reason why we should be self-satisfied.

2701. It is not uniformity you want, it is efficiency?—We want efficiency up to the highest level to which average students can be brought.

2702. And can you not obtain that efficiency without pulling down the power which the different licensing bodies have themselves now by a thorough inspection of the examinations?—I do not think that there would be anything that could be called a pulling down.

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2703. Do

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2703. Do you know that a universal opinion to the contrary prevails in Scotland?—So I hear.

2704. Do you think it unreasonable that as in most of the Bills that pass through the House we should be content to say, "This Bill does not apply to Scotland"?—I ought to be more familiar with the daily work of the examining boards in Scotland before I could answer the question. When one first looked at the proposal for a conjoint board in England the difficulties seemed insuperable; but each one has given way in its turn, so that we have at last achieved it.

2705. But you are aware that we have a conjoint scheme of examination in the corporations of Scotland at the present time?—Yes; but I do not think they are working as they ought, or as they would, if the universities were working with them. I cannot make out that the examination has improved in any respect whatever.

2706. Is not the reason that the universities claim such a much higher level for their degrees, that they do not want to be pulled down to the level of the conjoint system?—I think the more certain result would be that the lower examination would be raised to a better level.

2707. Are you aware that as time goes on, the corporations who were in favour of a conjoint scheme are now entirely against it?—I did not know that. I know some who are.

2708. But the votes of the Scotch members have been against the conjoint scheme?—Yes, at the Medical Council.

Dr. Lush.

2709. When you seconded Sir William Gull's motion, to the effect that the Council wanted revision, you had some object in view?—It was an error on the part of the honourable Member who asked me the question. I did not second the motion.

Mr. Arthur Mills.

2710. After a speech made by Sir William Gull, Sir James Paget suggested that it should be altered, so as to read as it does read; then the report goes on to say that "Sir William Gull accepted Sir James Paget's suggestion, and the motion, as altered, was carried?—It is very natural to suppose that I did second it; but in the minutes of the Council the motion is reported as seconded by Mr. Teale.

Dr. Lush.

2711. Whether you seconded the motion or not, I suppose you had the alternative of the revision of the Council in view?—Sir William Gull explains his view of revision by saying that when you revise a book you do not necessarily alter it; it needed consideration, but not necessarily alteration. The result of the revision might be, Stay where you are. Perhaps I may read what I did second, "Moved by Mr. Simon, and seconded by Sir James Paget, 'That it be respectfully submitted to the Lord President, as the opinion of this Council, that in the event of the Medical Bill becoming law in the present Session of Parliament, it will be desirable that, as soon as then may be, the question of the constitution of this Council be thoroughly considered by Her Majesty's Government with reference to

Dr. Lush—continued.

the new state of the law, and particularly with the object of determining what (if any) changes of constitution the Council will require, in order that it may possess the best qualifications which can be got for the duties which it will then have to discharge."

2712. Then I presume you would not have made such a proposition unless you had contemplated some change in the constitution of the Council?—I contemplated that, at least, there was so much expression of opinion that it should be altered, that it should be regarded as a part of the office of the Government to consider whether it should be altered or not.

2713. In fact, you yielded to public opinion in favour of a change?—No, in favour of an inquiry; and when the next motion was voted, it came so near mine that I voted for it. My impression was that the best thing would be that it should be an inquiry by the Government; but the next motion being that it should be an inquiry by the Medical Council, I voted for that.

2714. You are satisfied with the present constitution of the Council?—I believe that the present constitution of the Council is as good as any that can be proposed for the work it has to do; to which work I hope it will be limited.

2715. You agree with the president of the Council, that so long as good men are the result, the constituency is of no importance?—Quite so.

2716. You would leave things as they are, notwithstanding the very strong professional opinion which exists that change is desirable?—If there be a very strong expression of professional opinion, it should be considered whether that should be yielded to.

2717. You admit that there has been a very strong expression of professional opinion, and a very strong demand?—Yes; but I think the demand has been with some misunderstanding as to the nature of the thing asked for. It was believed to include the wish that the Medical Council should undertake other duties than those which now belong to it. If it had widely other duties than those now assigned to it, there ought to be a considerable alteration.

2718. In other words, there is a wide dissatisfaction in the profession with the result of the present constitution of the Council?—I do not believe that there is a wide dissatisfaction amongst the members of the profession as to the work of the Council on education; but there is a dissatisfaction arising upon the idea that the Council might take a considerable number of duties which do not belong to it.

2719. You repudiate the necessity of any action of the Council in regulating the preliminary education of the profession; that is to say, by defining the course of study?—No; that is done by the Medical Council, and is part of its work. The Medical Council lays down absolute rules as to the examinations which everybody must pass.

2720. But the curriculum of each body has to be laid down, not by the Medical Council, but by the examining body?—Yes, but subject to the approval of the Medical Council.

2721. You know that the profession in general are dissatisfied with that, and desire to have the entire control placed in the general Councils, provided the Council has the general confidence of the

Dr. Lush—continued.

the profession?—I do not know that it is the wish of the Medical Council to have the whole control of the medical examinations; and I did not know that that was proposed by any large number of the profession.

2722. The title of the Council is the "General Council of Medical Education;" if, in the opinion of the profession, the Council has fallen short in its duties in that matter, would you not think it a reason for a change in the constitution of the Council?—I do not believe that there is a general opinion in the profession that the Medical Council has failed in its work on education at all.

2723. Is it not the fact that, notwithstanding the existence for 20 years of the General Medical Council, the examinations in various parts of the kingdom are still very unequal, and yet, notwithstanding that, they have equal force in claiming to be placed upon the register?—They are unequal, but I repeat that I do not believe there is one which does not satisfy the public requirement of passing none but those who are safe to begin the practice of medicine.

2724. Is it not the fact that the very small fee which is paid for a license in some corporations is pretty much upon the square with the efficiency of the examination itself; take the Irish Society of Apothecaries, is that a really efficient examination?—I could not speak to that from personal knowledge, but I have never heard of anyone, however unworthy, going from England or Scotland in order to obtain the low and cheap diploma which you would point to as being granted by the Society of Apothecaries in Dublin.

2725. But, as far as Ireland is concerned, it is within the power of any Irish student to go to this very low school of examination, and pay the fee, and he is then placed entirely upon the same footing as if he had passed the College of Surgeons of Ireland?—Yes.

Mr. O'Leary.

2726. It is very cheap, but is the standard of examination very low?—I cannot say. The Society of Apothecaries in London, for example, is very cheap, but I should not say that they passed persons unfit for practice.

Dr. Lush.

2727. Is the diploma of the University of Oxford of equal value with that of the University of Edinburgh or of London?—Certainly; the few that pass, pass with a very good examination indeed, and are persons of unquestionably good education.

2728. Upon that I would say, if you are satisfied with the result of the examination without any preliminary tuition, any care as to the preliminary education which is given is unnecessary; that is to say, if the mere result of the examination is sufficient to introduce a person upon the register?—The preliminary examination relates entirely to the subjects of general education; the quality of that examination is determined by the Medical Council, and the student must pass it, not only before he gets a diploma, but before he begins to study medicine.

2729. Although the degree at Oxford is of high value, yet there is not any course of tuition at Oxford which would lead any person to suspect that any preliminary education whatever was

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Dr. Lush—continued.

necessary?—If not educated in Oxford he must be educated at other places.

2730. But is there any portion of the Oxford curriculum which says that in addition to the medical study they must bring proof that they have had study elsewhere?—Yes, a student must attend a certain number of lectures, and study in hospitals; the deficiency of the Oxford tuition is that they do not provide the students in Oxford with all the means of obtaining their diplomas, but they do not turn out unfit men.

2731. Then the University of Oxford is a teaching body?—Yes, but they do not teach clinical medicine or surgery, nor have they lectures on medicine or surgery.

2732. You do not see yourself any necessity for a change in the constitution of the Council?—I think that the Council does its work as well as any Council under any plan of constitution would; but, at the same time seeing that there is so urgent a desire that there should be some represented who are not (I suppose this is the real difficulty, that they are not to be elected by the executive bodies of corporations), they should be elected, therefore, it is said, by the general body of the profession. With so strong a feeling as that I think it would be a pity if all medical education were prevented from being improved because such persons are not upon the Council; let them go upon the Council by all means.

2733. The Council has not been busy in initiating changes, has it?—I do not look upon it to be the business of the Medical Council to initiate changes.

2734. They have the power of reporting to the Privy Council any examining body in default; have they done that?—It has not been necessary.

2735. The Medical Council have never insisted upon midwifery being taught, have they?—Yes, certainly; the regulations of the examining bodies whom they control require examinations in midwifery, with the exception of the College of Surgeons of England.

2736. Your own college necessitates from its students a course of study in midwifery, but does not examine in it?—No. The College of Surgeons have had it in view constantly to institute an examination in midwifery, but has said, "Why should we do it, when next year or the year after, we shall have a conjoint board."

2737. You have given evidence rather to the effect that you would not like to see the Council increased?—I would not mind seeing the Council increased.

2738. In what way would you like to see it increased?—If it should seem prudent to yield to the express wish of a large body of the profession, and if you can avoid the unwisdom of a general election, the Council might very well have in it some of those who would represent what are called the general body of the profession.

2739. Have you had an opportunity of reading Mr. Simon's evidence?—Some of it.

2740. Are you aware that he suggested that there might be a form of intermediate representation; that is to say, members elected by the several corporations?—Yes; but it would be difficult to manage, because in the case of the College of Surgeons of England, it would be almost equivalent to a general election, as there are 12,000 members.

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2741. You

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

11 July
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Sir
J. Paget,
Bart., F.R.S.
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1879.

Dr. Lush—continued.

2741. You have heard that the tendency of the present day is to widen the basis of representation in every sense, but, as I understand, you would desire no such election for the Council?—I think that the less we see of divisions of parties the better; that is to say, of divisions of parties canvassing, and setting us to think more of the fate of the election than of our duties in the profession.

2742. Your present chairman is elected by a constituency of 5,000 persons distributed over the country; would you approve of such a system as that?—That is an example which might be followed by many of the examining bodies in which the range of the electoral body might be very much enlarged, whether directly or indirectly. The case which Mr. Simon has in his mind might be quoted; indirectly the representative of the English College of Surgeons is elected by the body, he is elected by the Council, and the Council is elected by the fellows, and every member of the college may become a fellow.

2743. By paying 10 guineas?—I believe that is the fee after examination.

2744. Either by paying a fee, or by an examination; not by both, is it?—All those who were members of the college in 1843 may be admitted by election, but they are, of course, diminishing in number. The college may also, every year, elect two distinguished persons.

2745. From the earliest time of the "Lancet," it has been held in that periodical as a grievance that the general body of surgeons have no voice in the nomination of the Council?—Yes, the Charter of 1843 was chiefly for the purpose of providing a body of persons who should elect, and those were to be called fellows, and those fellows are now practically fellows by examination; any member of the college may be examined, and become a fellow, and I think it is a defect in the arrangements of the college that a member of many years standing can only become a fellow upon the same examination as one who has recently left the schools. A measure to correct that was proposed some years ago, but was vehemently opposed by the present fellows by examination.

2746. Looking to the fact of the chances of passing any Bill without direct representation being very small, would it not be a graceful concession on the part of the Council to admit that they are not perfect, and to accept this little addition?—I do not think it will be for the Council to say; it will be for the House of Commons to say. Of course, we claim no "perfection," but I would say that, if the end desired could be achieved by any other means than by direct representation, it would be an advantage.

2747. Do you think that a diminution of the

Dr. Lush—continued.

number of the Council would be an advantage?—No.

2748. Do not you think that 24 persons meeting together are almost of necessity called upon to address each other at some length?—I have heard a great deal about the length of the discussions in the Medical Council, but all these things must be taken by comparison. I do not think that the Medical Council talks or wastes time more than any other body; the proceedings of Convocation, I am sure, are longer; and I have looked at the proceedings of the House of Commons sometimes, and they are longer; it is the ambition of nearly all the representative bodies in England to take the House of Commons as an example, although they are very apt, it may be said by those outside, to talk too much.

2749. With regard to this conjoint board, at the present time you have hinted, though not actually stated the opinion, that from a deficiency in the examination of one of the examining bodies in anatomy, persons may pass one portion of their examination, and go to a second institution and receive a final diploma, without having ever been examined in what I may call surgical anatomy; is that so?—That may be done.

2750. Is it also possible to become aware where the examination is easiest, so that those who are dull or idle may seek out those places?—Yes.

2751. Is it quite possible?—Yes, it is quite possible, and it is done.

2752. That could not be done under a conjoint system of examination?—No.

2753. Each Bill before the House, I believe, has a defect in giving the authority over the conjoint examination to the branch council of each division; would it not be an improvement to give the General Medical Council the entire supervision over the examinations?—I do not think that branch councils have anything to do with the conjoint examinations.

2754. The 16th clause says, "The medical authorities of each part of the United Kingdom"?—Those are the medical authorities, not the Medical Council.

2755. Would it not be as well that the General Council should have the supreme control in all these matters, and that there should be perfect uniformity in the examinations of each of the three kingdoms?—The Medical Council has the control and supervision, and its sanction is required for each of the three schemes.

2756. It is possible that there may be very different value in the examinations in each branch of the kingdom under the conjoint scheme, is it not?—No conjoint scheme can be worked without the consent of the Medical Council, and after that of the Privy Council.

Mr. WILLIAM JOHN CLARK MILLER, B.A., called in; and Examined.

Chairman.

Mr. Miller,
B.A.

2757. I BELIEVE you wish to hand in some Returns?—Yes; I have a list of them here; some of them are documents that are submitted as having a bearing upon the inquiry before the Committee, and some are Returns that have been moved for by the Committee, and which I have now completed. The following is a list of the Papers that I hand in now:—

Chairman—continued.

(1.) Papers relating to the Status, under the Medical Act, 1858, of Indian, Colonial, and Foreign Practitioners, and to the Status of British Practitioners when in France. (2.) A Report presented, in 1869, by the Committee of the General Medical Council on Professional Education. (3.) Answers received in 1877 from Medical Licensing Bodies, to Questions proposed of

Chairman—continued.

to them by the Executive Committee of the General Medical Council, in regard to the results of professional examinations and to certain deficiencies in preliminary education. (4.) The recommendations of the Medical Council in regard to Education and Examination. (5.) Answers received in 1878 from Medical Licensing Bodies to a letter sent to them by the Executive Committee of the Medical Council, in regard to the preliminary education and examination of Medical Students. (6.) Papers relating to Obstetrics and Ophthalmology. (7.) Cost of the several Degrees, Diplomas, and Licenses granted by the various Medical Licensing Bodies, with

Chairman—continued.

the nature and extent of the qualifications conferred by them. (8.) Summary of the number and per-centage of persons registered with one, two, or more qualifications respectively, in the Medical Register for 1879. (9.) Correspondence relating to certain alleged irregularities in medical students' registration. (10.) List of registrable qualifications in Medicine, Surgery, and Midwifery. (11.) Table showing results of professional examinations in 1878. (12.) Analysis of Annual Returns of final professional examinations. (13.) List of Members and Meetings of the Medical Council. (*The same were handed in.*)

Mr. Miller,

B.A.

11 July
1879.

Tuesday, 15th July 1879.

MEMBERS PRESENT:

Dr. Cameron.
Mr. Dalrymple.
Mr. Errington.
Mr. W. E. Forster.
Lord George Hamilton.
Mr. Mitchell Henry.

Mr. A. Mills.
Dr. O'Leary.
Dr. Lyon Playfair.
Mr. David Plunket.
Mr. Wheelhouse.

THE RIGHT HONOURABLE WILLIAM EDWARD FORSTER, IN THE CHAIR.

Sir DOMINIC CORRIGAN, Bart., M.D., called in; and Examined.

Chairman.

Sir D.
Corrigan,
Bart., M.D.
15 July
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2758. YOU have been a Member of the Medical Council for some time, have you not?—Since its formation.

2759. And you are the representative for what body?—The Queen's University in Ireland.

2760. And have been so all along I suppose?—Since its formation.

2761. You are aware that the one great object of the Government Bill is a conjoint scheme for each of the three kingdoms?—I am.

2762. Are you in favour of that scheme?—I am not.

2763. Will you kindly tell us your principal reasons for disliking it?—My first objection to it is that it is not practical, and that it is not practicable; and my next objection to it is, that I have heard for years of its introducing one portal as an entrance to the profession; whereas in the place of its introducing one portal, it has introduced three, one in Ireland, one in England, and one in Scotland; it does not carry out the principle for which it was alleged to be founded, to have one portal of entrance into the profession. Three portals would, in my mind, be most mischievous, and would substitute, which would be a great misfortune, national dissensions for professional jealousies.

2764. Then your chief objection is that it does not go far enough?—I did not say that; my chief objection at present is just so far as I have stated; as to its going far enough, or too far, I would like to come to that by and by.

2765. At present are there many portals?—Yes, there are many portals, and substituting three portals would be a continuance of the evil, and would certainly not, in any respect, be a remedy for it, because if there be a portal in England, a portal in Ireland, and a portal in Scotland, that would substitute three portals for one; it would substitute three examining bodies at least, and those bodies would be as much influenced by national jealousies as all the portals are at present.

2766. When you say that it would substitute three for one, there are, as you are aware, 19 now?—I do not think that having three would in the least lessen the evils accruing from having 19; and a great many of those 19 have been

Chairman—continued.

added since the Council came into existence, at least nine or ten of them, with the sanction, if not with the approbation, of the Council.

2767. Which are they?—To begin with Dublin, which I know best, I will confine myself to facts. There were only two degrees issued by Trinity College until the establishment of the Council. Since then there has been a licenciateship added in medicine, another in surgery, and a third in midwifery, so that there have been three additions in one university. When we go the Queen's University we find also additional licenses or degree instituted, and when we come to dentistry, a new branch of the profession, we find a new qualification instituted, so that we have more qualifications than then existed; and with reference to the 19, if the effect of leaving them be good, I do not think we ought to stop at an additional examination, supposing it necessary, and I certainly do not think that in any respect whatever the three would be a lesser evil than the 19.

2768. Do you think that making three, one for each nationality, might cause a national dissension?—Certainly; most unfortunately so, in my opinion we have too much dissension already.

2769. I think I understood you to say that you thought that three portals would be much worse than one?—As bad as one. I think that three would comprise all the evils that the 19 at present do.

2770. Would you prefer one examination only?—That would not express fully my meaning.

2771. Will you kindly say what improvements you would make in the present system of examination, if any?—My own view would be this, that in all the discussions I have heard, and all the talk about examination schemes and about professional status and professional position, &c., there is one body which is very peculiarly interested, and whose interest I have never heard mentioned in the discussions, and that is the interest of the body which is most concerned, namely, the public who are to pay for professional advice; I have never heard their needs taken into account in the discussions that have ensued; that is one objection to the present Bill, that the needs of the public have not been taken into account at all.

Chairman—continued.

all. I have heard a great deal of talk about counter practice and about illegal practice, but it has been all on the ground that it injured this portion of the profession, or that portion of the profession, but I have not heard the interest of the public who are to pay the tax, taken into account. The public have been treated in my mind in the discussions that have taken place as if they were to be mere payers of the tax, or merely to pay for advice, and so on, and that their interests or their wishes have not been taken into account. We find different grades of the profession on the Continent, so far as I have observed it. In Italy, in Germany, and in France we find that the public require persons of moderate knowledge and of a certain amount of standing and trust to manage ordinary cases for them. For instance, it is impossible to walk through Paris without observing that in every street there is a bill up announcing that inside is a woman who practices midwifery; she attends to one branch. In Germany it is impossible to travel through it and attend the various fairs without finding at every fair in a public place persons who advertise that they will cure diseases with such and such things; and they supply the wants of the public generally. In Italy also it is impossible to pass through the towns without observing on every second or third door a notice about a doctor that lives there that cures everything, and to attract attention there is a figure of a female sitting in a chair with her foot on a board over a tub and the blood spurting as high as her head; that man's great cure is bleeding. This may be all very silly, but still the public everywhere that I know of require that they shall have different grades in the profession, and persons treating them according to their opinion sufficiently. There have been discussions about counter practice, and what are so much alluded to as shops. Supposing a person, the manager of a household, either in the country or in Dublin, I do not care which, as soon as he settles in his house what does he do, and what does he and what does his wife require? They require a person who will be in attendance on them whenever they want a person possessing a moderate knowledge; and persons of a very high eminence in very obscure and very doubtful cases; persons are wanted who will attend them, and will be on visiting understanding with their families. This Bill destroys all that; it would a *procrustes* bed, to which everybody should fit himself down. My first objection is on the part of the public, that the public needs would not be met by this Bill; it would squeeze all into the same mould.

2772. Would you propose anything yourself, or would you leave matters as they are?—I think that at present I would leave matters as they are. If you wish me to state what I would like to propose I will do it. It would be this. The Act of 1858 and the present Bill both propose that nobody passing this board or boards, as the case may be, shall be obliged to adopt any particular theory in medicine or surgery, or to refrain from any particular theory in medicine or surgery. It leaves a man practising the liberty to do what he likes. If he does queer things he may say, like the "Irish tutor," I am practising on a particular theory, and if he does not do what he ought to do, he may likewise say, I am practising on a particular theory. There are two propositions in the clause; I forget in which

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Chairman—continued.

clause, but it is in the Bill, namely, that a man should not be obliged to practice any particular theory. I think that it is perfectly fair and legitimate. But the second proposition is a totally different one, namely, that he is not to be obliged to refrain from practising any particular theory. It is only two years since a foreign professor came over to Dublin and he professed to cure all cases of secondary syphilis by inoculating patients with the syphilitic poison; it was on the homœopathic plan, by giving a man the very disease that he had. After killing a few in the neighbourhood of Dublin he was obliged to fly. Supposing a physician or a surgeon to a workhouse took it into his head that he would cure all the women in the workhouse of syphilis by inoculating them all with syphilis, I need not tell you what would be the result, and yet he could throw himself on the protection of the Act and say the public Act entitles me to do it, and I will do it; the Act of Parliament would protect him. I think I have quoted the clause correctly; I am sure that it is in the Act of 1858, and I am sure that the clause is repeated, and in fact continued in a more stringent way in the present Government Bill.

2773. But knowing your great experience we should be very glad to have, if not a detailed plan, your notions in general of what you would do by a legislative change?—I will endeavour to explain it. First, it is doubtful to my mind at present whether any change is immediately necessary, and next, that which I would propose, if a change was proposed, would be this, to leave the rich and the well to do, and moderately well off, at perfect liberty to consult whom they like. There should be perfect freedom of action and perfect liberty for a man to go into an apothecary's shop if he were passing at any time and say, I have got a pain in my stomach, or I have got an othache, and I want a cure for it, and the man should be allowed to prescribe for him without any penalty. In short that the rich and the well to do should have full liberty to employ whom they like and under what circumstances they like.

2774. But there is no difficulty in the way of that at present is there; supposing that I am well to do I can take any quack I like?—But an apothecary would not get off, for he would be charged for practising as an apothecary in the present state of the law; and you will see frequently in the journals prosecutions in England of persons practising as apothecaries, and they have been brought before the magistrates and before the courts and fined; I would leave the rich and well to do full liberty to send for whom they like, and have what they like, and do what they like.

2775. For instance, take a bone setter, there is no obstacle in the way of a man going to a bone setter?—I am not able to answer that question at the present moment, but bone setting, as it is called, is a very important branch of surgery.

2776. What you mean is this, that if a man holds himself out as a qualified apothecary, there is a restraint over him?—Exactly.

2777. But supposing he says, I do not care for any of your diplomas, but I offer myself to cure diseases or to mend broken limbs, there is nothing to prevent him doing it then?—Except this, that if he has attended a man for six months or for 12 months, as the case may be, and

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summons

Sir D.
Corrigan,
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Sir D.
Corrigan,
Bart., M.D.

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Chairman—continued.

summons the man for payment, he is turned out of court because he is not on the register; it amounts to the same thing.

2778. Then I understand that one thing which you would do would be that you would leave perfect liberty to everybody, except those that the State have to look after, such as paupers, to take medical advice from whom he liked?—Precisely; you have just hit the distinction. I would leave the rich and well to do, to do what they like, and have whom they like, in their homes through their clubs, and through their universities, and have allopaths, homeopaths, hydropaths, as their fancies lead them; but I would adopt the principle of the Army and Navy Medical Board, which was introduced, I think, after the Crimean War, for the protection of our soldiers and sailors, who have not liberty to seek for such advice as they might desire to have, but are tied to a particular locality as are paupers. So that poor men who are obliged to look for medical relief in their district, which they are not able to go out of to procure, and not able to pay for, I would look upon as children of the State, and I would take care that no one should be appointed as physician or surgeon to a workhouse, or as physician or surgeon to a district or dispensary, unless I had evidence before me that he was properly qualified; I would propose to take care of the poor, but not of the rich.

2779. Would you suggest any change in the present mode of arriving at a proper qualification?—Adopting my principle of protecting the poor I would; I would have a board, such as the Army and Navy Board to examine any candidate that looked out for public appointment, and not inquire where he came from, from what university or college, and I would have him examined by a board, just as persons in charge of soldiers and sailors are. Let him get his education where he likes, and let him get his degree where he likes, and let him get it on what terms he likes; I would leave perfect liberty to him as to those things; but the moment he came forward and asked to be appointed to an hospital where the poor were to be taken care of, or to a district where the poor were obliged to have him, then I would give the civil portion of the public the same protection that is now given to the army and navy.

2780. Would not that imply that in case of there being any trouble to get a complete registry of all medical practitioners, you would simply take care to have the qualifications of those practitioners who wished for State employment tested; you would not care to have a general register?—I think a general register would be of great use to the public at large, and there would be no difficulty in that, because it would be merely to put after a man's name in the present registry, S.E., State examination, in that case. It would be only the addition of two letters.

2781. But would not you confine the register to those practitioners who wished for State employment?—Certainly not, because that would disqualify other men from attending on the public. I would leave men to qualify for a license in the Dublin University, or in the Queen's University, of which I am vice chancellor. I would leave their names on the register, so that they should be declared to be qualified practitioners for the country at large. But if they wished to become physician or surgeon to an hospital, or physician or surgeon to a dispensary, or physician

Chairman—continued.

or surgeon to the various colonial ships or the naval service, then I would demand that they should be examined by a board appointed by the State, which appoints them just as the State at present examines candidates for the naval service and for the military service.

2782. For this State qualification would you have any different kind of examination from the present, or would you leave the present examining boards to give the diplomas?—I would leave the present examining boards at perfect liberty as to money matters, as to qualification, and as to education, and as to diplomas.

2783. You do not think that it would be necessary to make any change in the present system of examination by the examining bodies for the general practitioners?—Certainly not.

2784. Would you take from the Medical Council their present power of inspecting those examinations?—My opinion is that the Medical Council has managed its business very badly from the commencement up to the present time, and I would give it no additional power.

2785. Would you take from it its present duty of inspecting the examinations?—I do not think it is necessary. There is no danger from those inspections, because they cost too much money.

2786. You think they neither do good nor harm?—They take a great deal of money, and I am not sure that they do any good, because when inspectors do go into a university they send a notice beforehand to the university, and say, "We are coming to examine your mode of examination;" and of course the day is regarded as a gala day. But if the examination satisfied them on a Tuesday, what proof have you that it would satisfy them on a Wednesday? They will moreover have been absent for 6 or 12 months; what control have they over the examination in the meantime? That reminds me of a scene that occurred to myself when I was a Commissioner in Lunacy in Ireland. I went into the women's room, and I found them all very neatly dressed, and I went to one of the more sensible of them, and I said, "I am glad to see you are so comfortable and so well dressed; you seem to be well taken care of." "You are a Commissioner," said she, looking sideways at me. "I am," said I. "Well now," said she, "do not you go to think that we are fagged out this way every day." It will be just the same with the examinations. I wish it to be understood that I am expressing my own opinions, and that I am not representing anybody.

2787. As regards another point, do you approve of the present constitution of the Medical Council?—Most certainly I do not.

2788. I think you consider that your experience from 1859 confirms you in your disapproval?—I am sorry to say that it does.

2789. Would you like to give to the Committee any instance?—I would not like to give it, but I will give it if you ask me.

2790. We ask you for any information that you can give us?—The Medical Council was instituted in 1858; I think, in July; it is no great matter about the month. In the following year, 1859, that is within a year of its formation, there was this extraordinary phenomenon, that one of the examining colleges which sends a representative to the Medical Council, this college or university, as the case may be, issued an advertisement that for the sum of 10*l.* it would give a license

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license in medicine to everybody that came to it without any examination; and the result was that they took the wind out of the sails of all the other universities and colleges.

2791. What examining board was that?—That was the College of Physicians in Edinburgh. I wished to avoid mentioning its name at first, but it has come out now, and it must remain out. They issued that advertisement, and although I cannot be exact as to the number, they sold at the very least 1,000 licenses within the year, and they made 12,000 *l.* out of it.

Mr. David Plunket.

2792. Was there no qualification except the payment of 10 *l.*?—There was this, that a man should be entitled to be registered. He might get it on any one qualification, no matter how high or how low, or from a foreign university, which was easily got.

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2793. That was in the year 1859?—That was in the year of its formation. In the year after its formation I brought forward a resolution then that none of those licenses should be registered, inasmuch as they were given without any examination, but I was out voted, and the licenses were entered on the register on the promise that they would not do it again; in other words, it was a self-condemnation; but they kept the money, the 12,000 *l.*

2794. Has there been anything at all like that done by anybody since?—No, I think not. It would be of use, because there would be no purchasers to purchase; there were no purchasers in the market.

2795. I imagine that there could have been nothing of that kind, or else you would not have given me the answer which you did just now, that you would not interfere with any of the examining bodies?—No.

2796. Consequently such a glaring case, which it appears to me to be of misconduct, has not been repeated at all?—No, I think the terror was too great then. Then I will give you another instance of my distrust of the Medical Council, and which makes me opposed to its present constitution. I have mentioned the case of the College of Physicians, and I mentioned that their promising not to do it again was self condemnation, as I will pass over many minor things, and I will come to what occurred at last year's sitting of the Medical Council. I have given you my idea which I had formed from its commencement, and I remember in a discussion in 1859 that I then made use of a phrase which raised great enmities at the time, but I have not changed my opinion, and that was that the Medical Council had become a battle of shops. My opinion is that it has continued so ever since, and its constitution is such that at present nearly every man who goes there goes there to protect his own constitution or university; that is in fact the leading guiding motive of the whole affair.

2797. You were going to speak of something which occurred last year?—Last year, passing over and letting them off easily for the intervening years, on 4th July 1878 the General Medical Council referred their resolution of the 3rd July to the executive committee to draw up a preparatory report which might assist us, the Council, in considering what changes in the con-

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stitution of the Council might be necessary towards giving the general body of the profession more direct representation on the General Medical Council; the executive committee slept upon the matter, and from the 4th July up to our meeting in October they never stirred in the slightest degree, or took any measures whatever to carry out our directions. Week after week passed over, month after month passed over, and they allowed the matter to sleep.

2798. Before you come to what was done next, I ask you whether you have got the exact terms in which the Medical Council referred this matter to the executive committee?—It was "That the Council referring to its resolution of the 3rd July remits to the executive committee to prepare for it before its next meeting a report on the present constitution and working of the Council and on the changes (if any) of constitution by which, in the opinion of the executive committee, the Council might be rendered more efficient for the duties which it has or will have to discharge, and that the executive committee be requested to let the report be in circulation among members of the Council at least one month before the meeting at which which it should be discussed."

2799. My only reason for asking you the question was that I wanted to know whether there was in the terms of the reference any mention of direct representation; what you have read does not show any such reference?—No; but it says that changes in the present constitution and working of the Council would probably be necessary, and it was perfectly well understood at the time that that referred to direct representation.

2800. Will you kindly go on to what took place on the 18th October?—Week after week passed over from July, and the executive committee took no notice whatever of the command of the Council; they did not take a single step. Week after week passed over, and month after month, and at length we reached October. A period of three months had been allowed to elapse, and I moved that therefore it was time for the Council itself to undertake the duty in accordance with their resolution of the 3rd July 1878, in fulfilment of its promise to Government, and in sustinment of its own good faith. It gave, if I recollect rightly, a promise to the Government that it would prepare a report on the constitution of the Council for the Government. But we reached the month of October, and on the 18th October, there having been no step whatever taken, I brought forward a resolution, proposing that as the executive committee had done nothing, the Council itself should take into its hands the question of direct representation, and then this amendment was carried on my resolution, that a discussion on the constitution of the present Medical Council during the present session, "is premature, inopportune, and not in accord with the spirit of the resolution which was proposed" by Sir William Gull, and seconded by Mr. Teale on 3rd July 1878.

2801. Was there any division upon that resolution?—As to whether there was a division or not I cannot say, but that it was carried I have no doubt. My resolution was thrown aside, but the particulars of the division I cannot at the present moment recall.

2802. Your objection is that you thought that the question ought to have been considered by

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the Council, and the majority of the Council thought otherwise?—Exactly.

2803. If it was in your power to change the constitution of the Council, how would you do it?—I think I have mentioned my view in a letter, which I published in November last, and which I took the liberty to send to each of the members of the Council. But while I say that those were my views, and may perhaps be still my views, I do not intend at all to adhere to them as my settled views. That letter was written merely to raise discussion as to constitution of Council.

2804. Would you like to give us a notion in what way you would change the constitution?—I would change it in this way, that I would limit it to nine, one returned by the universities of England, one by the universities of Ireland, and one by the universities of Scotland; or I would give the three universities the option of uniting in returning the three. Then by the corporate bodies of England one, by the corporate bodies of Ireland one, and by the corporate bodies of Scotland one, and the direct representation would consist of three, that is to say, for England one, for Ireland one, and for Scotland one; that would constitute the nine. Those were my ideas at the time, and I have not altered them up to the present because I have not seen any better proposal; but I am quite ready to alter them if I see anything better.

2805. You would have no Crown nominees, but you would let the president be named by the Crown?—Certainly. I do not see that the Crown has anything to do with it, or cares about it.

2806. We will just go a little into the detail of the thing; that would be a very large diminution of the university members in the first place?—Yes.

2807. You see no reason for maintaining the present number of university members?—I do not, but I think they are very unequally distributed; besides, if I were to add direct representatives to the present representatives from the universities and from the corporations, in addition to those named by the Crown, I think the Council would become unwieldy and unmanageable. You could not take men away from their profession to attend to the mere business of framing rules or bye-laws.

2808. I observe that you give exactly the same representation to England, Ireland, and Scotland?—Yes.

2809. But not only the population but the number of practitioners in England is very much larger, is it not, than in either of the other divisions of the kingdom?—The number of practitioners is larger, but I do not see that that should govern the representation. However, as I said, my opinion may change on that too, but at present I do not see that the population of a country has any connection with its university numbers; it is an element which must not be confused with professional celebrity with the medical profession; they are two elements that ought not to be confused; the population has nothing to do with the question of prestige or the power or celebrity of a university; for instance, in Heidelberg, which has a population of only 23,000, there are about 106 medical students, whilst in Oxford, with a population of 36,000, there is not a single medical student in the place.

2810. You are in favour of the principle of

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direct representation?—Certainly; I have felt very often the want of them. The direct representatives would come from the bulk of the profession, from the practising members of the profession. If we take England, for instance, and the same applies to Ireland, they would come from the practising members of the profession, who are best acquainted with the wants of the profession and with the needs of the public. On our Council we had not in a particular branch of the profession a single member that practised that branch of the profession, and a very important branch, too.

2811. What branch was that?—There are two or three; one is obstetrics, and there was not a single one to whom I would trust a member of my family to be taken care of.

2812. That is a very important branch, is it not?—A most important branch; so important that an Act of Parliament was introduced on the subject. There was not a single member who practised it, and we have now the management of the dentists, but there was not a single man on the Medical Council to whom I would entrust the drawing of one of my teeth, and yet they are legislating for that branch of the profession.

2813. Have you any suggestion to make as to the mode in which you would elect the direct representatives?—We have so many examples before us in the election of Members of Parliament, that I think I would leave that to the Committee to determine. I understand that the representatives of the University of Edinburgh are now chosen by voters from every part of the world.

2814. I think that no voting paper would be sent to any one outside the United Kingdom, but it would be so throughout the United Kingdom?—It is enough for my purpose to know that they would be sent throughout the United Kingdom. And if the thing could be done by direct representation, it is only one of those matters of detail, sending voting papers, and getting the persons to whom they are returned to vote by proxy. It is practised every day, I believe, with regard to Members of the House of Commons.

2815. The Right honourable Member for Dublin University would know better than I should, for instance, that the necessary expenses of a university contest are considerable?—That I am not compelled to speak about, of course.

2816. But supposing that any plan of direct representation involved necessary cost, do you think that candidates would incur that cost?—I cannot tell what the cost would be. May I just observe, in addition to what I have been saying, that the principle on which the Council is supported is totally opposite to our notions, that is to say, it is supported by taxes taken from the profession, but neither the Crown, nor the universities, nor the colleges, contribute one farthing; and I do not think that there ought to be taxation without representation. That is a very strong argument in my opinion, that is to say, that the profession should not be called upon to support the Medical Council, and yet have no voice in its management, or in the expenditure of the money.

2817. Is it not the case that although, in your opinion, the Council may not have done much for the interests of the public, it was made a State acknowledged body, not on account of the profession, but on account of its being supposed to be

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be an advantage to the general interests of the public?—Then it would appear to me an erroneous principle to lay down, that any measure was for the general interests of the public, and that a particular profession was to pay for it.

2818. If that view be correct, you think it ought to be paid for out of the taxes?—I think that those who are legislated for, and who pay the tax, ought to have a voice in the distribution of the tax.

2819. Taking the Bill of the honourable Member for Longford, and the other Bills, and supposing that the changes which you would advocate are too difficult to be undertaken at present, is there any one of the Bills before Parliament now that you would especially support?—Yes, Mr. Errington's.

2820. On what grounds?—On the ground which is acted upon by the State with regard to the army and the navy. If our soldiers and sailors are provided for by the State, and the medical men who are put in charge of them are subjected to an examination, on the ground that the State is bound to take care of them, and to see that properly qualified men are put in charge of our soldiers and sailors, the same principle ought to be applied to the members of our civil community, that where the poor people in any district, either agricultural or manufacturing, cannot go out to get the advice which they like, the State ought, in like manner as regards the army and the navy, to take care that properly qualified men, and men fit to undertake the duties, are placed in charge of hospitals, dispensaries, emigrant ships, passenger ships, &c., and all those various appointments where the persons cannot select their advice for themselves.

2821. Do you think that, as matters stand at present, there is much danger of men who are not fit being appointed to those places?—I am sure there is a danger, for I recollect when I was a candidate myself for a departmental appointment, the interest which put me into it was the favour of a bank director who knew no more about physic and surgery than he knew about what was going on in the moon. I believe that in many parts of the country religious influences, and influences of every sort, come into operation in such a way that very improper persons might be selected. I do not say that it exists to such an amount as to require any particular immediate legislation.

2822. I understand you consider that at present the most practical want is to make a special test examination for those official appointments?—Precisely.

2823. And not to be contented with what may be called the pass examination, and the diplomas given by the different bodies?—Precisely.

2824. Is there any other remark that you would like to make about direct representation?—I think that it would introduce men to the Council who possessed knowledge of what the public wanted, and how our public institutions were managed, or were attended by persons well qualified to attend them. In fact, it would introduce a body of men into the Council who had a practical knowledge of the working of the profession. Whereas the constitution of the Council at present is a representation of a number of universities and colleges, many of their representatives being men who have been all their lives shut out from practice, who know

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nothing in the world of what is going on in practice, who would not be competent probably to practice, and many of whom never practice vaccination, or perhaps even knew how to perform it. Those are men, no matter how learned, whom we want to have assisted by men who are in the daily practice of their profession, who know what the public want, who are interested in their work, and who would be able to suggest matters to the Council, and make the Council, in fact, a practical Council in the place of a theoretical one.

2825. Are not the members of the Council whom the public know most of, men who have had much practice, such as Sir James Paget or Sir William Gull, or Dr. Andrew Wood; are they not gentlemen who have gained their position by very successful practice?—Yes, but not as general practitioners in the ordinary sense, I do not like speaking of individuals. If I were to mention names I might mention the names of men who are accustomed mainly to investigations by the microscope, or scientific investigations into matters of deep interest, but who are not in the practice of the profession.

Mr. Arthur Mills.

2826. You alluded just now, in your answer to the Right honourable Chairman, to a resolution which the Medical Council had passed in July last year, in which I think the Council resolved that the constitution of the Council needs revision, and that the Council do affirm and represent to the Government at its first meeting after the present Session of Parliament, that it will consider what modifications of its constitution are demanded, and will report to the Government accordingly?—Yes.

2827. I think you also stated that no action was taken upon that resolution until after a considerable period?—Three months at least.

2828. Could you tell us what in your opinion, so far as you could gather, was the object of the Council in passing that resolution in July last at all, seeing that it took no action upon it for so long a period?—I must correct the phrase; I did not say that the Council did not take action upon it all, but that the executive committee did not take action upon it, though directed by the Council so to do.

2829. In reading the report of the proceedings of the Council at the time that that resolution in July last year was passed, considerable reference was made to the Bill which was then pending in Parliament, and in the course of the debates, I am not sure by whom, by Sir William Gull, I think, and by other members of the Council, it was suggested that if such a resolution could be passed, it might indicate an intention on the part of the Council to take up the question of its own constitution; and that a Bill or Bills, or either one of the Bills, might then pass, leaving the question of the constitution of the Council for further consideration?—I cannot answer as to what objects other persons had in view; I must confine myself to the *littera scripta*, namely, that we passed the resolution on the 4th July directing the executive committee to assist us with their views with regard to direct representation, and that we promised to report to the Government what conclusion we should come to, and notwithstanding that, at least three months were allowed to elapse, during which the executive committee never complied in any respect

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with the directions of the General Medical Council.

2830. And I think you said that when the matter was brought before the Council, the question of the introduction of members elected by direct representation was submitted to the Council, was it not; I am speaking of during the present year; I am not sure I am right, but I thought you stated that the matter had been brought before the Medical Council, and that the suggestion or proposal of direct representation had been considered by the Council?—That is my recollection of it, but I would rather refer to the written report about it.

2831. Sir James Paget, in answer to a question which is in our Minutes, No. 2369, said, "I have heard it suggested that the best way of altering the Council would be to put half a dozen members of the general profession into the Medical Council, in order that the Scotch opinion in the Council might be completely quenched;" I would ask you whether you have ever heard such a suggestion made as the motive for introducing members by direct representation into the Council?—I cannot remember that I have; but if I have I would not pay the least attention to it, for I do not credit any representation of another man's motives.

2832. You have heard, I presume, that this question of direct representation has been canvassed for the last 20 years; and certainly I believe I am right in saying, as you stated yourself that you have been a member of the Council from the beginning, that this question of direct representation has been canvassed during all that time, has it not, more or less?—Persons talk of various things. I suppose I have heard it talked of. I may have heard of it.

2833. You are aware, probably, that it has actually been made a feature of several Bills introduced into Parliament?—Yes, I know that.

2834. It is a subject which has been discussed in Parliament, and has been well brought forward in the shape of Bills several times during the last 20 years, and I merely want quite to clear this matter. Should I be correct in supposing that the desire of those who have moved the question, whether they have been right or wrong in their judgment, has been to improve the character and position of the Council, and to make it, as they thought it ought to be, more directly representative of the profession?—I hope that that has been their motive, but I really cannot speak for any man's motive.

2835. It has been your motive, I believe?—I hope so; but I do not want to speak now for my own motives.

2836. We have had it in evidence, as no doubt you are aware, that there are a very large number of registered medical practitioners who have petitioned and memorialised in favour of the principle at different times?—I have heard so.

2837. I think there have been as many as 12,000 signatures?—I cannot speak as to that.

2838. But at all events there has been a very large number. So far as you have been able to form a judgment, do you think there is a very strong feeling in the profession amongst the registered medical practitioners in favour of such a change?—That is a very difficult question to answer; whether there is a strong feeling I cannot tell; I can only state my own opinion that

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there ought to be direct representation. I do not like to answer for others.

2839. You think there ought to be?—I think with regard to making it a practical working Council for the profession there ought to be direct representation.

2840. We have had a good deal of evidence here on the subject from various witnesses. I think I may say that the chief argument against this alteration in the constitution of the Council given by Mr. Simon, Sir James Paget, and others, has been the turmoil of elections which would be involved in carrying this out in any way. Are you aware of any argument against such a mode of election, whether it applies to three or six, or more or fewer, of the Council which would not equally apply to all elections of representatives?—I think there would be no turmoil in the profession. I cannot understand any turmoil being created requiring the interference of either the military or the police.

2841. I ask you the question, because several witnesses who have been examined here have mentioned that turmoil; you do not believe in it?—We have occasionally in Ireland, but very seldom indeed, I am happy to say, turmoil in so far as regards this, that where a popular doctor was not elected to a dispensary the mob surrounded the Dispensary Committee Room and pelted stones at it; but that is the only turmoil that I have ever heard of.

2842. Sir James Paget said, that he should greatly dislike to see a professional election, because of these evils which might arise: "in the election of Members of Parliament, they have to present themselves to their constituents to declare their opinions, to be cross-examined, to be brow-beaten, and tested as for any competitive examination; and thereby, I daresay, the result is better than it would be without any proceedings; in the case of the Medical Council there can be nothing of that sort;" and then I asked him the question, whether he thought that there would be objections to direct representation on the ground of the general objections which there would be to contests of this sort, and he said, "You would have all the evils of attractive letters written to journals, and the praises of a particular gentleman sounded, saying what he could do for the profession, and what his capacities were, and so on, all which I think would be highly desirable to be avoided;" those are the sort of objections which Sir James Paget spoke of as likely to be incidental to an election of representatives; do you agree with him?—I do not see that if Members of Parliament do not object to others canvassing their respective merits and their respective purposes, there ought to be any objection to the profession also stating its views of any particular individual.

Mr. Errington.

2843. You seem to be of opinion that there is no great urgency for any reform?—I do not think there is any great immediate urgency to press this on in this particular year; I think that we had better wait awhile; I do not think that we are ripe for it; that would be my present feeling. But if there were any pressing necessity, I certainly would support very strongly your Bill, as I may call it, No. 4, as going as far as we can safely go at present.

2844. We have statements before us upon the authority

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authority of the Medical Council, which represents the state of the medical profession as steadily improving; that is your opinion, is it not?—That is the result of all the reports that have been made to the Medical Council by the visitors appointed to examine into the state of the several universities and colleges, that the state of the medical profession has been steadily and even rapidly improving.

2845. Then whatever protection the public require, you think would be amply met by the provisions of what you call my Bill?—Yes.

2846. It would have the advantage of protecting those who cannot protect themselves, and of leaving absolute freedom, and I may say, free trade, for those who can protect themselves?—Yes; free trade exactly, to those who can protect themselves.

2847. We have in evidence the fact that the majorities which were in favour of the conjoint scheme in the Medical Council in 1870, were very much greater than in 1878; and we also have evidence to the effect that amongst the medical profession itself the majorities were larger in 1870 than in 1878, showing a constantly diminishing majority in favour of a conjoint scheme; does not that strike you as being a remarkable change of opinion?—I think it would show that the profession is becoming the majority. If we are to take the voting as an index of opinion, we must take the conclusion which you have arrived at; but with regard to the Medical Council, I would not attach the slightest value to any opinion of theirs, because it would be just as if we were to refer a question of law to be tried by a number of prisoners who were on their trial. The Medical Council are men on their trial; and any opinion expressed by them would be an opinion expressed by parties who were on their trial. We passed a resolution that the constitution needed revision; but you would not attach any value to that voting one way or the other, except that if there be any leaning, it is just as you say, that it shows a tendency to support direct representation.

2848. In fact, might we not conclude that it shows that a more careful consideration of the difficulties which attend the conjoint scheme have compelled persons who were in favour of it to change their minds?—I think so.

2849. You do not consider, as some of our witnesses told us, that it shows great inconsistency on the part of distinguished individuals in their changing their minds?—I do not think so; I think consistency, as a former leader of mine once remarked, is a rascally virtue; I think that a man has a right to change his opinion, and I do not think that inconsistency is a vice.

2850. In fact, I think that we might consider the medical opinion is in a state of transition upon the question of the conjoint scheme?—I do not know; I would not attach very much value to medical opinion as opinion, because it would be biased by so many considerations, college relations, and the views of leaders in the profession. I cannot say that I attach a great deal of value to medical opinion one way or the other, except so far just as you have put it forward, that it shows that the opinion in favour of the conjoint scheme has rather fallen away.

2851. Do you think that there is great difficulty in the practical carrying out of the conjoint scheme?—The greatest difficulty. I have

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mentioned some of the difficulties in the way, but I will mention just a few others; in fact the conjoint scheme reminds me of the image in Nebuchadnezzar's dream when the statue was formed of iron, and brass, and clay, and I do not know of what else, a number of matters that never could unite. For instance, I apply it in this way: the conjoint scheme, as proposed to be formed, proposes to make a body of 19 into three, and the still more difficult task, and a most heterogeneous one, to confound universities and colleges 300 or 400 years old with others that are scarcely yet in existence, with different prestiges, with professors or representatives named by the Crown or self-elected, to confound colleges and universities having endowments with some which have none, except such as they derive from the payment of fees, and they have their own interests to look after, and to confound with universities and colleges the Apothecaries' Halls of England and Ireland. Those two bodies are trading bodies; you get admission into them by paying, by buying a share; that is really how admission into those bodies is procured, and it proposes to combine them with the universities in which men hold high professorships from superior talents. The most heterogeneous compounds are mixed up together in this conjoint scheme.

Mr. Mitchell Henry.

2852. That is not the case with the Apothecaries' Society of England?—I did not name the Apothecaries' Society.

2853. They have to pass an examination to become a member of the body?—I should perhaps have said the managing body. It is a trading body; it trades by selling medicines, and it trades by means of buying into the body, paying a certain sum for a share; that is its mode of election.

2854. That is the trading part of it; but it gives a qualification for which an examination, and a very strict examination too, is necessary?—You must refer to its rules, for my recollection is that the body, or a branch of it, which regulates the examination is the same body which regulates its trading.

Mr. Errington.

2855. With regard to examinations, the object of the conjoint scheme, of course, is to have a uniform standard; would it be possible in your opinion to maintain an absolutely uniform standard in the three distinct bodies, one in England, one in Scotland, and one in Ireland?—It is perfectly impossible for one examining body in Ireland, and another examining body in England, and another examining body in Scotland, to have three competing duties, and one uniform standard, one or more of the objects of which should be exactly the same.

2856. You think that in practice it would be a difficult thing to do?—I look upon it as an utter impossibility to carry out.

2857. Supposing a body of examiners to be appointed for each of the countries, those bodies of examiners would have to be subdivided, would they not, into committees in order to carry out the work of examination; would not it be an extra difficulty, if you subdivided each of those bodies to secure that uniformity in the subcommittees of each body?—If you subdivided the bodies of examiners into committees, you would come round exactly like a horse in a circus

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to the point from which you started at present; it would be as bad as it is now.

2858. You think that in practice it would be very difficult to maintain this uniformity of standard?—Perfectly impossible.

2859. You are aware that a result of the conjoint scheme would be to establish a minimum standard of qualification all over the country?—I think that that would be an effect of a conjoint scheme. There should either be a minimum standard, so as to provide general practitioners for the mass of the population, or there should be a majority standard or a maximum standard, which would be established so high as that men could not pass it. I am borne out in that opinion by what occurred with regard to the license given at the Apothecaries' Hall of England, in 1815. There was then a call from the public; the public then interfered in the matter, because they had not sufficient medical attendance, and they called for a provision for supplying the population at large, manufacturing, agricultural, &c., with practitioners. The Government felt the cry so pressing that they proposed to the College of Physicians to institute a class with an inferior qualification, and without being subjected to the penalties which were inflicted on persons in London and other places practising without the qualification of the College of Physicians in England. The College of Physicians would not listen to it. I think I am speaking now what is historically correct, that they were obliged to refer to Apothecaries' Hall in England, and the Apothecaries' Hall, as it then existed, became also, by the change in 1815, not only a trading body making a profit of its shares, and selling them to the highest bidder, but the same body, if I am correct, as I think I am, became then a licensing body in 1815, and thus in consequence of the action of the College of Physicians, Apothecaries' Hall was reared into existence. Then of course, with regard to the standard, it must be either a minimum standard or a maximum standard. The minimum standard would make the qualification very low indeed, whereas the maximum standard would be too high for the bulk of the population and of the profession. The proposal for a conjoint scheme would end in either the one or the other; it would also tend to lower the status of the profession or the education in this way. A man getting under the Government Bill, a certificate of qualification, would have no object to go anywhere else; he would be content with his certificate of qualification, because that certificate of qualification would give him a right to practise, to appointment to dispensaries, to hospitals, &c., and other public places; he would have no object in going further, therefore it would tend to maintain a low standard of qualification; while the Bill which is called by your name would tend to raise it, because it would leave the bulk of the profession and the licensing bodies untouched in their privileges and practice, and would secure to the poor man who had no person to choose from that he would have a man of higher qualification; therefore persons seeking for public appointments should seek for something beyond the certificate of qualification of any governing board which would tend to produce a minimum, and by holding it out to any man who got a qualification that he need not go any further; he would have no object in going any further; he would have no object in

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paying more money, he would settle down in practice and earn a very comfortable livelihood, and thus the whole education of the profession and its testing power would be lowered very much by the conjoint scheme, whereas there would be a tendency to raise it by your Bill.

2860. Dr. Acland told us that we might rely upon what he called ornamental degrees in order to raise the standard amongst the ambitious members of the profession, but you seem to think that if there was this uniform standard of mediocrity established, no one would care to go in for anything higher?—I am quite sure that if a man gets a certificate of qualification, and settles down in a district in the country, he will have no tendency to go higher. I will tell you an anecdote to bear me out in that. I went down on a consultation, and visited a good man in the very heart of Ireland. I said to the man who was in charge of the district, "Why did not you do so and so; why did you not adopt such means?" "Well," said he, "I have not bought a medical book for the last 10 years." I expressed my surprise, and he said, "I will tell you a fact; I have got a dispensary, and I never can make more than a certain amount in the district. If I have a pound to spare I lay it by until the fair to buy a boneen" (a boneen is a little pig); "I buy a little pig, and I lay that by till the following fair, and then I get 5*l.* for it, and then I lay that by for the support of my daughters; and, you see, if I were to lay out 50*l.* for a higher qualification I should never get 50 pence, nor would the public place any additional confidence in my opinion." Therefore looking for ornaments in the profession is, in my mind, utterly useless. Then, take Dublin, for example; there are men in the profession in Dublin who have never been in the College of Physicians or Surgeons, and who are making very handsome incomes, and they would be content, and any man taking their incomes would be content, with a certificate of qualification, and not seek anything further.

2861. You do not think that it is desirable that the whole profession should be reduced to this dead level of mediocrity, though it may be very good for country practitioners?—I do not desire to see it. I desire to see incitements to them to obtain the higher standard, and they would obtain it if they were told that they could not hold public appointments unless they obtained such higher qualifications.

2862. The result of my Bill would be to give necessary protection to the poor, and at the same time to leave absolute freedom of opinion, and to give encouragement to other members of the profession to rise higher?—I think so.

2863. We had some evidence, on the last day I think it was, about the registration of medical students; are you aware whether the registration of medical students is enforced in Dublin?—There is no law to enforce it; what is published is merely a recommendation of a general registration of medical students, but my opinion, or rather my knowledge about that is, that the registration of students which is applied is a mere farce. For instance, in the Queen's University with which I am connected, there may not be a preliminary examination until the last few months of the course, and therefore you cannot be registered as a medical student at commencement of studies. But the reason that that cannot be done now, although they are willing to do it, is

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is this, that according to the charters of the Queen's Colleges, a pupil may only spend the last six months or three months, I forget which it is, out of four years at a Queen's College; the Queen's Colleges know nothing of him previous to his going there, and he may not go there until the month immediately preceding his examination; but he can go to Trinity College, and he there pays 5s., and is immediately matriculated as a medical student of Trinity College without any examination whatever.

2864. Is that so, that at Trinity College he is admitted on payment of 5s. without any preliminary examination whatever?—Yes.

Chairman.

2865. Do you mean that a young man, not an undergraduate of Trinity College, can enter upon an examination upon payment of 5l.?—There is no examination necessary.

2866. You mean that he can enter upon his studies?—Yes.

2867. Not being an undergraduate?—Not being an undergraduate, or having anything at all to do with arts, but entering as a medical student, for which he pays 5s. as a matriculation fee.

Mr. Errington.

2868. You are vice chancellor of the Queen's University, are you not?—Yes.

2869. We had the other day in connection with this matter some evidence as to the visitation of the examination at the Queen's University, and there were some papers produced, in which the spelling was very bad, and it appears that the student whose paper was produced, in spite of this paper being so badly spelled, had passed his examination; are you aware of that, and is that the nature of the preliminary examinations of any other bodies in Dublin, besides Trinity College?—There is in the George Hotel, in Wales, in a picture glazed and framed, a letter from the Duke of Wellington, consisting I think of five lines, "I slept here last night and am pleased with the accommodation." There is bad spelling in that, so that I think when a man in command of the British Army cannot write a sentence of five lines without bad spelling, a student who has never gone to Queen's College, but has followed his studies, it may be, in Trinity College, should not be rejected. I should be very sorry at present to stand an examination in spelling myself, but I saw one word objected to in the paper "wholly," which was spelt "holley," and that was a little too much. How is "surprise" spelled; I must confess that at the present moment I am just as likely to spell it wrongly as rightly, substituting "z" for "s," so that I attach very little value to bad spelling, unless it be very gross indeed.

2870. Are you aware the College of Surgeons in Dublin insists on the registration of students? No. I would rather that you would ask that question from somebody connected with the college, but it does not, and for this reason, that at present there is a subject for discussion in the Medical Council, on Thursday, and it is in consequence of this: the College of Surgeons says that certainly they do insist on a preliminary examination. It was proposed by the Medical Council that in place of dispensing with the regulations themselves, they should refer to the 0.105.

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Branch Council, and the College of Surgeons sent back an answer to state that they had reserved that power in their own hands and would dispense with it when they liked and enforce it when they liked, but they had no idea of submitting their charter rights to the Branch Council for Ireland. I will not give an opinion whether they were right or wrong, but it simply shows the system amounts to this, that every body may do what it likes.

2871. With regard to medical education, are you in favour of the system of having certificates for attendance at lectures?—No, and unfortunately, I can speak against it from personal experience. For 20 years, at least, I am sure I signed 100 certificates every year that the boy was a very good boy, and had attended the hospital most regularly, but whether he was or was not there, I knew nothing. The certificate came to me, signed by the secretary to whom he paid the fees, and I signed the certificate with the secretary's signature to it, and that was enough. I would abolish, if I could, all certificates; I do not think that certificates are of any value, except as mere receipts for so much money received. I would let the man get his information where he best could. He would always pay for what was worth paying for.

2872. Is it your experience that certificates do not necessarily represent the attendance at lectures which the students profess to attend?—I am sure they do not; I know when I was a student in Edinburgh, Scott's novels were coming out, there was a charge of 6d. a day per volume for reading them, and the favourite place for reading them was the lecture room.

2873. You would do away with the inspection of education, would you not, and would leave absolute freedom in that respect, and merely test students by examination?—I would have no inspection of education whatever, and leave every chartered body, university and college in the kingdom, to teach them as they liked; but I would have an efficient mode of examination at the end. I would have examinations as there are for graduates in arts in Trinity College and the Queen's University, that is to say, that a student should have two or three examinations annually; he should have his matriculation examination, or his entrance, examination as the case might be, and he should have an examination at the end of a year or two years, as the case might be, for preliminary subjects; he should have an examination at the end of three years, and then a final examination. There should be three or four strict examinations; it is to examinations alone that I would trust; to certificates I would attach no value whatever, they may be got anywhere.

2874. Do not you think that there would be a danger that such examinations might lead to a system of cramming; if you did not insist upon the attendance at lectures, a student might be crammed, might he not, at the last moment, and made to pass a creditable examination?—I think if you attempt to cram him at the last moment, you would choke him; I do not think it is possible to do that. If a man comes up and is examined properly, there is no danger of his being suddenly crammed. For instance, take the constituents of urine; if a young man is examined properly, and he is not able to test a specimen of urine that is laid before him, no cramming will

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will do it, no cramming will teach him. There are various kinds of practical matters which no students can, as it is called, cram; besides, we do not find as regards cramming, that the places where there is always the most cramming, are the worst universities. For instance, at Edinburgh, when I was a student, there were two crammers there, and we paid a certain amount of money for going to those crammers, and I thought the crammers were very good, and taught very well; I learnt my profession there. They taught me to put my ideas into form, and to bring my mind into the regulation form. I do not want to abolish cramming altogether; I would leave a young man to get his information where he best could. If I were to be examined further against it, I would ask for a definition of cramming to be given to me; but I will not take up the time of the Committee by asking it. Only I have heard a great deal of talk about cramming, but I have heard most of it from men connected with the universities, and the universities abound with them; they have numberless hordes of crammers about them. For instance, I had two sons in Trinity College; those two sons got private tutors in addition to their paying the college fees, and those tutors were crammers. I do not know any difference between them; a private tutor finds out what books will probably be required, and the various universities now lay down a list of the books which they want, so that the students may confine their studies to them. That is cramming, and I do not see any objection to it.

2875. With regard to the Medical Council, we have heard a great deal of evidence, and the opinion of some of the witnesses at least is, that the Medical Council spends a great deal too much time in desultory discussions; do you think that the introduction of direct representative would tend to increase the amount of discussion?—There would not be such good speakers as there are in the present Council. The report of their discussion when I proposed direct representation, and they proposed another resolution, would have been very much cut down indeed.

2876. Would you propose to permit reporters for the press to be present at the debates of the Medical Council?—At the present moment, just as it is put to me, there does not flash across my mind any objection whatever to the admission of reporters. Reporters were not admitted at one time, and then we had the secretary of the Council drawing up notes of the proceedings; and he drew them up in such a way as to favour his own speeches, and to abolish everybody else's. We put an end to that, and then we employed authorised reporters; and I need not tell you that four or five reports of those authorised reporters were as big as that press behind the Chairman. Nobody could read them. Then we came to the reporters of the public press, who reported what was worth hearing, and passed over what was not worth hearing; and I have never seen any evil whatever arise from it.

2877. That reduced the series of reports very considerably?—Yes, fortunately.

2878. I think, in answer to the Chairman, you said, that you would make the Council a practical Council for the profession; did you mean by that that you would extend the scope of its operations beyond the management of education?—I would not have the Council manage education at

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all. I would not have them meddle with education. I would allow every young man to go wherever he could to get his education, but I would have a board of examiners as appointed for what I have said, for the public appointments which are mentioned in your Bill.

2879. But would you propose to extend the scope of the operations of the Council; would you propose that the Council should concern itself with the interest of the profession, and with questions of medical policy?—I do not think you should leave out the interests of the public, which are much more important than the interests of the profession.

Dr. O'Leary.

2880. You have raised various objections to the formation of three separate bodies on various grounds, and one is that there would not be uniformity?—That is one ground.

2881. And that there would be national dissensions?—Yes.

2882. Taking into account the discussions which have occurred in the Medical Council, and assuming that the Bill passed, giving three separate conjoint schemes, one to each division of the United Kingdom, is it likely that there would be some rule made in favour of a Scotch Licensing Board allowing it to give its diplomas at a lower rate than those in any other part of the kingdom?—I think you had better ask the Right honourable Chairman that question; that is a question for the House of Commons to answer, and not for me.

2883. But I ask you, from the discussion which has occurred within the Council, and the feeling within the Council, is it likely that in the event of this Bill passing, such a provision would be made?—I really cannot answer such a question.

2884. You mentioned, I think, that once a candidate passed under the conjoint scheme he would not be at all likely to return to the exact body that he belonged to; that is to say, supposing he was taught in a university or a college, having passed the conjoint scheme of examination, it was very unlikely that he would identify himself with one of those corporations or universities which send representatives to the Medical Council at present?—I do not see what he would have to gain by it; because if he obtained a certificate of qualification from one of the licensing bodies that are appointed to examine him, inasmuch as the certificate of qualification would open any public appointment that leads to practice, what would be his object in joining any college or university after that; I do not see that he would have any.

2885. Are you of opinion that the constituencies of different corporations, or the licensing bodies that send representatives to the Medical Council at present, would gradually get less and less in number year by year under such conditions?—I think that might be a probable result. The electing body at present is small enough; for instance, the whole number of Fellows of King's and Queen's College that have a right to elect the representatives, at the outside, including non-resident persons in Italy, and in Germany, and in various places, amount to about 45. The usual attendance at a board of the college, is not more, generally speaking, than from 10 to 15.

2886. Supposing

Dr. O'Leary—continued.

2886. Supposing you were to attempt to cast your eyes over 10 or 20 years hence, as the result of this conjoint scheme, are you not of opinion that the number of persons identifying themselves with the various corporations that are now represented would certainly be less?—Really as to what is certain to occur in 20 years, I think is a question which I cannot say.

2887. It would tend to make the number less?—It is a very difficult question as to what will occur in 20 years, and I could not take upon myself to answer it.

2888. You have admitted in your answers that the tendency would be in that direction from year to year?—The tendency would be to diminish the necessity for going beyond the certificate of qualification.

2889. Would not that, in your opinion, further strengthen the view of those who look to have representatives on the Medical Council other than those representing corporations and universities?—That is a very difficult question to answer. I have already stated that I am an advocate for direct representation, but as to what will be the result of this or that mode of legislation in 20 years I could not say.

2890. You mentioned the Apothecaries' Society and the Apothecaries' Hall; I am anxious to clear up that point, and that you should separate the one from the other?—I do not know anything of the Apothecaries' Society. I know the Apothecaries' Hall in Ireland and in England.

2891. There are two different elements in connection with them; there is the commercial element and there is the professional element, and they are distinct, are they not, in their interests?—No, they are not distinct in interest, as far as I know, except in this, that a man who obtains a license from the Apothecaries' Hall has a right to practise as an apothecary, but if he becomes a shareholder and director of the Apothecaries' Hall he must attain that by purchasing shares, and those shares are sold in the public market. I have seen the shares of the Apothecaries' Hall advertised to be sold at an ordinary auction mart in Dublin, along with furniture and various things of that kind; and I have seen amongst the things enumerated shares in the Apothecaries' Hall.

2892. With regard to the representatives who sit on the Medical Council, do they represent the commercial interests of those bodies or the professional interests of the bodies?—You must ask themselves that question, because I cannot tell what a man represents; I only know that he is there from the body, and that he represents both, but as to which he conceives himself to represent I cannot answer for him.

2893. Have you any knowledge as to what is the electoral power of the Apothecaries' Halls of England and Ireland?—I can tell you what it is in Ireland; it is the directors who have purchased shares only.

2894. And not the licentiates?—No; not the licentiates.

2895. Then the representatives of the Apothecaries' Halls upon the Medical Council differ, in fact, from all the other representatives, inasmuch as they are not elected by the members or the licentiates of the different bodies who send them?—I cannot answer that question.

2896. They are not necessarily representatives?—I would have to run over in my

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mind the various modes of election of the 19 or 21 bodies, and I could not do that on the instant. All I can tell you is that they are all connected with the governors of the Apothecaries' Hall, who are men appointed by the Act of Parliament, and their successors, to carry on the business of the Apothecaries' Hall, to provide good medicines for the public, and that as such they existed before they were elected as representatives of that society on the Medical Council; that is all I know.

2897. They are not necessarily medical practitioners in any sense of the word?—They practise as apothecaries; that is to say, they have shops in Dublin where they sell medicines, and that they go out and supply a particular class of the public with a class of practitioners similar to the *officiers de Santé*, in France; that is, they are persons who are generally considered to be at the beck and call of the families whom they attend; but to have a vote as a director of the Apothecaries' Hall, a person must have bought shares in the hall; sometimes the shares have risen to 300 £, and sometimes they have sunk to below par.

Chairman.

2898. Do you think that the shares are increased in value by the fact of their having that power of voting?—I do not think that there is a shareholder that would give 2 d. for the power of voting for a representative, he cares for little more than his yearly dividend.

Dr. O'Leary.

2899. You spoke of the practice that you find in certain continental countries with regard to various grades of the profession, and those grades being able to adapt themselves to the various walks in life, and that there was an objection to the uniformity which might arise under the conjoint scheme; did I understand you aright?—You did, perfectly.

2900. I think I understood you to say that as the present system of examining boards works, you would not disturb them, but leave them as they exist at present?—I would not meddle with them at all.

2901. I want rather to elicit a few facts, if they be facts; in the first place you spoke of public opinion not having been taken into account sufficiently on these medical questions?—The interests of the public, I said.

2902. Do you think that the public interests are felt by themselves, and that they have tended to precipitate men into their natural positions in the profession?—I do not know what their natural positions are.

2903. The ones which by nature they are destined to occupy?—I do not think that nature troubles herself much about them.

2904. The Apothecaries' Hall at present has rather a low standard, I believe, compared to the other Irish licensing bodies; in fact, a lower standard than any other?—An apothecary does not think so himself.

2905. What do you think?—I would rather not give an opinion. I have met amongst the apothecaries some most intelligent men, and I have met amongst them some very stupid men, but I could not say the same of all grades of the profession.

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2906. Are they not an extremely useful body?
—Certainly they are a most useful body.

2907. I mean for the purpose of attending a certain class of the population they are most useful?—They are. I would rather say that they are a certain class for attending a portion of the population.

2908. Again, we have what is called the general medical practitioner, have we not; rather an ambiguous phrase, but still understood by those who practise both medicine, surgery, and midwifery?—I would like to begin by defining what I understand by a "general practitioner." From what knowledge I have arrived at by frequent conversation with men, both in England and in Ireland, originally a general practitioner was stated to be, as still exists in Scotland, a man who supplies his own medicines and supplied his compounds, and he was an adviser, and he charged for them and for his own advice together; that was found to be very inconvenient after some time. There are a class of men now practising both in England, and in Ireland, and in Scotland, who attend families as they are wanted by the year, and at the end of the year, totting up the number of attendances and the troublesome nature of the case; they send in a bill, not charging at the rate of a consulting man. That is what I understand and I believe, so far as I have been able to ascertain; that is what a general practitioner is at present. The question you asked me was, was a general practitioner a useful man; to that I reply he is a most useful man, for the public cannot do without him.

2909. Then the public in that case from a sort of natural selection have created this general practitioner?—Natural selection is a very difficult matter to understand.

2910. Following your own observations, of advantage to the public, they have consulted their own interests, and in fact, by a process of natural selection, have created what is now the typical general practitioner?—By some process or other they manage to get what they want.

2911. Then, again, already under existing circumstances you have another grade, I will not call it a higher but another grade, still, have you not; that is to say, the hospital surgeons and physicians of the metropolis, who occupy a higher position also, do they not, than the so-called general practitioner?—They ought. They are very often consulting men.

2912. Eventually they assume a higher character, approaching something like your own (many years of course behind you), and become hospital surgeons or physicians before they get a rich consulting practice to fall into their hands?—Some of them never become anything.

2913. But some do?—Yes, some do, of course, if they have the opportunity.

2914. So that at present the public have created the very body necessary for the purpose of satisfying the public want and public opinion?—They have.

2915. And that has been thrown into order as the result of the force of public opinion?—I think so.

2916. So that the poorest person of the community, under the existing system, has the advantage of the very highest medical authority to be found in the metropolis?—Certainly not.

2917. Nearly the highest; what I mean by

Dr. O'Leary—continued.

that is the higher grades of the profession, before they attain the very highest position, are those occupying the position of hospital surgeons and hospital physicians in the metropolis; am I right in assuming that?—Some of them are so.

2918. It is not generally so, as a rule?—If a man has industry, and observation, and some talent, and a natural turn for the profession, he gets a hospital, and he generally is one who has gone far into the higher walks of the profession, that is to say, into the office of a consulting man; at least if he does not attain it, it is his own fault.

2919. Are there not many instances in the metropolis of Dublin at present of such hospital surgeons and physicians; are they not very numerous, in fact?—Numerous, that is to say, there are more than are wanted, but then they were trained out of the ranks.

2920. Men of the highest position and of the highest talent at the hospitals in Dublin attend at present and are at the disposal of the poor on dispensary days, and there may be said to be a consultation every day, is that not so?—If you are talking of men in the metropolis where the rich are so ready to come and help the poor, in the metropolis they attend a good many of the poor and give away a good deal of money, but the attendance of a physician or surgeon that the patient wants is not available for him personally, because he may go into an hospital and never see the face of the physician or surgeon that he wishes to consult. He may be put into ward A., when he wants to go into ward B.; or into C., when he wants to go into ward D. But I believe the fact amounts to this, that generally speaking in the metropolis, speaking now of course of Dublin, the poor of Dublin have at their command all that they reasonably can expect.

2921. If they have interest they can get into any hospital into which they wish to go; there is abundant provision for the poor at present?—Yes.

2922. Under the present system of examination, producing only working medical men to a great extent, as is proposed, I think, under the present system, has not it already worked out by the public, or, as I said before, by a process of natural selection, that certain grades are established absolutely, are they not, in the metropolis at present?—When you say grades, do you mean that the public can state that such one man is in grade No. 1, or grade No. 2, or grade No. 3.

2923. I mean that there are grades which could be laid down legitimately in any Bill, for instance, such as Mr. Errington's Bill?—I think it could be laid down perfectly correctly in Mr. Errington's Bill, but I did not speak of the word "grade" as applied to that class of men.

2924. In speaking of different grades, could you by any hard-and-fast line in an Act of Parliament, confine a man within certain limits?—Whether it is possible by Act of Parliament to confine a man within certain limits is a question I cannot answer.

2925. You can confine him to a certain grade of the profession, and put a stamp of higher or lower education upon him by Act of Parliament?—You must tell me to what that applies, whether he is higher or lower in education. In Mr. Errington's Bill it declares that a man shall be examined

Dr. O'Leary—continued.

mined before he is put in charge of the poor, because the poor have not an opportunity of choosing for themselves. I think that is perfectly clear and distinct, but it does not speak of grades.

2926. You would establish examining boards for public appointments and hospitals?—For hospitals supported by the State, but not by private contributions; for instance, in England, there was a great complaint soon after the formation of the Medical Council, that the members or licentiates of the Dublin College of Physicians were not eligible to take hospital appointments in England, and a very satisfactory view was taken of it. If 500 persons choose to support an hospital by their own contributions, they have a perfect right to establish what rules they like; that is to say, whether they will have a member of the College of Physicians in London, but not in Dublin, they have a perfect right to do that, but then the Poor Law Government Board stepped in, and said, "With regard to private hospitals we do not meddle, but with regard to hospitals supported at all by the State, for instance out of the poor rates, the law makes a graduate of every college and university in the United Kingdom eligible to be appointed, and that law must be abolished if you attempt to carry out anything different in a State Hospital."

2927. Those who present themselves to fill a public appointment, for instance, under the Poor Law Board, must have two qualifications, must they not?—That is the present rule, but that rule might be altered to-morrow.

2928. As the law at present exists, they require the double qualification of the College of Surgeons and Physicians?—Yes, or of the College of Surgeons and Apothecaries' Hall.

2929. Do you think that there is any deficiency in the present examining boards that you would want a separate examination for the purpose of admitting men to treat the poor under the Public Health Act?—I think you said that it was to be a substitute for the present examining board.

2930. For the present qualification of surgeons and physicians or of Apothecaries' Hall, is it because you think that the examination by the existing boards is deficient, that you think it necessary to examine a man again for a public appointment?—I think when you give appointments supported by the State, the State ought to see that persons fit to treat the poor are put in the position, just as the army board and the navy board have found it necessary to institute pass examinations for the medical men who attend soldiers and sailors, so ought the public service to demand separate examinations for men in the public service who attend the poor in hospitals, or dispensaries, or ships supported by the State.

2931. Would you examine such a candidate after having been elected by a board of guardians, or before, in order to make him eligible for election?—What would be the use of examining him after he had been elected: I would examine him to see that he was qualified to take charge of a public appointment.

Chairman.

2932. I suppose you would not allow anybody to be elected who had not submitted to that examination?—Certainly not; supposing that there were three medical men living in a country town

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in Ireland, one man was deriving a very good income from private professional practice, and another man did not become a candidate, and never intended to become a candidate (the poor house being a public institution), and another man depended altogether upon private practice, it would be necessary that the man who was to be elected, or who was proposed for election, should, before he went in for election, be examined to show that he knew his business. Then, as the poor cannot choose for themselves, the State should choose for them; and they would have exactly, as in the army and navy medical board, a standard of qualification to be secured by the examining body, as proposed under Mr. Errington's Bill.

Dr. O'Leary.

2933. Is it from any doubt as to the present examining body that you would think it necessary to have a censorship over them?—I do not think that is a fair question; but following the practice which has been set in the army and navy the practice should be the same.

2934. Would you make it a single portal system for the poor law appointments, or would you make it a competitive examination, and give minimum and maximum marks?—Certainly not a competitive examination at all, but an examination implying fitness.

2935. A minimum examination?—I do not say a minimum examination; it should be a test sufficient for the office, that is to say, a man proposing to be a surgeon, to a district in the country, perhaps 100 or 200 miles from Dublin, should be examined as to his knowledge of surgery, and as to his knowledge of medicine; and, if a man came in who was not competent to pass an examination, he should not be allowed to become the public officer of that institution; in other words, that he should be a competent man, but not a competitive man.

2936. With regard to such hospitals in Dublin as are supported by Government, the Whitworth, the Hardwicke, and the Richmond Hospitals, would you apply a test examination to any candidate applying for the position of hospital physician?—I must think for a moment on this; those are very peculiar hospitals. They are hospitals the grants to which were continued in consequence of the injury done to Dublin by the union. Those hospitals are vested by Act of Parliament in a body of Governors, of whom Lord Meath is chairman, and elected by the other governors. There are, altogether, 8 or 10 governors; I am one of the governors myself, and as to submitting men for examination who desire to become candidates for those hospitals, I would not in the least object to it, but whether it would be legal to do that, or not, would involve an alteration in another Act of Parliament, a very important Act, that is, the Act regulating public grants to various institutions in Dublin, which had been continued from the introduction of the Act of Union.

2937. As to the expediency or the necessity for the purpose of guaranteeing fit men to occupy the positions of surgeons and physicians of a public hospital, would you think it necessary to put them through an examination?—I scarcely would think it necessary, because no one would even offer himself in Dublin for that appointment who had not obtained a very high standard

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in the profession, and a standard which would render it unnecessary to subject him to an examination, but I see no objection to including him with the others. If a man were not fit to pass an examination, he would not be fit to be elected. I do not see any objection to it, but I do not think it would be necessary.

2938. If such a public examining board were to be introduced, it would be prospective?—Of course.

2939. Can any candidate present himself for his primary medical examination before any of the Irish bodies, or any of the English school that you know of, without first having matriculated?—I cannot answer for all the bodies.

2940. Do you know of any where they omit a matriculation examination?—I do not know personally of any, but I know that at the present moment there is a case which is to come before us at the next meeting of the Medical Council, where the Medical Council, through the secretary of the executive committee, wrote to the College of Surgeons in Ireland to know whether they admitted men to go on with their studies without any preparatory examination, and the executive committee recommended that such questions should be referred to the Irish Branch Council. That question came before the Irish Branch Council, of which I am a member, and my view was, and it was adopted by the Branch Council, that it was a question that we had nothing to do with, but that it was a question of contention between the managing bodies of the College of Surgeons and the Medical Council, and that they should fight it out for themselves. The College of Surgeons replied to the communication, that they would retain the power of admitting students to examination without primary or elementary examination, and would put a student on the register, and would use their own discretion. Our answer to the demand from the Medical Council, that we should investigate the matter, was that we had nothing to do with it. It was a by matter between the Medical Council on the one hand, and the College of Surgeons on the other; and how it is to be settled I do not know.

2941. You spoke about students putting themselves upon the medical register as medical students at the supposed date from which they are to commence their studies; do you know whether or not they would be registered if they had not already matriculated?—I do not know that there is any law on the subject; you must recollect that the Medical Council has merely the power of making recommendations. There is no law to force anybody to adopt them. For instance, the College of Surgeons might to-morrow cancel its license or its degree to a man who was never registered. There is no law to prevent it. There is a recommendation to which I believe a great many of the bodies have subscribed; but the thing at present is in such a state of confusion that there is no knowing who is right and who is wrong.

2941.* Of course registration and matriculation are too very different things?—They are.

2942. A student may not matriculate, I believe, until a very short time before he presents himself for examination before the College of Surgeons in Ireland?—There is no man in the room so capable of giving an answer to that as yourself, be-

Dr. O'Leary—continued.

cause you are on the governing body of the College of Surgeons; I will give no opinion upon the conduct of the College of Surgeons.

2942*. As a matter of practice they must first of all matriculate at the College of Physicians, of which you are such an ornament?—I do not give much for ornament.

2943. When you spoke about the student in Trinity College registering for a fee of 5s.; has that anything at all to do with his becoming attached to the university or say to Trinity College?—I do not remember that I used the word "registering" at all with regard to students of Trinity College; I used the word matriculation.

2944. Then in that case, is the matriculation fee 5s., or the registration fee 5s.?—I do not know; there is no registration fee in Trinity College at all; there is a matriculation fee which is 5s. Suppose A. B. comes up to Dublin and wishes to enter upon his medical studies; he enters upon his medical studies at the school of Trinity College, and he pays 5s. to the senior lecturer, and that 5s. entitles him to go through all his medical studies in Trinity College, but there is no examination.

2945. Is there no matriculation examination if he wants to take out his degree in Trinity College?—Now you put a new question.

2946. I want to individualise Trinity College, because it appears a strange thing for a university like Trinity College to permit a candidate to pursue his studies under its walls, and yet not be a matriculated student of the university at all?—I said a matriculated student as regards his medical studies, not as regards his studies in arts.

2947. You mean that he must matriculate when he enters Trinity College for his medical studies?—Yes, on payment of 5s. I will read the Regulation for you, that is the shortest way. This is from the Calendar of the University of Dublin, 1879, page 168: "No student can be permitted to attend any of the lectures delivered in the School of Physic, or to attend dissection, who has not complied with the provisions of the School of Physic Act (40 Geo. 3. c. 84), as to matriculation, to the effect that all students of the School of Physic must be matriculated by the senior lecturer to Trinity College, for which a fee of 5s. is payable; but no such student shall be obliged to have his name on the college books, or to attend any of the academical duties of the university unconnected with the School of Physic, unless he desire to obtain a licence or degree in medicine, or a licence or degree in surgery."

2948. Therefore, if he wants to continue his studies in the university he must have matriculated at the very commencement of his studies?—Yes, on payment of 5s.

2949. Payment or no payment, he must have passed an entrance examination?—No, he must only pay 5s., as I read it.

2950. He must have passed his entrance examination before he would be entered upon the books of the college as a student in medicine?—No; I have read it distinctly.

2951. He cannot obtain a degree in medicine unless he has first obtained a degree in arts?—He cannot, but he can obtain a license in medicine which entitles him to be registered.

2952. Then

Dr. O'Leary—continued.

2952. Then am I to understand that as a medical school simply Trinity College permits its school to be placed on the same level as other private schools in Dublin, neither more nor less?—They are all in the same box.

Dr. Cameron.

2953. Do you happen to know anything about the system of Staats Examen in Germany?—I know a little about it; not a great deal.

2954. Will you tell the Committee what it consists in?—I cannot say that I shall be very accurate, but from what I have learnt the Staats Examen consists of professors chosen from various universities, who, as a board, examine a man before he is allowed to practise in Germany, and in that case the same persons who have taught him, more or less, examine him. That is what I understand by the Staats Examen. A mere degree from a university, or a mere certificate of attendance, does not entitle him to practise as a medical man; but the result is an amazing amount of quackery through Germany. You cannot go to any fair in any part of Germany without meeting with men who profess to cure everything.

2955. Does that Staats Examen take place before or after the examinations of the various universities and corporations?—I do not think that the universities in Germany require any examination. I think they merely issue a certificate of having attended the university for six or 12 months, as the case may be; and these certificates, I need not say, are to be bought without any attendance at all.

2956. How are those minor licences in medicine and surgery, those general practitioners' certificates in France to which you referred, granted?—One minor examination of the *Officiers de Santé*, when I was in France, was this: I cannot, of course, speak for the present year, for I have not been in France for two or three years. The *Officier de Santé* passes a minor examination, and gets a certificate authorising him to practise in a particular district; but it does not authorise him to get out of that district and practise anywhere he likes in France. He is allowed to practise in a particular district, and he gets liberty to go from it to another on an investigation by the Secretary of State, or by some authority.

2957. Who examines him?—That I cannot tell you; but it is a minor examination, I know.

2958. What I wished to ascertain was, whether it was conducted by the State, or by other licensing bodies?—I think in France everything is conducted by the State.

2959. In the Bill introduced by Mr. Errington provision is made that no one shall be registered who does not possess a double qualification; do you quite approve of that provision?—Certainly; the double qualification is that he should be examined in medicine and surgery. I approve of that altogether.

2960. You have told the Committee that the Medical Council was able, by a single recommendation, to persuade various licensing authorities to insist upon matriculation; did I rightly understand you to say that?—Not upon matriculation, but upon registration.

2961. Might I ask you whether you think the Medical Council could not by a strong recom-

Dr. Cameron—continued.

mendation have persuaded the licensing authorities to examine in medicine and surgery, and to make each examination complete or completer than it is?—I do not know that they would or could enforce recommendations either in medicine or dentistry.

2962. Not the Medical Council of course, but what I mean is this: could the Medical Council have insisted, for example, upon the London College of Surgeons extending its examinations?—I do not think it could. The Medical Council has no power of that kind. It can merely issue recommendations.

2963. I see that the examining board shadowed forth in this Bill differs very considerably from that proposed by the conjoint boards. It is proposed in this Bill that the Medical Council shall appoint the examining board, whereas, as I understand it, under the conjoint scheme the licensing bodies will appoint the examining board; which proposal do you consider superior?—I would rather that you would ask Mr. Errington that question. His Bill was drawn up some three or four years ago, and it was when the alteration of the Medical Council was never dreamt of; but I think that it would be a subject of detail, that is to say, whether the Medical Council should appoint the examiners to examine candidates for civil appointments, or whether the appointment of the examiners would be left to the State.

2964. My object in asking you is that it appears to be quite open to argument that an examining body appointed by the Medical Council, especially if the Medical Council is reinforced from the outside, will be more independent and more go-ahead, possibly, than an examining board appointed simply by the licensing bodies; is that your opinion?—That is to say, which would be preferable, a body of examiners appointed by the Council or appointed by the licensing authorities. I think you have made a very proper observation; that that is a question open to argument, and upon which I would not like at present to give an opinion. The only particular opinion I have is that the certificate merely represents so much money paid to the lecturers, that is all.

2965. In that case do you think it possible by examination to secure as great competency in medical practitioners as by the present system of prescribing curriculum and insisting upon a certificate of that curriculum having been followed?—I think a certificate of any curriculum is all a farce.

Mr. Wheelhouse.

2966. Would you give to the present Medical Council any powers of a compulsory character which are now recommendatory?—Certainly not, with its present formation.

2967. Supposing it were reduced so as to consist of but nine members, according to your view, would you then give it compulsory powers as distinguished from recommendatory powers?—Yes, but subject to the approval of the Privy Council.

2968. Do you think it advisable that men such as herbalists, and men whom we may call generally unqualified practitioners, should still have the right to carry on their business?—Certainly; I do not see why I should be prevented from giving to a herbalist, or to any one at all, if I choose to think that he was able to cure me, or

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going into a chemist's shop and getting a few drops of tincture of opium if I got a pain in my stomach, from having dined too heartily the day before.

2969. Am I right in assuming that in every respect you would have free trade in the medical profession, excepting so far as officialism is concerned?—I would not allow a man to register himself, unless he had passed the examination of some of the licensing bodies; but, with regard to the right to practise, I would not interfere.

2970. You would not allow him to be registered, but you would allow him to carry on the business of a herbalist, prescribing and giving medicines, or cutting off a leg, or anything of that sort?—If the public chose to trust him, I would not interfere with him. I remember a man who carried on a very thriving business in Dublin for some years, and it was on the strength of this: he got a cuttlefish, and he put it into a jar of spirits, and then he exhibited it as a sea-wolf extracted from a man's stomach. This brought him a great deal of practice; he put it up in what is called the Green, or vegetable market of Dublin, where all the potato buyers and sellers go in the morning, and, I think that if the people there were foolish enough to go to him, I would let them.

2971. Do you think that that state of things is desirable?—Certainly not desirable; but I do not see how I can interfere with the liberty of the subject to take a dose from any man to kill another wolf in his stomach, if he thinks he has one in his stomach.

2972. Is there anything like a system of purchase with regard to hospital appointments in Dublin?—I never knew any place where there was not.

2973. What is the system upon which they are conducted?—There are various systems; for instance, I was once a candidate for a hospital myself, and I was refused a vote by a man, which vote would have probably turned the election. I went into the Royal Exchange to find a man to whom this person was indebted in pecuniary matters; he was connected with the Bank of Ireland, and I mentioned to him what had occurred, and that this man would vote against me. "Did he say that he would vote against you," he said. "Yes," I said. Then he took a slip off a piece of paper, and he wrote on it, "Vote for my friend Dr. Corrigan." "Take that to him," said he, "in the morning." I was ashamed to go at first, but at last plucked up courage and I sent it into his office; he came out to me and asked me into his office, and he said, "I said I would vote against you yesterday" (that was after he had read the slip of paper). "Yes," said I, "and your vote was of great consequence." "Well," said he, "I have examined into the merits of the various candidates since yesterday; since I spoke to you, and I find that your testimonials and qualifications are better than any other man's, and I will vote for you." I do not know of any place in which that system is not carried on either by purchase by money, directly or indirectly, or by interest; and with regard to purchase by money, I have been concerned in it myself. I do not think it is at all the worst plan, though I would not recommend it, advisedly, as superior to any other, but I do not see how it can be prevented; and I do not see that it ought to be prevented. One man

Mr. Wheelhouse—continued.

goes into the profession, he has a few hundreds of pounds to spare, and he is an ambitious man; he then gives a man who is in a hospital a few hundred pounds, and he obtains his appointment, but he receives no salary; therefore, in acting under the influence of ambition, he is acting under what I consider a very proper motive; and I do not think there ought to be any law against it.

2974. That is to say, you rather approve of the system of entrance upon office by purchase?—I do not say I would approve of it; if it did exist, I would be very slow to abolish it. I would not have it in this way, that a man would have a right to go into the public market and say, "I will give 100 £, or 200 £, or 300 £, to any one who will retire; all these matters must be managed amongst the persons themselves.

2975. Very much on the same principle as I understand purchase in the army was regulated before its abolition?—No, it was on a better principle, because purchase in the army, I believe, before its prohibition, would permit the stupidest man to enter, and to get pay and promotion; but under the system that I speak of, a man would draw no pay or promotion, he would only obtain a sphere where he could exercise his talents for the good of his country, and I think it a very legitimate offer to make. I purchased myself in the early part of my life; I had to raise money for it; I got no payment from the hospital, but I got a field for my profession, and I worked it.

2976. Does that generally obtain as a system throughout the appointments in Ireland, do you know?—I cannot tell what obtains throughout Ireland at large.

2977. But you know, at all events, it is more or less the state of things in Dublin?—No, not the state of things; it is one of the state of things, that is to say, there are various modes of obtaining public appointments at the hospitals in Dublin; and purchase I have no doubt is one of them. They do not publish these matters, but having been concerned in purchase myself, I can speak from a personal knowledge of it, that it was the first opening that I had to a field for the employment of whatever talent God had given me.

Mr. Dalrymple.

2978. You expressed yourself in favour of direct representation, thinking that practising members of the profession would be the best acquainted with the wants of the profession; do you think that the present members of the Medical Council do not represent what the profession wants?—I think they do not.

2979. Have they not, some of them, been practitioners themselves?—Practitioners some of them have been, and some are very high scientific men; but I think they want some thorough knowledge of the state of the profession, its regulations, its poor law appointments, and the policy of the medical profession. The men on the council are not cognisant sufficiently of those things; I would not overpower them, but certainly direct representation in my mind, is required to give practical knowledge of what the profession wants, and what the public requires.

2980. Take the representatives of the universities, for what qualifications do you suppose they are selected; it must be, I presume, for some special

Mr. Dalrymple—continued.

special qualifications?—I cannot answer for what the motive may be.

2981. Is it not probable to say the least, that they would represent the feeling of the public?—I think quite the contrary.

2982. There is no reason to suppose that they are selected for any unworthy motive, or for anything less than the best reasons; the universities are in no way antagonistic to the profession?—I do not think that the universities, or the representatives of the universities, represent at all the public wants, or that they are necessarily involved in any way in thinking of the public wants; their presence in universities is generally merely confined to the lecture-room; they are very much like the members of a monastery, they have no sympathies with people generally speaking outside, or very little.

2983. Are the interests of the universities and of the public, in your opinion, of a conflicting character as regards the qualifications for the medical profession, because you say that the feeling of the universities towards the wants of the profession would be like the feelings of persons in a monastery?—Yes, that they have no sympathy with the public at large, that they are not practising men, and when they are elected on that Council, there are university professors there with the advantage of their scientific qualifications, and very proper scientific qualifications; but they are men having no knowledge of the practical wants of the profession. Is there a man here who would send to a member of the Medical Council to attend his wife in her confinement? Not one. You would not think of calling in a member of the Medical Council. Is there a man here who would trust his child to have a tooth drawn by a member of the Medical Council? Not one.

2984. I know a member of the Medical Council who is called upon by very many people, but I presume you would say that the universities, even for their own credit, would select persons who would be fairly representative of the profession?—I think that the universities would elect a person simply for the university feeling towards him; and I know a man on the Council who for years drew his salary, or a portion of his salary, as a clinical teacher, and I know that for the 15 or 18 years that he was on that Council he was never within the walls of a hospital.

2985. Do you think if there was direct representation, there would be less of those mischievous influences than there are at present in the selection of members of the General Medical Council?—I do not like the word "mischievous" at all. I will not endorse the word "mischievous," but I would simply say that the Council ought to consist of a certain number of persons who are engaged in the actual practice of the profession, who know its wants, and know what it ought to have, as probably no one could know but men engaged for the time being and the year, being in medical practice.

Mr. David Plunket.

2986. You are yourself the representative of the Queen's University at the Medical Council?—I am the vice chancellor of the Queen's University, and I represent it on the Medical Council.

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Mr. David Plunket—continued.

2987. Therefore you at all events are one exception to the unpractical character of the representatives of the university?—I do not know that.

2988. Do not you consider yourself a practical man?—Not a practical man in that part of the profession which deals with the public. I have not been attached to a dispensary or a hospital for many years.

2989. Surely the part of the profession which deals with the public in the way you have dealt with it, is a very important part of the profession, is it not?—I should like to understand the question before I answer it.

2990. You question the advantage of having representatives of the university upon the Council, because you say they are not practical men in the profession?—I do not say that; on the contrary, I recommend that the universities should have a certain power in the Council; that there should be there members chosen by the universities. You will see that in the document which I have sent forward, because I think the members of those universities would be most useful by bringing to it the experience of a certain kind of knowledge; but I would not have the representatives of the universities and colleges overriding the mass of the profession: I would have them divided equally.

2991. I am simply basing my question upon an answer you gave a few minutes ago in which you said, that at present the persons who would be naturally sent forward by the universities to the Medical Council would be persons who have very little practical sympathy with the profession as it affects the public?—Some that are sent forward, I did not say all.

2992. You yourself are one who certainly has had great experience in the profession, starting from the very beginning up to your present high standing, I ask you now, was not Dr. Apjohn a very useful member of the Council for a very important purpose, namely, the arrangement of the pharmacopœia?—I am afraid that I must give you an answer that I once gave a Committee of the House of Commons, for which the then Attorney General for Ireland put it to the vote to send me to the Tower. When I was examined as to the relative status or relative position of some living man, I said I would not answer the question, upon which the Attorney General wanted to send me to the Tower for contempt. However, I was not sent. I do not think it is fair to take up the case of particular men.

2993. I do not wish to press you further, but you have made some very sweeping assertions as to the character generally of the representatives of the universities upon the Council, and I am trying to test the accuracy of your view by a few instances, and, of course, I could not name yourself?—If you ask me upon that ground I will meet it. You asked me, "Was not Dr. Apjohn a very clever man?"

2994. No; I asked you, was not he a very useful man for the purpose of working up the pharmacopœia, which was an important duty of the Council?—I think he was: I admit that he was.

2995. Do not you think that his absence would be a great loss to the Council?—He is not on the Council at present.

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2996. It would have been, I mean?—I cannot say that it would have been, or that it would not have been; he is not on the Council at present. As you allude to Dr. Apjohn, I must tell you that while he was on that Council managing medical matters he never put his foot, I am told, inside an hospital, and he was not inside one for many years, and he knew nothing of the general practice of the profession.

2997. As I understand you now, you do not at all dispute the advantage of having representatives of the university upon the Council, but only that you do not wish to have them overbearing all other interests?—Exactly.

2998. I only wish to clear up the matter about the answers which you have given as to the matriculation of students in the medical school of Trinity College, Dublin; you have said, I think, that there is nothing to prevent a student so matriculated going through all his studies in medicine; but will he be able thereby to obtain from the University of Dublin any license to practise, or a degree?—No.

2999. Are you aware what are the qualifications in arts required by the University of Dublin of a student before it will give him any license to practise, or a degree?—A license to practise and a degree are two very different things; I will endeavour to explain that the license to practise is a power assumed by the University of Dublin within a few years; it had previously given, like the University of Edinburgh, only a degree in medicine and surgery, or a bachelor, or an M.D., but having entered into what has been called more than once (and I am sorry to say I still adhere to the opinion), "the battle of the shops," it claims to be a licensing authority, and to teach and to examine after two years study of arts. So that, in addition to what other universities give, a degree of bachelor of medicine, and of M.D., it gives also a licentiate in medicine, and its only temptation to give them, is in my mind a temptation to enter the battle of shops. It gives that licentiate without any degree in arts. A man can become a licentiate in medicine in Trinity College without having graduated in arts.

3000. Does not that involve passing a final examination in the second year, or what we call "the little go"?—Yes it does, but that is no degree. I remember a student, and a very attentive student he was, a bachelor of arts of Trinity College, and he was a resident pupil of mine at the hospital. The next morning after I appointed him on his testimonials, I desired him to write a prescription for applying four leeches to the temples. Knowing that he was a bachelor of arts, I took it for granted that he would do it correctly, but on the prescription book I found this written, "*Applicetur hirundines quatuor ad temporibus.*" This was a sample not only of a man who had passed his degree in arts, but who had gone far beyond the two years of licentiate-ship.

3001. Be the graduates of the University of Dublin good or bad, according to your estimate, is it not necessary, in order to have a degree in medicine from the University of Dublin, to have also a degree in arts?—Yes; but that is a question which must be answered in a particular way. He may have a degree in arts, but he may take it out after he has taken a licen-

Mr. David Plunket—continued.

tiateship in medicine. He may take out a degree in medicine on getting a degree in arts, but it is not necessary for him to take out a degree in arts for several years after he has passed the examination for the licentiate in medicine. For instance, he may, on his degree of licentiate, be appointed surgeon or physician to a regiment in India; and years may pass over, or months may pass over, it does not matter which, and he then gets his degree of M.D., but without undergoing any further examination at all; the examination which he undergoes for a license qualifies him for the degree without any further examination, so that he undergoes, strictly speaking, no examination whatever for the degree of M.D., except what he has undergone when he was a very junior man, and was only examined for licentiate-ship, he was only a licentiate.

Chairman.

3002. Does his becoming a licentiate put him upon the Register?—It does.

Mr. David Plunket.

3003. I think you are a little in error as to the requirements of Trinity College, and therefore I will just read from the College Calendar what is stated here, first, as to the license: "Candidates for licenses in medicine, surgery, or obstetric science, must be matriculated in medicine, and must have completed two years in arts and four years in medical studies"—Yes, that states it exactly as I stated it; I could not make it clearer.

3004. You say that the degree of bachelor, which is the lowest degree which is given by the University of Dublin, is a degree which is different from a license; you will observe the Calendar says, "A candidate for the degree of bachelor in medicine must be a graduate in arts, and may obtain the degree of bachelor in medicine at the same commencements as those at which he receives his degree of B.A., or at any subsequent commencements, provided that the requisite medical education shall have been completed, and the requisite examination passed. The medical education of a bachelor in medicine is of four years duration, and comprises the performance of the following duties," and so on; therefore he must graduate in arts, and of course a graduate in arts must be a bachelor?—I do not see in that anything contradictory to what I say; it does not state when he is to be a graduate in arts. It may be at the same commencements or it may be after years; there is no second examination in medicine. I repeat what I said, that he goes in for the second year in his bachelor of course of study; he then goes in for his license in medicine, and he then passes into practice, or into the profession, or into the army or navy; months or years may pass over him, and he returns, and he gets his degree of M.D. on completing the arts course; but there is no second examination for the degree of M.D.; I repeat that, and you will find that I am right.

3005. It is stated in the College Calendar that it is necessary that he should be a graduate in arts, and for that purpose should have passed all the examinations required of a bachelor in arts; it does not say that he may obtain a degree of a bachelor in medicine at the same time as that

at

Mr. David Plunket—continued.

at which he received his degree of B.A., or he may not, but whenever he obtains it, he must have secured a degree in arts, and he must have passed all the examinations that are necessary?—That is your construction of it.

Chairman.

3006. In order to get his diploma as a licensee he must, must he not, have matriculated in arts?—Yes.

Mr. David Plunket.

3007. And passed two years' study in arts as well?—Yes, passed two years' study in arts, but I need not tell you from the specimen which I have given you that the two years' study in arts are worth very little or nothing.

3008. You do not wish to represent to us that that candidate was a fair specimen of the graduates of the University of Dublin?—I do not at all use the case of that man to put any slur upon the University of Dublin; what I have said, and I think very plainly, was to show that the two years' undergraduate course is no proof that a man is a well-educated man, or *vice versa*.

3009. The "Little go" in Trinity College was in my time pretty stiff, and I think that is the general feeling of the students?—Yes, it is the feeling of all who have passed through examinations that they are always stiff goes.

3010. Therefore you must not be surprised if I have pressed you with a little astonishment at the ease with which you thought the thing could be done?—I repeat that it can be done by a man who writes *hirundines* for *hirudines*, and who writes *ad temporibus* for *tempora*.

Mr. Mitchell Henry.

3011. Do you think that a man ought to be allowed to practise as a solicitor without passing an examination?—Thank God, I never was at law in my life but once, for 7 s., and I had to pay 7 l. costs, and I never went to law a second time, and I wish to know less of it.

3012. May I ask you to give me an answer to my question; I understand you to say that you think a man ought to be allowed to practise medicine or surgery without passing an examination or undergoing a course of study, unless he is to receive a public appointment of some kind?—I say the public ought to be at liberty to go to whom they like.

3013. The liberty must be reciprocal, must it not; a man must be at liberty to practise if the public are at liberty to go to him?—Yes, I suppose so; I would have free trade in the matter.

3014. Do you think a man ought to be allowed to practise law as a solicitor with equal freedom without passing an examination?—I know

Mr. Mitchell Henry—continued.

nothing about law, and I am not connected with solicitors in any way, I am happy to say, I know nothing about solicitors' practice.

3015. The question is one that ought to be answered?—But not by me.

3016. Do you suppose that a man who assumes to attend persons in cases of illness incurs a responsibility?—Of course he does.

3017. Does he incur a responsibility if he advises persons as to the legal dispositions of their property?—I declare I cannot say; indeed, I think so far as my experience has gone, which, thank God, is very little as regards the disposition of property, a man very often consults his friends; I think very probably he consults his solicitor.

3018. To carry out his will, for instance?—Yes, to carry out his will.

Dr. Lyon Playfair.

3019. I hold in my hand a memorial which professes to be from a committee of the Senate of the Queen's University, upon the subject of the conjoint examination, and the Bill generally; does this memorandum represent the views of the senate generally?—I think the senate adopted it.

3020. The general effect of the memorial is to point out that the Bill interferes with the functions of the university, both as to the curriculum and as to the examination of the students, and that the effect of the Bill would be materially to diminish the professorial qualifications of persons who pass through the conjoint boards?—Certainly.

3021. And you, as vice chancellor, agree with this memorandum that the proposals of the Bill may be seriously detrimental to the interests of higher medical education?—I think so; I quite go with the memorial.

Mr. Wheelhouse.

3022. You have used the expression "the battle of the shops"; I should like to know what you mean by that expression?—I thought that I explained it at the time; but it was this: I saw, or fancied I saw, that discussion in the Medical Council was often like a battle of shops, because it was a contest between the members who represented the various licensing bodies, each man looking after the interests of his own body that sent him forward, and I may add further that those bodies have very often no connection whatever with the practising part of the profession. For instance, a man taking his degree in Trinity College; there are representatives of the university on the Council, but the university does not care a farthing what becomes of him. The university has got all the money it can out of him for the degree; there is no more for the university. It has got the money for the degree, and with that all interest ceases between them.

Sir D.
Corrigan,
Bart., M.D.

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Mr. WILLIAM JOHN CLARKE MILLER, B.A., called in; and Examined.

Chairman.

Mr.
Miller, B.A.
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3023. HAVE you got a return of the number and qualifications of the persons added to the Medical Register from 1st January to 1st July 1879?—Yes; at the request of this Committee I have just computed these statistics with the per-centage and the total.

3024. Have you the Table, and will you hand it in?—Yes. I hand in the return herewith; and I will present hereafter, for the Appendix to this evidence, the full details whereof this Table is a summary.

[*The same was delivered in, and is as follows:—*]

NUMBER and QUALIFICATIONS of the PERSONS added to the MEDICAL REGISTER
from 1 January to 1 July 1879.

Number of Persons with Qualifications as specified below.	Registered in England.		Registered in Scotland.		Registered in Ireland.		TOTAL.	
	Number.	Percentage of Total.	Number.	Percentage of Total.	Number.	Percentage of Total.	Number.	Percentage of Total.
In Medicine alone - - - -	48	18.0	3	5.7	4	6.2	55	14.3
In Surgery alone - - - -	82	30.7	4	7.5	19	29.7	105	27.3
In Medicine and Surgery - -	135	50.6	46	86.8	49	63.5	221	57.5
In Medicine and Midwifery - -	2	0.7	0	0	1	1.6	3	0.8
TOTAL - - - -	207	100	53	100	64	100	324	100
Single Qualification - - -	130	48.7	7	13.2	23	35.9	160	41.7
Multiple Qualification - -	137	51.3	46	86.8	41	64.1	224	58.3

Friday, 18th July 1879.

MEMBERS PRESENT:

Dr. Cameron.
Mr. Dalrymple.
Mr. Errington.
Mr. W. E. Forster.
Mr. Goldney.
Lord George Hamilton.
Mr. Mitchell Henry.

Sir Trevor Lawrence.
Dr. Lush.
Mr. Maitland.
Dr. Lyon Playfair.
Mr. David Plunket.
Mr. Wheelhouse.

THE RIGHT HONOURABLE WILLIAM EDWARD FORSTER, IN THE CHAIR.

Professor WILLIAM TURNER, M.B., F.R.S., called in; and Examined.

Chairman.

3025. YOU are Professor of Anatomy, and Dean of the Faculty of Medicine in the University of Edinburgh?—I am.

3026. How long have you been so?—I have been Professor of Anatomy since 1867, and Dean of the Faculty of Medicine for two years.

3027. You took a medicine degree, I think, of the University of London?—Yes.

3028. And you are a member of the Medical Council?—I have been a member of the Medical Council for six years.

3029. Representing, I suppose, Edinburgh and Aberdeen?—Yes, representing the two universities.

3030. With regard to the position of the University of Edinburgh as a school of medicine; what are the present numbers of your students?—I have here a statement of the number of students of medicine, from which I find that in 1876 there were 1,070 students; in 1877 there were 1,169 students, and in 1878, there were 1,290 students of medicine.

3031. Has that increase been going on for some time?—It has been a steady rise for the last eight or ten years.

3032. How long does the course last?—The course is a four years' course, and the number of fresh entries each year, is from 300 to 400.

3033. With regard to the places of birth of those students, what proportion come from Scotland, England, and Ireland?—I have analysed the 1,290 students of the year 1878, and I find that 565 of these were born in Scotland, giving a per-centage of 43·8; that 445 were born in England and Wales, giving a per-centage of 34·5; that 22 were born in Ireland, giving a per-centage of 1·7; that 75 were born in India, giving a per-centage of 5·8; that 149 were born in the different British Colonies, giving a per-centage of 11·6; and that 34 were born in foreign countries, giving a per-centage of 2·6.

3034. Does that large number, 75, from India account to some extent for the increase in the last year or two?—The increase, I think, is a fairly proportional increase; perhaps the colonists are in somewhat larger proportion than the rest.

3035. The University of Edinburgh is one of 0.105.

Chairman—continued.

the largest schools of medicine of any university existing, I suppose?—I believe so. I believe, not even excepting the University of Vienna, and I, perhaps, may also say that from the wide range from which it draws its students, if I may use the expression, its interests are Imperial.

3036. Although you say there has been an increase in these last 10 years, yet the population and wealth of the country have also increased, and the power of young men paying for knowledge; but I suppose I am right in saying that the University of Edinburgh has stood very high amongst schools of medicine for centuries?—The school of medicine takes its rise from the year 1720, so that it has been in existence for a century and a half. I have before me an analysis of the anatomy class, which is a class that gives you a very fair idea of the general attendance at the university, because all students must attend the anatomy class at an early period of their study; and I have here an analysis of that class for the years 1780 and 1790, when the professor of anatomy was the very famous Doctor Alexander Monro *secundus*, one of the most renowned anatomical teachers in Europe. In 1780 the number of Scots students was 235, of English students 53, of Irish students 48, of American students three, and of foreigners three, making a total of 342 students in the anatomy class for the year 1780. In the year 1790 the attendance was as follows: Scots, 262; English, 73; Irish, 61; Americans, 26; and foreigners, 12; making a total attendance of 434.

3037. It is rather an historical than a practical question, but was the University of Edinburgh one of the first universities that established a school of medicine?—I believe that it was one of the first in the kingdom to give anything like a complete medical training according to the ideas of that time.

3038. With regard to your bachelors of medicine, have you analysed their origin?—I will first give the number for three years. In 1876, there were 88 bachelors; in 1877, 108; and in 1878, 117; making a total of 313 bachelors in three years. Then the analysis of these is as follows: 141 natives of Scotland, being a per-centage

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centage of 45.1; 106 natives of England and Wales, being a per-centage of 33.8; two natives of Ireland being a per-centages of .6; 24 born in India, being a per-centage of 7.7; 31 natives of the various colonies, being a per-centage of 9.9; nine foreigners, being a per-centage of 2.9.

3039. Will you just give the Committee the number of doctors of medicine with a similar analysis?—The number of doctors of medicine during the same period was as follows: in 1876, 19; in 1877, 24; and in 1878, 30.

3040. Will you just tell the Committee, very briefly, what is the difference between a bachelor and a doctor?—Perhaps I might put it in this way, no one becomes a doctor of medicine unless he has previously graduated as a bachelor of medicine. All doctors of medicine are bachelors of medicine of the university, who acquire a doctor's degree on giving certain evidence of additional study, which I shall lay before the Committee as we go on.

3041. Of course it is not a mere formal examination?—No, it is not.

3042. Have you no other medical degree, except those of bachelors and doctors?—We have the degrees of bachelor of medicine, master in surgery, and doctor of medicine.

3043. As regards masters in surgery, what would you say with regard to them?—The degree of master in surgery is conferred along with the degree of bachelor of medicine, and almost all the bachelors of medicine take the degree of master in surgery at the same time; something like 95 per cent., I may say, take the degree of master in surgery at the same time.

3044. Have you any means of telling us what are the number of Edinburgh medical graduates now in practice in the United Kingdom?—I have had an analysis made of the Edinburgh graduates whose names are recorded in "Churchill's Medical Directory." "Churchill's Directory" is a volume issued annually by the firm of Churchill, in which the names, and residences, and qualifications of all the practitioners in London, and the English provinces, Scotland, and Ireland, are given.

3045. May I ask you why you do not take the "Register" as your guide?—Because I do not think that for the purpose which I have before me, the "Medical Register" would be so exact a guide; for "Churchill's Medical Directory," I think, more exactly expresses the men who are in practice for the time being in each division of the United Kingdom, than what the "Medical Register" itself does.

3046. What does that analysis result in?—I find that the names of 2,319 Edinburgh graduates appear in Churchill's Directory, and of those, 572 are in practice in Scotland; that is to say, 30 per cent. of the total number of practitioners in Scotland; 274 are in practice in London; that is to say, about 9 per cent. of the total practitioners in London; 857 are in practice in the English provinces or in Wales; that is about 8 per cent. of the total number of practitioners; 108 are in practice in Ireland; that is about 4½ per cent. of the total number of practitioners in Ireland. Then Churchill also gives a list of the practitioners who are in the public services, and the Mercantile Marine, and that list gives the following analysis: 256 are Edinburgh graduates; that is about 11½ per cent. of the total number named.

Chairman—continued.

He also gives a list of practitioners abroad. But of course this is a very imperfect list; the nature of the thing would not allow it to be a perfect list; but I find that in that list, there are 252 Edinburgh graduates practising abroad; that is about 16 per cent. of the total number mentioned in the list.

3047. I suppose that a good many of the Edinburgh graduates take other qualifications?—Some do. It would be an extremely laborious task to analyse the whole of those graduates, so that I have contented myself with having an analysis made of the graduates of the year 1877, and I find that of the 34 doctors of medicine that we made in 1877, 16 had other qualifications; and of the 108 bachelors of medicine that we made in the same year, 24 had other qualifications.

3048. Can you at all tell us whether those other qualifications were generally taken before they had taken their degree or after?—The greater number of them, I think, after their degree.

3049. Can you give us any reason why they took other qualifications?—I believe that one main reason is this; that there are a great many appointments throughout the country—as, for instance, the appointments of physicians and surgeons to public hospitals and dispensaries, and so on, which can only be held by those who have either the membership or fellowship of a College of Surgeons, or the member or fellowship of a College of Physicians; and therefore those who wish to hold the appointment of physician or surgeon in a public hospital require to go to a College of Surgeons or a College of Physicians, in order to get that qualification which will enable them by the rules of these institutions to hold such an office.

3050. Your diploma does not at all exempt them from examination by those bodies?—Some of the bodies accept a part of our examination, the earlier part of our examination, but I believe that in the case of all the examining bodies in the country, universities or corporations, everyone aspiring to obtain a license or degree from anyone of those bodies must go through some portion of their examination; but the membership and fellowship of the College of Physicians of Edinburgh is conferred on graduates of medicine of British universities without examination.

3051. It appears that students resort to Edinburgh from different parts of the kingdom; in fact, from different parts of the world; why do you think that they come there?—I think it is owing to the fact that her reputation as a school of medicine is so widely acknowledged, for her graduates are scattered all over the world, so that students are induced to come to Edinburgh to obtain a medical education in the first instance, and then, if they succeed in passing the examinations, a degree or qualification to practise, which is held in high estimation by the profession and the public.

3052. I suppose you would consider it a most unreasonable explanation to say that it was the laxity of your examinations that brought such numbers to Edinburgh?—I could not consent to such a statement at all.

3053. Having so many students coming I suppose you have made great exertions with regard to your museums and laboratories?—Yes. Perhaps I should state that the medical professors in the University of Edinburgh hold it as an essential

Chairman—continued.

tial part of their function that the business of teaching should be their primary occupation. With us teaching is a business; and I think when men pursue a particular occupation as a business that they naturally, if they pursue it zealously, make it successful; and I believe that to be one great reason of our success that teaching with us is our primary occupation. Then we have laboratories and museums organised on what we believe to be the very best methods of teaching. We have also a large and valuable library enabling the students to obtain access to a complete range of medical and scientific literature.

3054. All that is teaching which you may call theoretical, but how is it as regards practical teaching, and hospital practice?—We have developed what I believe I may call a very complete system of practical teaching; not merely in connection with the hospital education, with our methods of teaching clinical medicine and clinical surgery, but with regard to the teaching of the sciences on which a knowledge of practical medicine is based. For instance, there is a large anatomical school; a large chemical laboratory; an important department for teaching botany in its practical relations, through the aid of the botanical garden; there is also a school of practical natural history, and practical zoology; physiology also is taught practically; and pathology through a regularly organised laboratory; we have a regular institution for training the students in a knowledge of practical pharmacy. And then in our hospital instruction we have organised a tutorial system by means of which all the students are drilled in the methods of physical diagnosis and in the use of the microscope; for instance, in clinical medicine, the methods of examination of the various secretions, and so on. I ought also to say with reference to instruction in surgery, very precise instruction is given in the methods of operative surgery, in bandaging, treatment of dislocations and fractures, and so on. Perhaps you would allow me as supplementing my answer, to direct attention to one point of our system, the proper elaboration of which we owe to the Right honourable Member sitting at your side, at the time when he was a professor amongst us, viz., the systematic examination of the various classes, so as to see that the students really are attending to their work; and I may read to the Committee the regulations bearing upon this matter. They are as follows: "(1.) That there should be at least two special class examinations in the medical classes during each session, conducted by means of questions and written answers, without aid from books or notes. (2.) That in the event of a student gaining 75 per cent., or more, of the available marks in any department, he shall obtain a certificate in the first class of honours. (3.) That in the event of a student gaining 50 per cent., or more, but less than 75 per cent., of the available marks in any department, he shall receive a certificate in the second class of honours. University bronze medals are also given for competitive class examinations." To prevent a misconception on this matter, I would like to state that this has nothing to do with the examinations for the degrees; this has to do with educational arrangements.

3055. I should like to know with regard to the regulations, or to any other information which you have given as to your mode of teaching, whether you consider that it is different from
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Chairman—continued.

most other schools?—I believe it is more complete and more elaborated.

3056. Now I will go to the curriculum for degrees of bachelors of medicine; have you a schedule which you will hand in to the Committee?—Yes (*delivering in the same*).

3057. I will ask you to give briefly the length of time and the general examination which is necessary, and I think I may say that no one doubts that the teaching in the University of Edinburgh is such as to deserve its high position; but I think I may ask you to make your answer rather bear upon what I understand to be the object of your evidence, which is your feeling that whether rightly or wrongly you ought to be let alone?—In preparing my evidence I thought that the best mode of showing to the Committee that we ought to be let alone in this matter was to submit to them some precise information on our methods of education, the course of study which we require for candidates for our degrees, and the character of the examination.

3058. Before we get to the medical curriculum what preliminary examination is necessary; is there any in general subjects?—There were instituted by the Scottish Universities Commissioners under the Act of Parliament passed in the year 1858, certain regulations as regards the preliminary examination which all candidates, not only for the Edinburgh degrees, but for the degrees in the other universities in Scotland, must pass before they can be admitted to the professional examination for their degrees; and on page 3 of the little book which I have handed in there are three sentences which show what the statutes of the university are in this respect: "(1.) The preliminary branches of extra professional education are English, Latin, arithmetic, the elements of mathematics, and the elements of mechanics; and the proficiency of students in these branches is ascertained by examination prior to the commencement of their medical study. (2.) No candidate is admitted to a professional examination who has not passed a satisfactory examination on at least two of the following subjects (in addition to the subjects mentioned above): Greek, French, German, higher mathematics, natural philosophy, logic, moral philosophy, and the examination on these latter subjects also takes place before the candidate has entered on his medical curriculum."

3059. Now will you give us some evidence with regard to the medical curriculum?—Perhaps the schedule which I have handed in, headed "Course of Study," will give you the information; and I think if you look over the list of subjects you will find that they embrace the various subjects which are required for a complete medical education.

3060. When does the first examination take place?—In the first professional examination the candidates have some little latitude allowed to them, in this way; that a candidate may appear for that examination after two summers and one winter of medical study, or two winters and one summer. This latitude is allowed in order to meet the differences of the period of entrance of the students. Some students enter at the beginning of the summer session, and other students enter at the beginning of the winter session, so that there is this latitude allowed to them as to the time when they may go in for the examination for the first professional.

3061. After three terms there is an examination?
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tion?—Yes; and that examination is an examination in botany, chemistry, and zoology with comparative anatomy. I have brought with me the schedule of examination which has to be filled up (*delivering in the same*). These are our official forms, and they show exactly what we do.

Sir Trevor Lawrence.

3062. You said either two summer and one winter, or two winter and one summer session; are the same subjects taught in the summer and in the winter sessions?—To some extent, but not entirely. You will observe that there are three subjects of examination for the first professional; chemistry, botany, and zoology, including comparative anatomy. Botany is only taught in the summer, and chemistry is only taught in the winter; that is to say, the lectures on chemistry, but practical chemistry is taught both winter and summer, and zoology and comparative anatomy are also taught both winter and summer.

Chairman.

3063. That brings you to your first professional examination; is the next examination the final one?—The next examination is called the second bachelor of medicine examination; which is an examination in anatomy, physiology, pathology, and morbid anatomy, materia medica and pharmacy.

3064. How long is the intervening time?—That examination takes place at the end of the third winter of medical study.

3065. That means three terms afterwards, does it?—According to the period when the student passes his first examination, it would be regulated by that; but it cannot be before the end of the third winter of professional study.

3066. That is the second examination; I suppose there is only one other examination?—Then there is the final examination which takes place in the last summer of medical study, and that is an examination on medicine, surgery, midwifery, and diseases of women, forensic medicine and public health, clinical medicine and clinical surgery.

3067. Up to that examination there is no difference whatever, I suppose, between a man who intends to be a surgeon, or what we should call a physician?—All our candidates go through exactly the same examination; there is no difference made of any kind.

3068. What is the meaning of what you call master in surgery?—The meaning is this, that the examination is a complete examination in medicine and in surgery; that the candidates who pass that examination can, if they choose, obtain a complete qualification, that is to say, they can obtain the degrees of bachelor of medicine and master in surgery. The degree of bachelor of medicine they must obtain, but the degree of master in surgery they need not have conferred on them unless they choose.

3069. Have they got to submit to a further examination to get the degree of master in surgery?—They have not, because the examination already is a complete examination.

3070. Why does not everybody take it?—I have already stated that about 95 per cent. do take it.

3071. I cannot understand why five per cent. should refuse to take what they can get?—They would have to pay five guineas additional. I

Chairman—continued.

may explain that the degree of master in surgery was introduced by the Scottish Universities Commissioners in order to express more distinctly, that the education and examination covered the whole field of professional requirements, and to permit graduates to register both in medicine and surgery.

3072. What do they pay for bachelor of medicine?—They pay three sums of five guineas; five guineas for the first professional, five guineas for the second professional, and five guineas for the final examination.

3073. Can you give the Committee the number and proportion of rejections for the last three years?—Yes. I have taken the years 1876, 1877, and 1878; during those three years 756 candidates presented themselves for the first bachelor of medicine examination, and of those 248 were rejected, the per-centage of rejections being about 33 per cent. During the same period 518 candidates presented themselves for the second bachelor of medicine examination, and 172 were rejected, and the percentage is the same, 33 per cent. For the final examination 364 candidates presented themselves, and 51 were rejected, the per-centage being 14 per cent.

3074. As regards the rejections in the two first examinations, I suppose the students generally come up again?—The majority of them do come up again.

3075. How often are they allowed to come up?—There is no restriction; but when any student appears the second time and is rejected he thinks a little before he appears a third time.

3076. He does not consider the first rejection at all more than a disagreeable occurrence, I suppose; it does not prevent his coming up again?—Not at all.

3077. What are the additional requirements for the degree of doctor of medicine?—The regulations are as follows: "The degree of doctor of medicine may be conferred on any candidate who has obtained the degree of bachelor of medicine, and is of the age of 24 years, and produced a certificate of having been engaged, subsequently to his having received the degree of bachelor of medicine, for at least two years in attendance on an hospital, or in the military or naval medical services, or in medical and surgical practice; provided always, that the degree of doctor of medicine shall not be conferred on any person, unless he be a graduate in arts of one of the universities of England, Scotland, or Ireland, or of any such other universities as are above specified" (that is in Section III of the Statutes), "or unless he shall before or at the time of his obtaining the degree of bachelor of medicine, or thereafter, have passed a satisfactory examination on three of the subjects mentioned in Section II. of the statutes relative to preliminary examination. Two of these must be Greek, and either logic or moral philosophy, and the third is to be one of the following subjects at the option of the candidate, namely, French, German, higher mathematics, and natural philosophy. And provided also that the candidate for the degree of doctor of medicine shall submit to the medical faculty a thesis, certified by him to have been composed by himself, and which shall be approved by the faculty, on any branch of knowledge comprised in the professional examinations for the degree of bachelor of medicine, which he may have made a subject of study after having

Chairman—continued.

having received that degree. The candidate must lodge his thesis with the dean on or before 30th April of the year in which he proposes to graduate. No thesis will be approved by the medical faculty which does not contain either the results of original observations in practical medicine, surgery, midwifery, or in some of the sciences embraced in the curriculum for the bachelor's degree; or else a full digest and critical exposition of the opinions and researches of others on the subject selected by the candidate, accompanied by precise references to the publications quoted, so that due verification may be facilitated." The object of the thesis is to test and to promote original work and thought on the part of our young graduates. The medical faculty by bestowing medals and other honours marks its appreciation of the value of the theses, and as a matter of fact, monographs containing discoveries and other valuable contributions to scientific and practical medicine in its different departments are continually being produced.

3078. You take an aspiring doctor, do you, back to Greek?—If he passes his Greek in his preliminary examination then he is not taken back to Greek; he is only taken back to Greek supposing that he has not already passed an examination in Greek, and similarly in logic, or moral philosophy.

3079. But Greek is not necessary for a bachelor?—No, Greek is not necessary.

3080. Then I should be right in saying that that is one point of difference between you and the London University?—I believe that the London University does not now require an examination in Greek; it used to do so; Greek is non-optional I believe in that University.

3081. How many rejections are there for the degree of doctor of medicine?—I have gone into the matter as regards the rejections for the doctor of medicine degree on the thesis, and I find that the rejections are 11½ per cent.; so that of the men sending in theses and otherwise complying with the regulations, 11½ per cent. are rejected; I think that will show that the thesis with us is not a mere matter of form. We require that the thesis should comply with the condition laid down in the regulation. Will you allow me in connection with this matter to quote a sentence from the report of the Scottish Universities Commissioners under the Universities (Scotland) Act of 1858. I think it is an important matter. I am referring now to the original Commission of 1858 under which our regulations are framed; and this is what I find on page 33 of the report. "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. For this degree to be conferred as a mark of honour or distinction subsequently to the degree of bachelor, we regarded it as inexpedient that an additional examination in medicine should be required. The degree could confer no right of practice which the previous degrees had not conferred, and the institution of a further examination for it would only have seemed to imply that the candidate had already been admitted to practise with imperfect and insufficient knowledge."

3082. Do you imagine that a practitioner in
O.105.

Chairman—continued.

England, say in an English province, or a provincial practitioner in Scotland, would have considered himself to have a right to call himself doctor so-and-so, if he had taken merely the bachelor's degree?—No such right is conferred by the bachelor's degree.

3083. As a matter of custom?—Undoubtedly, it is the custom. I should say this, that the bachelor's degree in Scotland is a new thing. There were no such persons as bachelors of medicine in Scotland till after the Act of 1858, that is to say, the Scottish Universities Act of 1858. Prior to that time, all graduates were doctors, so that the degree of bachelor of medicine is in Scotland of recent introduction. In England, it is an old and well recognised degree conferred, I suppose, from time immemorial by the Universities of Oxford and Cambridge; and I believe that it is a matter of custom that a bachelor of medicine of Oxford and Cambridge should be addressed as doctor, and should even call himself doctor. I believe that is a matter of common custom and common courtesy.

3084. Before we leave the position of the undergraduates, about what is the average of the age at which they take the degree of bachelor?—No one can take it before the age of 21. He must be 21. I could get a statistic made up upon that point if you desire it.

3085. Would you imagine that it would average about 23, or something of that kind?—Yes, I should think so.

3086. With regard to your examining board, how is it constituted?—Prior to the Scottish Universities Act, 1858, an Act which entirely re-organised our whole system, the professors in the university were the sole examiners. But the Scottish Universities Commissioners ordained that they should no longer continue to be the sole examiners, and they appointed that they should have associated with them three gentlemen who had the official title of assessors; but it was found as a matter of experience that this association of the assessors with the professors did not give that kind of strength to the examining board which was desired, and so the authorities of the university applied to the Privy Council for leave to have our examining board extended; the Privy Council gave us that leave, and our examining board now consists of 12 professors and 13 non-professors; and this gives two examiners in each subject, one examiner being a professor, and one examiner being a non-professor. So that in each subject of examination there is associated with the professor a non-professor, who is an expert in the same subject.

3087. We have had a paper handed in to us by Mr. Simon, with respect to the position of the Scottish Universities; do you wish to make any remarks with regard to that paper?—Yes. Perhaps you will allow me to state as prefatory to my remark upon that paper, that the regulations for study, examination, and graduation, not for Edinburgh only, but for all the Scottish universities, were established by an ordinance of the Scottish Universities Commissioners under the Act of 1858; that all those ordinances were sanctioned by the Privy Council at that time; and that any alteration which has been made since that time in any ordinance has been made under the sanction of the Privy Council. We have no power to alter any one of our regulations as regards study, examination, and graduation

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without the Privy Council sanctioning it; and it may be as well to explain to the Committee the forms which have to be gone through in order to get an alteration. Supposing that the medical faculty, the senatus, and the University Court of the University of Edinburgh consider that an improvement ought to be made in the regulation, they send a proposition to the Privy Council. The Privy Council then sends that proposition down to the other Scottish universities to ask their opinion on it. If the other universities do not approve, then I know, as a matter of fact, that the proposed change has in certainly one, if not two, instances not been sanctioned by the Privy Council. But if the other Scottish universities do agree, then the Privy Council would in all probability approve, and it would be carried out. I wish now to direct attention to what I believe is a misconception of the position of the universities in an important public document which has been handed in by Mr. Simon, which is before the Committee. The document is headed, "No. 2. Extract from the twelfth report, dated 31st March 1870, of the medical officer of the Privy Council. The constitution of the medical profession, and the working of the Medical Act, 1858;" and the remark which I wish to refer to is on page 8, and is as follows: "Having regard to what is the essence of our present system, that the responsibility of granting entrance to the ranks of the medical profession, is assigned as a divisible privilege (incidentally of a very lucrative kind) to 19 mutually independent and consequently competing corporations, each with liberty, but imperfectly restricted, to fix the conditions and apply the tests on which its own license shall be granted, I think there could not from the first have been much likelihood that thorough reform of the system would be effected under the Act of 1858." I wish to point out the inaccuracy of this statement as regards the Scottish universities. The Scottish universities are not "corporations, each with liberty, but imperfectly restricted, to fix the conditions and apply the tests on which its own license shall be granted." The regulations of the Scottish universities, as I have already stated, are regulations framed by the Royal Commission appointed by Act of Parliament, every regulation being sanctioned by the Privy Council, and no change in a regulation being possible unless the Privy Council approves of it.

3088. The practical working of that is, is it not, that if the four universities agree upon any suggestion, it is almost as a matter of course approved by the Privy Council?—I would submit that if the four universities were to make any suggestion which would be likely to diminish the standard of education and examination, the Privy Council ought not to agree to it; the Privy Council ought to inform itself on the matter; but I am not aware that the four Universities have ever requested the Queen in Council to make any such change.

3089. The Medical Council have made several recommendations, have they not, with regard to the examinations of the different examining bodies of the United Kingdom?—Yes; I have made a few notes showing the differences between our arrangements and those which have been recommended by the Medical Council, and also under the English conjoint scheme. And firstly, with regard to the preliminary examination of the Uni-

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versities; from the statutes which I have already read, the Committee will see that the subjects of the preliminary examination are seven in number. The Medical Council have only recommended five subjects as necessary for the preliminary examination.

3090. Are they five of your subjects?—Yes, they are five of our subjects.

3091. Which are the two which they have not recommended?—It is rather difficult to state definitely, because there is an option allowed. For instance, we have five subjects which are compulsory, and those five subjects are English, Latin, arithmetic, mathematics, and mechanics. The Medical Council has four subjects which are compulsory, and those are English, arithmetic, mathematics (including algebra and geometry), and Latin. We make mechanics compulsory; but I ought to state that yesterday the Medical Council at its meeting came to a resolution that in future mechanics was to form a compulsory subject of examination. So that for the present their recommendations in that respect are on a level with our own; but their examination in mathematics is not so extensive as our examination in mathematics.

3092. What are the two subjects that you take, and they do not?—Under the resolution yesterday of the Medical Council, there are three optional subjects, namely, Greek, French, and German; that is to say, a candidate may take one of these. Our subjects which come under the same category are, Greek, French, German, higher mathematics, natural philosophy, logic, and moral philosophy, but a candidate must take two of them.

3093. Must he take two, one being a language and the other a science, or may he take two languages?—He may take any two; he has the power of selection, two languages or two sciences, or a language and a science.

3094. Have you any other difference?—I think I have stated what the main difference is in the preliminary examination. Perhaps you will allow me to say, with regard to the preliminary examination, that the Medical Faculty has no control over the preliminary examination. The preliminary examination is conducted by the examiners in Arts of the University.

3095. They come in precisely the same as any other undergraduates?—The examiners in Arts examined for the preliminary examination, and not the Medical Faculty.

3096. I suppose it is a fact, is it not, that the average age of a medical undergraduate would be very considerably above the average age of an Arts undergraduate?—Yes, because the Arts undergraduates in the Scottish Universities enter at an earlier period of life.

3097. What have you to say with regard to the professional examination?—As regards the professional examination, we require that four years of study must be spent at a medical school, and that at least one of them must be spent in study at the University of Edinburgh. Under the English conjoint scheme only three years need be spent at a medical school; the remaining year may be spent as a pupil with a practitioner, or a pupil in an hospital, or by attending lectures on subjects connected with the curriculum, but still not necessarily at a regular recognised medical school. I have made an analysis of the 108 batchelors who graduated in 1877, in order

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order that the Committee may see how many years of study were taken. I find that of those 108 graduates there were only 20 who had limited themselves to four years' study; 35 had taken 4½ years' study; 29 had taken five years' study, and 24 had taken more than five years' study; so that although we allow a man to graduate after four years, yet the general conclusion, which this table would enable us to draw, is that it is only a small minority of our graduates who do graduate after only four years' study; they take more, as a rule.

3098. Of course, all those who are rejected at the first two examinations would have to take more than four years?—Certainly; I think we may say that those who do graduate in four years are the clever fellows.

3099. Do you think that your final examination, that is, your pass examination, is higher than can, with your knowledge of the medical profession, be required as a general condition of a degree for a practitioner?—I have no doubt it is higher.

3100. You have had a great deal of experience as a teacher, have you not?—I have had 25 years' experience as a teacher.

3101. And you have come across many students?—Some thousands.

3102. Does that mean students outside your university as well as in?—Mainly, of course, students within the university.

3103. Have you any experience as an examiner outside the university?—I was five years examiner to the University of London in anatomy.

3104. Do you think it would be safe for the Legislature in contemplating some standard of necessary acquirement to take a lower standard than you have at Edinburgh?—I think that unless you do take a lower standard than we have in Edinburgh you will not be able to get the number of entrants into the profession that the needs of the public require. The public could not be supplied with medical men if they were all required to go through such an examination as we require.

3105. You must know the requirements for practice in a country town, or in a rural district; do you think that it would be very difficult for practitioners to be found for those districts in the present state of medical education if so high a standard as yours were made necessary?—I do think so.

3106. Would you state specifically why you think that the examinations of the University of Edinburgh are higher than those required for popular use?—The examinations of the University of Edinburgh are higher than those required for popular use (and I use the expression for popular use because it has been employed already by one of the witnesses before the Committee), or are required under the conjoint board scheme; because, first, they are based on a more extended system of education, scientific, practical, and clinical; secondly, they embrace a wider range of subjects taught; thirdly, they require a more complete scientific training, and a familiarity with the power of applying the modes of scientific thought and inquiry, than is needed for ordinary practice; and for this reason Edinburgh graduates and students have always taken a prominent place as original inquirers in medical science, and as teachers in medical schools.

3107. Will you tell us to what subjects there

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is more attention paid in your course than in the course recommended under the conjoint scheme?—We require, for instance, not only an examination in chemistry, which is required under the English conjoint scheme, but a special examination in botany, in zoology, including comparative anatomy; and I should state that the examinations for the degree of bachelor of medicine in the subjects of chemistry, zoology, with comparative anatomy, and botany, are the same as those which we require from our science graduates. Candidates for graduation in science go through just the same examination in chemistry, zoology, comparative anatomy and botany, as candidates for graduation in medicine do. Any legislation therefore, which would do away with the necessity of attending courses of instruction on the natural sciences, would in so far not only affect the natural science classes in our universities, but would lower the general scientific culture of the profession.

3108. And do you think that your degree of bachelor of medicine is a decided help to a young man in starting in practice as compared with other degrees?—Any degree or examination which is on the same level as our own is, as regards a start for practice, on the same footing as our own; but a degree which is not on the same level as our own is not so valuable a degree for a start in practice.

3109. In consequence of your late answer, I want to ask whether there might not be an impression that for practical rough work in a country district your degree might rather give the idea of an inquirer and a theorist than that of a practical practitioner?—That I cannot admit on any consideration whatever, because I would like this to be impressed on the minds of the Committee, that the excellence of our degree is not merely based on our scientific training, but on our training throughout, practical and clinical.

3110. Does one of your students walk the hospitals as much as he would, for instance, in a London school?—I believe so, and the clinical instruction in the hospital is, I think, more complete. There are still one or two other matters in which our examination is more extensive than the examination laid down under the conjoint scheme. For example, we require specific education and examination (because all our examinations are based upon an educational test), we require specific examination and education in pathology and morbid anatomy. The conjoint scheme does not do that; it merely throws in, as it were, pathology along with medicine and surgery. Then, in a similar manner, we require a specific education and examination in the subjects of forensic medicine and public health. The conjoint board scheme does not ask for any special examination in these subjects, but merely throws them in, as it were, with certain of the other subjects.

Sir Trevor Lawrence.

3111. What do you mean by "throws them in"?—If you will allow me to read the explanation in the scheme itself, you will see how it is. "Questions on forensic medicine and public health will be included among those set on the above subjects," that is to say, "the principles and practice of medicine, including medical anatomy and pathology; the principles and practice of surgery,

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surgery, including surgical anatomy and pathology; and midwifery and diseases peculiar to women"; so that there is not a special or a separate examination on these subjects. The point that I wish to bring out is, that with us forensic medicine, with public health, has a separate examination at separate hours, and by separate examiners.

Dr. Lyon Playfair.

3112. And under a separate curriculum?—I must not mislead the Committee in that, because the conjoint scheme requires that there shall be an attendance on a course of lectures in forensic medicine, but it is not laid down as a special subject for examination, to be examined on as a distinct course, and by separate examiners; that is the point.

Chairman.

3113. What is the course with regard to pathology?—This is the conjoint scheme. "The subjects of the final examination are, the principles and practice of medicine, including medical anatomy and pathology; the principles and practice of surgery, including surgical anatomy and pathology;" that is say, the examiners on medicine and surgery would ask certain questions, the one on medical anatomy and pathology, and the other on surgical anatomy and pathology. We have a special examination on pathology over and above our examinations on medicine and surgery; these are both written, oral, and practical examinations by separate examiners at separate hours; and, therefore, that means that much more attention is required to be paid by candidates to those subjects.

3114. Do you wish to refer to the reports of the visitors?—Yes. I suppose the Committee have the reports of the visitors in their hands, and I think if you refer to them you will find that our examinations are reported as satisfactory; but I will not trouble the Committee by reading the different statements in point.

3115. What do you consider the special points upon which you would insist?—I think these are the points. That in order to obtain our degree the candidate must have obtained a complete education; he must have gone through a complete examination, and that the university has the power to confer on him a complete qualification both in medicine and surgery, including midwifery, and that the university confers no qualification without a complete examination. Then, further, that our examining board is a conjoint board, inasmuch as it is made up of the professorial element and non-professorial element; and the non-professorial element consists of just those persons who would be introduced to the Board supposing that a conjoint board scheme were established, namely, experts in the particular subjects who are not members of the teaching body, Fellows of the Colleges of Surgeons and of Physicians, either of Edinburgh or of London. So that I submit that we already have in our university system all that is required under Clause 3 of the Government Bill.

3116. I do not understand that there is any merit claimed by the promoters of the Government Bill for the adjective conjoint; it is only a description of the board which arises from its being a representation of all the bodies?—Yes, and at the same time representing what might be

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described as a certain neutral element; and I submit that we have that neutral element in our non-professorial examiners.

3117. Now we will come to the Government Bill which is before this Committee; the evidence which you have given you consider bears upon the Bill, and especially in the first place upon Clause 3?—Yes, and I submit that as regards university candidates any conjoint board scheme is unnecessary as an education or examination test.

3118. Therefore you object to Clause 3, which says that no person can be registered in the medical register unless he has obtained a certificate from this conjoint board; you object that that should be a condition for your graduates?—I do.

3119. I hardly need ask you whether you consider a conjoint board unnecessary as regards your candidates, because the whole of what you have stated is evidence to that effect?—It is.

3119.* Supposing that for general interests of medical education it is desirable to have a pass examination under a conjoint board for the three kingdoms, why would there be any injury to you in your undergraduates or in your students submitting to such examination, leaving you with the power to give them your degree, which would be an additional and extra qualification, which would obtain its due weight with the public and with the profession?—At this present time our degree confers all the rights to practise; any one possessing our degree can be put on the medical register without any further trouble. Under a conjoint board scheme, as framed in the Bill, our candidates could not go on the register, on obtaining a degree, but they must pass through the examination of this conjoint board; therefore you would impose upon our candidates, who, I submit, have already gone through a higher and a more testing examination than that which the conjoint board scheme would require; you would subject our candidates to an additional examination, which I hold to be unnecessary; and, further, you would require our candidates to pay an additional fee; you would, in short, tax them pecuniarily; you would fine them by the amount of the fee which would be imposed under the scheme.

3120. I suppose that, as a member of the Medical Council, you have had facts brought before you which have induced the majority of that Council to say that a conjoint scheme is necessary for England, at any rate, and it appears to be necessary for Scotland; not because the universities give an inferior examination, but to prevent what is called a "Dutch auction" by the examining bodies?—Our contention is, why should we be brought into a scheme, and why should our candidates be brought into a scheme, and be made to undergo an additional examination, and pay more money, when, as regards themselves, those are entirely unnecessary.

3121. Will you state the exact injury which you think it would be to you?—I would ask the attention of the Committee to Clauses 5 and 19 of the Government Bill.

3122. What injurious effect do you think Clause 5 would have?—I would say that Clause 5 gives a premium to candidates going through the conjoint board scheme to associate themselves with a corporation in preference to the university, in this way, that after passing the examination of the scheme, and paying the fee of the scheme, they

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they can at once go to a corporation and obtain from that corporation one of its qualifications, and with that in their hand they can then go to the medical registrar and be placed on the medical register. That is an arrangement which it would be quite impossible for a university to grant. No university having a proper estimate of the value of its degree could accept the examination of the conjoint board as equivalent to its own examination; neither would they then, under Clause 19 of this Bill, obtain from the funds of the conjoint board any proportion of the surplus, because that is forbidden by Clause 19.

3123. What are the fees to you?—Our fees are 20 guineas.

3124. And what would be the fee under the conjoint board?—It is stated to be 30 guineas.

3125. I do not say that an addition of 10 guineas is not a matter of importance, but I suppose that it would imply more loss than the mere difference of the fee; there would be the additional time?—There would be the time spent upon the examination, which would be additional, and that we hold to be an unnecessary examination.

3126. In order just to bring it into practical measurement, a young man at present comes to you for four years, and pays 20 guineas, and, if he deserves it, gets his diploma?—Yes, his double diploma; his degree in medicine and in surgery.

3127. Supposing that he had to go to the conjoint board, and that you were to continue your examination, he would wish to take your degree also; do you think that he would have to give more than four years?—No, I do not think he would have to give more than four years, because all that we require from those who can show themselves competent is four years' study.

3128. Do you think, practically, that in order to get a diploma from both bodies he would have spent more time upon his examination than four years?—I do not think so; I am speaking now, of course, of an able man.

3129. Then the loss is to be measured by the additional fee?—That is the money loss.

3130. But against that would be the fact that he would have got the general examination pass, and he would have also the additional honour and advantage of having your degree?—Certainly, he would have both the certificate from the board and the degree from us, supposing that he passed both examinations.

3131. Could you explain a little more fully why you do not rely upon the high character which your examination enjoys in the profession, and why you do not suppose that you would still get your students, although they would have to pay that additional 20 guineas?—We have to deal with students, many of whom are but poorly supplied with funds. We draw (and probably this applies more to the University of Glasgow than to the University of Edinburgh) a considerable proportion of our students from a class of the community that one cannot exactly call poor, but still people of limited means.

3132. That would apply to Aberdeen also, would it not?—Yes.

3133. Do you consider that the establishment of this conjoint board would at all interfere with and oblige you to change your present system of graduation in any way?—I am sure of this, that the university would be extremely loth to change its system in the way of diminishing the

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stringency of its examinations, or in diminishing at all the completeness of its mode of teaching.

3134. You have told us that you get a great many students from foreign countries and the colonies; do you think that they would be specially affected by this conjoint scheme?—I think that they would be put on this somewhat peculiar footing; although it does not appear in the Government Bill, yet I believe that those who advocate the conjoint scheme desire that no university should be allowed to confer its degree unless the candidate had previously passed the examination of the conjoint board. Now the examination by the conjoint board is an examination, the object of which is to place practitioners on the British Medical Register; and, therefore, if this were carried out you would require such foreign and colonial graduates, of whom I have already shown you we have a considerable number, who have no intention of practising in this country, to go through an examination and pay a fee, the object of which is to qualify for the British Medical Register, but which has no reference whatsoever to the countries in which those men are going to practise.

3135. Then you would say that they would be content with taking the conjoint examination?—No, I say this, that they have nothing to do with the conjoint examination, yet many of the advocates of the conjoint scheme would make them pass the conjoint examination before the university should be allowed to give them the degree.

3136. This Bill, surely, does not interfere with your power to give your degree?—No, this Bill, which we have before us, does not; but that clause has appeared in more than one Medical Bill, and in more than one Government Bill.

3137. The Bill before us would leave you the fullest possible power to give what degree you liked, would it not?—Yes, the Bill before us would.

3138. Then your foreigner and your colonist would say, would he not, "I have heard a great deal of the Edinburgh University, and I think it would be better for me to get a degree from the Edinburgh University for 20 guineas, than go to this new conjoint board and get their degree for 30 guineas"?—Yes, supposing that no clause is put into the Bill restricting the university, but then we know that such clauses have been put into Medical Bills.

Dr. Lyon Playfair.

3139. Are there such clauses in either of the two other Bills that are referred to the Committee?—I think not.

Chairman.

3140. We have had brought before us in evidence, and I think the evidence of Sir James Paget, on behalf of the College of Surgeons, was something to this effect, that the College of Surgeons consider their examination a good one, as you consider yours; looking merely to the interests of the College of Surgeons, and supposing that that was the only portal for surgery in England, I suppose they would say, Let us alone; but we find so much evil from there being many portals, that we are prepared to make some little sacrifice ourselves, in order to prevent the lowering of the practice generally by there being a wider portal opened in England than we open; I want

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I want to ask you whether you do not think that there is some danger to the interests of the medical profession generally from the number of portals, and if you do think that, whether the University of Edinburgh is not ready to make a sacrifice in the same way as the College of Surgeons?—I would point out, in answer to that question, that there is nothing in this Bill to affect the interests of the College of Surgeons of London, whereas it would affect the interests of the University of Edinburgh and the other Scottish Universities.

3141. Will you explain your meaning a little more in detail?—It would be in this way, that under the English conjoint scheme, which would be sanctioned by Clause 16 of the Bill, and which has been voluntarily entered into by the English College of Surgeons, there is ample provision made, in the division of the proceeds of the scheme, for keeping up all that the College of Surgeons thinks necessary should be kept up; and in Clause 19 of this Bill there is specific provision that the surplus funds shall be divided amongst the corporations, and not at all amongst the universities. Then, again, as regards the access of members to the College of Surgeons or to any other corporation, there is provision in Clause 5 of this Bill so as to induce candidates who have passed the conjoint board to go to a corporation, because they can get access to that corporation and obtain its qualification without having to give any more money for it. So that you do not fine the corporations, or the different corporation candidates, in the same way in which you fine the universities and the university candidates.

3142. With regard to your relation to the College of Surgeons, or the College of Physicians, of Edinburgh, have you any relation?—No, there never has been; each is entirely a distinct institution.

3143. You do not acknowledge one another's examinations?—I may say this, that the University of Edinburgh accepts no professional examination from another body.

3144. Do either of these bodies accept yours?—The College of Surgeons and, I believe, the College of Physicians also, accept our early examinations, but not our final examination for their licenses; that is to say, they accept our examinations in chemistry, anatomy, physiology, and pharmacy, but they do not accept our examinations in medicine, surgery, and midwifery. But for its Fellowship the Edinburgh College of Physicians accepts our degree, in place of its license, without examination.

3145. The Bill does not propose or suggest any degree to interfere with your degree of doctor, does it?—There is a clause, Clause 7, under which our doctor's degree, I think, would fall; it is with regard to the question of registration in a separate column of the medical register. The passage is, "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 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." I think that our degree of doctor of medicine would come under that, but I

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do not know that there is anything in this Bill which I would consider would at all injuriously affect us. I have no complaint to make.

3146. In fact, your doctor of medicine may be considered as an honour's degree compared with your bachelor's degree as a pass?—Yes.

3147. It has been generally acknowledged that the examination by the College of Physicians, and the College of Surgeons in Scotland, is a lower examination than that by the university; is that your opinion?—We hold that to be so.

3148. Do not you consider that you to some extent suffer by practitioners being able to obtain their degree in a lower sense than you would give it them?—No, I should not say that we suffer, always supposing that the examination conducted by those bodies is efficient. I should put it in that way. If the examinations not only of those bodies in Scotland, but of any other bodies are efficient for general practice (and I have no reason to say that they are not efficient), I cannot say that we suffer, or that the profession suffer, or that the public suffer.

3149. Have you been in any way influenced in your examination by your supposition that there is a lower examination; has that in the slightest degree induced you to keep down the standard of your examination in the university?—Most certainly not.

3150. Then the statement which has been made to us by one or two witnesses that they believe that some bodies would give a low examination in England and prevent other bodies giving as high an examination as they otherwise would, does not in the slightest degree apply to your university?—I do not think so.

3151. You are aware, of course, that the object of the conjoint boards, although it is stated to be one board for each kingdom, is really to get a minimum, and as high a minimum qualification, as the state of education will admit for all the practitioners of the United Kingdom?—Yes, that is the stated object.

3152. Would not you admit that that was a good object?—Certainly it is a good object that there should be no examination which is not efficient; I look upon efficiency as really what has to be striven for, and not mere uniformity.

3153. If a change in the law appears to be required in order to prevent unfit examinations, if you admit that it is required, I want you to tell the Committee how you think it could be got at without your making some small sacrifice with regard to submitting to the conjoint board?—I have a proposal to make to the Committee, and it is one which was made through the Duke of Buccleuch to the House of Lords, at the time when the Bill was going through the House of Lords. Amendments were moved in the Committee of the House of Lords by his Grace the Duke of Buccleuch in the month of March, I think. The main amendment is the amendment to Clause 15 of the Government Bill: "Clause 15, page 8, Sub-section 3, line 23, after ('examinations'), add ('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 examination 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

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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 situated.")

3154. How would that work?—It would work in this way, that our non-professorial examiners, to whom I have already referred, would be appointed by the conjoint board.

3155. Is there not another direction in which the difficulty might be met?—There is; and I have another suggestion to make, and that is, that the conjoint examination, so far as regards university candidates, should be restricted to the clinical examinations; that is, the examinations in clinical medicine, clinical surgery and midwifery; which would test whether a man really has a knowledge of practice; because that, I submit, if there is to be any legislation, is really all that is needed. I would consider that all that is required, if you are going to have legislation, is, that you should satisfy yourselves that every man going into practice has got that amount of information which is necessary for practice, and that may be got through an examination in clinical medicine, in clinical surgery, and midwifery. That is an alternative proposition; but I consider that our clinical examinations, as at present constituted, are an ample test of competency to practise.

3156. Would not that point to your conducting at your place the first two examinations, and the final examination being by the board?—Not the whole final examination, only the clinical part of it, and the midwifery.

3157. Then, as I understand it, you would say that your examination, as regards the science of the system, what you may call the theory of it, should be accepted, and that there should be a conjoint practical and clinical examination?—Yes, that is the position.

Mr. Mitchell Henry.

3158. When you say a clinical examination, do you mean an actual examination at the bedside?—Yes, certainly; that is what we mean by a clinical examination; and that is the way in which our clinical examinations are conducted in the hospitals with patient.

Chairman.

3159. With regard to the constitution of the Medical Council, do you think that the University of Edinburgh ought to have a separate representative on it?—I do.

3160. Of course the apparent fairness of that is at once evident from the fact that you certainly are as important a medical school as some of the other bodies are who have a single representative, but do you find any practical disadvantages from that?—It so happens that up to the present time the University of Edinburgh has never been without a representative, that is to say, without a member of its own body on the Medical Council; because, at the time when the University of Aberdeen returned a representative, a member of the University of Edinburgh was appointed by the Crown as the Crown representative for Scotland. So that up to this present time there always has been a member of the University of Edinburgh on the Medical Council. But when, as is the case at present, the Crown representa-

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tive for Scotland on the Council is not a member of the University of Edinburgh, then the time will doubtless come when, my period of office being at an end, a professor of the University of Aberdeen will represent the two universities on the Council.

3161. Practically, do not you think it a very unlikely occurrence, considering the position which the University of Edinburgh occupies, considering also the fact that it has been peculiarly successful, and is likely to remain peculiarly successful in scientific representatives, that there would not be a gentleman upon the Council connected with the University of Edinburgh independently of its representative?—Certainly; it would have occurred last year. Last year there was a contention between the Universities of Edinburgh and Aberdeen as to who should return the representative, and I was nominated by our university.

3162. That was not my question, but at this present moment, independently of you as the representative of Edinburgh and of Aberdeen, I suppose you have upon the Council gentlemen that are connected with the University of Edinburgh?—There are several graduates of the University of Edinburgh on the Council.

3163. Therefore is not the disadvantage more apparent than real; is not Edinburgh pretty sure to have a strong representation upon the Council?—I should consider that the representative of Edinburgh on the Council should be a member of its teaching body; and I will put it to you in this form, that surely the university which takes the greatest part in medical teaching at this present time in the British Islands should not be without its direct representative on that Council, the business of which is to consider the courses of medical study and examination.

3164. Do not suppose that I am asking these questions because I think it was a fair arrangement at the beginning; it seems pretty clear that it was not; but, of course, in universities, as well as in everything else, we are obliged to find out how an anomaly appears to be compensated for. Is it not the case that there are, besides you, upon the Council other gentlemen who have been connected with the teaching body of Edinburgh?—Not, I think, with the teaching body; merely as graduates. I speak under correction; but my impression is that there is no one on the Council at this time but myself who has ever had anything to do with the teaching arrangements of the university.

Mr. Errington.

3165. Are you acquainted with the system of the Staats Examen in Germany?—I have paid some attention to the matter.

3166. It was established, I think, in 1825?—It was completed in 1825. It was established in its complete form by the then Minister of State, the Minister Von Altenstein in Prussia.

3167. Will you state what the nature of the Examen was?—It was a "one portal" system.

3168. What were the subjects of the examination?—The subjects of the examination were anatomy, clinical medicine, clinical surgery, and midwifery.

3169. What was the place of examination?—All candidates from all parts of Prussia were required to go to Berlin to be examined by a board, appointed annually by the Minister of State,

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State, from which board university professors were, as far as possible, to be excluded.

3170. I see the composition of the examining board, therefore, was a State appointment?—Yes, it was a State appointment.

3171. Can you state the circumstances which caused any alteration to take place in that system?—I should point out that this uniportal system in Prussia was supported by just the same arguments as are employed in this country by those who advocate the uniportal system; that is to say, that it was of the utmost importance that uniformity of examination should be secured by the examinations being conducted by a single board. I should point out that this uniportal system occasioned great complaints both from students and also from teachers in the universities as to the inconvenience and expense which students were put to in having to go and reside in Berlin during the examination. And then as regards the board itself, it was found quite impossible to get good examiners without taking university professors, who had been excluded under the original scheme. The great complexity of this system leading to frequent disputes as to privileges, the rapid growth of medical science, and the social and political troubles of 1848, gave a shock to the artificial system of von Altenstein, which led to its complete overthrow.

3172. In 1869, I think, considerable reforms were made in this system, were there not?—Yes, there were. In 1869, on the establishment of the North German Confederation, the present system came into operation, which has been adopted throughout the German Empire. The present Staats Examen in Germany is a multiportal system as distinguished from the uniportal system of von Altenstein, and the examination is now conducted under the same regulations in every university in Germany, instead of only in one place. There are 20 universities in the German Empire, so that it is a 20-portal system, and not a one-portal system.

3173. What is the composition of the examining board under this new system?—The examining board is appointed under the new system annually by the Government of the State; that is to say, by the Governments of those States which possess universities; but practically the examining board consists of professors or other teachers of the university in which the examination takes place. Although in the large towns, such as Berlin, eminent practitioners are also members of the board, yet an essential constitution of the board is that it consists of the teachers of the university in which the examination is held.

3174. Then the teachers examine their own pupils?—They do.

3175. What certificates under this system are required for admission?—Perhaps you will allow me, before I answer that question, to refer to a report which was given in a few months ago by a commission appointed to revise the regulations for the Staats Examen. This commission had for its president Dr. Finkelnburg, and they reported a slight modification in the mode of appointment of the board. The modification is to this effect, that before the State appoints the examiners, each university is to be heard before they are nominated; that is to say, before the State appoints the examiners, there is to be a communication between the State and the

Mr. Errington—continued.

university respecting the appointments. So that if this recommendation is carried out, the universities will have, more than at present, a voice in the appointment of the examining board.

3176. What is the date of that report?—Unfortunately there is no date on it, but it was sent to me a few weeks ago by Professor von Kölliker, of Würzburg, as the proposition by the members of the commission, so that it is officially correct.

3177. Can you state what certificate is required for admission to the Staats Examen?—The certificates required for admission to the Staats Examen are as follows: First, that the candidate must produce what is called the leaving examination certificate of a gymnasium; that is to say, he must produce a certificate of having passed a preliminary examination in general knowledge; secondly, he must produce a leaving certificate of a university; that signifies that he has gone through a university training; thirdly, he must produce a certificate of having passed the *tentamen physicum* at one of the German universities. By *tentamen physicum* is meant an examination in physics, chemistry, anatomy, physiology, and either zoology or botany, or mineralogy; that is to say, such subjects as come into the earlier stages of examination in this country.

3178. Are there any proofs required of attendance at hospital instruction?—Yes, the candidate must produce a certificate that he has attended the practice of an hospital, and at least four women in labour.

3179. Can you tell us what the stages of examination are?—The stages of examination are, firstly, anatomy, physiology, and pathological anatomy, the examination of which is oral and practical; secondly, surgery and ophthalmic surgery, the examination in which is mainly clinical and operative; thirdly, an examination in medicine, and this is also essentially clinical; fourthly, an examination in midwifery and gynaecology, and this also is essentially clinical and practical; and, lastly, what is called an oral final examination in pathology, therapeutics, surgery, midwifery, pharmacology, and hygiene.

3180. What do you consider is the present position which the Staats Examen has now assumed in Germany?—I would say this; that Germany, after trying for a number of years the "one portal" or single-board system, has deliberately given it up as a failure, and has adopted a system by which in each university town a Staats Examen is conducted by a board of examiners, consisting essentially of the professors and other teachers of that university. So that as there are 20 university towns in the German Empire, there are 20 legal modes of access to the profession, a number which is in excess of those in existence in this country, and which I may submit to the Committee is not without significance in connection with this inquiry.

Dr. Lyon Playfair.

3181. It is the same number, including the Archbishop of Canterbury, that exists in England now?—Just so.

Mr. Errington.

3182. Can you give any reason why under this system graduates in medicine have to undergo a double examination?—As far as I can understand the complexities of the German bureaucratic

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bureaucratic system, and the technical terms which are employed in connection with their administrative arrangements, it would seem to be this, that the German universities are under the control of the Minister of Education, whilst the Staats Examen is under the control of another department of the Government. This other department of the Government requires a Staats Examen, in order that the license to practise may be conferred; and the universities require an examination for the doctor of medicine in order that they may confer the degree. But the anomaly, and, I think, one may say the absurdity, arises in connection with this position of matters, that before a candidate can get his license to practise, and his degree, he must undergo two examinations in the same place by the same examiners, and on almost exactly the same subjects; so that he is certainly subjected to a degree of what I should consider unnecessary labour.

3183. Have you any information to give the Committee briefly with regard to the arrangements in Austria upon that question?—In connection with this I find that in Austria, Switzerland, and Russia the examination for the right to practise can be conducted only at the universities. This practice shows that experience has decided that the examination for a license to practise can be conducted by no one better (and for the State in no more convenient and economical way) than by university teachers.

3184. It would appear to me from the very interesting account which you gave us of the curriculum of studies at Edinburgh, that the required standard of examination is very high, and that if you were to introduce a conjoint scheme, this would distinctly lower the standard that you have at present at Edinburgh?—It would either lower our standard, if we were to bring in to our fold, if I may say so, the same number of candidates, or if we kept to our present standard, a large number of candidates who at present come to us would not come to us on account of the additional expense and trouble to which they would be subjected.

3185. Not only would you lower the standard in degree, but you would also be obliged to curtail the extent of the examinations?—Yes, supposing we were to accept this conjoint scheme as equivalent to our present examinations.

3186. Is there any reason, do you think, urgent enough to call for such a change?—I do not think so.

3187. I suppose that the agitation amongst the profession, which has been going on for reform, as evidenced by the various Bills which have been introduced in past years, shows that there is a certain need for reform?—There has been no agitation for reform in Scotland.

3188. I suppose you would admit that there is a demand for a certain amount of reform?—There is a demand, I admit.

3189. Besides the proposed amendments which the Duke of Buccleuch proposed in the Government Bill, are you prepared to state any other plan by which this necessary reform might be obtained, and yet not introduce the radical changes which the conjoint scheme would necessitate?—I think I might say this, that one great reason for the agitation is a defect in the Medical Act, and that the defect is as follows: that at the present time anyone with what is called a single qualification,

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that is to say, anyone who has undergone only a limited examination in only one department of medical study, can go on to the Medical Register with that single qualification only. But I think that if it were enacted that no one should go on to the Medical Register unless he gave evidence that he had gone through a complete examination, and obtained what is technically called a double qualification, then a most important reform would be carried out, and a reform which would practically do away with a great deal of the agitation, if not the whole of it.

3190. That of course would not meet the difficulty which is alleged that some bodies, without mentioning which, are in the habit of admitting to their degrees after too easy an examination?—That is a question as to whether bodies do admit on a too easy examination, which I have no information on.

3191. You are aware that the 21st section of the Medical Act of 1858 gives certain powers to the Medical Council to report bodies whose examination they consider deficient to the Privy Council, whereupon the Privy Council would be empowered to suspend those bodies from licensing; supposing that the clause were so amended as to give the Medical Council the power of directly suspending them, leaving the suspended body an appeal to the Privy Council against the sentence, would that be a desirable change, do you think?—I think it would, because then if the Medical Council were to satisfy itself that any of the bodies or any of the medical authorities was not conducting a proper examination, it would have the power of representing it in the proper quarters, and the examination would, I have no doubt, be put on the proper footing, supposing it were not on the proper footing.

3192. Do not you think that the existence of a Medical Council, possessing the confidence of the profession and empowered to determine and maintain the standard for admission to the profession, would go very far to meet all the necessary reform and protection which would be required against any possible lowering of the standard?—Yes, I do.

3193. I do not know whether your attention has been called to the provisions of the Bill before this Committee, called the Medical Officers Qualification Bill?—Yes, it has.

3194. Are you aware of the mode in which it proposes to meet this question?—Yes.

3195. Would you be in favour of such a plan as that?—My difficulty would be in seeing how, with so enormous a body of candidates as would have to come before the examining board, the examining board would be able to carry out the examination. My feeling in the matter has been this: that it would take up so much time that I think it would be difficult to get efficient examiners to give the time to it.

3196. Of course such an objection as that applies much more strongly to the suggested conjoint scheme, when every candidate would have to be examined?—If every candidate had to go through one state examination scheme, undoubtedly the objection applies more strongly to it.

3197. But it would have this advantage, would it not, that we are protecting the public and the profession also against the admission of improper persons to become qualified, and we should still leave ample liberty for the application of competition amongst the various bodies?—Yes,

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but so far as I recollect the plan which you propose it only applies to persons who are going to become civil practitioners, or undergoing a Civil Service examination.

3198. You are aware, are you not, that it proceeds upon this ground, that the persons who are to make use of the services of those practitioners being paupers and people in hospitals, and so forth, are not in a position to select their own medical adviser, therefore they should be protected by the State?—Yes.

3199. Whereas the general public being at liberty to choose their own advisers, in all probability they would select those who were the best qualified?—Yes.

3200. You are aware that in 1870 there was an opinion on the part of the minority of the people of Scotland in favour of the conjoint scheme?—In the year 1870, when Lord Ripon's Bill came before Parliament, the matter was naturally very much discussed in Scotland, and there were various meetings held both of the representatives of the universities and of other bodies, to consider the general purport of Lord Ripon's Bill.

3201. As it is now, I suppose we may assume that the feeling in Scotland, both among the bodies and among the professors at the universities, is against the conjoint scheme?—I think so; at the universities, certainly.

3202. Could you give us any reason for that remarkable change of opinion which has taken place in Scotland?—As regards the universities, there has always been a feeling that it was entirely unnecessary, as I have already stated to the Committee; and that besides being unnecessary, it was also oppressive and more expensive; and that we had done nothing at all to require that such a scheme should be imposed on us.

3203. In fact, it appears to you on second consideration that the proposed remedy would be worse than the disease?—We think so; indeed we never wanted a conjoint board.

3204. Are you aware that there has been a considerable change of opinion in Ireland in the same direction?—So I am told.

3205. I suppose you do not agree with what several witnesses have told us, that this change indicates a most remarkable inconsistency on the part of the many distinguished persons who have been led to change their opinions?—Certainly not.

3206. Might we not rather argue that if 10 years has completely changed the opinion in Scotland, and considerably changed it in Ireland, possibly 10 years more, with the advantage of a public consideration of the subject, would go far to effect a change of opinion in England also?—I believe that a change is now going on in England, because I know that some of those who were at one time very strong supporters of the conjoint scheme, now give it only a lukewarm support.

3207. Therefore I understand that your objection to the conjoint scheme is not only in the interest of the medical bodies and the universities, but also in the interest of the public and of the profession generally?—Yes.

3208. You are of opinion, are you not, that the association of medical men with those medical bodies and the universities exercises a salutary influence upon the profession generally?—Certainly.

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3209. And you would deprecate anything which would tend either to destroy or to diminish the influence which those bodies exercise over the mind of the profession?—Certainly.

3210. Mr. Simon's evidence rather tended to the opinion that, even supposing the conjoint scheme, which was not unlikely, tended very much to diminish or destroy that influence, it would be no loss to the profession; I presume you do not agree with that opinion?—No; I consider that it would be a great loss.

3211. You are aware that the Lord President's Bill which we are now considering provides a sort of *quasi* compulsory affiliation with a corporation?—Yes.

3212. Are you not of opinion that in a few years probably it would get weaker and weaker, until at length it would possibly cease altogether?—I think the tendency on the part of young men would be to say, why should we be associated with a corporation, and have to pay a much larger fee than what the requirements of the examination necessitate; why should we have to do this when the corporation practically does nothing for us. At the present time the corporation admits to the profession, and gives a qualification to practise, but under the Bill, although there is a nominal association between the individual candidate and the corporation, it is really the examination and the certificate given by the examining board which the candidate would have to look to in order to obtain admission to the medical register.

3213. Therefore is it not likely that as the necessity for those bodies diminished, so their influence and their prestige would tend to diminish?—I think so.

3214. And ultimately they might very possibly subside into merely ornamental bodies?—Yes; I think this matter is very important, and it is important in connection with the fees which it is proposed to levy in connection with the English conjoint scheme. If you will refer to the mode in which the fee is to be allocated amongst the different bodies, you will find that of the 30 guineas which the candidates are to be called upon to pay, only one-half is required for the expenses of the examination; so that, as the admission to the examination will not cost more than 15 guineas, the remaining 15 guineas is to go to the individual corporations according to the particular scheme which is here mentioned. And I think this very important to point out, that of the remaining 15 guineas, five guineas will go to the maintenance of the museum of the Royal College of Surgeons of England, an institution of national as well as of professional importance, for its unendowed professorships and other allied expenses. I am one of those who consider that there is no institution in the country which deserves better of the country than the museum of the Royal College of Surgeons of England. It is one of the most magnificent monuments that this country has ever raised in connection with biological science, and I should be very sorry to think that anything that I may say is in the least degree such as may affect the efficiency of the institution as regards the funds which are required for its maintenance; but still I would point out to the Committee that it does seem to me to be somewhat of an anomaly that students should be required to pay out of this sum

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sum of 30 guineas a special sum of five guineas for the maintenance of that museum. It is a museum of national importance as well as of professional importance, and if the Government carries out a conjoint scheme, it seems to me that the fund which ought to maintain that museum should not come out of the candidates' pocket, but it should come out of the national purse.

3215. Do you not think it very likely that in a few years agitation might arise for a diminution of those unnecessary fees, so far as examination goes, and that then possibly the fees would be reduced to 15 guineas, and that those bodies would be left without the 15 guineas which they now get?—I think that is an agitation which in all probability will arise, and that very soon.

3216. Although the one institution which I have mentioned would probably be supported by the State, still there are other bodies which in all probability would be left without any support?—Yes, that might be so.

3217. The tendency of this would, of course, be to destroy in course of time the position and the prestige of those medical bodies?—Yes, of the corporations, certainly.

3218. Supposing that Parliament adopted the plan of making this reform dependent upon the strength of the Medical Council, it would be very advisable, would it not, for the efficiency of the Council, that it should have the sympathy of the profession?—Certainly, it would be most advisable that the Council and the profession should be in sympathy with each other.

3219. Do not you think it would increase that sympathy if there were a proportion of direct representatives of the profession upon the Council?—That is to say, I suppose, persons elected by the whole of the practitioners. I must say this, that as regards this question of direct representation, I thoroughly sympathise with those who feel that there should be a representation of the general practitioner element on the Council, that the general practitioner should be represented on the Council in some form or other; but whether the best means for getting that representation is by the general vote of the profession, is really a matter on which I can scarcely give a definite opinion. I have not the means of stating whether that is the best way to do it.

3220. But I think you are of opinion that a representation of the profession would tend to make the Council in sympathy and harmony with the view of the profession generally?—Certainly.

3221. And you think that would be better obtained by a representation of some sort, than by Crown nomination merely?—I am not prepared to say that. If it were definitely laid down that a certain proportion of the Crown nominees should be general practitioners, I think that would meet the matter; because it is not at all likely that the Crown would nominate any general practitioner unless he were a man of prestige and position amongst his brethren.

3222. Do not you think that professional men would consider a man chosen by themselves as more directly representing themselves than a Crown nominee?—That I believe to be the feeling of the profession.

Dr. Lush.

3223. I gather from your evidence that the question of conjoint board examination resolves
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Dr. Lush—continued.

itself into two points in your belief; that is to say, that it may possibly lower the standard of education on the one hand, and that it is a money question, as affecting the universities, on the other hand?—Yes, those are the two main elements. I do not know whether I sufficiently explained to the Committee what I would mean by lowering the standard; and perhaps you would allow me, in connection with your question, just to supplement a little my previous evidence. It would lower the standard of the profession if you induce men to go into practice on a qualification less than that which the universities of Scotland require in connection with their examination system. Our position is this, that the universities of Scotland have for a lengthened period been bodies which have admitted a large body of men into practice on a more complete system of education and of examination than is needful for the ordinary requirements of practice, and that if you do anything in the way of legislation which is likely to subtract from the number of our candidates, and the number of our students, you will, in so far, lower the standard of medical education throughout the country; that is our position.

3224. But it does not necessarily follow that the establishment of a conjoint board should have a low class of examination?—I do not use the word "low," and I do not think I have used the word "low."

3225. Humble?—I do not think I have used the word "humble," but a less standard than that which the Scottish universities require; less than that which is now carried out in our Scottish university system.

3226. In other words, that the necessities of general practice would not require so high a standard as you place yourself?—That is my position.

3227. And it would follow in its administration that it would be a less examination?—It would.

3228. You do not answer my question, that it would not necessarily follow that a conjoint board should accept your view of the case and make their examination too slight?—I think I can answer that in this way: that if the conjoint board were to have its examination up to our standard, you could not admit to the medical profession a sufficient number of persons for the requirements of the public.

3229. With regard to the money question, you anticipate that so large a proportion would be content with a one-portal examination that they would not proceed to your higher examination and take their degree?—Yes, that is our fear.

3230. With respect to your colonial graduates, you intimated that there would be an injury to the university so far as they were concerned, inasmuch as they might be induced not to come to you, because it would be a condition precedent that they must go through a one-portal examination?—Yes; I said if that were made a condition.

3231. Do you see anything in the Bills that indicates the necessity for that?—It is not in the Bills; but you know better than I do that a Bill does not come out of Parliament in the form in which it goes in, but that many modifications are made in it. I know this, that there are many who hold that no university should give its degree
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unless the candidate has previously gone through the examination of the conjoint board; making, therefore, the conjoint board examination a something prior to conferring a degree, and it is quite possible that attempts may be made to introduce into the Bill a similar clause, and I wish to protest against that, and to have it recorded before this Committee.

3232. You wish to meet the danger before it arises?—I think it has been said that the best way to avoid danger is to meet it.

3233. You know that all the Bills before this Committee have reference to registration in the United Kingdom of Great Britain and Ireland?—They have.

3234. And therefore any person who did not intend to practise in either of the three Kingdoms would not have the motive which such practitioners would have to be registered at all in Great Britain and Ireland?—He would not go on the Medical Register, always supposing that you did not require him to pass the conjoint board examination before we gave him his degree.

3235. Which is not required under the Bill?—Which is not required under the Bill.

3236. Therefore that supposed grievance to your university falls to the ground?—I merely put it forward as a grievance which might arise.

3237. You say that a conjoint scheme has failed in Germany?—I said the one-portal system, and my authority for a good deal that I have stated on this matter, is taken from a book published in 1876, by a very eminent German surgeon, well known to the profession in this country, Dr. Billroth of Vienna.

3238. Is not the cause of the failure of the one-portal system in Germany to be sought in the jealousy of those very numerous examining bodies which at present exist?—Primarily it is to be sought in the fact of the expense of causing all the candidates to go to Berlin and reside there, which was so great that it amounted to a positive burden.

3239. Or in going to Vienna or to Berlin originally for their education?—I do not say that, because you will observe that the one-portal board, as originally constituted, kept out of it the professors of the universities, so that there was no premium upon the teaching in the University of Berlin.

3240. But looking to the very diversified conditions of the great German Empire, and the present existing bodies which are all large universities, and not simply medical corporations as in this country, you would look to their mutual jealousies as probably a very important factor in determining the value of the one-portal system in Germany?—I must ask you to look at the various and diversified conditions of the British Empire, and the numerous corporations and universities now existing, and at the mutual jealousies which are likely to arise here.

3241. Would you not think that some amount of weight might be given to the opposition to this one-portal system in Great Britain and Ireland, in consequence of the mutual jealousies of the various examining boards?—I think as regards Scotland there is this feeling; I would wish to point out that we have tried to frame a scheme in Scotland. I would not wish Scotland to come before this Committee as if it had never tried its hand at framing a scheme, but I have

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here a body of evidence, I do not know whether the Committee would wish me to go into it as the time is short, but I have here a body of evidence to show that there was meeting after meeting, and proposition after proposition, in Scotland, showing that they attempted to frame a conjoint scheme. But after various attempts, which turned out in vain, they at last came to the resolution that they did not see their way to do it.

3242. It is, in fact, the leviathan character of the Edinburgh School which stands in the way of any association in Scotland?—I do not know exactly that I could put it in that form.

3243. Does it very much vary from that form?—As I have already pointed out, we object to it as unnecessary; we think it is not called for.

3244. The examining bodies in England have agreed that if it is desirable it is practicable?—But look at the profound difference as regards medical education between the Scottish universities (I do not mean Edinburgh merely, but Glasgow and Aberdeen also) and the English universities. The Scottish universities are great graduating and teaching bodies, not only for Scotland, but also largely for the British Empire. I do not think, at this moment, there is a single university in England which can give a complete medical education, so that they are in an entirely different position. The English universities may yield some of their existing privileges for the sake of carrying out a conjoint board scheme, and actually give up but little; whereas if we were to yield we should give up rights and privileges, and interests and duties which we feel that we cannot part with.

Sir Trevor Lawrence.

3245. A complete education can be given at Cambridge, can it not?—I asked the question last night, for my own information, from an eminent professor of the University of Cambridge, and I was told that although the Board of Medical Studies had come to certain resolutions, yet the university has done nothing to carry those resolutions into effect, but of course the Cambridge representatives can themselves inform the Committee upon that point.

Dr. Lush.

3246. In fact, the universities in Scotland take the position there which the corporate bodies who examine do in England?—We do something more than that, because we are educating bodies, whereas the corporate bodies in England are not educating bodies; they are examining bodies. The schools attached to the hospitals are the educating bodies; but we are in the double position of being both educating and examining; in fact, we fulfil in Scotland completely the ancient function of a university, a function which is fulfilled all over continental Europe by the universities as teaching and examining bodies. We carry out the theoretical idea of a university, and we reduce it to practice.

3247. In what would you differ from the university in London which has all those medical schools affiliated to it, so as to form in the aggregate a teaching and examining body?—It differs in this very essential matter, that the University of London has no practical connection with the London schools; it is no more affiliated to the London schools for examination purposes than the

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the University of Edinburgh is affiliated to them for examination purposes. The University of London receives those who have been educated in Edinburgh for examination, just as it receives those who have been educated at my old school, St. Bartholomew's, or any other of the London schools.

3248. Have they any moral or disciplinary control?—No, they have no voice or say whatever in its constitution or in its educational arrangements.

3249. With the exception that they have not a moral or disciplinary control over their students, the University of London stands in precisely the same position as the University of Edinburgh as an examining and teaching body?—But the University of London is not in any respect a teaching body.

3250. The affiliated colleges afford the teaching?—Yes; but the affiliated colleges are not a part of the University of London, they are entirely outside bodies; they are no more a part of the University of London than the University of Edinburgh is a part of the University of London. But I may state that the University of Edinburgh does not accept outside teaching, unless the university authorities are satisfied, after due inquiry, that the teachers are competent, and have the proper appliances for teaching.

3251. But being affiliated, and their teaching being accepted as the basis for examination, the two conjoined represent what the Edinburgh does individually?—I am not prepared to admit that, because they form no part of the constitution of the university, at least according to my understanding of it. I am speaking under correction, of course.

3252. Is not your idea of a university what we in the south rather regard as a college?—That is not the fundamental idea of a university. The fundamental idea of a university, as I understand it, is a corporate body which possesses faculties of arts, of law, of divinity, of philosophy, and of medicine, and which gives an education in those various departments, and which examines and confers degrees. That is my idea of a university.

3253. A university, as I should put it, would be a corporate body possessing the power of granting degrees, the education preliminary to which is sought and found in a college, or, it may be, a congeries of colleges forming one university, but that is not the case in Edinburgh?—It is not the case in Scotland, or, so far as I am aware, anywhere but in England.

3254. It is so in Oxford and Cambridge, is it not?—Yes; but in each of these universities there are also professors belonging to the university who directly take a part in the education.

3255. Does not the University of London, having those affiliated schools, present to your mind very much the same idea as the University of Oxford or Cambridge presents when it has its senatus or governing body which grants degrees, and its colleges, which educate pupils?—I cannot see the same organic connection between them.

3256. There is a vast difference in the idea of the University of Edinburgh and the idea of the University of Oxford or Cambridge?—There is this difference, that we in Edinburgh have only

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one college, and in Oxford and Cambridge there are many colleges.

3257. You appear to have studied the question of foreign degrees; have you studied it in relation to the right of possessors of foreign diplomas to be placed on the register; I mean their prospective right under the Bill?—The Bill of the Government, as I understand it, does in Clauses 7, 8, and 9 give permission to the Medical Council to put on the Medical Register such foreign and colonial graduates as may have shown through possessing recognised diplomas that they have a sufficient guarantee that they possess the requisite knowledge and skill for the efficient practice both of medicine and surgery, including therein midwifery.

3258. Would you conceive that the result of this Staats Examen in the case of a person who has passed under it at one of those 20 universities, is of sufficient good character to entitle him to claim to be placed on the register?—I am not sufficiently familiar with the whole of the German universities to say; but undoubtedly it is so in the case of the principal ones. There can be no question, for instance, that a graduate in medicine of the University of Berlin has gone through that kind of training and examination which would entitle him to go on the register.

3259. Would you say the same thing of our colonial degrees, in Canada, for instance?—I really have but little knowledge of those degrees.

3260. You have no objection to the principle of placing them on the register the same as ourselves?—No; I have no objection to the principle, supposing the Medical Council had satisfied itself that the diploma was conferred after proper education and examination. But still I would like, in stating that I have no objection, to guard myself in this way, that it does seem an anomaly that you should allow a graduate of a foreign or colonial university over the examinations of which the Medical Council can exercise no control, to go on the register without passing through the examinations of the conjoint scheme; whereas you would debar a graduate of one of our own universities, the examinations of which you have the fullest power of inspecting and inquiring into, from being registered, unless he obtained a certificate from the conjoint board; that seems to me an anomalous condition of things, and I think that that is a grievance which a British graduate would have.

3261. You think that the power of the Council, as supplemented by inspection, to control education, is a very important power?—A most important power, and I hope that the Council will fully exercise it.

3262. Have the Council hitherto fully exercised it?—It has been systematically exercised on two occasions.

3263. In how many years?—The Council has been in existence now, I think, for 21 years, and the last occasion on which it was exercised was in the years 1873 and 1874, and at a previous period, the exact date of which I do not recollect.

3264. You think that the powers of the Council to superintend and be present at those examinations might be suspended for eight or ten years?—No, I do not; I think that the reason why they have been suspended lately is because there has been this agitation about the Medical Bills; I think that has practically suspended their action,

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tion, because the Council have felt that legislation was impending.

3265. Then am I to infer that lest the Council should have a change in its constitution, it would meanwhile suspend its functions?—No, certainly not; I cannot admit that.

3266. Practically has it not been so?—No, I cannot admit that at all.

3267. If a duty has been imposed upon the Council for 20 years, and it has, I will not say systematically neglected, but, systematically omitted, to perform a very important function, is it a sufficient answer to say that there has been an impending change in the constitution of the Council?—I cannot admit that they have systematically omitted to discharge an important function.

3268. You cannot over estimate the importance of the visitation of the examinations?—I certainly cannot over estimate the importance of the visitation of examinations; I believe it is of great importance, and I thoroughly agree with you as to that.

3269. The omission of a duty of great importance is, in fact, a failure in the performance of the duty, is it not?—But you must observe that so late as the year 1874, the examining bodies were completely visited, and then it is to be borne in mind that the visitation is a very expensive business.

3270. Is not the real cause of the suspension of that duty the great cost which it involves?—No, I believe not; and if it had not been for this prospective medical legislation, the visitation of examinations would have been carried out systematically from year to year. Not taking every examining board the same year, but selecting a certain number in each year, and so working through them in the course of years, and, I believe, that would have been done.

3271. Do you not think that the Council should have completed this very important duty on the ground that you say has actuated them?—I think I have given a sufficient reason; it may not satisfy you, but I think I have given sufficient reason.

3272. You have already answered the honourable Member for Longford with regard to direct representation, and I gather that you do not see the necessity for any change in the constitution of the Council?—I have not said that; I do see the necessity for a change in this respect, that the University of Edinburgh should have a representative, and that I have distinctly stated.

3273. You do not like to be yoked to Aberdeen?—No, I do not think that the Scottish universities by this system of yoking are put into that sort of position which is due to them from the part they take in medical education. Their position as great educational bodies is not sufficiently recognised when you take a university like the University of Durham, and give it a representative. What defence can be offered by anyone for the University of Durham having a representative?

3274. I never heard of any defence; you are aware that the Right honourable Gentleman who has taken the place of our Chairman represents your university linked with St. Andrews in Parliament?—Yes, I am.

3275. Would you have an equal objection to any linking of Edinburgh with St. Andrews for

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that or for any other purpose?—No, I consider that the two cases are not analogous, because observe, the Right honourable Member, our most admirable representative, represents generally the interests you may say of the graduates, and of all who belong to those two universities of Edinburgh and St. Andrews; and if those institutions were to claim each separate representatives they would at once be met by the statement that it is impossible to give it, because we cannot add to the numbers in the House, but I do not think that the same argument applies to the Medical Council.

3276. You say that you, as the representative of the University of Edinburgh, are not a representative of the graduates?—No; I am chosen by the Senatus Academicus of the university, that is by the teaching body.

3277. Are you aware that the representative of the University of Oxford and the representative of the University of Cambridge do represent the graduates of the respective universities?—I think that that statement must be very much qualified in this way: that I have no evidence at all that the representatives of the Universities of Oxford and Cambridge are selected by a general vote of the graduates. So far as I understand the matter, and of course I speak under correction, they are practically nominated by those resident in Oxford and Cambridge who take a special interest in medical matters.

3278. We know that the result is that persons at Oxford nominated Dr. Rolleston, and that persons at Cambridge nominated Dr. Humphry, and that every person whose name is on the books of the university as a member of convocation has a right to vote?—Yes, I believe it is so.

3279. Then you would so far admit that there is an anomaly in the constitution of the Council as affecting those three universities?—Yes, there is a difference.

3280. Would you say that there was no room for change in a system which gives in the one case the vote to the very *élite* of the universities of Edinburgh and St. Andrews, and in the other to the whole body of convocation?—There is, I admit, a difference in the nature and character of their electing bodies.

3281. Is there not also an anomaly in the fact that the Society of Apothecaries in Ireland sends a representative?—Yes, I think so.

3282. And it is practically the same, is it not, with the Society of Apothecaries in London?—Yes; my own feeling is that the time has come when the Societies of Apothecaries might very fairly depart from the Medical Council.

3283. You would also dismiss the University of Durham?—Yes.

3284. And you would add to the functions and weight of the University of Edinburgh by withdrawing it from the University of Aberdeen?—Yes, certainly.

3285. What would you do with the University of Aberdeen?—That would depend upon what number of persons might be considered ought to represent the Scottish universities. But I think that if you were to take the Scottish universities in proportion to the work that they do in medical education, the number of pupils that they have, the number of graduates, and so on, you ought to give one representative to Edinburgh and another

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to Glasgow, and then you might put Aberdeen and St. Andrews together.

3286. And sever yourself from the unwelcome association which you now have?—Yes; and I would just point out as you mention the question of Parliamentary representation, that there is this difference, that in Parliamentary representation, Edinburgh and St. Andrews are associated together in the election of the Right honourable Chairman, and Glasgow and Aberdeen are associated together in the election of their member.

3287. Beyond that change and a change in the mode of nomination of the representatives, you would not disfranchise any other than the Societies of Apothecaries and the University of Durham?—No.

3288. You would give the Faculty of Physicians and Surgeons in Glasgow a representative as well as the University of Glasgow?—Yes.

3289. And to the College of Surgeons of Edinburgh and to the College of Physicians as well?—Yes.

3290. You would not wish to diminish the numbers of the Council?—No.

3291. What would you do with the representatives whose seats had been taken from them?—I think that you might then meet the call of the profession, that is to say, that is to say, there might be representatives of the general practitioners if you get certain vacancies in that way.

3292. How would you get direct representation if we disfranchised the electoral body?—You would get the general practitioner into the Council, whether you brought him in by the general voice of the profession or brought him in some other way. As I say, I have no very strong feeling on that matter. I have not studied it with sufficient care.

3293. Is it a fact that the representatives of various bodies coming to the Council generally discuss matters affecting the whole profession, or do they more immediately represent their own constituencies, and confine their attention to the wants of their own constituencies?—No; the whole subject is discussed. I hold myself at perfect liberty to discuss, from a broad and general point of view, any question which arises, quite irrespective of what is done in my own institution.

3294. Up to the present time, in the case of each member of the Council (with the exception, I believe, of Sir Dominic Corrigan, who has been examined here), there has been a remarkable consensus of opinion that it is a very excellent Council, and that it requires very little reform?—I think that the Council, in its general constitution, is a very excellent body. I am not prepared to say that some emendations in it in the direction I have indicated, may not be required. I am, however, a comparatively young member of the Council; I have only been there six years, not 20 years.

3295. Outside the Council there appears to be pretty nearly as great a consensus of opinion that they have failed in what it was designed they should do, just as there appears to be inside the Council the opinion that they have done the best they could, and that there is no necessity for a change?—I think it should be remembered, in considering the question of what the Council has done or has not done, that the powers of the Council really are little more than permissive
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and commendatory; it has no enacting power. I think, if you look at it from that point of view, you will find that the Council really has done very good and efficient work, because there can be no question at all that the Council, through the Medical Act, has, in a most material degree, improved the examination and the education of the general practitioners of the country. Then I think that any one who looks into the matter with proper care, and a candid and fair spirit, ought to have no difficulty in seeing that it has done good work; because if you just consider, upon the one matter of preliminary education, what was the case when you and I entered the profession. Before 1858, there was absolutely no test whatsoever of a man having had any preliminary education at all. When I went up to the College of Surgeons, in 1853, to get my membership, there was no test imposed upon me as to what I knew in the way of general knowledge. It was different when I went to the University of London for my degree, because then I had to go through their matriculation examination. But the examination in the subjects of preliminary education has been adopted and carried out generally through the recommendations of the Council.

3296. Is it not a fact that going back a little further than the time that you entered into the profession, and I unhappily a great many years before, a very great amount of good was done by what are now looked upon as amongst the despised bodies, that is the Society of Apothecaries of London?—The Society of Apothecaries of London undoubtedly played a most important part in medical education in London, by insisting on examination in such subjects as chemistry, materia medica, medicine, and midwifery, which were not examined on at the College of Surgeons, but matters are in a different position now. At the time you are alluding to, the College of Physicians systematically held themselves aloof from the general practitioner and his requirements; but now that college has taken its proper place as an examining body for a license to practise, and should act in conjunction with the College of Surgeons in granting a double qualification to the general practitioner. I quite agree with you that the Society of Apothecaries of London did a very important work in its day. I know nothing of the Dublin Society.

3297. You say that the functions of the Council are so very limited that, in fact, they are confined to the supervision of preliminary education, and the registering of the persons who have a right to be placed on the register?—The Council also recommends what the duration of professional study should be, what the subjects should be, and when the examinations should take place.

3298. With regard to registration, that could be done, could it not, by one officer as well as by 24 gentlemen?—I suppose it is practically done by the officers appointed by the Council, namely, the medical registrar and the branch registrars.

3299. I do not understand that the Council have sought for any new powers. They have been content to exercise the functions bestowed upon them by the Act of 1858. They have not sought at the hands of the Government any increased power?—I speak under correction, but I do not think they have; however, I cannot speak
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definitely, because I tell you I am not an old member of the Council.

3300. You spoke of certain exemptions in the examinations as being the result of persons having passed through some portion of that examination at other schools; is it a fact that the University of Edinburgh does accept the anatomical examination from schools where the curriculum is not so good as your own?—The University of Edinburgh, once for all, accepts no professional examination from any other body.

3301. Then it is not a fact that it accepts the anatomical examination?—Any statement of that kind is entirely incorrect; it accepts no examination either in anatomy or any other subject; it accepts attendance, but not examination. For example, I am the Professor of Anatomy in the University of Edinburgh; but it by no means follows that every student going in for examination should have been taught by me. We accept the courses of anatomical study, if we are satisfied that they are up to the proper standard, from the various schools of medicine in London, and from the other universities in the country.

3302. In fact, *ad hoc* you place yourself precisely in the same position as the University of London does to the schools to which I was referring just now?—No, I beg your pardon; we do insist upon a certain amount of residence and a certain attendance with us; we must have at least one year's residence and a certain proportion of attendance.

3303. I understood you to say just now that the pride of the University of Edinburgh was, that it gave a complete education and a complete examination?—Yes, that is so.

3304. In proportion as that education may have been received elsewhere, you do not exact a complete education in the University of Edinburgh?—I do not say that we exact a complete education within the University of Edinburgh, but we exact a complete education; we must be satisfied that that education which is not taken in the University of Edinburgh comes up to our requirements.

3305. And, as I say, to that extent you are in precisely the same position as the University of London, apart from residence?—I presume you mean in accepting education from other bodies.

3306. But the examining body is not necessarily in the University of Edinburgh the teaching body, any more than it is in any other corporate institution?—One year out of the four they must be resident; I cannot admit it in the form in which you put it. We do require a complete education.

3307. Am I to understand that you give it within the walls of that institution?—No. We do require a complete education, but we do not insist upon every candidate residing there; we require at least four years of study. We exact that time from all who come before us for examination, but we do not exact that the whole of their study should have been taken with us.

3308. Having given them their degree, the public know nothing else than that; they do not know where that complete education was given which you call for at the university?—No, but then our examination controls that.

3309. I understood you to claim in the first place that the examination at Edinburgh to this extent differs from that of the other corporate

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examining bodies in the fact that you exercise control and give a complete education within the university?—So we do.

3310. But if some portion of their education may have been sought and found elsewhere, to that extent it is not a complete education at the university any more than it would be in the University of London or the Collège of Surgeons?—The examination is complete; I must just repeat what I have already stated, that we do give a complete education, and we exact a complete education from all who appear before us for examination, but we do not say that that complete education must have been entirely got within our own walls.

Mr. Maitland.

3311. I think I understood you to say that the proposal for a conjoint scheme had not been received very favourably in Scotland?—It has not.

3312. Neither by the public nor by the profession?—I am not aware that the public has ever pronounced in favour of it, and certainly the profession has not pronounced in favour of it.

3313. Are the profession against it?—The medical authorities are unanimously against it, and the medical authorities in Scotland largely represent the profession. I think we may say that the profession has pronounced against it because the medical authorities are very largely representative of the profession, from their very constitution.

3314. I suppose you would say that neither the profession nor the public have found that any practical evil has resulted from imperfectly educated practitioners practising in Scotland?—I do not think that any practical evil has been found.

3315. And therefore you would I imagine be for letting things alone in Scotland, so far as that is concerned?—Yes.

3316. You do not think that any good would be gained by the conjoint scheme?—No, I do not think that any good can be obtained more than what can be carried out by a full inspection of examinations regularly carried on.

3317. I think you went the length of saying that considerable harm might be done by it in the way of lowering the teaching and the examinations in some of the teaching and examining bodies?—I think I would rather put it in this way that it would lower the general standard of medical education and examination in Scotland if candidates were precluded from going through the kind of university training which they at present subject themselves to; that is to say, if anything were enacted which would add to the trouble and to the expense of obtaining university education and university degrees.

3318. Now I ask you, as one of the teachers in the University of Edinburgh, do you think that the students would not be very apt if a conjoint scheme were brought into operation to be satisfied with passing the examination of the conjoint scheme and attaching themselves on the register without coming up for your higher examination?—We have that fear.

3319. If that were to take place to any large extent amongst the mass of students under the conjoint scheme, we should have in Scotland

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Scotland less perfectly educated men than we have at present?—That would be the result.

3320. And that would be, of course, I need not say, a distinct national calamity?—A distinct national calamity.

3321. If, I understand it, we are to lose what we in Scotland at present think our very excellent body of general practitioners, or at any rate we have the chance of their being seriously deteriorated in order that we may whip up a few of the licensing bodies which elsewhere seem to be lagging behind?—Yes, that is the fear that we entertain.

3322. In fact there is a prospect that we are to be sacrificed for them?—Yes, that is our fear.

Mr. Wheelhouse.

3323. First of all will you take that paper into your hand (*handing the same to the Witness*); it is a schedule containing the curricula of the different medical bodies in Ireland, and also at the bottom a table of fees for the higher pass examination; is it possible to obtain a similar paper on the same or somewhat similar lines with reference to Scotland and Scottish education?—There would be no difficulty about it if the Committee would issue a circular to the various medical authorities in Scotland.

3324. I think it came to us, if I remember rightly, as having been indicated by us that we wanted it, and the Irish authorities provided it for us?—I do not know whether there is anything like a register of this kind kept in Scotland; but I am sure that if a similar request was sent to the Scottish authorities they would at once comply with it, and I can do it for the University of Edinburgh.

3325. Will you just allow me to ask you this; what do you require from a student, say, who has been educated at the Leeds school before he can get his M.B. degree?—We do not recognise any of the lectures in the Leeds School of Medicine. Dr. Thorpe, the lecturer on chemistry in the Yorkshire College of Science, is the only lecturer in Leeds that is recognised by the University of Edinburgh.

3326. Supposing also, that from the Leeds School any person went with his certificate, would not that in any way facilitate his passing through the University of Edinburgh?—I will tell you what we would admit. We would admit his attendance on hospital practice, and his course of practical anatomy, and we would allow under our regulations, as provided by the Scottish University Commissioners, these to count as one year's study, so that he would only have to remain three years with us, and to attend in the university all the lectures in the medical curriculum, excepting those on chemistry, provided that he had attended those of Dr. Thorpe.

3327. Supposing always a person having been educated at the Leeds School for Medicine were to come to London, or to go to Edinburgh to get the pass degree of some other body than the University of Edinburgh, what would then be required for him to get his M.B. degree with you?—You mean, I presume, if a part of his study had been taken elsewhere than in Leeds.

3328. Supposing that he was on the register, and that he was a licentiate of the Apothecaries' Society of Dublin, and he come with their certi-

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ficate to you, and a certificate, which it is necessary to show that he had passed some collegiate course somewhere, what would then be required of him to take the M.B. degree?—We should attach no importance to any diploma that he produced.

3329. Then you would require really a complete education with you?—Yes, a complete education.

3330. Have you ever heard the statement made, I do not say rightly or wrongly, and I do not say with regard to your own university, that the diploma granted by some or other of the Scottish licensing bodies is much more easily obtained than is the case in England?—The statement has often been made.

3331. So far as you know, can you tell me whether that statement is based on fact or not?—I have no knowledge of the matter at all, and I take no part in the examination of any of the examining bodies of Scotland, except those of the University of Edinburgh.

3332. Not as a member of the General Medical Council of England?—Not as a member of the General Medical Council of course. I have heard the statement made in the General Medical Council, but allow me to say, not the General Medical Council of England; it is the General Medical Council of the United Kingdom.

3333. Is it not, rightly or wrongly, an allegation which you have heard, that the pass examination given by certain bodies in Scotland is much more easily obtained than that in England?—I have heard that repeatedly stated.

3334. Do you know as a fact that that is the practice?—No, I do not know it is a fact.

3335. Supposing that a gentleman has received the degree of M.B., is he styled doctor?—I think that the public would style him doctor. I think as a matter of courtesy they would do so.

3336. Does he put doctor on his card?—I do not think that our graduates do; it is quite possible that some may; but I have repeatedly seen on the cards of our graduates Mr. So-and-So, or So-and-So, M.B., but observe I do not say that it may not be done by some.

3337. Do you accept the doctorate of any foreign university or body of any kind in any way as leading up to your own doctorate?—We accept no examination, qualification, or degree either of British or of foreign bodies.

3338. Is not the curriculum required by the universities of Scotland; that is to say, by one of the minor bodies of Scotland, shorter than that of the schools in England, so far as the length of study is concerned?—I have already shown in evidence that it is four years.

3339. Is it not nearer five years to go through a complete curriculum in England?—Most certainly not; at least, not to my knowledge, and I should be very much surprised if I were told that it were.

3340. Supposing a person on the Medical Register of England goes to any one of the examining or *quasi* examining bodies in Scotland, the Royal College of Physicians, for instance, in Edinburgh or Glasgow, as distinguished from the university, do either of them or both of them require anything beyond the fact that the gentleman who applies is on the register?—I do not know what their regulations are.

3341. Supposing

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3341. Supposing he found that the University of Edinburgh altogether cast him aside, there are other licensing bodies in Edinburgh; is there any one of those bodies to which a person on the register, either of England or Scotland, can go, taking his register in his hand, and say, now give me, in addition to that which I have at present, your license?—Certainly not, without examination.

3342. What is the examination in the Royal College of Physicians in Edinburgh?—I cannot give you the details of it; their representative will tell you that.

3343. He must always pass that?—So I understand. I never heard that he need not; my own belief is, that he has to pass it.

3344. Do you happen to know this; does it require any residence with any one of those bodies in order to get their diplomas?—No corporation, so far as I know, either in England, Scotland, or Ireland, requires residence. I never heard of any of the corporations requiring residence. They require education, but not residence, in any particular locality.

3345. Do I understand you, that any gentleman who goes from England to the Royal College of Physicians in Edinburgh, and passes an examination, such as it may be, may then come away with a license if he do pass?—Yes, certainly; only he must, of course, show them that he has had four years of medical study, and that he has gone through such a curriculum as their regulations require.

3346. Before the Act of 1858, what was the power, do you remember, of the College of Physicians of Edinburgh in granting degrees, anywhere beyond the walls of Edinburgh?—I can give you no information upon that matter as I do not belong to the College of Physicians. I was not a member of the Medical Council in the earlier years of its existence, and I cannot say that I have any very accurate knowledge of what took place then.

3347. Do not a great number of the graduates of the University of Edinburgh subsequently take the diploma of the College of Surgeons of Edinburgh?—Not a great number; a few do.

3348. Why do they do that if you give a full qualification?—For the reason which I have already explained, that there are various appointments which can only be held by those who are either members or fellows of the College of Surgeons. Take, for instance, appointments in the Edinburgh Infirmary, and appointments in the various dispensaries in Edinburgh, those who hold those surgical appointments must either be members or fellows of the College of Surgeons of Edinburgh, so that those who aspire to be hospitals surgeons must join the Edinburgh College of Surgeons as a preliminary to that.

3349. Did the University of Edinburgh invariably have a large proportion of the students for its M.D. degree before the M.B. was instituted?—Certainly. I have a table of statistics showing the number of students that they had in 1780 and 1790.

3350. Did it go on continuously increasing from 1790 till now?—There have been fluctuations of course, depending upon the efficiency for the time being of the educational staff.

3351. Do they always demand residence?—I believe that residence has always been de-

Mr. Wheelhouse—continued.

manded, but as to the early history of the university in that respect I cannot speak, but still my belief is that residence has always been demanded.

3352. Before the Act of 1858 what was the advantage professionally of taking the M.D. degree; it merely made a man a doctor instead of a master, I suppose; would it have any actual professional value?—It made a man a graduate of the university, and in that respect it gave him a certain social position, but what its legal position was before 1858 I cannot say.

3353. I suppose if there were a conjoint board for each of the three kingdoms the examination would be held, would it not, most probably in Edinburgh, in London, and in Dublin?—I am quite sure of this, that you would not find in Scotland the bodies there, if they were called compulsorily to frame a scheme under the Act agreeing to have a conjoint board solely in Edinburgh. Glasgow and Aberdeen, as important medical centres, would insist upon the board migrating there in connection with the examination of students who had been educated there.

3354. At all events, supposing Glasgow required them at one time and Edinburgh required them at another, they might take in alternate years one or other of those places as a centre for examination; but, at any rate, I suppose the conjoint board would sit at one place in each of the three kingdoms for that kingdom?—In Scotland I am sure the bodies would not agree to a scheme which did not provide for the board sitting and examining in each of the three principal university towns.

3355. Is it not at this moment a fact that in each of the three kingdoms the pass examination must be gone through with the exception of the universities, say for England in London, for Ireland in Dublin, and for Scotland in Edinburgh?—It is not so as regards Scotland; the pass examination in Scotland goes on in each university town; each university holds its own examination in its own town, and the Glasgow faculty holds its examinations in Glasgow. And then I would wish to bring this out that it must always be remembered in comparing England and Scotland with each other that the universities of Scotland play a very much larger part in admitting men to the profession than the universities in England do.

3356. That is, I suppose, because they are really teaching bodies?—Yes, they are teaching bodies as well as degree conferring bodies.

3357. Do you know of your own knowledge whether the examinations in Ireland are as close and so critical as they are in England or in Scotland?—I have no knowledge of the Irish examinations.

3358. Now do you know whether they are as close and critical in Scotland as in England, and *vice versa*?—If you mean whether the Scottish examinations are as critical and close as the English examinations, I submit that the Scottish university examinations are closer and more critical than the examinations of the English corporations. I do not say so as regards the English universities; still I would say this, that I believe the university examinations in Scotland are perfectly on a level with the university examinations in England. Do not think that I put the Scottish university examinations below the English.

3359. Is

Sir Trevor Lawrence.

3359. Is it possible for a graduate of the University of Edinburgh to graduate in surgery only and pass as a surgeon?—No, we do not confer the degree of master in surgery except on a bachelor of medicine.

3360. Have you any means of informing the Committee what is the comparative cost of the curriculum necessary to obtain a degree in Edinburgh and in London?—I can give you the minimum cost of the education in Edinburgh. It is all in print in the little book which I have handed in. You will see that the sum is 105 l. 16 s., and that includes the graduation fees. But then you must observe this is the minimum cost, and let me explain this, that the university regulations as laid down by the Scottish Universities Commissioners and approved by the Privy Council (as indeed is the custom in the English universities, in the University of London, for instance, and in Oxford and Cambridge), provide what they consider to be a minimum amount of study, and they leave it to the individual student to supplement that minimum as much as he likes. To illustrate the matter the University of Edinburgh only asks for six months of practical anatomy, but of course you know that no student can acquire in six months that amount of practical anatomy which is necessary.

3361. Then supposing he were to limit himself to six months in the dissecting room, he would have his supplemental knowledge to acquire by reading up the subjects from books?—If he confined himself to six months' dissecting-room work he would infallibly be rejected at his examination. That would be the practical result, so that the students all know that there are certain subjects which they must attend to a greater degree than the minimum. I merely mention practical anatomy as an illustration.

3362. Inasmuch as it ostensibly provides a minimum, but does not do so practically because as you say, if a student were to confine himself to six months' practical anatomy he would infallibly be rejected. Can you inform the Committee what additional sum should be added to that?—I should think you might add on to this amount between 20 l. and 30 l., bringing it up to about 130 guineas. That would be about the cost as regards fees of a medical education in Edinburgh.

3363. Am I right in my impression that the curriculum of St. Bartholomew costs about 200 l. for the four years?—No; when you and I were students there it cost 90 l.; they added materially to it a couple of years ago, but I know that 90 l. was the sum I paid.

3364. Then, in fact, the cost in Edinburgh is more than the cost in London?—Not according to the new scale of fees in London. I do not know what sum they added, but they did add something material to the fees last year, or the previous one; however, I should say that really there is very little difference between the cost in Edinburgh and London.

3365. Did you see a table of figures which was put in by Dr. Quain with reference to the very small number of students who registered in Edinburgh compared with those who graduated there?—Yes, I remember the question that you refer to, and I think I can give a satisfactory explanation of it. It is this, that a great many students pass their preliminary examination in England, and are registered therefore on the 0.105.

Sir Trevor Lawrence—continued.

English register, and then they come to Scotland to study.

3366. Then they go away again?—Yes, they go away, but they come to Scotland, having entered themselves on the English register of medical students; they then get their education in Scotland, they take their degree at the university, and then they go away.

3367. I understand from you that the expense of the curriculum in Edinburgh is at all events not less than the expense in London?—Not appreciably less, I should say.

3368. You have told the Committee, in answer to more than one question, that the examination is in your opinion more severe than that of London, and in fact more severe than can ordinarily be exacted. What is the explanation of so many students running to the more severe examination when one would naturally be inclined to believe that they would naturally run to an easier examination?—The professional value of a degree in medicine emanating from a university like Edinburgh, the degrees of which are highly valued by the profession and the public, I think is the explanation of it. I think the fact that we draw, as I have told you, so many men from abroad, foreigners and colonists, shows that, because we must remember that there is not a large colony in the British Empire now that has not got its own university; Canada has several, Australia has several, and the Cape of Good Hope has one; and yet the colonial students come from those places at a large expense, and live away from their homes and friends for four years, or it may be more, in order to obtain the education that we give, and to get the degree that we confer. The same applies to Englishmen as well as to foreigners and colonists.

3369. You say that teaching is the primary occupation of a large number of the professors in the Edinburgh University. Do I understand that they do not practice too?—The professors of clinical surgery, clinical medicine, of surgery, medicine, midwifery, of course are practitioners.

3370. Exactly the same rule obtains generally as does in other places, namely, that the eminent men of the town, wherever it may be, are the men who very frequently, at all events, are lecturers and professors in medical schools?—Precisely so. Will you let me put it in this way. In London, for instance, the rule is that when an eminent teacher in a medical school acquires an extensive practice, he ceases to be a teacher, and he resigns his appointment. I could mention many instances which are quite familiar to the honourable Member. Take Sir James Paget, Sir George Burrows, and many others that one could name, when they found that their practice became large they had to give up teaching. Their time and energies became absorbed in practice, but that is not the case with us. In the first instance, Edinburgh is a very much smaller place than London, and practice is not so absorbing there as it is in London. And then it is an old tradition, I may say of the Edinburgh school, a tradition which is fully acted up to now, that a professor shall make his professorial business his first business, and that his practice must come in after his professorial business.

3371. I gather that you have a very high opinion of the general system of the Edinburgh Medical School; do you consider that the

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museum, of which I have no practical acquaintance, the library, and the educational appliances of that nature are equal to those which are attainable in London, for instance?—From what I know of the London medical schools, no medical school in London has a library which can be compared with our library, because we have a library of some 150,000 volumes in all departments of learning, not merely medicine and science, but it is a general university library applicable to all the faculties of the university.

3372. Only a very small proportion of those, I presume, would be medical professional books?—Precisely so.

3373. Of course, most hospital libraries are mainly medical?—Yes. With regard to museums, every chair which needs a museum for the illustration of its teaching, either has a special museum attached to it, or it draws what it requires from the anatomical museum of the university. We possess important special museums of materia medica, botany, midwifery, of physiological apparatus, and pathology, and our students have access to a great museum of natural history. We are at this present time spending something like 200,000*l.* in the erection of new buildings for the accommodation of our museum, and of our practical and other classes for the medical school.

3374. Out of university funds?—No, the university has no funds for that purpose.

3375. From what source is that money derived?—The peculiarity of the University of Edinburgh is, that it has scarcely any capitalised money; we raised about 100,000*l.* by private subscription, and we have received a Government grant of 80,000*l.*

3376. I think in that circumstance you are more fortunate than most London schools, as they do not get Government grants?—They do not, but then they are not in the position of being a national university.

3377. Have you any experiments on animals in the way of vivisection in Edinburgh?—In connection with the physiological department there is.

3378. With regard to clinical instruction, is that given at the largest Edinburgh hospital?—We have only one hospital which is specially attached to the school (although there are other small hospitals), and that is the Edinburgh Royal Infirmary, in which, I think, the number of beds is something over 500. It is one of the large hospitals of the country; but I may say further, that this year the infirmary is being reorganised on a very complete system.

Dr. Lyon Playfair.

3379. Do you know how much has been spent upon it?—I think before it is completed, about 350,000*l.* will be spent upon it, and that has been entirely raised either by private subscription or by bequests.

Sir Trevor Lawrence.

3380. You said that you thought your system was more elaborate than elsewhere; in what respect do you consider it more elaborate?—I think it is more elaborate in this respect, that we carry out more thoroughly a system of practical training in the different departments; the students are themselves taught to work; they do not merely listen to lectures on the subjects,

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but they have to work practically themselves. Just take, for instance, pathology. Every student must attend a systematic course of lectures on that subject, but then we have in addition a practical class for training the students in post-mortem appearances, and in making sections of diseased structure, and in studying the diseased appearances with the microscope.

3381. Is not that the case at present, for instance, in our own school of St. Bartholomew's?—I do not know how far they have elaborated the pathological system of teaching.

3382. There is an anatomical prosecutor, is there not, who gives demonstrations in the mortuaries?—Yes. We have that, and also we have in addition a special training in the microscopic study of diseased appearances. I merely take that as one illustration, but I think I could give you others.

3383. You said that in order to obtain the degree of M.D., which is extra to M.B., merely a thesis is required?—Yes, but then there is the age, and the evidence of being in practice, and the thesis; all these together.

3384. And you require no evidence that the person who puts in the thesis has written it, except his own statement?—A thesis certified by him to have been composed by himself, that is all.

3385. There is on the back of the schedule, which you have handed in, directions for filling up the schedule, in which there is something which I do not quite understand. In the first paragraph it says, "The medical session of each year, or *annus medicus*, is constituted by attendance on at least two courses of not less than 100 lectures each, or by attendance on one such course and on two such courses of not less than 50 lectures each;" what happens supposing a student were to take that literally and attend each medical year two courses of 50 lectures, as it says here, he would not be able to get through all the necessary courses, would he?—No, he would not, but then he would not be admitted to the examination unless he had got through them; only in a particular year you will observe it might be convenient for the student only to attend, say two courses; but all those that he omitted that year he would have to supplement in another year.

3386. I suppose that your view, that the qualification which you exact at Edinburgh is higher than that which can be exacted generally, having regard to the necessities of the kingdom, is based on what you consider to be the excellence of your curriculum all round; it is not on this point or that point?—Yes, all round. And perhaps you would let me say this, that from my knowledge of so many students I can assure you that a great many students break down in the scientific examination. A great many students may try twice, and some of them even three times, and fail to pass their first M.B., or the scientific examination. There seems to be on the part of many most excellent men a difficulty in grasping scientific questions, and yet those men may turn out to be admirable practitioners, but the scientific examination for our first M.B., does undoubtedly stop off from our degree a considerable number of men who afterwards take a corporation diploma and become most creditable general practitioners.

3387. I rather gather that you would claim that

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that your graduates constitute a sort of *élite*?—Certainly.

3388. You are acquainted with the examination in the London University. Do you consider that the examination at the University of Edinburgh is equally searching and stringent as that of the University of London?—The professional examinations are. The matriculation examination of the University of London is more extensive than our preliminary examination. Many of the examiners of the University of Edinburgh have been also examiners in the University of London, so that we have a means of comparing the two. I am assured by the professor of physiology in the University of Edinburgh, who has also been the examiner in physiology in the University of London, that the physiological examinations at the University of Edinburgh are quite as high, if not even more searching, than those of the University of London. I am assured, also, by the professor of *materia medica*, who was examiner on the same subject in the University of London, that the examination in Edinburgh on the same subject is quite as high. Then I may state, with regard to anatomy, my own subject, that I was examiner in the University of London before I became one in the University of Edinburgh, and my great object has been to bring the Edinburgh examination in anatomy quite on a par with the London examination; and, as regards the practical examination, it is on a par with it. But I must say that the written examination in anatomy in London is more extensive than in Edinburgh; that is undoubtedly so, but not the practical examination.

3389. Is there in Scotland any corporation or other body whose minimum for a pass degree is not, in your opinion, as high as it ought to be?—I have no knowledge of that; all I can do is to point to the report of the visitors of examinations.

3390. If it were so you would consider that it ought to be brought up in some way, either by a conjoint board, or in some other way?—Most certainly it ought; there can be no doubt of that.

3391. Although, so far as Scotland is concerned, you perhaps would object to a conjoint board for your own special reasons, you would consider that it might be an advantage to have one in England?—I think the peculiarities of the English bodies are such as to render some conjunction necessary; I do not say a conjunction according to the scheme, but I think it would be of the utmost importance that the College of Surgeons and the College of Physicians, for instance, should combine to give a complete examination and a complete qualification.

3392. A question was asked you by the honourable Member for Salisbury with regard to the Medical Council possessing the confidence of the profession, and the last question that he put rather led to the inference that it did not; is it your opinion that the Medical Council as at present constituted does possess the confidence of the profession?—Undoubtedly there is a portion of the profession which professes itself not to be satisfied with it; that one must admit; but whether that is altogether a sound judgment on the part of those members of the profession I am not prepared to say.

3393. Are not the complaints that have been

Sir Trevor Lawrence—continued.

made against the Medical Council in a great measure based on the erroneous idea of the powers possessed by the Medical Council?—Yes; that I quite agree with.

3394. Would it be, in your opinion, to the advantage of the profession generally were the Medical Council to occupy itself with such subjects as have been suggested, with regard to which questions have been asked of previous witnesses, such as sanitary legislation, or the position of medical officers in the army and navy and under the poor law?—I think it would be out of place for the Council to do so.

3395. You would be equally opposed, as several witnesses who have already given their evidence are, to anything of the nature of a general Medical Council or parliament?—Certainly.

3396. You referred to the five guineas that is to be spent on the maintenance of the Hunterian Museum, and you suggested that that museum ought to be supported by the State?—Not as matters are now constituted. As matters are now constituted I would not suggest that there should be any change, but only in the event of such a measure as is proposed in this Bill being carried out.

3397. Have you any reason to believe that there would be any probability of the State undertaking that duty?—That I could not answer.

3398. Judging by what you know, what would you say?—It is very difficult to get money for scientific purposes from the State.

3399. The State, as you know, are now proposing to break up the India Museum, because it does not desire to be at the burden of paying for it?—Yes.

3400. As to the prospect of getting conventions from the State to pay for the museum, it does not appear very promising, does it?—No, but I think that this matter is on quite a different footing; as I understand, this scheme in the Medical Bill is advocated on public grounds, as it is for the advantage of the public that there should be some such scheme as is there proposed; if it is for the advantage of the public, surely the public might be called upon to pay for the carrying on of such a great national institution as the Hunterian Museum, and not throw the burden of its maintenance, as the scheme does, on the candidates for the license to practise.

3401. You are well acquainted, are you not, with the course of study at the University of Oxford?—I have some knowledge of what is done in Oxford; I may state that some two years ago I was asked by the Oxford University Commissioners to give answers to certain questions on which they were desirous to obtain information, and so I had occasion to look into what was going on in Oxford in connection with medical education.

3402. Can you tell me what the University of Oxford does for the medical profession?—I believe that it provides the fundamental training in the medical sciences; Oxford possesses a professor of botany and a botanical garden; a professor of chemistry, and an excellent laboratory, and other means of practical teaching; a professor of anatomy and physiology, who has the charge of a most splendid museum, and who has also various apartments which are devoted to practical teaching in anatomy; so that

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any one of the young undergraduates in Oxford, if he intends to go out in the profession of medicine, can obtain in Oxford an education in those sciences which are fundamental to medicine.

3403. What relation would you consider that the school of natural science bears to professional education, strictly so called; would it be that of forming its foundation?—I should consider that what is being done in Oxford is equivalent to what is being done in Edinburgh in preparing candidates for what we call our first bachelor of medicine examination, that is to say, the examination in the sciences of chemistry, botany, zoology, and comparative anatomy; but in addition there are facilities afforded in Oxford for obtaining a knowledge of human anatomy and histology. I know as a matter of my own knowledge that there are graduates in medicine who have acquired their knowledge of human anatomy from what they have dissected in Oxford, and who have had facilities for learning human anatomy there, which have not rendered it necessary for them to pursue the study of human anatomy in other schools.

3404. A great increase has been made of late years, has it not, in all the scientific appliances and plant at Oxford?—I believe this, that the very highest credit is due to Dr. Acland, the President of the General Medical Council, for the way in which he has assisted in elaborating in Oxford a system of scientific teaching, such as is not only necessary for students in medicine, but is in order to give a scientific culture to gentlemen, although I do not think that Dr. Acland has always received that amount of credit which ought to have been given to him in connection with this great work, which he took so important a part in instituting. And then Dr. Rolleston, the professor of anatomy and physiology, has laboured most assiduously, as I know from long personal acquaintance with him, and personal knowledge of what he does, to carry out a very complete system of anatomical teaching.

3405. Are there any clinical opportunities which may be utilised at Oxford?—There is the Radcliffe Infirmary.

3406. Is that utilised now?—I could not say that it is. I have no doubt that those who are in Oxford and who are in training for the degree of medicine, have the power, if they choose, of going to the infirmary, but whether a systematic clinical teaching is given there or not I cannot say.

Mr. Mitchell Henry.

3407. Your objection to a compulsory scheme of examination in Scotland is a fear lest the standard of the university education should be lowered?—My fear is, lest the standard of medical education should be lowered generally throughout Scotland for the reasons that I have given.

3408. But I think you stated, that the examination generally in the Edinburgh University was of too high a character for the ordinary class of practitioners to be expected to pass?—Yes, that was my statement.

3409. Then there must necessarily be some examining body which gives in Scotland a lower examination than you do in Edinburgh?—Yes, a lower examination. By "lower" I mean not so

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complete an examination. I would not like the word "lower" to go out as assuming that it was an unfit examination.

3410. It is fit for the purpose for which you think it is designed?—Yes.

3411. In the University of Edinburgh your pride is to give a complete education and a complete examination?—Yes.

3412. That is what everybody would admit you do, but where do you get your opportunities for practical surgery in the University of Edinburgh; is it from the Royal Infirmary?—The Royal Infirmary is associated with the university for the purposes of medical teaching, and all the hospital work is done in the infirmary.

3413. Are all the professors of the infirmary professors at the university?—No; all the professors in the university who are engaged in the teaching of practical medicine and surgery are medical or surgical officers at the infirmary.

3414. Are they so *ex officio*, or are they surgeons and physicians, by the election of the subscribers?—They are *ex officio*. The Edinburgh Infirmary was largely established by the Professor of Anatomy in the University of Edinburgh in the year 1720; that was Professor Alexander Munro *primus*. He was a very wise man, and he had it enacted that there should be a permanent connection established between the university and the infirmary, so that certain university professors engaged in the teaching of medicine and surgery should be medical officers of the infirmary.

3415. Is it not the case that a certain number of students obtain their diploma also from the College of Surgeons in Edinburgh?—Yes.

3416. I think you said that the regulations of the Edinburgh Infirmary require that the surgeon to that infirmary should be a Fellow of the Royal College of Surgeons?—Yes.

3417. If that is so, is not the inference irresistible that the Governors of the Royal Infirmary do not consider that the University of Edinburgh gives a complete and reliable and full course of education, because they require another diploma, a surgical, and, I presume in the case of a physician, a medical diploma from a different body?—do not think that is at all a legitimate inference to draw, because it is not a question of additional education: it is simply a question of association with a particular body, in the one case the Corporation of Surgeons, and in the other case the Corporation of Physicians. It must be remembered that the Colleges of Physicians and Surgeons in Edinburgh are powerful bodies. I mean that they are powerful local bodies, and they have representatives on the board of management, and the College of Physicians had a large share in the foundation of the infirmary; but this is a mere local arrangement, it has no reference whatever to the relative education of one body over another body.

3418. When you speak of association, do you mean that this diploma of the College of Surgeons and the College of Physicians in Edinburgh is conferred without examination?—The Fellowships of the College of Surgeons, and of the College of Physicians in Edinburgh, are like the Fellowship of the College of Physicians in London, conferred without examination.

3419. Let me put this question to you: Can a gentleman who has received his education in the

Mr. Mitchell Henry—continued.

the University of Edinburgh, and has taken out a degree in surgery, claim to be *ipso facto* admitted as a Fellow of the College of Surgeons and a Licentiate of the College of Surgeons without further examination from that body?—No, he cannot.

3420. If that is so, is not the conclusion irresistible that the Edinburgh Infirmary requires an additional qualification for its practical officer in medicine and in surgery, in addition to that which is to be obtained from the University of Edinburgh?—I do not see that they have any relation at all to each other, for it must be remembered that the degree in surgery in the university has not been in existence 20 years. It is a local regulation of long standing that the surgeons and physicians of the Edinburgh Infirmary should be attached to the local corporations, that is to say, that they should be fellows of the local corporations; it is a purely local arrangement, and it has no relation whatever to the relative education or examination of one body over the other. So much is this the case, that a Fellow of the College of Surgeons of England could not become a Surgeon to the Edinburgh Infirmary without in the first instance obtaining the Fellowship of the Edinburgh College of Surgeons.

3421. How can you speak of it as a local arrangement, when it involves an extra examination?—I am sorry to say that I cannot at all enter into the spirit of your argument, because it seems to me to be solely an arrangement which has been made because there happened to be in Edinburgh two important corporations, one a medical one, and the other a surgical one, and that no one should be appointed to the infirmary unless he has joined one or other of those corporations. You will observe that it restricts the appointments, but that is, as you may say, for the benefit of the corporations, because it induces those persons who wish to become connected with the Edinburgh Infirmary, in the first instance, to go to one or other of those corporations, and to become a fellow of it. You know that a man cannot become a surgeon to a London hospital unless he is a Fellow of the College of Surgeons.

3422. Is it not a conclusion which might be come to that the city in which the University of Edinburgh is situated ought to have the best means of knowing the value of its education, and if it is the case that the infirmary where the medical profession and the surgical profession is practised, is not satisfied with the degree of the University of Edinburgh, must we not conclude that the education is not so practical in these matters as the governors think necessary for the advantage of their patients?—I should say that any one who came to that conclusion came to a very erroneous one.

3423. Respecting the register, it would appear from the facts which you have mentioned that students register in England and afterwards go to Scotland to perfect their education, and that that probably is due to the fact of the preliminary examination and the facilities being easier in England than in Scotland?—That does not follow, because at the time at which they pass the preliminary examination they are comparatively speaking boys, and of course it is an advantage to them that they should pass their

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preliminary examination in a locality which is in comparative proximity to their own homes, and so they would naturally select the examination of the body which may be convenient to them for the time being, and then go on the Medical Register; and let me state this: under the regulations we accept a portion of the attendance at one of the London schools as equivalent to attendance with us. We accept two years' attendance at a London school, but not more, as equivalent to two years' attendance in Edinburgh. Such of those students as have been two years at a London school have registered in all probability in London, and they come to us as students on the English register, but then they complete their education with us and graduate with us.

3424. I understood you to say that you object to the conjoint scheme of examination as agreed to by the English bodies, on the ground that the number of subjects in which they examine is inferior to the number of subjects in which you examine in Edinburgh?—Yes, I said so.

3425. I find that your preliminary medical examination in the University of Edinburgh contains this list: English, Latin, Arithmetic, Mathematics, Mechanics, Greek, French, German, Higher Mathematics, Natural Philosophy, Logic, and Moral Philosophy?—Yes.

3426. Is it not the case that a student registering and taking a portion of his education at Edinburgh escapes the whole of this examination?—Certainly not, because wherever and whatever he has been examined in, or whatever bodies he may have gone before in London or elsewhere in England, he must supplement the subjects that he has been examined in by an examination before us, provided their examination is not up to our standard. For instance, the College of Surgeons in London only examines on two books of Euclid. We will not accept that examination. Any English student coming to us must go through our mathematical examination. We will not accept the examination of the London College, because it has not been carried so far as we require. And in a similar manner as regards professional education. In London, as you doubtless know, the course of lectures on materia medica is a three months' course, and the course of lectures on midwifery is a three months' course, but we do not accept those courses. The London student comes to us and says that he has attended materia medica and midwifery in London, but as we require attendance on full winter courses of these subjects he has to attend them in our university is not part of the two winters' course with us, and his previous education on those subjects in London does not count.

3427. But one year's residence combined with three years elsewhere, is sufficient to qualify for an examination?—I must explain that a little more fully. Our principle of residence is a year, provided he has had three years' university training elsewhere; that is to say, we will accept one year in Edinburgh with three years in Glasgow, or three years in Aberdeen, but, as I have already stated, we only accept two years in London. Students who have been three years at a London school are only allowed to count these as two years, so that he must spend two years with us.

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3428. If there was a compulsory conjoint scheme of examination in Scotland, would not the effect be to raise the standard of examination of the other bodies in Scotland, rather than to depress the standard in the University of Edinburgh?—That would depend upon what the standard of education of the scheme was; it would entirely depend upon the provisions of the scheme; but that is a hypothetical question, because we have not the scheme before us.

3429. What great difficulty is there in the way of the Scottish bodies uniting and making a conjoint scheme of whatever standard they like, which was not also in the way of the English bodies doing the same thing?—The Scotch bodies feel that there is not the same necessity that, I have no doubt, the English bodies felt.

3430. You think that all your Scotch examinations are so good, that it is not necessary to make a conjoint scheme for the purpose of elevating the standard of Scotland?—That is the feeling in the university as regards her examinations.

3431. May I ask you a question which you must have a knowledge of as a member of the Medical Council; is it not the case that the Edinburgh College of Physicians will sell to a member of the Apothecaries' Society its diploma, without any examination and without even any attempt at examination?—No, that is not a fact; at least to the best of my knowledge it is not a fact.

3432. Do they require an examination?—Certainly.

3433. Then if I am informed that this is obtained on those terms, the information is erroneous?—To the best of my knowledge it is erroneous; I never heard of it before.

3434. Will the Edinburgh College of Physicians confer its fellowship upon a member of the College of Surgeons of England without an examination?—I am not entirely conversant with the regulations for the Edinburgh College of Physicians, but my impression is that before any one can become a fellow of the College of Physicians of Edinburgh, he must have passed an examination for the membership of that college; that is my impression, but I am not speaking with a full knowledge of the subject.

3435. You do not think, then, that the monetary difficulty is the real difficulty in the way of obtaining a conjoint scheme of examination in Scotland?—It is one of several difficulties. There are several difficulties, and that is undoubtedly one, because all the Scotch universities are poor bodies, and unless we do keep up a certain income we cannot provide for the maintenance of our museums, laboratories, and other educational appliances. It is a positive need for us that there should be a certain income for our requirements, and the College of Surgeons of England is in the same position as we are; they must have a considerable income in order to keep up their magnificent museum and their library; we must have the same.

3436. Do you think that if there was a conjoint board in Scotland, and they agreed upon an equitable division of the fees, so as to keep up all your magnificent museums, that difficulty would be at an end in Scotland?—The money difficulty would certainly be diminished, but then I have already stated that there are other difficulties;

Mr. Mitchell Henry—continued.

the money difficulty is only one. I do not wish to make it too prominent; there are other difficulties; there are educational difficulties.

3437. You have told us the particulars of your system in the Edinburgh University of educating pupils, but I do not myself discover that your teaching of surgery and of medicine, and the examination of secretions and the like, were in any degree peculiar to the University of Edinburgh. They are exactly the same, are they not, as the mode of teaching in all the large teaching schools in England and in Ireland?—I do not know that I took up the position that they were peculiar to the University of Edinburgh. I was merely giving you a statement of what we did. I do not think that my statement was a comparative statement. I had not the information to make a comparative statement; I merely told you what we did.

Dr. Lyon Playfair.

3438. Is not it the fact that the present Bill, even if you had a conjoint scheme, would give the fees to the corporations and not to the universities?—That is a fact.

3439. And that, therefore, if you did arrange a conjoint scheme, and if this Bill passed into law, the universities would suffer considerably?—They would suffer.

3440. Is it not a fact that the corporations in Scotland have already a conjoint scheme?—Yes, they have a scheme of voluntary combination.

3441. And it is in practical operation?—It is.

3442. And the universities have not joined the conjoint scheme, because they felt no need of it?—That is so.

3443. And, therefore, that the Scotch bodies, corporations, and universities do not feel the necessity for legislation, or for being put under legislation?—That is so.

3444. Would you state a little more distinctly what you consider to be the evils of centralisation with regard to the conjoint scheme?—I think one great evil is that it would create monopoly.

3445. How so?—Because it would limit the means of access to the medical profession to three particular boards, three centralised boards, one centralised in each division of the kingdom.

3446. And monopoly implies protection?—Yes, and, as a general rule, it implies also increased cost; in this case certainly there would be increased cost.

3447. If it added to the cost of entering the profession, might it not limit the number of persons entering the profession?—That is what I believe its practical effect would be.

3448. In fact it might restrict the supply below the needs of the profession at the present moment?—I believe that would be the case.

3449. Is it not the fact that, as far as the census tells us, the profession of medical practitioner is not increasing in a proper proportion to the increase of the population?—I believe that is the conclusion come to from an examination of the census returns.

3450. And you consider that on that account also, there being a tendency to decrease the supply, the examination must necessarily be a minimum examination, and not a higher examination?—I do not think that any examination instituted under a conjoint

Dr. Lyon Playfair—continued.

conjoint scheme, can be more than what you can expect a man of average capacity to pass.

3451. You stated that the Staats Examen which has been given to us as an instance of a country having adopted a similar system of examination to that proposed in the Bill, has been lately entirely changed, and it has now become practically a university examination in 20 universities?—That is the practical result of the change.

3452. But that the State appoints certain practitioners who may be added to the professional examiners to examine for the Staats Examen?—That is the case, I believe, in the large towns only.

3453. Supposing your assessors, as they were

Dr. Lyon Playfair—continued.

called in Edinburgh, or your extra-mural examiners were appointed by the Medical Council, would not it be precisely the same as the Staats Examen at the present moment in Germany?—I believe that the two systems of examinations would be precisely upon the same footing.

3454. The fact being that your supreme body, that is, your university court, now appoints the assessors, and if the State desires to have the security of appointing the assessors, you would have no objection?—I do not think there would be any objection on the part of the university.

3455. And your university examinations in Scotland would be of precisely the same character as the Staats Examen in Germany at the present moment?—They would.

Professor
Turner,
M.B., F.R.S.

18 July
1879.

Tuesday, 22nd July 1879.

MEMBERS PRESENT:

Dr. Cameron.
Mr. Errington.
Mr. W. E. Forster.
Mr. Mitchell Henry.
Mr. Heygate.
Sir Trevor Lawrence.

Dr. Lush.
Mr. John Maitland.
Mr. Arthur Mills.
Dr. Lyon Playfair.
Mr. David Plunket.
Mr. Wheelhouse.

DAVID PLUNKET, ESQ., IN THE CHAIR. (*Pro tem.*)

THE RIGHT HONOURABLE WILLIAM EDWARD FORSTER, IN THE CHAIR.

The Rev. SAMUEL HAUGHTON, M.D., D.C.L., F.R.S., called in; and Examined.

Rev. S.
Haughton,
M.D., D.C.L.,
F.R.S.

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Chairman.

3456. You are an M.D. of Dublin University, I believe?—I am.

3457. And a D.C.L. of Oxford University?—And an Oxford D.C.L., *honoris causa*.

3458. And a Fellow of Trinity College also?—I am a Fellow of Trinity College, Dublin.

3459. And a F.R.S.?—I am also a F.R.S.

3460. I believe you are the member representing the University of Dublin on the Medical Council?—Yes. I am also a clerk in Holy Orders.

3461. What opportunities have you had of becoming intimately acquainted with medical education?—I have acted for 15 years ending last Christmas as medical registrar in the University of Dublin, and, as such, had the entire charge and responsibility of the conduct of our large medical school, and of its examinations, and thus had an opportunity of becoming very intimately acquainted with the highest class of medical education.

3462. Are you a member, also, of the governing body of the University of Dublin?—There are two governing bodies in the University of Dublin. The provost and senior fellows are called the board. They are an executive body, and attain their position by seniority. The other governing body is called the council; it is a consultative body, and elective. I am a member of the council elected by the masters and doctors of the university to represent them; but I am not a member of the board.

3463. Will you state briefly the constitution of the medical school of the University of Dublin?—The medical school of the University of Dublin, which is technically called the "School of Physic in Ireland," is a body created by an Act of Parliament, called "the School of Physic Act," the 40th of George III., ch. 84. It is placed under the joint government of the university

Chairman—continued.

and of the King and Queen's College of Physicians in Ireland. The University of Dublin appoints the university professors, and the King and Queen's College of Physicians appoints the King's professors. The College of Physicians also provides an endowed hospital for the use of our students from the foundation of Sir Patrick Dun, the first president of the college. This dual government has worked well for nearly 100 years. The University of Dublin brings into the partnership a large amount of money and endowment, and the College of Physicians brings in what we might possibly otherwise have been deficient in, namely, practical knowledge of the wants of medical education; but we have found the dual government work very harmoniously.

3464. The College of Physicians, as you have also said, brings to you the aid of a large hospital?—Yes, it provides Sir Patrick Dun's hospital.

3465. Would you describe briefly the constitution of what is called the court of medical examiners?—Our court of examiners for medical degrees consists partly of professors and partly of non-professors. On reading over Dr. Turner's evidence with regard to the University of Edinburgh, I would say that our court of examiners is constituted precisely like that of Edinburgh. A candidate has two examiners on the same subject: one a professor and the other a non-professor; and those two elements check each other.

3466. Then how do you select the non-professors?—The non-professors are recommended each December. There are three names in each subject sent up to the board of Trinity College by the professors at large, and the board select one name out of the three in each subject. He continues as examiner for 12 months, and can be elected

Chairman—continued.

elected again; but generally they do not hold office more than two or three years.

3467. Are the appliances and means of teaching, in your opinion, as efficient as they ought to be in your school in the Dublin University?—The university has had the chief share of furnishing the expense of appliances, and we have everything that is necessary to form a complete school of medicine and surgery. We have three chemical laboratories for the use of the medical students. We have a very large dissecting room, modelled on the plan of the admirable dissecting room at Clamart in Paris. We have a large histological laboratory. We have an anatomical and zoological museum; and we have a pathological museum of very great value; and we have our own botanical gardens, over which we have complete control. We can, therefore, make arrangements in the gardens for medical students, which ordinary gardens do not possess. I should like to describe shortly the past history and the present condition of our medical school. It has had a remarkable history. Of course we cannot boast of the large numbers of Edinburgh. Professor Turner's evidence was most interesting, describing the condition of the Edinburgh school at the close of the last century, with 340 students dissecting; but at the beginning of this century we had a successful school under the celebrated Professor Macartney, when the number rose to 300 students. After Professor Macartney retired our school fell off, and the number fell down to 30. We then turned our attention seriously to the condition of our medical school, and within the last 15 years we have restored it again to its old number of 300 students which it had under Macartney.

Dr. Lush.

3468. You are limiting your evidence to the University of Dublin, and not referring to the whole of the teaching in Dublin?—I speak only for the University of Dublin; there was a remarkable difference, however, between the two flourishing conditions of the school. In Macartney's time, a large number of students were English, owing to the defects in provincial medical education, particularly in the north of England, and, moreover, they were not students in arts in the University of Dublin. I should say about 10 per cent. were students in arts, and the others were externs.

Mr. Heygate.

3469. About what period did Macartney's time embrace?—From about 1820 to 1835; about 15 or 16 years. In our present condition, when we have restored the number to close upon 300, I am happy to say that nearly all these students are arts' students as well as medical, a much higher class of students, and aiming at a much higher standard of general culture; but this fact that we have got back our medical school again to what it was before, shows that our university has a power of recuperation in it.

Chairman.

3470. Will you tell us whether the University of Dublin aims at any special object to be attained by its medical school?—Yes; we aim at educating the higher classes of the medical pro-

Chairman—continued.

fession, and we are the only university in the United Kingdom having a large medical school which requires all graduates in medicine to be graduates in arts before they receive the medical degree. We do not aim at educating so much the rank and file of the profession as the higher classes of it. One reason, perhaps, for this is the tendency of our young men to go into the Army service; the Indian and Queen's Army is the favourite service for them, and they have found, as everyone acquainted with military life knows, that your social position at the mess table depends very much on your arts education, as well as on your medical.

3471. That is to say, the social position of the Army doctors?—Yes; in fact, I have heard young officers say that, when joining the mess table, a trap would be probably laid for them; some combatant officer would look out for a newspaper in which there would be something in Latin, perhaps an allocution from the Pope, or the capping of some *honoris causâ* degree at Oxford, and a medical man would be handed the paper, and asked to translate it. If he did it well, he would be at once admitted upon a footing of equality; but if he broke down in the Latin, he would be called "Pill-box" for the rest of his career; he would be regarded as a tradesman, in fact. I should say by far the largest number of our medical students are Irishmen; the provincial English students disappeared when the large provincial schools in the north of England began to do their duty.

3472. Will you kindly furnish the Committee with a summary of the status of the Dublin University School during the period that you have acted as medical registrar of the school?—(*A Table was handed in.*) The Paper which I have handed in contains three tables; the first shows the actual number of students matriculated in medicine for the last fifteen years; the second, Table B, is a table showing what I would call our primary qualifications, that is, the first degree in surgery or medicine, the reception of which entitles a man to put his name down on the register; and the third table shows the higher degrees conferred by the university, which are conferred after an interval with more or less of additional acquirements. The average number of our matriculations, as you will see by the last page, is 69.93 per annum. I cannot subdivide a student in that way, so I will call them 70; if you multiply that by four years of study, you get 280, and many of our students prefer going on for a fifth or sixth year; so we may fairly add 20 to that, which will justify my statement, that we have now got back our school to the average of 300 students.

3473. What is the difference between your degree in medicine and your license in medicine?—Our license in medicine and our degree in medicine are identical as far as professional qualification goes; the recipients have passed through the same curriculum; they have passed the same examinations, and in every respect are on an equality professionally, but we never confer our degrees in medicine except on graduates in arts. A person who has completed his curriculum, and passed all his examinations, may from one cause or another find himself unable to comply with our condition, and go through the whole four years in arts as well as in medicine; we thought

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it not right to deprive students of that kind altogether of a university qualification; therefore, we give them a license if they have completed two years in arts; we require four years in arts and a degree for a graduation in medicine, whereas for our license in medicine we require two years fully completed in arts, but we do not confer the degree on anyone who has not taken out a degree in arts. The numbers will be seen at the foot of Table B; during 15 years we conferred 44 licenses in medicine and 539 bachelorships in medicine; that makes the licenses one-fourteenth of the whole; about one in every 14 students does not complete his arts degree, but if he has completed two years full curriculum in arts, and four years curriculum in medicine, he then gets our license, which is recognised by the Medical Acts, and entitled to be registered.

Mr. Mitchell Henry.

3474. What is the license called?—A license in medicine; he is called a licentiate; the primary degree is Bachelor in Medicine.

Dr. Lush.

3475. Do any of your licensees proceed to the subsequent graduation?—Many of them do; I cannot tell you how many, but many of them do; those who go abroad never take out their degree, but those who stay at home make every effort to complete their arts qualification when they have the money to do so.

3476. The average number of annual matriculations is 70, whereas the qualifications are 80 you will observe; do the higher degrees include some of those who have been licensees?—No, a licentiate can come and take out his bachelorship in medicine, and then afterwards he can take higher degrees if he is able, but the higher degrees do not include the licentiates.

Chairman.

3477. But a bachelor in medicine may proceed afterwards to the degree of doctor of medicine?—The higher degrees are taken out afterwards.

Dr. Lush.

3478. They are, therefore, in point of fact, in your tables counted twice?—Yes, the possessor of every higher degree there must at some former year have taken a bachelor of medicine degree; there are, on an average, in each year, 51 primary qualifications, and 29 higher degrees, conferred; 80 altogether.

Chairman.

3479. Is the arts qualification for your license in medicine higher than is recommended as a minimum by the Medical Council?—It is much higher as it involves two years of collegiate study in arts, and the passing of from three to five examinations in arts; whereas the Medical Council recommends only one preliminary examination in arts.

3480. What is the proportion of those who take your primary qualification, and those who take your higher degrees?—You have that at the end, at the foot of Table C, which I have just been asked about. We give 51 primary registrable qualifications, and about 29 go on afterwards to higher degrees; the higher degrees are in Table C, Doctor of Medicine, Master of

Chairman—continued.

Surgery, Master in Obstetric Science, and Diplomat in State Medicine.

3481. Has the Dublin University taken any steps towards improving medical education, within your experience?—The Dublin University has been very forward in improving medical education.

3482. In what respect?—We were the first university in the United Kingdom which recognised the modern position of surgery by conferring degrees in that branch of medicine; we are still the only university which confers degrees in obstetric science; we were the first medical authority in Ireland which required an examination in anatomy upon the dead subject; we were the first who required operations on the dead subject for degrees in surgery, and we were the first to institute clinical examinations for degrees in medicine, surgery, and midwifery. I should qualify that part of my evidence by saying that my recollection is that the College of Physicians commenced clinical examinations in medicine about the same time that we did; we were, I think, simultaneous with them in clinical medicine, but we preceded all the other bodies in surgery and midwifery.

3483. You are referring to the College of Physicians of Ireland, are you not?—I am speaking altogether of Ireland. We were also the first university to hold examinations and confer diplomas in State medicine; that is not a university degree.

3484. Are you now speaking of your university having been the first in the three kingdoms to adopt this course?—The first in the three kingdoms; I may say that our example was followed both in surgery and State medicine by Cambridge immediately. I would like to explain, with reference to our diploma in State medicine, that although it is not a degree it is higher than a degree; it is never conferred upon anyone who does not hold a degree both in medicine and surgery, and it is conferred after a long examination in a great variety of subjects bearing upon sanitary science. One of our graduates, Dr. Hime, is officer of health for Sheffield; another is professor at Netley, and I believe owes his professorship almost entirely to his holding a diploma from the University of Dublin; we have only conferred 13 of them in all; that was done by us with a view to the public benefit. When the question of public health came into such prominence, it was clearly the university's work to undertake an examination involving medicine, engineering, chemistry, and all the various complex branches which enter into that department.

3485. Perhaps you could supply the Committee with copies of that part of the University Calendar which deals with the medical school, so as to exhibit the regulations?—Those are reprinted from the University Calendar and contain all our regulations (*handing books to the Committee*).

3486. May I ask what proportion do your medical students bear to the number of arts students in the University of Dublin?—I should like the Committee not to be under the impression that the University of Dublin is merely a large medical school; our medical school though highly respected and much valued, is a very small portion of our work; our total students are about

Chairman—continued.

about 1,300 in arts, of whom about 300 are in medicine also; our main work is as an arts university.

3487. Is there any considerable number of the 70 students, who you say are upon the average matriculated in medicine, who are not matriculated in arts also?—I should say that about five or six of the 70 students each year are not arts students in the university.

3488. Then that being the state of things in the medical school of the Dublin University, has the University of Dublin as a corporation expressed any opinion upon the proposed scheme for conjoint examination?—The University of Dublin is in favour of any scheme which will secure uniformity of standard in the minimum qualification at which it is safe to allow a man to practise upon the public; the term "minimum qualification" is a term of which the Committee, I believe, understand the meaning; it has a technical meaning in that sense. The university approve of the conjoint scheme proposed by the Lord President's original Bill of this year. Before I came here to give evidence the board of Trinity College passed some supplemental resolutions in addition to what they had passed before, in order that I might be able to state authoritatively their opinion. A resolution in favour of the conjoint scheme was passed by them upon the Lord President's original scheme, which, you will remember, in this important point allowed the Medical Council to delegate to the branch councils in England, Ireland, and Scotland, the initiatory programme of the conjoint scheme, that proposed programme then to come back to the General Medical Council to be approved or not by them, and if not approved by them, the difference of opinion to be then settled by appeal to the Privy Council.

3489. Then some amendments were introduced in the House of Lords?—Lord Emly introduced an amendment to the Government Bill in the House of Lords, which amendment was accepted by the Lord President. That imposed upon the General Medical Council the duty of making a conjoint scheme. The amendment of Lord Emly did not allow the initiative to be taken by the local bodies. The university has never had before them the two schemes, so that I cannot say what they think; they did approve of the Lord President's first Bill, but I myself from my own experience believe that the Lord President's original scheme would meet with less practical difficulties; however, I would accept either. In fact, Lord Emly's amendment seems to me very much like a process for Englishmen to make boots to put on Irish and Scotch feet. Now there are so many corns on Irish and Scotch feet that English boots do not fit, and I think it would be best to let us make our own boots first, and see if the boot will keep out water; it is a mere question of one or of the other.

3490. Which do you prefer?—I think the Lord President was wiser than Lord Emly.

3491. Why do you consider a minimum qualification is necessary for your examination?—Anyone so acquainted as I am with medical examinations must know very well that there are very different standards, but the Committee can have a public proof of this by a fact which I will mention. Formerly the practice in the

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Chairman—continued.

army and navy was very much to admit young men holding medical qualifications, by interest and nomination, into the profession, and it was found by experience that they possessed such varying amounts of skill in the practice of their profession, that the Army and Navy Board was instituted, and now the prizes are given as the result of a practical and competitive examination. The board are not satisfied to accept the qualifications of the various examining bodies, without testing them for themselves. That, I take it, may be regarded as a proof that the qualifications varied considerably in value.

3492. And some of them are such as were considered insufficient for the public services?—They were not good enough for sailors or soldiers, but they were good enough for the civil population; they did not care for them.

3493. Has not the standard of most of the licensing bodies been recently raised?—A variety of causes have combined to raise the standard of almost all the licensing bodies. I think the principal cause has been the general rise of education and enlightenment; everything has been improving, not only in medicine, but in arts, training, and other branches of knowledge, there has been a general rise.

3494. Has the ventilation of this particular subject, the necessity of a uniform standard, had something to do with it?—I think that public attention has been very much directed to these irregularities of examination and curriculum, and that perhaps the pressure of public opinion has had something to do with the raising of the standard. If we now took an opportunity of establishing a conjoint scheme to secure the minimum safe qualification for practice we would be independent of the public opinion. Public opinion might relax its efforts, and there might be a relapse into an inequality of examination standard.

3495. That is to say, supposing that such a Bill as the present were not carried for that purpose, and that the agitation and ventilation of the subject ceased, do you see a tendency to relapse towards the former state of affairs to some extent?—The average idle student will flow towards the easiest examination, just as naturally as water finds its level; there is a law of nature compelling them.

3496. Then the University of Dublin giving such an education as you have stated, and its examinations being of that practical and efficient kind, why do you suppose that they are desirous of taking part in a conjoint scheme?—I am instructed by the university to state that, although our chief aim is to educate the higher classes of the medical profession, we think it is our duty to join in any scheme, such as the conjoint scheme, which we believe to be clearly for the advantage of the public, not to take any narrow view of our duty, but to assist in whatever would be of general advantage.

3497. And what would you say yourself would be the advantage to the public from the association of the universities with the corporations in a conjoint examination scheme?—If the universities remained out of the conjoint scheme, and the conjoint scheme becomes merely an examining board, constituted by the medical corporations, they would certainly not have anything like the high standard which they would have if associated with bodies of such culture as the universities;

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universities; it would be rather a trading examination, and wanting in what the medical profession seriously wants, namely, the element of higher education. That is the effort which the medical profession are now making spontaneously in every direction to acquire a higher social position. Complaints of their want of social position are commonly made in the medical newspapers, but they see that the true remedy for that is to continue to improve the education of their members, and enable them to take a part in general subjects, as well as in their professional work.

3498. Can you point out any other advantages besides securing a uniform standard of examination which would result from this conjoint scheme?—Yes; I speak in the interests of the students; a student, at present, wanting to complete his qualifications in all the branches of medicine which involve risk of life, that is to say, surgery, medicine, and midwifery, as a rule has to pass three examinations; the conjoint examination scheme would reduce the examinations, so far as the practical part, showing him competent to undertake a dangerous case, to one. I feel that the student is too much harassed by examinations; he is always thinking of examinations; he has no time to think for himself, or to do practical work; he has to pass examinations, which, from my long experience, I believe to be a very poor manner of testing a man's qualifications, and he is not taught how to teach himself; the time would be better spent in hospital and laboratory work, and practical work in teaching themselves. Instead of that, we crowd examinations upon the student, and he has to pay a tutor to get him through them, and answers like a parrot most of the questions. I would increase private work and self teaching.

3499. What is the position of the Dublin University students in relation to the conjoint examination?—In that respect my evidence is in entire conformity with Professor Turner's. I think that the university student should not be examined in scientific subjects by the conjoint board; sciences ancillary to medicine are better taught in the university, and better examined upon there; he should not be sent to an inferior court, which the conjoint board would be, to pass his examination in those subjects; all that preliminary portion should be left to the university, and I agree with Professor Turner, that the conjoint examining board, in dealing with the students who have passed through a proper university curriculum, should be confined to the clinical examination in surgery, medicine, and midwifery. I noticed, in Professor Turner's evidence, that some honourable Members of the Committee wanted to bring in forensic medicine. I concur with Professor Turner in objecting to that. I think that ought to be left to the university.

3500. Do you see any practical difficulty in so constructing a scheme of conjoint examination for Ireland as would give effect to your views?—If it were made compulsory I see no difficulty; but if you leave it to ourselves we never agree. You must make it compulsory in Ireland.

3501. Would you confer your degrees upon the students, if qualified in arts, after they had passed the conjoint examination?—No; we con-

Chairman—continued.

sider our degree to be a higher qualification than the certificate of that conjoint board would be; even with graduation in arts we would examine in some further branches of medical science more suitable to the university graduate, but not perhaps absolutely necessary for practice. We would add on the subjects which more properly belong to the university before conferring the degree.

3502. I wish to ask your opinion upon a very important matter which is dealt with by the Government Bill, namely, the 5th clause, under which it is required that all medical practitioners should affiliate themselves to some medical authority, subject to certain exceptions?—I think that portion of the Bill is exceedingly important.

3503. Will you explain your view upon the subject?—Of course we all know the reason of that clause. It is the woman question which is at the bottom of it. I think that ought to be dealt with directly; and I object to dealing with the admission of women into the profession indirectly in that way, because it opens a door, of which men may avail themselves as well as women, which would be very disastrous. If you examine men, and allow them to practise without being affiliated to the profession, you will soon have in the profession a number of black sheep over whom you have no control. During the last week the Medical Council were engaged in investigating a case of a man whom we removed from the books, who had killed 50 men and wounded 20 more, and then threw them all overboard.

3504. Was that on ship-board?—Yes; it was the famous "Carl case." Cases like that will always take care of themselves, they are so shocking; but what I say is that if a man is affiliated to a corporation or university, he will partake of the *esprit de corps* of the body to which he belongs. Minor offences would be looked after by his fellow members in that body, and he would be called to account, and would have to abandon his unprofessional practices. I allude to such vulgar practices as publishing pamphlets, and advertising in newspapers and elsewhere. Those practices would be open to the unattached practitioners, but would degrade the profession very much, both in their own eyes and in the eyes of the public.

3505. Have you, in your own mind, any instances in which this influence has been exerted unofficially in Ireland?—I am a Fellow of the College of Physicians in Ireland, and as such, I have taken a part in remonstrating with, and rebuking offences of this kind. I may be asked, suppose the offender takes no notice of your remonstrance; we have a very efficient weapon for punishing him, because, if an offender of that kind, guilty of unprofessional, not immoral or wrong practices, but ungentlemanlike or unprofessional practices, continues so to offend, the Fellows of the College are prohibited from meeting him in consultation, and that is in practice a very substantial punishment.

3506. Then, as I understand, you are in favour of the proposal contained in the Government Bill, that all doctors should be required to attach themselves to some corporation, during their professional career?—Yes, but I object most distinctly to the addition in that clause of the statement

Chairman—continued.

ment that if such corporation refuses to affiliate them, they shall go on the register without it. In the case of women, that ought to be dealt with directly.

3507. Assuming that it is desirable that women should have some means of obtaining qualifications to practice, you would wish to see the clause so framed as to secure that object, without enabling male practitioners to hold themselves aloof from all influence of this kind?—There are two doors open for women in England, and one in Ireland, and there is no chance whatever of their being closed; the College of Physicians of Ireland will receive them all, and the Apothecaries' Hall in England will receive them, and so will the University of London; and I have no doubt whatever that as soon as it becomes generally known that there is money to be made on them, some of the Scotch bodies will open their doors too.

3508. Now to go to a different branch of the subject; has the University of Dublin expressed an opinion as to the direct representation of the profession on the Medical Council?—The University of Dublin are in favour of a direct representation of the profession on the Council, in addition to the interests already represented thereon, inasmuch as they believe that the direct representation would strengthen the influence of the Council with the profession.

Mr. Heygate.

3509. Is that what you have just stated the substance of a resolution arrived at?—Yes, I can get an exact copy; I have not it with me, but I have quoted it from memory; it is substantially the resolution which was arrived at; they passed a resolution simply declaring that they were in favour of the direct representation of the profession on the Council, without giving any reason; but 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 would, they were in favour of it.

Chairman.

3510. What is your opinion personally?—My own opinion is the same as theirs, in favour of it, and for that reason.

3511. Can you suggest any other beneficial change in the constitution of the Medical Council?—Yes, I think in the projects of reform in the Council there is one very important class which has been left out altogether, which I would consider most important to have represented by one or two members on the Council.

Sir Trevor Lawrence.

3512. Would you confine the Medical Council to the duties at present discharged by it?—I would ask does it discharge them?

3513. The duties it is supposed to discharge? I would; I have formed a very definite opinion upon that subject.

Chairman.

3514. My question was, could you suggest any other beneficial change in the constitution of the Council?—I think it ought to be very seriously considered by this Committee, whether the Medical Schools not connected with the corpora-

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Chairman—continued.

tions or universities might not have some representation.

3515. Will you instance some such schools?—There are 12 schools in London; there is one extra academical school in Edinburgh; there is one extra academical school in Glasgow; there are four extra academical schools in Dublin, and there are very important schools in Liverpool, Manchester, Leeds, and Birmingham. I speak from a personal knowledge of most of these schools, when I say that amongst the gentlemen employed in teaching in them there are men in the very first rank of the teachers of medicine; in fact, they are the life and soul of the coming profession, and I throw it out as a suggestion that that ought to be considered in addition to other elements upon the Medical Council.

3516. What practical advantage do you think would result from that?—The members of the Council from their high standing and position, I think, must be more or less affected by the traditions of the past, rather than by the practices of the present; we are all of us more or less, I suppose, *laudatores temporis acti*; and the addition of the teaching element in the private schools would bring up the knowledge of the Council to the most recent and approved methods of teaching medical science.

3517. I think that exhausts the course of evidence which you wish to give to the Committee upon the general subject, but I think you are also desirous of making some statements with regard to some remarkable evidence which we had here the other day, touching more particularly the University of Dublin. The evidence was given by Sir Dominic Corrigan, and you wish, I believe, speaking on behalf of the University of Dublin, to make some observations upon that evidence. In the first place there is a statement in the evidence of Sir Dominic Corrigan, that of the 19 examining bodies, at least 9 or 10 have been added since the Council came into existence, with the sanction, if not with the approbation, of the Medical Council; is that statement accurate?—That statement is not correct and shows an almost inconceivable confusion of ideas.

3518. Can you explain that?—There were 19 examining bodies existing in 1858, and there are 19 now, and not a single body has been added. Sir Dominic has evidently, as far as I can make out, made a confusion between the number of examining bodies and the qualifications they give, which is certainly a totally different thing.

3519. There is another statement made by the same witness, that a medical qualification is easily got from the University of Dublin; is that so?—I have already answered that by anticipation in explaining to the Committee what the qualifications are for a license in medicine, and for a degree in medicine. I am quite content with the explanation I have given. We require a severe curriculum in medicine; in fact, an identical curriculum for the license and for the degree; and we require for the license two years in arts, which requires that amount of study, and from three to five, arts examinations, which is unfairly described as "easily got;" that I consider is a very unfair description of it.

3520. I believe those requirements are very much above those which are exacted by the Medical Council?—Much above.

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3521. Then,

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3521. Then, in answer to the next question, it was stated by the witness that a student can go to Trinity College and there pay 5 s. and be immediately registered as a medical student of Trinity College, without any examination whatever; is that statement accurate?—That statement is not correct, and is calculated to mislead this Committee.

3522. Would you explain your answer?—Under the School of Physic Act, if you will turn to page eight of the Regulations, you will find the passage which he quoted: "No student can be permitted to attend any of the lectures delivered in the School of Physic, or to attend dissections, who has not complied with the provisions of the School of Physic Act (40 Geo. 3. c. 84) as to matriculation, to the effect that all students of the School of Physic must be matriculated by the senior lecturer to Trinity College, for which a fee of 5 s. is payable; but no such student shall be obliged to have his name on the college books, or to attend any of the academical duties of the university, unconnected with the School of Physic, unless he desire to obtain a license or degree in medicine, or a license or degree in surgery." Before the Medical Council was created, that clause enabled any person, without paying 16 guineas a year for arts education in Trinity College, to obtain all the benefits of our medical education, and that acted very beneficially. When the Medical Act was passed, and the Medical Council had made a recommendation that no one should be allowed to commence medical studies without having passed one of the matriculation examinations accepted by them, immediately upon the passing of that recommendation I received orders from the Board of Trinity College to matriculate no person unless he were either a student in arts, and as such had passed an examination required by the Council, or in the case of those who were not students in arts, not to matriculate them until they brought me their certificates of registration from the Branch Medical Council, which certificate guarantees that the holder has passed one of the examinations in arts, accepted by the Medical Council. I had charge for 15 years of that matriculation, and I can answer for it of my own personal knowledge that no single student was ever admitted and allowed to commence his studies simply upon the payment of 5 s., because we interpret this Act thus: It was considered by us whether we should repeal that clause, but it was decided by our law adviser that the words "unconnected with the School of Physic" enabled us to impose upon students, besides the 5 s., the examination recommended by the Medical Council; therefore, I give the statement the most unqualified contradiction from personal knowledge.

3523. As a matter of fact, no student would be admitted to the Dublin University upon the terms stated by Sir Dominic Corrigan?—No student has been admitted since the passing of that regulation, except upon the terms laid down by the Medical Council, of passing the examination.

3524. About how many years would that be?—About 14 years.

3525. Now there was another answer given by Sir Dominic Corrigan at No. 2871, to which I would call your attention. He was asked,

Chairman—continued.

"With regard to medical education, are you in favour of having certificates for attendance at lectures," and his answer was "No, and unfortunately I can speak against it from personal experience. For 20 years, at least, I am sure I signed 100 certificate every year that I was there, that the boy was a very good boy, and had attended the hospital most regularly, but whether he was or was not there, I knew nothing. The certificate came to me, signed by the secretary to whom he paid the fees, and I signed the certificate with the secretary's signature to it, and that was enough for the College of Physicians and Surgeons. I would abolish, if I could, all certificates; I do not think that certificates are of any value, except as mere receipts for so much money received. I would let the man get his information where he best could; what have you to say upon that point?—I am sorry that some member of the Committee did not ask Sir Dominic Corrigan whether he thought the money he received for the certificate of no value, because it appears to me that he ought to have given back the money if his signature signified nothing; that is the practice which still continues, I regret to say, in some of our schools; I refer to the signing of certificates without proper care being taken to ascertain what amount of attendance upon the part of the student that certificate guarantees, and I am of opinion that if that practice continues, the practice of paying fees for certificates ought also to cease.

3526. There is no such thing in the University of Dublin?—Certainly not.

Dr. Lush.

3527. Is there no register kept of the attendance of students?—Our register is kept most accurately, but there is no roll-call in some of the schools, and no means of ascertaining the attendance; there are six medical schools in Dublin. One only is under the control of the University of Dublin directly. Formerly the custom of the university was to recognize no school but their own, but a representation was made to the governing body of the university, that that was a great injury to our students, because *non constat* that the university has all the best teachers, there might be a better teacher perhaps of some one subject in a private school than in the university, and it was proposed to throw open the teaching of all the schools and all the hospitals to our students. The result was most beneficial, because a student now goes where he can get the best instruction. We were then met with a great difficulty; our university lectures in medicine are on the same principle as in arts, divinity, or law. We consider carefully what is the minimum amount of lecturing necessary, because we look upon unnecessary attendance at lectures as an evil. We study carefully what amount of lecturing is beneficial for the purpose of bringing the learner into contact with the living teacher, as distinct from books, and when we have fixed a merciful minimum for the students, we require them peremptorily to attend three-fourths of those lectures, and nothing but serious illness excuses them from the remaining one-fourth. When we recognised the private schools then I learnt that they kept no roll-call, and could guarantee no attendance. I was then instructed

Dr. Lush—continued.

to communicate with them, which I did, and ordered them to keep a roll-call for Trinity College students, and a roll-call is now kept of such of the private students as wish to be recognized by us, but it is only kept of the arts students in Trinity College, so that at present there are issued in Dublin by the private schools two classes of certificates: one, the class of certificate advocated by Sir Dominic Corrigan, which is a receipt for money, and the other is a receipt for money plus a guarantee of attendance upon three-fourths of the lectures.

Sir Trevor Lawrence.

3528. Then you have the power of ascertaining at Trinity College absolutely the number of lectures in each course which the student attends?—Yes, the lecturer keeps the roll-call every day, and sends in a return, signed by himself, of the daily attendance; in fact we have university discipline, which the schools have not.

Mr. Heygate.

3529. What do you mean by a roll-call; do you mean calling over the names at the beginning or the end of the lecture?—We have two ways of doing it; if it is a small class the roll-call is made at the beginning.

3530. Does it prove the attendance at the whole of a lecture?—It must be called before the lecture begins, but it need not be a roll-call, because if it is a large class a student writes his name upon a ticket, and puts it into the lecturer's cap as he goes up to the lecture.

Mr. Wheelhouse.

3531. Do the students sit through the whole of the lecture?—Yes, they dare not go out.

Sir Trevor Lawrence.

3532. Do the students sit there for the whole hour?—For the whole 45 minutes. As I say, we carefully considered the minimum amount of lecturing necessary. Now if it is ever inquired into, this non-calling of the roll-call arose from the giving of an unnecessary number of lectures, therefore laxity of roll-call is the necessary corollary of superfluity of lectures. We carefully considered, first, what kind of learning the students can get from books; and, secondly, what kind of learning the students can get from laboratories, museums, and dissecting rooms; and, thirdly, the most precious of all instruction, what he gets from the living teacher, telling him of the existing living state of knowledge; and we require peremptory attendance upon all those.

Chairman.

3533. A further statement was made that the students of the University of Dublin can obtain a degree in medicine without first obtaining a degree in arts?—I have already contradicted that point.

3534. You do not wish to say anything more upon that?—No, it would be like throwing water upon a drowned rat.

3535. Do you agree with Sir Dominic Corrigan, that a certificate of any curriculum is all a farce?—After all I have said, of course, I do not. The corollary to that, which I would add, would be that the payment of a fee for a curriculum is a farce too.

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Chairman—continued.

3536. Was the power of giving a licence in medicine "assumed" by the University of Dublin?—I object very strongly to the word "assumed," because I remember very well that so far from being assumed, I and two other Fellows of Trinity College spent the best part of six weeks driving about in cabs to get Members of Parliament to come up and vote for us; and so far from being assumed we got an Act of Parliament to give us the right, and that Act gives us the right to confer licenses, and place our licentiates in surgery and medicine upon the Register; therefore the word "assumed" is a very improper word.

3537. It was also stated by Sir Dominic Corrigan, that the University of Dublin claims to be a licensing authority, and to teach and examine after two years' study; is that a correct statement?—I cannot tell what Sir Dominic Corrigan's intention was in making the statement, but the natural parsing of the sentence implies that we give a license in medicine upon a two years' course of study, all included. That conveys a false impression, because, as I have already explained, the curriculum in medicine is a four years' curriculum, and the examination is identical; the students sit side by side, and pass the same examination. I hope Sir Dominic Corrigan did not intend to convey that, but the words convey it. I think our language ought to express our thoughts as far as possible. I like mine to do so.

3538. That being so, I suppose this language used by Sir Dominic Corrigan, that the two years' study in arts in the Dublin University is worth nothing, does not express your ideas?—No. I see he made the Committee laugh by quoting the old Joe Miller story about applying swallows to your temples; that was a story in existence before Sir Dominic Corrigan was born; it is a story to be found, I believe, among the "Swiftiana," but I fancy that the student of Trinity College who was supposed to have written that remarkable Latin did not exist.

Mr. Mitchell Henry.

3539. Was it not one of Arbuthnot's stories?—I was under the impression that it might have been Arbuthnot. Swift's friend Arbuthnot was quite capable of inventing the story, as well as of recording it.

Chairman.

3540. Does a large number of rejected candidates at the examinations prove the high standard of the examination?—I have asked you to put that question to me, because I happened to be present when Professor Turner gave it in evidence that 32 per cent. were rejected by the University of Edinburgh, though he did not say so; he seemed to imply that it was very creditable to the University; now, I would like to say that the number of candidates rejected is a function of more variables than one, to use a mathematical expression; the severity of the examination is one factor, but the perfect teaching of the candidates will be another, and the relation and rapport between the teacher and the examiner would be the third; 32 per cent. of rejections might prove imperfect teaching or want of judgment on the part of their private teachers in allowing incompetent pupils to go up for

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for examination; it seems to show that the students who go up for examination make a rush at it blindly, without knowing what the examination is. I would consider there was a defect in the teaching arrangements, both private and public, of any place, if as much as 10 per cent. were stopped, because there ought to be sufficient knowledge of what the examination is to be, for the adviser of the pupils not to allow them to come up and be stopped. I do not think it proves any simple fact at all; it is a complex phenomenon.

Sir Trevor Lawrence.

3541. A student might in some cases fluke through, as it is called, by the accidents of the examination?—Yes, he might.

3542. That might be calculated upon by an idle student?—Yes. I think if you classify those who do not pass, you will find that half of them are incorrigible dunces, and half the cleverest fellows in the whole class.

Mr. Mitchell Henry.

3543. As you have 300 medical students in the school of Trinity College, can you give the Committee any idea of how many other medical students there are in Dublin?—There must be upon an average close upon 1,000 in Dublin; there are 300 in the University, and about 600 or 700 outside; of our 300 students, about 100 are in the other schools; about two-thirds of our students take out their whole curriculum with us, and about one-third of them prefer the teachers in the other schools, that is what we call our free trade; but the whole 300 of them come on and take their degrees.

3544. But is that trade so free that the commodity would be counted in every school as a portion of its number?—They would be counted in the private schools, of course.

3545. One student may be like the soldier on the stage and do duty for several?—There are 800 students dissecting, on an average, at one time; that would give you an idea of it; the anatomical returns show that number, and they do not enter any person twice. Beyond those there might be 200 past their dissections, or not yet beginning them, or waiting for diplomas; we are close upon 1,000 students altogether in Dublin.

3546. Could you tell the Committee how those students are divided among the various schools in Dublin, how many extra academical schools are there in Dublin?—Five, one of them can scarcely be called extra academical, because it is governed by the College of Surgeons; the College of Surgeons has a school and there are four other schools, two of them connected with large hospitals, namely, the Dr. Stevens' Hospital and the House of Industry Hospitals. Another is connected with the Catholic University, and a very well-managed school it is; and the last of them is a private speculation.

3547. What is the name of that?—Lewish School; it is called after the name of its proprietor and manager, who is just dead: it is a very large school.

3548. Do you think that there would be any insuperable difficulty in getting the whole of the representatives of these schools, together with the University of Dublin, to agree upon a com-

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mon minimum of examination?—The schools have nothing to do with it; they have nothing to say to the examination.

3549. I refer to the licensing bodies?—We have five licensing bodies in Ireland. A voluntary conjoint scheme was suggested to us. We met together. I happened to be one of the representatives, on all occasions, of the University of Dublin. Each of the bodies appointed two representatives, and we met to confer; that was what we called our quinary scheme, and we got on very well until we came to the question of money, and then one of the bodies walked out and refused to go on. Then the College of Physicians took up the matter, and proposed that we should form a quaternary scheme, and let the four remaining bodies form a conjoint examining board. We spent a great deal of time and printed a great many pamphlets, and at last we fell out over the apothecaries, and that quaternary scheme failed. Then Trinity College proposed a ternary scheme, combining the University of Dublin, the College of Physicians, and the College of Surgeons. That occupied more time because it appeared more practicable than the others, but still the inevitable money question turned up at the end between the two corporations, and that failed. The University was out of the money question. Lastly, the College of Surgeons proposed a binary scheme between themselves and the College of Physicians; that also broke down, and we have now got the unitary system in all its perfection in Ireland: Every man for himself, and God Almighty for us all.

3550. Why did the binary scheme fall to pieces?—I think the binary scheme fell through very much from the feeling that the conjoint scheme ought to contain the majority; that had been done already in Edinburgh by the College of Physicians and Surgeons, and there were no great benefits to be obtained from it. I think it could easily have been managed, but it was too small. We felt that unless the majority of the bodies joined, there would be no great advantage derived.

3551. You have examined, I presume, the scheme which has been proposed in England?—Yes, I have.

3552. Is that satisfactory to your mind in an educational point of view, for the minimum qualification?—I think so; I think that if it were made compulsory on the Irish bodies to join in a scheme, our scheme would be that scheme, somewhat modified to suit our traditions, but not much altered.

3553. Then, if Parliament said there must be a conjoint scheme on the part of the United Kingdom, that difficulty would be overcome in Dublin?—Yes, that is if you allowed four of us to coerce the fifth; you must give us that power. If we are to be unanimous, we will not agree; that is what is proposed in the Government Bill, that four of us should, if necessary, have the power to coerce the fifth.

3554. Supposing the conjoint scheme were made compulsory in each part of the United Kingdom, and the whole evidence points strongly to the idea that that is the thing to be done, would that settle the question of medical education for many years to come?—I think it would go far to settle it, because the public would have what they are entitled to, namely, the same guarantee

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guarantee that the soldier and sailor has now, that a safe practitioner is sent to treat him, and the universities and colleges and corporations will be left to carry out better their proper function, which would be to give the honours of the profession. The fellowships of the corporations and the higher degrees of the universities would be eagerly sought after by those who would pass this examination; it would be like dressing all people in drab; they would be all the same colour after they had passed this examination, and would eagerly seek for something to take them out of the crowd; I have no fear for the University of Dublin; I am quite sure that our distinctions would be sought for after obtaining these qualifications, and the corporations would have their fellowships sought for.

3555. If that were done, what would be the value of this very large Medical Council which now meets in London?—The Medical Council have made an excellent pharmacopœia and a register; and the remainder of their work consists, or ought to consist, in the regular inspection of examinations and teaching in schools; I presume that the Medical Council, if enlarged, would hold shorter meetings, and do most of its work through committees; the work to be done in the way of inspecting schools and examinations is not a work which the Medical Council, as a whole, is competent for; they should delegate those inspection powers, and the examination of curricula to small competent committees, and let them go about and be paid for their services, and report to the council, and the council would take action upon their reports.

Dr. Lush.

3556. You mean committees of their own body?—Not necessarily; their own body might not be competent; their own body would be very incompetent, for example, to control an examination in Greek; I would let them appoint anyone they thought competent. I may say that in the inspection of examinations which they did make once, they by no means confined themselves to their own body; they generally sent a member of their own body, and an eminent outsider.

Mr. Mitchell Henry.

3557. If Parliament acceded to the desire which has been expressed in favour of direct representation upon the council, would you contemplate an addition to the existing number, or would you contemplate some different modification?—The resolution of the college, I stated to you, said, "in addition to the number already existing."

3558. How many direct representatives would you suggest?—That is hardly for me to say. I fancy Dr. Waters would advise you better upon that question. I think he asks for six. I do not think it would much signify if there were four or six; it is the fact that there are representatives which I think is important. To bridge over the chasm which exists between the council and the profession, I feel, if the profession were allowed to elect either four or six, that, having elected them, we could turn round on them and say, Now you cannot find any more fault with us; you are responsible for all our mistakes. It would silence the profession. I do

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not think you would get better men than you have now on the council; some of them are very good men; but the sentimental grievance would disappear; we would be their own child, and they would have to look with more affection upon us than they now do.

3559. I take it that, although that is contemplated in your idea of direct representation, you have not formulated any very complete scheme in your own mind, either as to those who are to be directly represented, or as to the number who are to be added?—No; I have only suggested that it would greatly strengthen the hands of the Medical Council with the medical profession if we had direct representatives sitting with us.

3560. It has been stated that in the medical corporations and bodies the greater number of the graduates or members of those corporations have no power at present of voting for their representatives on the Council; would it not be a feasible mode of getting direct representation if this imperfection were cured in each corporation or medical body?—That plan was known in 1869 as the plan of indirect representation of the profession. At the meeting in Leeds of the British Medical Association in 1869, the Report of the Medical Reform Committee was brought up by our chairman, Dr. Waters, and at that time I held the same opinion as that which you now allude to, and I succeeded in getting the meeting to add a rider to their report. We adopted a report in favour of direct representation, and we added also an expression of opinion in favour of electing the corporation and medical authority representatives by the general body; my friend Mr. Graves, the Member for Liverpool, proceeded so far with that idea as afterwards to get it formulated in a possible Bill; but when we consulted Parliamentary friends and came to consider the difficulties in the way of it, we found they were insuperable. There are 19 corporations entitled to confer medical qualifications; many of those bodies, like Oxford, Cambridge, and Dublin, have other functions which they regard as much more important than medicine, and they have all contrived, in their own way, their own machinery for self-government. In some of the bodies it is very democratic; in others it is more of an oligarchy. I myself represent a very oligarchical body, but I think as long as they send as good a representative as I am, the profession may be content with him. You must leave each body to find out its own method of governing itself, and, having found that out, the machinery which is fit for electing their own professor, is also fit for electing their representative of the profession on the council. I would also object to such a narrow view being taken of the medical representative as that he should be elected by the votes of the medical graduates; that would be a trade's union vote which I should object to; he must be elected by whatever machinery each medical authority has for doing its work.

3561. Supposing there were anything in the shape of direct representation, would you accept as voters on that direct representation all those persons who had already voted in corporations or in universities for their own representatives?—That is a question which would not affect us; I have never considered that question; I would

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give them a double vote; I vote at two or three places for Members of Parliament, and it does no harm, so I would give them a double vote.

3562. Complaint has been made of the great expense to which the profession is put by the Medical Council, and the expenses of the Medical Council; would it be a desirable object to diminish that expense, if possible?—I am very glad you have asked me that question; I did not like to put it into my direct evidence, but I feel very strongly on the question; I feel that too much money is spent in the payment of the representatives; in fact all the money that we receive is spent in the payment of our fees, and the important duty, I have no doubt, will now be imposed upon us by Parliament of a regular inspection of schools and examinations. We have no money for that purpose, therefore my suggestion would be this: I would compel the Crown and the various corporations to pay their own representatives, and you would have a large surplus left you for the proper business of the council; I do not represent so much the public upon the council as the University of Dublin. Of course, after having taken care of the university, I try to take care of the public, but it is not my first thought; I think that those who send me there ought to pay me. We have not a farthing to spare over and above what we spend in listening to each other talking.

Sir Trevor Lawrence.

3563. Where are the corporations to get the money from?—They are many of them rich, and all of them have sufficient to pay their representative.

Mr. Mitchell Henry.

3564. On the whole, would you say that the question of direct representation is in an inchoate state at present; it is not sufficiently thought out?—I think in Mr. Mills' Bill there is a complete idea, but I have not gone into the details of it.

3565. Suppose the matter presses as regards medical education, should you think it of advantage to introduce such a Bill as has been introduced by the Government, compelling a joint scheme of examination in each portion of the kingdom, and to adjourn to a further date not yet fixed that vexed question of direct representation?—That is an impossible course. We blocked the Bill in the House of Commons; we stopped the Government Bill, and formed this Committee; we said, you must consider the two questions together.

3566. This Committee may possibly recommend that the question of direct representation be dropped, and that those clauses of the Bill be gone on with which refer to medical education?—Then we will set to work and stop the Lord President's Bill, and not let it pass through the House of Commons.

3567. Is that because you think the question of direct representation of such importance?—I do not like giving enlarged powers to the medical council in its present condition. Whether rightly or wrongly we have not got the confidence of the profession, and to give a body, which many members of the profession consider has not the confidence of the profession, greatly enlarged powers is not a wise course; personally, I may say I con-

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sider the conjoint scheme a very pressing question, and the other, if it be involved in it, as I say, becomes a pressing question also, if it is necessary.

3568. The two matters are not absolutely connected with each other?—They have, in the Parliamentary conflict, become mixed up together. The Bill was blocked by the direct representation party.

3569. That really amounts to saying that the direct representation party care more for direct representation than for medical education?—Perhaps we are like the Irish obstructives in the House; we take our own view of what ought to be done.

3570. With regard to Sir Dominic Corrigan's reference to the 5 s. paid to Trinity College for matriculation, do you understand his evidence as objecting to the lowness of the fee, or as implying that the matriculation took place without examination?—To the latter altogether; he was under the impression, and made a statement which would leave the Committee under the impression, if not corrected, that the students had nothing to do but pay 5 s. and begin their medical studies, whereas they have to pay 5 s. and pass a medical examination; I should say that Sir Dominic Corrigan probably had merely the text of the Act of Parliament before him, and was not acquainted with our practices, or had not the intimate knowledge of them that I have.

Sir Trevor Lawrence.

3571. I understand you to consider that the affiliation of graduates to the various colleges would have the effect of keeping them in order, professionally speaking?—It would have a tendency in that direction.

3572. Do not you think it would be rather a severe penalty upon a man who put in an advertisement, which the corporation might not quite like, practically to send him to Coventry, by not allowing other medical men to consult with him?—We do so already.

3573. That you find produces an effect which is not seriously complained of?—The offender ceases, and he is re-admitted after some five or ten years of penance, which is a very solid punishment.

3574. What does he do in the meantime?—He practises; it prevents his meeting a fellow of the college in consultation, which is a serious punishment.

3575. It protects the college rather than the public?—It upholds the gentlemanly character of the profession; that is the idea of the regulation.

3576. You expressed your opinion that a considerable number of graduates of the conjoint board would take higher degrees in their own corporations?—That is my opinion.

3577. Take Oxford, for example; is it the case that any large proportion of the graduates go out in honours, in arts, or in medicine?—No, they do not; most of them go out in cricket and boating, but amongst the reading men a very fair number take distinctions. The cases are scarcely analogous; in Oxford the honour is a mere honour; the man gets his class, or in Cambridge his tripos; it is only a feather in his cap; it does not help him in earning his bread; but these higher titles in medicine will be a substantial addition

Sir Trevor Lawrence—continued.

addition to his attractiveness as a practitioner; the public like a man to be called an M.D., and a Fellow of his College; they think he knows more, and they are right in so thinking, because it implies additional honour, and additional qualification.

3578. You consider that by the additional hold he would have upon the public, he would be compensated for the extra time he would have given?—I should think that the public would be enlightened enough to seek the man distinguished, and to avoid the man who was not so distinguished.

3579. Do you think that the public understand the relative value of medical degrees?—I think the public are beginning to find out that there are differences amongst them. I know, amongst my own friends, if one of their children gets a cough, they will probably send for an apothecary; but if I am called in by my friends, and they say, "What ails that child, Haughton?" and I say, "Scarlet fever," then they send for a doctor. It is a question of money; if the danger is great, and they are frightened, they will send for a higher practitioner at once; and then, on the other hand, if they send for a lower class practitioner, he has enough intelligence to take care of himself, and not let the child die without consulting a higher one, so that indirectly the more distinguished men are brought in.

3580. In the opinions of some people the effect of a compulsory conjoint scheme would be sooner or later to abolish the corporations; you are not of that opinion, I take it?—I think it would abolish all corporations which ought to be abolished. I think that Sir James Paget gave evidence that all weak corporations might disappear under the conjoint scheme. I think those worth preserving would weather the gale and improve themselves.

3581. Have you read Dr. Turner's evidence?—I have.

3582. He was asked how he explained the fact that so many students who subsequently did not register themselves for practice in Scotland, went to Edinburgh to take their degrees; and the answer he gave was, that that was owing to the great value in public estimation of the Edinburgh degrees; do you agree that the degrees of Edinburgh possess a superior value to those of other places?—There is no qualification to practise medicine in this kingdom higher than that of Edinburgh.

3583. I understand incidentally from a remark you made, that your opinion is that the Medical Council does not discharge the duties which have been committed to it by the Act of 1858?—I should not like to say that; that was not my meaning. I said that they set to work in the first instance to reform the Pharmacopœia; that was a work of time and labour, and they did it most efficiently and well. Then the register, and all the complications which come in with register, settling the practice of removing offenders' names from it; all those things occupied their time and involved a number of legal considerations. They were almost of necessity compelled to postpone educational questions, and I do not blame them for it.

3584. With regard to the register, are you of opinion that a satisfactory register has already

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Sir Trevor Lawrence—continued.

been compiled, or is in course of being compiled?—The register is as complete as it can possibly be in my opinion; they were compelled to postpone the question of the inspection of medical examinations, but they appointed visitors, composed of one of their own body and an expert from the outside, to visit each examination; and they did visit the various bodies. Dr. Busk, the distinguished anatomist, and Dr. Haldane, of the College of Physicians of Edinburgh, I remember visited the University of Dublin; the visitors saw all the examinations in various places, and made reports to the Council.

3585. We have already had this before us?—The Council took these reports, and my opinion is that it did a great deal of good, but it was not regular, it was too spasmodic.

3586. How long have you been a member of the Medical Council?—Only one year.

3587. Do you know that these visitations of examinations were suspended in 1875 or 1876, on account of what they believed to be immediate impending legislation?—I cannot say that, but they were suspended; they took place once, and then stopped.

3588. That was put in evidence; now if that were the case, it would at all events to some extent modify your view as to the Council having neglected their duty in this respect?—I would not have it stand that the Medical Council neglected their work at all; the Council have done their work.

3589. They did their work spasmodically, as you expressed it?—They had not the money to do it continuously. If we pay ourselves so much money for attending meetings, we cannot have it to spend in visiting examinations.

3590. I understand you are decidedly in favour of restricting the Council, whether it continues in its present form or has direct representatives added to it, to its present work?—I agree with Sir James Paget's evidence upon that; I would not sit upon a Council which began talking about poor law and such matters.

3591. I gathered from your answer to the honourable Member for Galway, that you were of opinion that if direct representation were given to the profession on the Council so as to satisfy their sentiment on the subject, that would produce a feeling of contentment, and things would go on pretty much as they did before?—I should hope so; at least we could turn round and say to the profession, "You must be satisfied with us, because you have helped to make us."

3592. Is it, or is it not your opinion, that this claim for direct representation is rather a sentimental grievance than anything else?—Perhaps so; but a sentiment ought to be carefully respected.

3593. And with regard to the conjoint scheme, an opinion has been expressed that it would produce a dead level of uniformity, which would be very undesirable, and that it might also have the effect of lowering the standards of the various corporations and universities; have you any fear of any result of that nature?—No; I have already stated that I agreed with Dr. Turner, that I would address the final part of that examination to clinical examination in surgery, medicine, and midwifery, the three departments which a practitioner is called upon to practice as

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soon as he commences his career, and in which he may possibly sacrifice a life; that would guarantee that a man was generally safe, but that would not at all satisfy any ambitious man; he would immediately feel it necessary to lift himself out of that dead level by taking some of the higher qualifications.

3594. Does your experience of Dublin University lead you to think that there are already quite as large demands made upon the average student as he can bear?—The curriculum required by some of the corporations is overloaded. Three-fourths of the curricula which are in use are much too heavy, and the Council ought to cut them down at once.

3595. So that if the suggestion were made that other subjects should be added, that would be altogether contrary to your view, would it not?—No; I think there are subjects which ought to be added, and press very much for admission, but which cannot be added on at present. I would cut down the curriculum in some respects. I will give you an illustration of what I mean. The University of Dublin requires a course of three months in ophthalmic surgery; that is taken in with general surgery in other institutions. I think it is worthy of a special place.

3596. And it has got a special place?—Yes; in addition to our training in general surgery, we think it desirable to include that, especially having in view our army officers; because one of the first things they would have to treat in Egypt or India would be ophthalmia, and the pressure came to us from army medical men, asking us to alter our curriculum, and we have done so. We require in addition to lectures in medicine a course of laboratory study with the microscope; many schools do not require that; I certainly think that a six months' course of practical laboratory teaching with the microscope, by which the students would learn to examine the structure of the tissues, would be infinitely better than attending three times the same courses of lectures in anatomy.

3597. But is not microscopic pathology changing very rapidly?—Yes, and that is the reason the student should teach himself.

3598. But what is taught to-day will be obsolete to-morrow?—That is the highest proof of the advancement of a science. The student will learn how to use his instruments. If he once learns how to teach himself, he will go through life always using the means which he had when a student.

3599. I do not see how that would help you in removing the burden you have already described as too heavy upon the student; you say he is already overburdened?—That kind of laboratory work is a work, in my experience, which students eagerly go to; it fills up the spare moments of their day. If you have, as we have in the University of Dublin, our three laboratories and the anatomical and pathological museums, all in close proximity to each other, the student after coming from the hospital spends the greater part of his day working practically in one or other of these places, and I think it is better not to put work upon a student which is distasteful to him. I will give you an example which will illustrate that. In some of the curricula a man has to attend three successive years the same course of lectures in surgery, and three

Sir Trevor Lawrence—continued.

successive years the same course of lectures in anatomy, which is absurd. One consequence I have pointed out to the Committee is, that you cannot call the roll of these lectures. A student may come to them or not, just as he likes.

3600. You have mentioned subjects which you would like to be included; what subjects would you like to be cut out?—The unnecessary repetition of courses of lectures.

3601. Are there none taught usually in curricula which you think superfluous?—The Medical Council are in advance of me upon that question, because they have thrown out botany.

3602. You think botany important?—Our Irish teaching bodies have attached great weight to botany.

3603. You attach weight to medical botany; you think it is necessary?—To general botany. I think medical botany is a very poor thing.

Mr. Wheelhouse.

3604. So far as the curricula are concerned, would you restrict most of those curricula to one course of lectures upon a given subject?—That recommendation has been already passed by the Medical Council, and I concur in it.

3605. And so far as the change could be effected, your view of it would be this, I take it, to amplify the course of study altogether, cutting off, and making room for, the amplification, by taking away, say, a repetition of one or other out of the three, or probably two out of the three, courses in anatomy?—Yes, and surgery.

3606. Is it general in the University of Dublin that the three courses of anatomy are merely a repetition in the two latter ones of the first?—We have not three; we have only one. We require three winters dissecting, but only one course of lectures; the students must dissect for three winters, and learn the practice of anatomy.

3607. Would you in any way cut off any one of the dissecting courses?—Certainly not; we differ from London in that respect; London requires two; we require three, and still adhere to our own opinion.

3608. You have stated that the Council has done such of its work as it could have done; would you tell me whether supposing always the Council had separated itself, as the House of Commons is in the habit of doing, into committees, it might not then have done considerably more work upon the committee plan, whereas as I understand at this moment, the whole body takes all its duties *en bloc*?—It does.

3609. Would it not facilitate business very much if the body of 23, or whatever it may be, had divided itself into committees heretofore, and had taken portions of work and distributed it into committees?—They must do it in future.

3610. Would it not have been better, and would it not have facilitated the work, if that course had been adopted some time ago?—Considering the multifarious interests represented upon the Council directly, there would have been a great jealousy of giving power to committees.

3611. But you say it must do so hereafter; what do you refer to?—I had in view principally education; that must be done by committees; I think the Council must confine itself to short meetings, to receive reports of committees, and

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Mr. Wheelhouse—continued.

to lay down the principles to be carried out in detail by committees.

3612. In answer to Sir Trevor Lawrence, you said there was no degree in this kingdom higher than that of Edinburgh?—That is my opinion.

3613. You would not like to say that the degree conferred by the University of Edinburgh was higher than that conferred by your own university?—I do not say so.

3614. Do you think that the degree conferred by the Dublin University is equal to the degree conferred by the University of Edinburgh?—I would ask, are you speaking of it merely as a medical qualification?

3615. I am speaking of it solely as a medical qualification?—I asked the question, because our degree is a social qualification as well as a medical; even as a medical qualification, I think it is as good as the Edinburgh, but if you take in the fact that a graduate in medicine is a graduate in arts also, our degree has a social merit.

3616. You told the Committee that there were five licensing bodies including yourself?—Yes, we are one of the five.

3617. Something was said by one of the witnesses with regard to the "battle of the shops;" do you consider that there has been to your own personal knowledge, either in Dublin, or as a member of the General Medical Council here, a considerable "battle of the shops" in Dublin?—No, not in Dublin; we cannot compete in Dublin; it is impossible to have a battle of the shops in Dublin. The University of Dublin requiring graduation in arts, puts it out of being a competing body with the College of Surgeons; the College of Surgeons does not compete with the College of Physicians, because they act side by side, and each gives a license which the other cannot; that gets rid of three of them; the fourth is a body which practically is not a Dublin body; I mean the Queen's University, which has three centres in Belfast, Cork, and Galway, and requires a six months' residence. The Apothecaries' Company is not sought by the public, and therefore there is no competition; I think what the witness meant by the "battle of the shops," would be rather going from one country to the other.

3618. If that does not exist with regard to Dublin, would you allow me to enlarge the question, and ask you as a member of the Council whether that battle of the shops does not exist to a certain extent in the other countries?—I would prefer not to answer the question.

3619. But you would know it from your position?—I would know a good many things I do not desire to answer; I should get a great number of letters from Scotland if I answered the question.

3620. It has often been my duty to press a question which is not difficult to answer, but only disagreeable, and if it is only disagreeable I would ask you whether you think there is anything of any moment in the allegation about the battle of the shops?—I have no knowledge about the Scotch corporation qualifications, that is to say, of the Colleges of Physicians and Surgeons, but I know about the University of Edinburgh, because I know that Edinburgh and Dublin agreed each to recognise the *annus medicus* 0.105.

Mr. Wheelhouse—continued.

of the other. Twenty years ago there was an impression that you could get a qualification upon easier terms in some places than in others.

3621. One of the witnesses spoke in disparaging terms of the easy terms upon which a license to practise could be obtained in your own university; that you have replied to; but has a person desiring to become a student to take his four years' course in the same way?—Yes, I have already explained that he goes to the same lectures and goes through the same curriculum for four years, and passes the same final examination as any candidate graduate. Professionally, he is the same in every respect as a graduate; the only difference is the amount of qualification in arts, which in the one case is four years, and in the other is two, and is in both cases far beyond the requirements of the Medical Council; they are not only similar, but identical; they are absolutely the same examination.

3622. Do you know whether within the last few days, or say within the last few weeks, there has been any alteration made either with regard to the curriculum, or the examination, or the test for the curriculum, or the test for the examination, in the outside schools, not in your own university, in Dublin; that is to say, in the shape of a roll call or anything of that sort?—I am not aware of that; my impression is that the Catholic University students are subject like our own to a roll call, but in general I say that the students in the Dublin schools are not subject to a roll call.

3623. Have you heard whether there has been any very recent alteration in reference either to the roll call or to the method which is employed by the outside schools, not the university, in compelling attendance?—I have no reason to believe that there is anything of the kind whatever.

3624. I suppose you would, if you possibly could, require a roll call at each of the private schools for each of the students as they enter, just as you have at the University of Dublin?—It ought to be so. If a man pays money for a certificate, and that certificate upon the face of it guarantees attendance, it ought not to be signed without that attendance being guaranteed.

3625. And the roll call ought to show upon its face that every student has attended three-fourths of the lectures?—The actual number he has attended ought to be preserved for reference and on record.

3626. As I understand, you would consider it not sufficient for a student to have brought a certificate, unless in point of fact there were the actual attendance fully shown, or an *agrotat*?—No; in my own experience it has frequently happened that a student who had begun 10 or 12 years previously the study of medicine, and then through illness or some other cause gave it up, has come back again, and tried to gather up the broken threads of his medical education; and on his claiming certificates of attendance on certain courses in specified years, the medical registrar could turn to the volume containing the record, and say whether or not he had so attended, or was entitled to those certificates; I have no reason to believe that any such record is kept, in any, or rather I will say in the generality, of the other medical schools, because in the Catholic University,

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University, as I have said, I think they do keep such a record.

3627. Of course, if no register is kept at any one of the schools, there is necessarily, therefore, and can be no check upon the non-attendance of the student?—None whatever.

3628. And no guarantee for his doing his work?—No guarantee.

3629. Then suppose by any accident the student so fixed should get his certificate signed in the way that one witness told us they were signed, merely because somebody else had signed them; if by any fraud or design, or by any of those accidents which do occur, the young man's certificates were signed by one gentleman, and another merely countersigned them without asking a single question, that might be a very incompetent proceeding altogether, might it not?—It would be incompetent so far as education was concerned; but supposing it were chemistry or botany, he might still be a fair medical practitioner.

3630. Although he might have shirked all his lectures on anatomy, still getting on the register without any knowledge of anatomy at all, he would be licensed to kill or cure, or cut off a leg, or in fact, to do any matter of surgery?—If he had worked hard in the dissecting room, he would have been undergoing teaching of another kind which would train him, but if there were a lax examination, he would be sent out unfit to practise.

3631. I am anxious to know whether a student might not get on to the Register, as matters are constituted at present, without full knowledge of certain branches of medical education?—No doubt he might; but I cannot say that those are the important branches.

Dr. Lush.

3632. In your previous answers I think you gave a qualified approval of direct representation upon the Council?—If you call it qualified, I believe that it would give the Council more influence with the profession, and that that is worth doing almost anything to secure. I do not believe that the direct representatives would be very superior to some of the men who are on the Council; in fact, no sensible man thinks so; but they think it will bring on an element of representation which will make the Council more *en rapport* with the general body of the practitioners of the country.

3633. Therefore yours is an unqualified approval of direct representation?—I would say so; the Board of Trinity College and I are distinct things; they qualify it with that qualification, which I have indicated, but I myself would say that without that qualification I am in favour of direct representation.

3634. Are you in favour of it as an addition to the present number, or in diminution of the present number of the Council?—It would not become me to say whether there should be a diminution in the number of the Council.

3635. You cannot, as a member of the Council, give us your opinion?—In my country hawks do not pick out hawks' eyes.

3636. Might I take that as an indisposition on the part of the Council to give any opinion with regard to the constitution of the Council?—I

Dr. Lush—continued.

have no doubt that there is that feeling on the part of the Council.

3637. Added to the feeling of letting well alone?—We all like to be let alone.

3638. You stated that the income of the Council is limited?—I think that was the effect of Dr. Quain's evidence, that we had practically expended our income. He gave the whole figures from the beginning of what we had expended on the Pharmacopœia, and upon the register, and upon the meetings.

3639. Therefore if you add six members to the Council, and they have to be paid, and there are no funds to pay them, how do you propose to pay them?—I have already expressed the opinion that the Crown nominees and the representatives of medical authorities ought to be paid by those who send them there; and I would pay the direct representatives out of those funds, leaving a large surplus for the supervision of education and examination.

3640. The Council has already accomplished what you consider to be two of its main objects: that is to say, it has produced the Pharmacopœia, and it has accomplished the registration of the profession, so far as it has gone?—Yes.

3641. If, having done that, you delegate to persons outside the Council the duty of visiting and inspecting, what other duty will remain for the Council to perform?—The Council will have from time to time to consider the question of the removal of improper names from the register. There will always be work not very heavy in amount, going on about the register. We have also got the supervision of the register for dentists; and, in all probability, Parliament will in a year or two impose upon us a very vital thing, namely, the superintendence of the registry of midwives through the kingdom. That will throw great additional work upon the Council. Moreover, if we do our duty now, we shall have to inspect dental education and examinations, as well as medical.

3642. By inspections made from outside your body?—If we had fit men inside the body, they would be appointed.

3643. Do you propose that the Council should examine midwives?—They should certainly supervise the education of midwives, and see where it is faulty.

3644. After all, would it not be cheaper to abolish the Council altogether, and make it a department of the Privy Council?—I have a great objection to its being a department of the Privy Council; that means an arbitrary dictatorship.

3645. Every other form of education is gradually being exercised and controlled by the Privy Council?—We would not allow the Privy Council to interfere with the University of Dublin for any consideration. We value our independence above all things.

3646. As a matter of economy, and looking to the fact that the funds are exceedingly limited and pretty nearly exhausted, how, in the future, do you contemplate all those extra functions are to be paid for?—By the corporations and authorities paying the representatives. Out of the 23 members of the Council there are six Crown representatives and 17 corporation representatives; those 17 would, on my plan, be all paid in future by the corporations.

3647. Who

Dr. Lush—continued.

3647. Who would pay the Crown nominees?—The Crown.

3648. Has there been any suggestion made to that effect?—I believe I make it for the first time to-day.

3649. But I mean has it been suggested at any meetings of the Council?—It was mentioned in October last at the meetings of the Council. That would set free the payment of 23, and if you put on four, six, or eight representatives of the profession and schools, those are the only men the Council funds would have to pay.

3650. Do you think that would be a wholesome check upon the eloquence of the Council?—I think if the corporations had to pay their representatives they would like the meetings to be as short as possible.

3651. And that would be a great advantage, in your opinion?—Yes.

3652. From your short experience of the Council is it not a debating body, rather than a business body?—We are too eloquent.

3653. Have you considered the question of limiting the Council very considerably below its present numbers?—I have, and I think it is a very serious question; in your own Bill I observe you make a proposal which seems to me very extraordinary; you there put Oxford, Cambridge, and Durham, under one representative. Now, I do not think Oxford and Cambridge (I say nothing about Durham) are there merely as medical schools. I do not think I am upon the Council merely as the representative of 300 medical students, but I think I am upon the Council as the representative of 1,300 arts students doing great work, and that you would bring in a larger element by Oxford and Cambridge being fairly represented than if you treated them in respect of the number of their medical students. I entirely sympathise with Dr. Turner's evidence with regard to Edinburgh. I think such an important school as Edinburgh ought to have its own representative.

3654. There is a fellow feeling on your part towards all kindred institutions?—There are institutions and institutions. No Scotchman would be offended at my saying that St. Andrew's and Aberdeen are not entitled to the same consideration as Edinburgh.

3655. Do you think that the College of Physicians and the College of Surgeons ought to be fully represented?—Certainly they ought to be fully represented.

3656. But in your own mind your sympathies are with the Universities, rather than with the licensing bodies?—I did not say that, because the business to be carried out is essentially a trade business, and you cannot do it without a very strong corporation element; but you would make a great mistake if you made the Council the representative merely of the trading bodies. You would lose weight with the public if you leave out the great universities.

3657. But you think that the addition of the universities to the trading bodies would give them a higher tone?—Certainly.

3658. Therefore you have no sympathy with the trading bodies which now have representatives at the Council?—That is not a fair inference.

3659. I will ask you if you have?—I have.

3660. I limit your words "trading bodies" to 0.105.

Dr. Lush—continued.

the Society of Apothecaries?—Then I beg your pardon. I should not have used the words "trading bodies." I would not like to express any opinion about the Apothecaries' Society. I think Parliament ought to settle that without asking witnesses to give an opinion.

3661. The Committee have already found much hesitation upon the part of the present representatives on the Council in giving opinions with regard to other than their immediate constituencies; but I ask you, as a member of the Council who has not any immediate sympathy, I take it, with the practice of the profession, whether the electoral constituency of the Medical Council is one which ought to be perpetuated; that is to say, a complete representation of the present licensing bodies?—I foresee that a modification of that will take place to the extent of diminishing either by addition or subtraction the importance of the present licensing bodies.

3662. In a somewhat similar proportion to the elevation of the Universities of Oxford and Cambridge and your own, is not the position of the profession depressed by having representatives from these trading bodies?—Possibly so.

3663. Some years ago you said you had a large number of students coming from the north of England, who do not now go to you?—That was so.

3664. Have you a large number of English and Scotch students now seeking degrees in Dublin generally?—No, I think not. At that time, in Macartney's time, the large provincial schools, which are now so well managed in the north of England, did not exist. Newcastle, Manchester, Birmingham, and Leeds have all sprung into existence since that time, and now they naturally educate their own people.

3665. There is not now that inducement for English and Scottish students to seek Dublin as their school, because they can get a license cheaper there than elsewhere?—As a matter of fact, the English and Scotch students do not go to Dublin. As a matter of fact, the Irish do go to Scotland, but I should be sorry to say that they go there because they can get a lower standard. It is, perhaps, rather because, as you are aware, the province of Ulster is virtually part of Scotland, though it is really in Ireland; they do not believe in bishops in that part of Ireland.

3666. The fact would rather arise from ethnological similarities, than from other motives?—Yes.

3667. But the Irish do not seek the Scotch University to any extent, do they?—With the exception of those from Ulster, they do not.

3668. You used the term "minimum;" there are two senses in which it may be used; one meaning as low as possible, and the other as low as is consistent with safety?—Of course, I mean as low as can be with safety permitted in the three important branches of medicine, surgery, and midwifery.

3669. That is not the view which the students will take?—No, they would prefer the other.

Mr. Arthur Mills.

3670. In giving your reasons to the honourable Member for Dublin University, with reference to the conjoint scheme, I understood you to say that

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that the voluntary, or the permissive system in Ireland, had failed?—Yes.

3671. And that you did not think that the voluntary system could, under any circumstances, succeed?—I think the same causes which have produced the failure before, would produce it again; we tried it in every variety of shapes.

3672. You mentioned various improvements in medical education which had been adopted by Trinity College, or the university with which you are connected; may I ask you whether you have considered it necessary to report those improvements to the General Medical Council?—No, we go on improving spontaneously; on Darwinian principles, we grow into a better condition.

3673. Did it not occur to you to report them?—We are so far in advance of the ideas and recommendations of the Medical Council that we did not think it necessary.

3674. In fact, whatever improvement has taken place in Ireland, as far as you have noticed, it would have taken place just as much if the Medical Council had not existed?—Perhaps, I might say, it would not have taken place if I had not been born, because I had a great deal to do with it myself.

3675. But that improvement has been carried out without the initiation of the Medical Council?—I should say that the Medical Council gave a stimulus to one reform, namely, clinical examination.

3676. But those changes were not carried out by the Medical Council?—No, we could have done it in the university without them.

3677. An honourable Member in asking you some questions with regard to direct representation, suggested that the demand for it was founded on what he called a sentimental grievance; I would ask you this question: do you think it is a sentimental grievance in any other sense than similar demands for popular representation have been; such, for instance, as the extension of the county franchise, and demands which have from time to time been made for household or manhood suffrage; is it any more sentimental than those have been?—No; I only call it sentimental in this sense, that when they obtain it they may not benefit so much as they thought they would.

3678. The same result might happen to them when they obtained this reform, as has been found to happen to reformers in other ages?—Yes, quite so; when the ballot was introduced it was expected to damage the Conservative party very much, but, on the contrary, I see with pleasure it has done them great good.

3679. Dr. Parkes was an eminent member of the Medical Council?—Yes.

3680. He expressed the view that the opinions of bodies elected by representatives are always regarded with more consideration than those of others; do you generally agree with that view?—I entirely agree with that, and that is the reason why I advocate the direct representation of the profession, that it will give us a higher position in their estimation.

3681. Apart from what may be called the theoretical or sentimental part of the question, do not you think it probable that the introduction of direct representatives into the Council

Mr. Arthur Mills—continued.

might have the effect of improving its usefulness by bringing in a greater number of practical members cognisant with the educational wants of students, and the requirements of the general practitioners?—Yes, I believe so.

3682. Several, I believe, of the present members of the Council are men in large practice, and distinguished men; but men who do not so much come in contact with what the committee may consider their professional inferiors, and perhaps have hardly so much time or opportunities of knowing what their wants are?—That is one of my reasons for supporting direct representation.

3683. You mentioned, I think, your opinion as distinguished from some modification of it, which was given by Trinity College?—Trinity College direct me to say that they are in favour of direct representation, without deciding the question in the abstract, whether it is the best possible form or not; but they are in favour of it because they believe it is the best practicable representation on the Council of the profession; whereas, I am in favour of it without any qualification.

3684. I think an honourable Member who examined you just now, put it rather to you, whether you would sacrifice the advantages, such as they are, which are offered by the Government Bill now before Parliament, for the sake of gaining the advantage which might be involved in a direct representation of the profession on the Medical Council, and you answered that you did not think that the two things now could be separated; at least I gathered that?—I do not think they could.

3685. That they have both of them been brought before Parliament so frequently that it would not be easy to separate them?—Quite so; I am a member of the committee, of which Dr. Waters is chairman, and we represent a very powerful body, and we are determined not to let Parliament pass one part of the Bill with the other left out, and we think we are strong enough to do that.

3686. Have there been a very large number of petitions presented by registered medical practitioners to Parliament, in favour of direct medical representation?—Yes.

3687. And may they not be taken to represent a very large proportion of medical opinion upon that subject; perhaps I may say, to make my question intelligible, that a great number of people have signed their names to petitions in favour of the representation of the medical profession; I would ask you, do not you think that the fact of educated men, such as the registered medical practitioners may be taken to be, signing those papers, represents an expression of educated opinion on the point?—I cannot conceive of educated men signing a petition to Parliament without concurring in the spirit of it; and with regard to Ireland, the University of Dublin have passed a resolution in favour of it. The King and Queen's College of Physicians have passed a resolution in favour of it, and the Irish Medical Association, which is a large and influential medical body, have passed a resolution in favour of it, and, as far as I know personally the practitioners through the country, there is a very large proportion of them in favour of it also.

3688. And

Mr. Arthur Mills—continued.

3688. And looking to the past as well as to the present, looking to the fact that the Bills which have been introduced into Parliament, which have ignored that element, have failed, and looking to the probability of such failure for the future in any measure which shall ignore that principle, do not you think it would be wiser to embody and accept that principle, and so to conciliate what appears to be the sentiment of the profession?—I think if Government wants to pass their Bill they must do it.

3689. I think you also stated just now, that others whom you represented did not think that it would be well to extend or enlarge the power of the Medical Council, constituted as it now is; do you think the Medical Council does require some alteration?—I know that was the feeling which animated those who pressed direct representation upon the notice of the Government.

Dr. Lyon Playfair.

3690. In speaking of the possibility of the Privy Council having increased powers, you said that Trinity College desired entirely to control its own curriculum and its own examinations; was not that so?—No, I did not mean that; it was put to me that the Privy Council was acquiring more and more power over all the bodies, and I beg to except the University of Dublin, which has nothing at all to do with it.

3691. You would not be afraid of them?—No, we look upon the appeal to the Privy Council as a great protection; we are not afraid that the Medical Council will recommend too much; if they recommend too much, or injuriously recommend, we have an appeal to the Privy Council to protect us; we are perfectly independent in our own curriculum.

3692. Is it not of the essence of universities that they should have an autonomy of their own?—I think it is of the essence of such an institution.

3693. Have you, with regard to that, considered the effect of Clause 15 of the Government Bill, which gives the power to the Medical Council to control the curriculum, the modes of examination, and the methods of examination, and everything connected with what the university now does; do you think that these are wise powers?—That is the clause I already gave evidence about as amended by Lord Emly; I expressed my preference for the Lord President's original clause, which gave the initiative in framing these rules to the three local bodies, and that that plan, as proposed, should go to the Council, and be modified by them. I expressed a strong preference for that original clause.

3694. I understand that you have expressed an opinion generally in favour of a conjoint board; do not you think that if the Medical Council had power to efficiently inspect the examinations of the universities, they could as effectively keep up the standard of examination as by a conjoint system?—I stated in my evidence that the University of Dublin accepted the conjoint scheme as a means to an end, but that the end was the great thing to secure. The end is that no licensing body shall give a qualification to a man whom it is not safe to allow to practise where life is involved; and I am clearly of opinion that if that could be carried out by a course of regular systematic inspection of all the

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Dr. Lyon Playfair—continued.

licensing bodies, the end would be secured just as well as by the conjoint scheme.

3695. There are more often two means to reach one end?—The end is the great object to secure, but I fear that the means will be found by Parliament very expensive; the conjoint scheme has been accepted by us as the easiest and the cheapest way of securing the object, but if the country will go to the trouble and expense of regularly supervising examinations by competent persons and seeing that they were all up to that standard, the end would be attained.

3696. By the plan that you propose of each corporation and university paying the expenses of its own representative, and the Crown paying the expense of its representative, you would have funds at the disposal of the Council?—Quite large enough for the purpose. At present we have no funds for the purpose, which is a very important consideration.

Dr. Cameron.

3697. You I think said, in reply to a question, that the conjoint scheme would, in your opinion, abolish corporations which ought to be abolished. Now there is a contention between the Scotch bodies that it would abolish precisely those licensing institutions which ought not to be abolished; would you state how you arrive at your opinion?—I was rather quoting Sir James Paget; I did not say it of myself. My opinion is that if there are corporations which die out under the process, they are hardly worth preserving. I explained, I think, that there would be a tendency, upon the part of the more ambitious students who possessed this minimum qualification, to seek higher qualifications. Now if a corporation has really higher things to give they will be sought for; but if a corporation is only giving a qualification which is down to the level of this minimum, it will not be sought for.

3698. I wished to find out your reason for that coincidence of opinion. Under the English conjoint scheme you are aware that all money received for the primary licenses will be divided, in certain proportions, between the College of Surgeons, the College of Physicians, and the Apothecaries' Hall?—I am aware of that.

3699. How could the Apothecaries' Hall possibly die out, or be abolished, under that system?—I do not think the Apothecaries' Hall is one of the companies which would die out.

3700. But even if it were a most useless company, assuming one of these three to be utterly worthless, how can that one die out, or be abolished, under the conjoint scheme; would it not necessarily be supported?—I think people would not seek its qualification any longer; it would die out in that sense, but it would receive money payment or reward for services it had rendered to the public. While the College of Physicians was asleep, the Apothecaries' Hall of London did a very important work, and did that work mainly owing to the indisposition of the College of Physicians to take up the work, and I think the money they would receive under the conjoint scheme would be a fair recouping of them for the work they have done. If they choose to make alterations and give a high diploma in pharmacy, people would seek them; and if not, they would die out in that sense.

3701. But would not the reverse effect take place

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Dr. Cameron—continued.

place with those higher bodies, such as the Scotch universities; they say they will be starved out under this Bill?—I am well aware, and I sympathise very much with you, that you have infinitely greater difficulties in Scotland than we have either in England or Ireland, about this conjoint scheme; it strikes me that the four universities would have a claim upon the surplus as well as the three corporations.

Dr. Cameron—continued.

3702. That is not so under this Bill, is it?—I think any university that comes in would have a share of the surplus.

3703. But this is the fact, is it not, that the Dublin University is so enormously wealthy that she would not care for it?—Pray do not put that imputation upon us. We would rather be thought poor, a great deal; we will be robbed if you say that.

THE RIGHT HONOURABLE WILLIAM EDWARD FORSTER, IN THE CHAIR.

Mr. ERNEST HART, M.R.C.S., called in; and Examined.

Chairman.

Mr. Hart,
M.R.C.S.

3704. You were for many years Ophthalmic Surgeon at St. Mary's Hospital, were you not?—I was.

3705. And connected with the medical school?—I had charge of its medical school for some years as Dean.

3706. Did you lecture at St. George's Hospital?—I was demonstrator of anatomy at St. George's Hospital.

3707. You are a member of the College of Surgeons?—Yes, I am a member of the College of Surgeons.

3708. Have you any other diploma?—No.

3709. For several years you have been engaged in medical journalism, have you not?—For many years.

3710. You are now editor, I think, of the "British Medical Journal"?—I have been for 10 years editor of the "British Medical Journal."

3711. You are chairman of the Parliamentary Bills Committee of the Medical Association, are you not?—I am.

3712. Do you consider that the Act of 1858 affords adequate protection to the public against false registration?—It is, I believe, well known that it does not. It is well known to the Council, and to the profession, and to the police, that all great cities, London, Liverpool, Leeds, and all other great cities, swarm with quacks and extortionate persons, who in most instances take the name of "Dr." without possessing any British registrable qualifications (and in some few cases while possessing British registrable qualifications), who prey upon the weaknesses and follies of the ignorant and weak minded, and who publish pamphlets with the worst objects, which in various instances have been occasionally the subject of successful police prosecution; but those prosecutions and the operation of the Act have been alike incapable of suppressing the evils of which I speak.

3713. How far would you amend the Act?—I would amend the penal clause, No. 40.

3714. To secure what result?—In order to secure the result that no person should practise medicine in this country for gain under any of the titles recognised as medical titles who is not on the register, and therefore amenable to the discipline of the General Medical Council.

3715. But there is a clause at present making it an offence for a man to call himself a licensed surgeon or doctor, is not there?—At present the offence is only that he should distinctly hold himself out to have a registrable qualification, and

Chairman—continued.

as the public do not distinguish between registrable and unregistrable qualifications, if such a person calls himself simply "Dr." or "Dr. of New York," or even if, desiring to some extent to make himself safe, he says, "Dr., non-registrable," he is in those cases equally outside the penalties under the Act.

3716. You think that by the law there ought to be a monopoly of the term "Dr." to men having diplomas?—It always implies that when a person is called "Dr." he has a diploma; and inasmuch as the only legal diplomas which give that title are registrable diplomas, I think it should be provided that no person should take those titles without that registrable qualification.

3717. Clause 40 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 20*l*;" how could you make that stronger?—It is made stronger in the Bill which is referred to this Committee, because the interpretation of the clause in the Act, as it is worded, is, that the clause applies only to the pretence of registration, and not to the assumption of the title; an actual pretence of registration is what is now required, and in actual result the clause has proved inefficient.

3718. You, therefore, approve of Clause 24 of the Bill?—I approve of that, or some more efficient wording of it. I think that probably representations will be made to you by others. I am not here to represent that part of the case that the particular wording itself is not adequately stringent.

3719. But I understand you to say these men, quacks as you call them, ought to be prevented from taking a designation which would lead the public to suppose they were registered practitioners, and also that some registered practitioners ought to have a penalty attached to them?—The question of affixing the penalty is another part of the question; it does not come under that clause.

3720. What do you mean by that?—I mean that I think the disciplinary powers which the General

Chairman—continued.

General Medical Council possesses, and which the corporate bodies possess, ought to be exercised as they have not been exercised. I think that the General Medical Council has, as one branch of its various omissions, omitted to exercise disciplinary influence both upon offenders against the Act who are unregistered, and upon offenders of a similar character who are registered.

3721. Do you wish to have further powers given with regard to persons who are registered?—Not further legal powers.

3722. Taking the case of unregistered persons, you do not propose to interfere with the right of a man to consult quacks, do you?—I do not. I only propose that the quacks shall not assume qualifications which they do not legally possess.

3723. Take a bone-setter; how would you deal with him?—I would leave him exactly as he is; let him describe himself as a bone-setter, and let him not do anything to lead the public to suppose that he possesses a registered medical qualification, unless he did so.

3724. It is the duty of the Council, is it not, to see that the register is kept correctly, and that unqualified men are not upon it?—Yes.

3725. Do you consider that they perform that duty?—I think they perform that duty.

3726. Do you think that they ought to undertake prosecutions more than they do at present?—I think so; that is a very important question; in fact, it is a question which governs the whole operation of the Act since the Council was first formed; it was a question which the Council had to consider when they first met in 1858. One of the first questions which was put before them was, whether they would undertake to carry out the Act of which the Preamble states, that it is intended "to enable the public to distinguish between qualified and unqualified persons," that is to say, by enforcing the Act against unqualified persons who pretended to be qualified; whereupon the Council arrived at a resolution to the effect that it was no part of their duty to carry out prosecutions against persons who were offenders against the Act; and that further, their funds were inadequate; and accordingly they have consistently and steadily refused to carry out any such prosecutions. However, if one looks at the facts, one sees that, as part of that report which occurs upon the minutes of the first year of the Council, the report sets forth that in England it is the duty of the police authorities, as being an offence against the common law, but that there are particular facilities for enforcing the Act in Scotland and Ireland, because in Scotland there is the Procurator Fiscal, and in Ireland there is also a public prosecutor; whereupon the Scotch Branch Council (the reference to it is on page 35 of the first volume of Minutes of the Council) communicated with the Procurator Fiscal, and asked him, in accordance with this statement of the General Council, whether he would undertake the necessary prosecutions to carry out the Act, and he immediately wrote them a letter saying that he would not do so. His letter is to be found on page 290 of the first volume of the Minutes; he said, "The statute says that parties may, not must or shall, be prosecuted by the Procurator Fiscal, or by any other person, and that the penalties do not go to Her Majesty's Exchequer,"

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Chairman—continued.

but to the Treasurer of the General Medical Council." In such circumstances my expenses are never defrayed by the Exchequer, and, therefore, I cannot be expected to interfere at my own cost and responsibility. I invariably decline to do so in every case where a statute allows any person to prosecute. In this particular instance probably the prosecution should be at the instance of some official connected with the board to whom the penalties are payable.

3727. The Procurator Fiscal is quoting there from the 41st Section of the Act?—Yes; thereupon the Branch Council of Edinburgh, thinking that they would consult the best authority, went to the Lord Advocate, and further on in the minutes it is recorded that upon the 2nd September they waited as a deputation upon the Lord Advocate, and the Lord Advocate confirmed the statement of the Procurator Fiscal, namely, that offences against the Medical Act fell under a class of cases which it was for themselves, and not for the public prosecutor, to take up.

3728. Does the Government Bill now before the Committee make it more incumbent upon the authorities to prosecute?—No, but I am very anxious if the Council have been, as I believe they have not been, correct in their interpretation of the law, that this amended Bill should make it incumbent upon the Medical Council to appoint an officer whose duty it shall be to prosecute under the Act.

3729. But what leads you to think that the Act of 1858 made it incumbent upon them to prosecute?—My argument is, that the preamble declares that the distinction between the qualified and unqualified persons is one of the main objects of the Act; that in the second place the persons who are to keep the register are the Council who are created to keep the register; and that in the third place they receive the penalties for infringing the Act; and having been specially informed according to the Scotch law, that the persons who are to receive the penalties are the persons to prosecute, it was within their function to prosecute.

3730. Those who think with you have for many years been pressing upon the Council to perform this duty, and if they have not full power, to get power from Parliament to do so?—Yes, we have been pressing upon them for many years, first of all to ask for an amended clause, because the clause itself has been repeatedly shown to be inefficient in the sense in which I have mentioned it.

3731. As the Council do not prosecute, does anybody prosecute?—There lies the hardship, that it has been left avowedly and distinctly by the Council to anybody who chooses to take it up, and that they have given them no assistance whatever in prosecuting. There have been fitful prosecutions, and those prosecutions have shown how very inadequate the Act is to protect the public. The Council has shown the utmost apathy upon that subject.

3732. The members of the Council have, of course, replied to your instigation that they should undertake this duty by some statement?—Their answer has been twofold; first, that it is no part of their legal function that they were not compelled to do it; and secondly, that they had no funds for the purpose. Other statements have been made, and have been made before this

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Committee, and one is that it would be troublesome and undignified, and a costly duty too, for them to undertake. To that also I think there is an answer.

3733. With regard to the troublesomeness of the duty, is there any foundation for that statement?—In my opinion there is no foundation. If it were to be assumed that the whole of the Council were to decide under what circumstances a prosecution should be carried out, it would be a troublesome duty; but inasmuch as the limits of a prosecution of this kind are very quickly determined, and as they have a solicitor attached to their body, and as the penalties in every case in which the prosecutions have been successful have been in excess of the costs of the prosecution, I think the Council could in its first year have tested the value of that clause. And when they found, as they would have found within the first twelve months, that that clause was inefficient, they could, as easily as they have now come to the Government to ask for this Bill, have asked for a simple amendment of this clause, which would have effectually carried out the Act, and protected public interests.

3734. But surely the fulfilment of this duty would require that there should be agents throughout the kingdom to find out whether people were constantly taking those titles fraudulently, would it not?—No; one law officer would be sufficient to receive complaints; in that way prosecutions have been carried out very efficiently by or two amateur bodies.

3735. Who would give the information that there were such irregularities?—The local practitioners who came into contact with them. The Council have had ample information in which they have always refused to act; the difficulty is not to get the information.

3736. Do you think the plan you propose would be very inexpensive?—It would be quite inexpensive. The council have said that their funds are inadequate, but that is because they have no funds at all; they make it a practice to pay all their funds away in fees to themselves. In that view they have no funds, but otherwise the thing need not be at all costly.

3737. But surely each prosecution would be an expensive matter?—Those are simply ordinary police-court cases before a magistrate as a rule, and the penalty of 20*l.*, which is recoverable, more than covers the cost. And, moreover, if the General Council had secured an adequate clause, one or two examples would have been sufficient; numerous prosecutions would not have been necessary, and the Act would have been carried out.

3738. There are prosecutions at present, are there not?—Sporadic; occasional.

3739. Who institutes them?—Private bodies.

3740. Has the medical association done so?—No, the British Medical Association has declined, considering itself a scientific and ethical body, and not charged with carrying out this Act.

3741. You think that it is desirable that this council, whose main business is the supervision of education, should be the prosecuting body to keep the register pure?—I should not think so if I thought their main business was the supervision of education only, but as one distinct branch of their business is for registering and keeping their

Chairman—continued.

register, and receiving penalties, I think it part of their business to keep the register pure.

3742. Do you think that the body responsible for making the register should also be the body responsible for preventing persons falsely assuming to be registered?—Yes.

3743. Now, with regard to the constitution of the Council, do you think that any revision of it is required?—Yes, I think that a serious revision of the constitution of the Council is required. The main revision which I wish specially to urge is that which has been specially before the Committee under the name of the inclusion of direct representatives.

3744. I need not ask you to detail your plan. I suppose you approve of the general principles and proposition which have been put before us by Dr. Glover and Dr. Waters; is that so?—Yes.

3745. Have you any reason to adduce in confirmation of what they have stated, or in addition?—I think that, in the first place, the revision of the constitution of the Council is necessary, because, as it stands at present, only corporations, and universities, and the Crown are represented; that is to say, that in respect to the profession, only the licensers, and not the licensees, are represented upon it; and in respect to the question of taxation, that only those who supply the funds are not represented, whilst all those who are represented are persons who do not supply the funds. Therefore it seems to me that in all those respects its constitution is theoretically defective.

3746. Now, as regards practical defects, what have you to say?—The first practical reason for remedying it, I should say, would be, because the Council avowedly does not possess the confidence of the profession, vouched by the avowal of every serious person upon the Council itself, who has looked into the question, as well as by every person outside the Council.

3747. That is rather a strong statement to make; now, for instance, has either Dr. Acland or Mr. Simon avowed that the Council did not possess the confidence of the profession?—They have neither of them addressed themselves to that question, as far as I know; Dr. Acland because he is president, and Mr. Simon because he has abstained from speaking on it; but Professor Humphry, of Cambridge, who moved the resolution accepting and putting upon the minutes the Report of the Executive Committee of the Council upon this subject, distinctly commenced by stating that the Council avowedly does not possess the confidence of the profession.

3748. But your statement is not that one eminent member of the Council avowed that it had not the confidence of the profession, but that every serious member avowed it, by which I suppose you meant almost every member. Now we have had Sir James Paget before us, and he certainly did not give us that impression?—I did not hear his evidence, but I think he would acknowledge that it is so, if that question were put to him.

3749. Could you give any quotation or any extract from anything he has said on the subject?—I have had repeated conversation with almost every member of the Council.

3750. Do not suppose that I doubt your conversations; but we should be glad if you would refer

Chairman—continued.

refer us to some published statements bearing out your view?—I think you will find that statement is made and implied in the report of the Executive Committee of the Council. One evidence that the Council has given that it does not possess the confidence of the profession in respect to its constitution, is that itself, at the close of last Session, passed a resolution, that the time had arrived when it was necessary to consider the revision of its constitution.

3751. Will you give the Committee an extract from the Report which you think confirms that statement?—I would prefer to look through the documents and select them, because it is rather a matter of inference from these various paragraphs.

3752. Leaving the question of whether they have avowed a want of confidence or not, you consider that they have not the confidence of the profession?—They have not the confidence of the profession.

3753. In what way have you arrived at that opinion?—I have arrived at that opinion, first of all, from the fact that 10,000 persons signed a memorial to the General Medical Council, expressing in that memorial their regret that the Council was not more in sympathy with the profession, and their desire that the constitution of the Council should be revised, in order to put them more in sympathy with the profession. Since then the British Medical Association have every year passed a resolution of a similar character; and each time the question has been put before the profession, of all those persons who have cared to answer it, an enormous majority have expressed the opinion, that in order to secure the confidence of the profession, the constitution of the Council should be revised.

3754. Are there any minutes of the Medical Council to which you would wish to refer us as confirming that statement?—I should like to refer the Committee to the memorial signed by Dr. Bell Fletcher, and others, addressed to the Council in 1870, and to be found in the Minutes of 1870, signed then by 5,200 practitioners, and subsequently I believe signed by 10,000 practitioners, asking for a revision of the constitution of the Council, on the ground that as at present constituted it was inefficient for its duties, and did not possess the confidence of the profession. I can give you now some precise references to these documents; at page 8, of Vol. VII., you will find a memorial which is worth, I believe, putting upon your minutes, because the wording of it is very careful, by the Garioch and Northern Medical Association, respecting the representation of the profession in the Medical Council; it is dated 1st May 1869, and in it they point out that the result of the constitution of the Council is that the interests of the licensing bodies are represented rather than those of the medical profession at large, and that the competition amongst so many licensing bodies has naturally a downward tendency. That memorial is signed by Professor John Struthers, of the University of Aberdeen. And then next follows the memorial signed by Dr. Bell Fletcher, and upwards of 5,000 members, subsequently increased to 10,000 members of the profession, which is to be found on page 60, of Vol. VII., dated 7th July 1869. I do not know whether the Committee wish to

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have that read; but what I would point out is, that that is the memorial which has been mentioned previously before this Committee as the memorial of the profession asking for direct representation, and as to which it has been alleged, that in putting in that memorial and asking for direct representation, the profession had in view the enlargement of the duties of the Council to a considerable number of other things outside its ordinary and proper functions of educational registration. If you look to the text of that memorial, I think you find that neither in that memorial nor in any other authorised document whatever, has any such suggestion ever been made, and that it was not with the view of converting the Medical Council into a Parliament, or with the view of asking the General Medical Council to protect any other medical interest, or to do any other than its normal duties, that the request has been made.

3755. I will ask you to put in both those memorials; that is to say, the one signed by Dr. Struthers, and this one, which is signed by 5,200 practitioners, but will you tell the Committee what is the chief ground in this last memorial upon which they ask for a change in the constitution of the Council?—They ask for it upon the following grounds: That the Act itself is practically inoperative as a guide to the public in distinguishing legally qualified members of the profession by reason of imperfections in the Act, and the imperfect way in which the Act has been administered by the Council. That the General Medical Council do not interfere to prevent proceedings which are regarded as a fraud on the public and the profession, such as legally qualified men lending their names to persons without qualification to enable them to practice medicine and surgery without incurring prosecution. That the unsatisfactory state of the law in respect to the signature of death certificates by unregistered medical men, as though they were registered, has been passed over by the General Medical Council to the detriment of the public; upon the ground of the necessity for improving medical education, and, by inference, that medical education would be further improved in that way. Of the increase of the influence and power of the Council which would be derived by representation on the Council of the general body of practitioners who are now for the most part deprived of any professional franchise. Of the desirability of provision for institution of prosecutions on behalf of the General Medical Council by a suitable officer, instead of leaving the voluntary enforcement of the law to individuals.

3756. A good deal of this non-fulfilment of certain duties arises from their not having been, at any rate, clearly imposed upon them by the Government. Why do you think that a change in the constitution of the Council would cause them to fulfil those duties?—That is, no doubt, a large part of the question, and a large part of the ground of this desire; and I do not think that anyone would doubt that if, beyond the members who represent the corporations and the Crown, there had been upon the Council a certain number of persons representing the practitioners directly, the representations made by the profession to the Council that, whether legally obligatory or not, it was at least a morally obligatory duty upon the Council to purge the register, those representations,

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presentations, I say, would have been attended to. As you know, a man attends to representations, to some extent, in proportion to his direct relation with the person who urgently puts them before him, and it is precisely the direct representatives of the profession who, coming straight from the localities where they see the evils of this irregular practice, who would be the persons most alive to it.

3757. Perhaps you would suppose that this would be another ground, that the representatives of the College of Surgeons would wish to prevent any man assuming the diploma of that college, but would not be looking after the general licensing of the profession?—No doubt that is how it has acted. A man is not solicitous to take up any duty which he thought troublesome, and which did not immediately concern his own corporation.

3758. Has the medical press urged this matter much upon the Council?—The medical press has urged it upon the Council, but it certainly has not been urged upon the Council as a matter of initiative, by the press. Speaking for the "British Medical Journal," and as editor of the "British Medical Journal," and being therefore in weekly communication with 8,000 or 10,000 members of the profession, about one-half of which are readers of the journal, I have almost invariably hung back from discussing the affairs of the Council, because I think I have always entertained the feeling that a body such as the Medical Reform Committee of the British Medical Association are best left to themselves, and to speak for themselves to a great extent. The feeling of the profession is so unequivocally for it, and the feeling of the association is so unequivocally for it, that the profession have taken the matter into their own hands; and unquestionably so as regards the "British Medical Journal." So much so that I have for some years said to the Council, that I prefer, as far as this question is concerned, not to express any individual editorial opinions; and it is rather curious, inasmuch as it has been alleged that the press has taken an active inciting part in the matter, that this the only matter affecting professional interests in which, as a journalist, I have not for some years taken an active part.

3759. Would it not be admitted that the high character and eminence of a number of the active members of the Council would guarantee their due knowledge of the interests of the profession, and their attention to them?—It would be admitted that the eminence and high character of the Medical Council would fit them eminently for a considerable number of the questions which came before them; but eminence and high character are by no means all that is necessary in discussing questions such as come before the General Medical Council; and however eminent their position, and however high their character, almost as much depends upon the mandate by which a man sits in the Council, as depends upon his own character.

3760. You consider that those eminent men would be much stronger for good purposes if they were representatives directly of the profession, rather than of the examining bodies, or the universities, or of the Crown?—I think, as various needs have to be represented on the Council, that those of them who sat there directly for the

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profession, would be very much stronger in dealing with those questions, and would sit with a much stronger impulse to consider them, than they do, coming there merely as representatives of their corporations, or of the Crown. Then again, eminent men means eminence in a certain sense; eminence, fitting for the General Medical Council, at present means eminent consulting men. Now eminent consulting men, such as Sir Benjamin Brodie, Sir James Paget, Sir William Gull, and Mr. Lawrence, are precisely the men who never feel a large part of the wants that the profession at large feel, and the public at large feel. For instance, there is perhaps hardly a man in the Council (there may be one or two from Scotland or Ireland), who has ever delivered a woman within the last 30 years, or who would ever think of delivering a woman, or who knows anything of the recent practice of obstetrics, or, for example, who would think of treating diseases of the eye. All that is nothing to them, because when an ophthalmic case comes to them, they send it to some one else.

3761. You think that the Council ought to have in its numbers what we may call specialists; that there ought to be, for example, a man who would practise as an oculist, and another as an aurist, and so on?—I think it is essential that among them, should in some way be brought in, persons having a knowledge of ophthalmic surgery and obstetric and dental surgery; and the proof is that during the last 20 years they have greatly neglected those subjects, and that neglect has been the subject of recent remonstrance. Although the subject has once or twice come up, yet there being no one on the Council who is either on the one hand personally cognizant of the defects of the education of the young men who come out into general practice, or who on the other hand is a specialist and of eminence in the way of teaching, those subjects have been extremely neglected, and, as I say, although they have come up for consideration, yet only recently have they been the subject of remonstrance.

3762. Do you consider that the Council is large enough?—I think its largeness is altogether subordinate to the way in which it performs its functions, and the way in which it is paid for them.

3763. To have upon the Council specialists would increase the number, would it not?—Not necessarily.

3764. In what way would you limit these specialists; would you say that there ought to be on the Council a specialist who specially dealt with diseases of the lungs?—I should limit the representation of specialties to subjects recognised in schools of high character; there are certain subjects recognised as specialties in which ordinary men are not capable of lecturing, and which they delegate to others.

3765. Will you specify to the Committee the nature of those subjects?—Knowledge may grow and they may increase; but at present I think it may fairly be limited to ophthalmics and obstetrics; and it is a very singular fact that there is neither an obstetric nor an ophthalmic physician upon the Council.

3766. The same would apply to dentists?—Yes, you must have the dentists sooner or later.

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You cannot go on legislating for 4,000 dentists without having a representation of them.

3767. It has been stated that the council consider corporate interests more than those of the general profession; what would you say upon that point?—Dr. Acland said he would like to see the man who would dare to say that he did not sit there to represent the profession at large, and not his corporation; there is no doubt that they do represent class interest.

3768. Do you imagine that without alluding to any individual, the result of the council being composed in a great measure of the representatives of the corporations, has been that the corporations have been more considered than they ought to have been?—I think that is again a big question; but I think it very easy to show that the whole course and history of the council prove that they have been uniformly too tender of the interests of corporations; that they have under all circumstances, and on every occasion, been almost exclusively considerate of the interests of the corporations, whatever other interests there have been in collision with those; and that whenever there has been a collision between the interests of education and the interests of the corporations, the corporations have always carried the day.

3769. Would you like to give the Committee any instances of that?—I should like to give the Committee a few instances. I should think the best set of instances I could give you, to state them shortly, would be a set of instances which would be taken from the recommendations which the council have made on important subjects to the corporations, on the way in which the corporations have dealt with them; and then the tenderness which the council has shown in declining to take any strong measures with reference to those corporations, and allowing itself to be defied. In the 1st volume of the minutes at the very outset of the Council, on pages 138 and 139 of 22nd June 1860, you will find resolutions which were moved then by Dr. Alexander Wood, and seconded by the late Mr. Lawrence, in reference to the University of Edinburgh, declaring that "The Council are of opinion that it is impossible for the generality of students to acquire before the age of 17 years (which they must do if they are to take their medical degree at 21 years of age) such a general education as shall enable them to prosecute their medical studies with success, and afterwards to take the position which university graduates ought to take among the educated classes of the community." Further, "That, in the opinion of the General Council, the scheme proposed by the Commissioners by which a degree in medicine and a degree in surgery are to be given after one course of study, and one examination, tends inevitably to establish a fictitious, not a real distinction, between a physician's and a surgeon's diploma, and is opposed to the spirit of the Medical Act."

3770. That was passed by a majority, was it?—You will find that it was never acted upon, and never has been, and no notice has ever been taken of the fact.

3771. How could the Council have acted upon it?—Since the Council was of opinion that the age of 17 was too low an age for matriculation for a university undergraduate, if the University of Edinburgh did not act upon it, then it would

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have been for the Medical Council to have represented to the Privy Council, "Here is a body of whom we had said, you are admitting students at 17, which is too young; you ought not to admit them under 18 or 19; if you do we shall suspend your degree until you have complied with our direction;" and the Privy Council would then have judged whether it was a reasonable direction or not.

3772. Is it still the practice at Edinburgh to begin the study of medicine at so early an age as 17?—Yes.

3773. Can you give the Committee another instance?—The next is on page 127 of Vol. III, at the Council of 7th May 1864. I have taken these cases almost haphazard, but you will see that the King and Queen's College of Physicians of Dublin write to the General Medical Council, that their regulations "do not at present accord with the recommendations of the General Medical Council." That is in answer to a letter asking them whether they do accord, and they write and say no, they do not; but as they informed them in the Report published in the Minutes of the Council of 28th May 1863, Vol. II, page 179, "They have no confidence in the construction or permanence of any scheme of education or examination which is not rendered compulsory on all (licensing bodies), nor do they consider it practicable for any of the several corporations to sustain any improved code of education or examination, while it is left optional with other competing bodies to adopt it or depart from it."

3774. That is to say, they think there ought to be a conjoint board; is that so?—No, this observation has no relation to the conjoint board, but to this, that the General Medical Council had sent down previously certain recommendations to the King and Queen's College of Physicians as to their own particular examinations, and they ask the King and Queen's College of Physicians, Do you intend to carry these out? And the King and Queen's College of Physicians write back to them and say, No, our regulations do not accord with yours; that is to say, we do not intend to carry them out; and we do not intend to carry them out, because you do not make them compulsory on anybody.

3775. But I should have understood that extract which you have quoted as meaning that they had no confidence in the permanence of any scheme of education while it was left optional with other competing bodies to adopt it, or depart from it; surely that is an argument in favour of a scheme of education to be put in force by a conjoint board?—I quite agree that it may be used as an argument; but it is not the question put there. The question is this: The Council have power to make their recommendations compulsory by representing any body to the Privy Council, and early in their career they issued regulations which they called upon various bodies to observe.

3776. You say that they have the power of making it compulsory?—They have the power of enforcing it by representing to the Privy Council.

3777. Are you not exaggerating their power?—They have the power of representation under the Act.

3778. But enforcement is quite another matter, and

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and if they had represented this matter to the Privy Council, it seems to me in sending this extract to the Privy Council, they would be merely pressing upon the Privy Council the necessity of a joint board?—Not necessarily of a conjoint board; but of the necessity of the particular body represented, carrying out the "recommendation" sent down to them.

3779. But if they had done what you say they ought to have done, namely, made a representation to the Privy Council, the representation they would have made would have been this statement of the College of Physicians in Ireland, which would have been an argument in favour of a conjoint board?—Certainly.

3780. Is it not the fact that the Medical Council have pressed upon the Government, over and over again, the desirability of such provision of a conjoint board?—But the two things are distinct. This may or may not have referred to an examination; it was a question of the age at which preliminary education ought to commence; and the Council sent its recommendations upon that subject to the various bodies, to the College of Surgeons, for instance; but the College of Surgeons distinctly refused to comply with them. The General Medical Council allowed the College of Surgeons for 20 years to refuse to comply with them. It has never represented the College of Surgeons, or any other body, to the Privy Council, in virtue of the powers which it has, as being a body in contumacy; and when it sent simply its recommendation to the King and Queen's College of Physicians, the King and Queen's College answer thus: You cannot expect us to take any notice, because you take no steps to enforce your recommendations upon anybody else.

3781. Could you give the Committee an instance of a rather later date?—In reference to that I would point out that this is further significant, that the report to which they refer was drawn up in 1859, which is five years previous to this correspondence, and they add in that letter that, "The experience of five years had confirmed the college in the justness of their views, as the recommendations of the General Medical Council, after so long a period, still remain a dead letter." Then I will take another instance. I think I ought to say that their contumacy continues to the present day, and that the Council of the College of Surgeons has from the first refused to comply with the particular recommendation, which is the most important of all the recommendations of the general Medical Council; that is to say, that medical education, which should last for four years, should commence at a medical school; and notwithstanding the number of those representations from other bodies, to the effect that they could not be expected to do it if the College of Surgeons were not called upon to do it, that contumacy still exists, having continued to the present day. In 1874, which is bringing it down to quite lately, the Edinburgh College of Surgeons say that on their part they agree with the council, that medical education ought to last for four years, and begin with attendance at a medical school; and that they are quite prepared now, as they always have been, to conform their regulations *in toto* to the recommendations of the Medical Council, when the Council shall have shown a determination to use every legal means

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in their power to enforce their recommendations for a minimum curriculum alike on all the medical bodies over whom the Medical Act gives them control. Then on page 118 of the same volume the faculty of Physicians and Surgeons of Glasgow remark that they highly approve of the recommendations of the Council which makes it imperative on students to pass an examination in general education preliminary to the commencement of their professional studies, and that they acted upon it till the beginning of the Session 1862-63, when they were reluctantly obliged to relax its stringent enforcement, on account of some of the licensing bodies having failed to comply with this and other recommendations of the Medical Council. The faculty felt that it would be futile in them to attempt to enforce regulations when other bodies had ceased to render them obligatory.

3782. I understand that you are giving these instances in order to show that the majority of the Medical Council, having arrived at an opinion with regard to the examinations or study different from some examining bodies, have frequently not obliged the examining bodies to conform to their view?—That they never have; and not only that they never have, but that this has always been the case with various bodies in turn. I should say that, almost without exception, every body in turn has simply defied the Council. Each examining body in turn has said to the Council, "That is your opinion; it is not ours." That is the course which the University of Dublin, which was so ably represented by the last witness, have taken in words. Only last year they wrote to the Council. As Dr. Haughton told you, he had distinct opinions as to what should be the curriculum; and the General Medical Council sent to the University of Dublin a copy of its recommendations, and said, Would you oblige us by stating how far your regulations as to education agree with ours; to which the University of Dublin replied, "We have received your letter, together with a copy of the recommendations enclosed; we do not propose to consider your recommendations in detail, as it would take too much time; but we return to you a copy of ours, with which you can compare yours."

3783. I understand you to think that the Medical Council ought in fact to dictate to the different examining bodies the mode in which the examination should be conducted; am I to understand that to be your opinion?—My opinion is, that as the Act prescribes, and as the Council admits, that it is their duty to lay down a curriculum; and that it is their duty to see that all the examining boards carry out their examinations in a sufficient manner; and that as the Act specially prescribes that when the bodies do not do so the Council shall have a remedy; when the Council arrived at deliberate resolutions that the examinations shall be carried out in a particular way; that the curriculum shall be of a particular kind; it is certainly the duty of the Council to use the power which the Legislature has given it to enable it by the aid of representations to the Privy Council to carry out its recommendations in that respect.

3784. Which section of the Act of 1858 imposes upon the Council the duty of prescribing the curriculum?—The Council themselves say distinctly

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distinctly that it was their duty; that it was the first thing they did.

3785. But as we have the Act of Parliament before us, would you kindly point to the section which imposes that duty upon the Council?—I see that Section 18 says that the first duty of the Council is to see that the registration is only of persons qualified. In order to enable them to see that those persons are qualified, the 18th section gives them the power as the necessary preliminary to obtain information for the course of study required for the preliminary education, and also in supervising all examinations.

3786. Is that the word used?—That is lower down. Clause 20 says, "In case it appears 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 honourable Privy Council."

3787. What I rather gather from my own perusal of these sections is this, that the Legislature imposed upon the Council the duty of finding out what were the courses of study and examination, and upon becoming convinced that that was not sufficient to give the requisite knowledge, that it was in their power, and, therefore, their duty to represent the same to the Council; but I do not find in the Act any instruction to the Council to prepare curricula?—The Council at once saw that it was so obvious and necessary a preliminary to ascertaining that those people were properly taught, that they should determine what was the minimum of proper teaching; that the first thing they could do before they said to anybody, "Yours is not an adequate course of study," was to determine what was; and the first thing was to determine that so-and-so was the minimum which could be considered adequate, and to inform all the bodies accordingly.

3788. Did they pass any resolution and send it to the examining bodies, saying in effect, "Here is the curriculum for education, and if you do not take this, we shall not consider you give the requisite knowledge and skill?—Yes, you will find that the very first thing they did was to begin at what they call the beginning; which is the proper way of beginning, of course, and they began by determining what should be the minimum preliminary education of a student.

3789. Have you got any resolution in which they stated that?—You will find that in the first volume; they have drawn up their recommendations for the minimum of education. These practically are the regulations which they drew up (*handing a copy to the Committee*), and which they sent out to them all.

3790. I do not know that I need dwell further upon this; but these recommendations, which you have handed in to me, do not appear to me to contain a curriculum?—No, not a complete curriculum, because they have been 20 years over the curriculum, and besides that, have passed numerous resolutions on the subject. These numerous resolutions they have sent out in a scattered form, and as none of them have ever

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yet been complied with, I do not think they have ever yet ventured to put them in a codified form. I do not mean to say absolutely none have been complied with, but they have been very irregularly complied with.

3791. I have no doubt whatever, on reading the 20th clause of the Act, that combined with the 18th clause, it is their business to find out what the course of study is, and to make a representation if they think it inadequate; but what I want you to tell me is, where you find that, in addition to doing that, it is their business to prescribe what is to be the course of study. It is one thing to have an examining power to find out whether a thing is good, and it is another thing to say exactly what that thing shall be. Now I cannot find any direction in the Act for themselves to prescribe in detail the course of study?—My answer to that is, that at the outset they felt, and I think wisely felt, that the quickest, and in fact the only certain, way in which they could determine what was inadequate (for that was their real business), was to settle the minimum of what was adequate; and they did so settle it, and framed it in the form of regulations which they sent out, which, as I say, after they sent them out, were systematically neglected.

3792. I am to understand you as saying that it was the duty of the Medical Council, and must be the duty of any properly constituted Medical Council, to dictate to the different examining bodies what should be the curriculum in the education given by them?—The minimum curriculum, and they thought so themselves. The only difference of opinion between myself and the Council upon the subject, is that, having made the recommendations, they ought to have seen them carried out.

3793. You feel perfectly sure that they have themselves acknowledged that that is their duty?—Yes; all through these volumes you will find evidence that they have felt it their duty to settle a minimum for each body. Might I just point out with regard to this, that one of their recommendations was (and this bears upon the evidence given this morning), "That no certificate of attendance on a course of instruction be accepted as valid by a licensing body unless it attests that the student has been duly examined during the progress of each course, and especially at its termination." They sent out that, and that has been neglected as much as all the others.

3794. Do you consider that any charge could be made against the Council for costliness?—Yes, I think so. The Council have received sums of money, which have been put in before you officially by the treasurer; I think they amount to 137,000 £, and all that they have done for the profession has been to make a register, which cost them nothing, or next to nothing, because it is sold at a price intended to cover its cost. They published a "Pharmacopœia," which equally cost them nothing, because that is avowedly sold at the price it cost. The rest of the money has been expended entirely upon house rent, clerks' fees, and upon fees paid to themselves upon a scale which they determined at the outset. I venture to point out that their annual income is 4,000 £ a year, and out of that they spend 2,000 £ a year upon house rent and salaries;

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and then as to the other 2,000 £ a year, they virtually sit there until they have talked the whole of the money out of the bank into their pockets, and then they disperse; and they do that so accurately that, as a rule, they used to estimate how much money there was, and the money available for the purpose was pretty accurately spent. Subsequently the chairman of the finance committee reported that the length of the sittings was so variable that he could not continue his estimates.

3795. Then how do the members put the money into their pocket?—By fees to individual members; so much a day, and travelling expenses and hotel expenses; they spent the whole of their balance in fees. Then there are two distinct businesses, which, in my opinion, were incumbent upon them, besides the register and the "Pharmacopœia." I gave them no credit for either the one or the other, because the register was made by the clerk, and the "Pharmacopœia" was made by a committee which was paid 2,000 £ for making it, and any publisher would have made it for less than that. But putting those aside, they had only two other duties, and one was, in my opinion, keeping the register pure by instituting necessary prosecutions, and the other the duty imposed upon them of the visitation of examinations. Whenever those two questions have come up the answer of the Council has always been that the funds of the Council were inadequate for their performance.

3796. Those payments are for the meetings of the Council?—Yes, which are unexampled in any other body in the profession.

3797. Do you think that the Council ought not to meet?—No, I think it should meet, but should not be paid when it does meet. I think that the payment is injurious to the character of members, and has injuriously affected the selection of members sent to the Council in many instances. I think it is without example in any professional body, and altogether without justification, and that the Council would be in every way more active and efficient, and of a higher character if, like all other professional bodies with which I am acquainted, it sat without payment.

3798. Then would one change which you would suggest be, that there should be no payment to the Council for the time which they spend at the meetings?—I am aware that it is sometimes said, that if there were no payment it would be difficult to find men, but I am quite sure that the experience of every other body in the profession is contrary to that; there is no difficulty in finding eminent members of the profession to attend the College of Surgeons; they come up from Leeds and Sheffield and other distant places. It is true there is an old payment of a guinea, but that goes in travelling expenses. And the same in the British Medical Council; men in the largest practice, men from Sheffield, Newcastle, Manchester, and Cornwall, attend regularly and more numerous, and give more time to it than the members of the committee of Council, and are not paid. In fact, there is no difficulty in finding the most eminent men in the profession to do the work.

3799. What revision of the constitution of the Council would you propose?—The first that I should propose is that it should be an unpaid

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body. Then, having funds at its disposal, that it should institute committees; that those committees, which necessarily have to go through some continuous work, should have some small payment, for which there would be ample funds; that they should take upon themselves by a Parliamentary committee the duty of watching (a duty which they most inefficiently perform, or entirely neglect at the present time), all public measures and Acts affecting medical education and medical registration; that they should have a disciplinary committee which should superintend the prosecution of offenders; that instead of carrying out the visitation of examinations in the extremely unsystematic and almost valueless manner in which it is now carried out, and which in fact has not been carried out in the last few years at all, they should revert to the original plan of appointing for that purpose paid inspectors, if necessary, who should inspect examinations in a uniform and systematic manner; and lastly, that they should do what the Council do not do now, namely, analyse the reports presented every year, and picture the actual state of things, and show, what the Council does not even now know at the end of 20 years, how far the examining bodies carry out the existing recommendations.

3800. I am afraid we could hardly go into the exact mode in which the Council perform their duty; but what alteration would you make in the constitution of the Council?—I do not think it would be necessary to make any other alteration, except in the matter of direct representation. I think another plan might be this. It was suggested, I think, in the first instance, by Mr. Simon, and a most valuable suggestion it was, that the relation of the branch councils to the Council should be altered. I think it is quite worth consideration whether, instead of electing the branch council as now as delegates from the General Medical Council, those branch councils should not be elected as in the British Medical Association direct; each kingdom electing its own branch council, and all the corporate bodies sending representatives to that branch council, and the profession at large sending representatives to that branch council; so that the Council was a thorough representation of each division of the kingdom. Then, I think, from each divisional council might be sent two representatives to form a General Medical Council, making six, to whom the Crown should add also six, or perhaps four. You would then have a compact General Council of 10, in which, nevertheless, the whole profession and the corporations would be represented.

3801. I understand the plan you propose for revision, is the election in each of the kingdoms of a council, I suppose by the present body, combined with the profession generally; and that a small General Council should be formed from those three?—Yes.

3802. What are the points of reform upon which the British Medical Association has laid most stress?—It has asked, first of all, for reciprocity of practice, which has been granted under the Act of 1858.

3803. I think we must ask you to tell us what you want done?—Yes, I mentioned that incidentally; you will see why directly. Secondly, it asks now for a uniform minimum qualification in medicine,

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medicine, surgery, and obstetrics. Thirdly, for the adequate protection of the public against false pretences, that is, the assumption of titles by unqualified persons. And, fourthly, the revision of the constitution of the Council, and an increase of its mandatory powers.

3804. What do you mean by mandatory powers?—The mandatory powers are greater powers of compulsion; that the General Medical Council instead of, as now, having only the power to recommend and then to represent to the Privy Council, should have the power of compelling in one form or another. Although the Council, as a whole, have declined to ask for those powers, yet in sections, as each section felt that the other section was evading the law, that section has moved the Council, as a whole, to ask for obligatory powers. In 1865 the branch council for Scotland recommended that a clause should be inserted in any amended Bill, to the effect "That all such regulations as shall have been passed by a majority of two-thirds of the Medical Council shall be obligatory on all universities, colleges, and other bodies enumerated in Schedule A, to the Medical Act of 1858;" and that, in the event of the said body not conforming within six months after admonition from the Council, the qualification granted by such body, after the lapse of six months, shall not be registrable; that is page 142, vol. 3, of the minutes of the Council. It was passed in 1865 by the Scotch Council.

3805. You consider that in many cases sections of the Council have asked for a compulsory power, especially when it would not be applied to their own province?—In turn each section of the kingdom; Scotland when it felt that the English bodies were in default on the question of preliminary education, and now England when it feels that Scotland is in default in respect to a uniform minimum.

3806. You are of the same opinion as other witnesses who have been before us representing the British Medical Association, that there ought to be a uniform minimum examination?—I think there are a great many reasons why there should be, and I should like to give some of them.

3807. Are they fresh reasons; have you any reasons to give to the Committee which you do not think have been given by other witnesses?—The first reason, in my opinion, is that at the present moment from 40 to 50 per cent. of the existing practitioners have been put upon the register with a single qualification. I drew attention to it that there were 3,000; in 1860 Mr. Simon, on behalf of the Government, called the attention of the Council to that.

3808. Do I understand you to say that from 40 to 50 per cent. are at present put upon the register with one qualification?—Yes, I have asked the registrar to prepare a return, and that will show the precise proportions if it is prepared; now this is a state of things which does not exist in any other part of the world, and is very unsafe.

Dr. Lyon Playfair.

3809. You were right for England, but as regards Scotland, it is 13 per cent.?—It was England I was thinking of. Now the other consideration is, no doubt, before the Committee, and that

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is, that the failure of any one body to give a sufficiently stringent examination, not only harms the public and the profession by reason of the defects in the candidates it passes, but proves an irresistible temptation to other bodies to lower their standard, and depresses the whole standard of examination. This is set forth in a report to the Council signed by Dr. Andrew Wood. Then another point I understand, upon which much stress has not been laid, is because the pressure upon the public services at the present moment (and it is still more likely to occur in the future), in fact, is such, that even in the army at this moment, where a nominal entrance examination exists, persons are, perforce, employed without any such entrance test, and even some who have failed to pass such examination tests; it is, therefore, of the utmost importance to the public service, even while there exists an entrance test, that the uniform minimum should be adequate.

Chairman.

3810. With regard to this return of the large number in England with only a single qualification, we have had it given in evidence to us that in order to get a diploma from the College of Surgeons a student has to pass what was stated to be a stringent examination in medicine; do you think that is incorrect?—I should say that it is correct in terms, though incorrect in essence; it would be extremely incorrect to represent the examination in medicine, which is passed for the diploma of the College of Surgeons, as at all an equivalent for a medical qualification; subjects of the greatest importance are passed over, such as materia medica, and obstetrics, in which the College of Surgeons does not examine at all, and a very slight examination in chemistry; and, in fact, although under the pressure of public opinion the College of Surgeons has added an examination in medicine to its surgical examination, that is just a sop to public opinion, it is not, and cannot be represented to be, an adequate examination in medicine; and, moreover, it is perfectly well known that although at the College of Surgeons there is an examination in medicine, the marks are summed up, and if a man does not pass well in medicine, if he has passed well in some subjects he gets through all the same; he passes a good average; no one pretends that the medical side of the examination is really adequate, and I should say the same of the College of Physicians in respect to their physiological and surgical examinations for their surgical qualification.

3811. It is your opinion that although an examination in medicine is required in order to get the diploma of the College of Surgeons, yet it is not such an examination as ought to give a diploma for medicine?—It is not such an examination as any qualifying body should admit as a medical qualification.

3812. By what means do you think a satisfactory uniform minimum qualification can be secured?—I think by one of three means; first of all by a conjoint board, and to my mind that is the simplest and most effective, and I am certain it is that which is most generally approved in the profession; it is that which is in the Bill of the Government, and which the British Medical Association, and which I personally support.

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The second alternative would be, empowering the General Medical Council to refuse to register anyone until he has obtained a satisfactory double qualification, and at the same time by compelling the Medical Council to institute systematic and continuous visitations of examinations, to see that they were kept up to uniform adequacy. The third plan is by the addition of a State examination, subsequent to the present degrees and licenses granted by universities and corporations.

3813. Having attended, as I think you have, to the evidence which has been given, do you think that there is any argument to be used against the objections to a conjoint scheme which has not been pressed upon the Committee?—It seems to me, with great respect, that the case has not been clearly argued at all, and that it remains to be put before the Committee in a thoroughly argued form; it has been put before the Committee as a plausible objection, that conjoint minimum examinations would produce what is called a dead level, and that the effect of that dead level would be to drag down to it other bodies; it seems to me that that has not been answered.

3814. Without troubling you to go into argument upon the evidence which has already been laid before the Committee, do you think that there is any fact, or any special view, with regard to the matter, which has not been put before the Committee, and which you would wish to give to us?—The view I wish to press upon the Committee is this, that a uniform minimum examination will not alter the educational advantages of any great body which now combines education with degree-giving functions, such as the Scotch universities. I wish to press upon the Committee the view that, with all these bodies the great attraction which they possess is, first of all, the admirable education which they give, and secondly, the power which they have of giving the degree of M.D. I wish to point out that the argument which is so constantly used, that persons who pass a uniform conjoint examination will not come to the universities for their degrees, because the degrees will not then have a legal value, is contradicted by the history of all these bodies; that the greatest periods of prosperity of all the degree-giving bodies have been co-incident with the periods in which their degrees had no legal qualifying value whatever.

3815. Then you consider that when it is stated that the Edinburgh University would lose because people would not like to pay for the conjoint examination, as well as for their examination, there is nothing in it?—I think the answer to that is that, comparing the value of their degree with that of any other body, it would always remain the same.

3816. That means that a degree given by the conjoint board will be of so much less value than the degree given by the university, that a number of students will still go to the university?—I want to point out that the conjoint board will not give a diploma at all.

3817. Nor a certificate?—Not anything at all.

Dr. Lyon Playfair.

3818. Will it give a license?—It will give a license on the condition of the person getting a

Dr. Lyon Playfair—continued.

diploma from a body. All it will do will be to open the door to any of the bodies concerned in giving the examination, leaving the student free to choose which he likes. The University of Edinburgh will still, as it did in Munroe's time, attract its enormous classes by good teaching, and will still, as it did before the passing of the Medical Act, attract to it degrees, because its degree is worth having, and the difference in price will no more effect them than it does now.

Chairman.

3819. You think that if a student pays 30 guineas to the conjoint board, he will still go on paying for the degree?—He must pay something, because he cannot get on to the register without paying something; he must choose whether he will pay 20 guineas to get on to the University of Edinburgh, or elsewhere.

3820. I understand you to say that the conjoint board examination is quite independent of the corporate body examination?—It is independent of their license. No license can be given except from the corporate bodies, and, as I understand, in England the candidate would have to pay a fee.

3821. I understand by clause 5 that a licentiate of the medical authorities, which, I suppose, is distinct from the university authorities, is in this position, that the corporations are precluded from demanding a fee for attaching him to their corporations?—That is so.

3822. Therefore, as regards the College of Surgeons, for instance, a student would not have to pay any fee in addition to what he would have to pay to the conjoint board; but I understand that in the University of Edinburgh, and in the Scotch universities generally, he would have to pay a fee; now, do you think that the fact of his having to pay that additional fee would be no disadvantage to the university?—I do not think so, because he would be paying for a higher qualification. He would have freed himself for the higher examinations.

3823. It is sometimes thought, is it not, that having only one centre in each of the three kingdoms would be a disadvantage to students?—Yes, it has been stated so.

3824. Is it necessarily a part of the system of the conjoint board that it should be so?—I do not think that it is necessarily a part of the conjoint board system that the examinations should be held only in London, Edinburgh, and Dublin; and I think, even if it were so, the inconvenience would be extremely small, except perhaps in Scotland. You will find, for instance, that in England one-half of the whole body of medical practitioners upon the register, namely, 10,000, come to London to be examined. I think you will find that more than half of the practitioners of Scotland come to Edinburgh to be examined; and Glasgow is only a couple of hours from Edinburgh. I doubt whether the inconvenience will be serious, but there will be no difficulty in holding examinations occasionally in different towns.

3825. You have studied, I suppose, the condition of medical education upon the Continent; in Germany especially?—Yes.

3826. In Germany is the system multi-portal?—It is uni-portal. It has been described

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as a multi-portal, or 20-portal system by a very able witness before this Committee. That is because the students since the change in the system of medical examination will no longer pass, as used to be the case, a single examination; but they get their university diplomas, and then after their university diplomas they pass a State examination in each place. But it seems to me that that is only a question of whether you put the small door behind or in front of the big door.

3827. But you mean there is a uniform State examination?—There is a uni-portal examination after the degree, and that is strictly uniform.

3828. One plan of making the Council more of a representative body, is to increase the constituency of the corporate bodie?—Yes.

3829. Do you think that might not be more convenient than direct representation?—I think it would be in the highest degree inconvenient, and I think a glance at the subject will show that it is so. For instance, if you take the College of Surgeons, the College of Surgeons alone contains 10,000 members, and, therefore, an election of the representative of the College of Surgeons, by its 10,000 members, would at once be co-extensive with the election by the whole of the members of the profession in England; the constituency of Edinburgh is larger than the whole number of practitioners in Scotland, so that, in point of fact, instead of having a lesser inconvenience, you would have the greater inconvenience of elections, by the constituency you were multiplying 10 or 12 times over. You would have several elections by bodies of several

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thousands, and all the alleged inconvenience of direct representation many times multiplied.

3830. As regards the medical education of students in England, how would you compare it with the education in Germany?—I should say that I have very carefully studied the whole subject. I have been present at the examinations, and gone through the curricula of many of the different universities in Europe, at different times, and I do not know that anyone could do that without arriving at the conviction that, with the single exception of the University of Edinburgh, and possibly with the exception of the University of Glasgow (I will not be certain about the latter), the students of England are not so well examined, nor are they so well taught; the teaching in England is extremely inferior to the teaching anywhere else; the curriculum is shorter; they all have a curriculum of from five to six years in France; in Germany and in Belgium, five years is the minimum; in Belgium six years is the ordinary period; it is not found to interfere with the number of students coming forward, or with the complete supply of medical practitioners in those countries. In no country in the world except this, is there anything except a complete examination in surgery, medicine, and obstetrics.

Dr. Lush.

3831. Is there anything in the foreign curriculum analogous to the old system of apprenticeship in England?—No, five years is the necessary time in the university, and five years being the necessary time, six years is the ordinary time spent.

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Friday, 25th July 1879.

MEMBERS PRESENT:

Mr. Errington.
Mr. W. E. Forster.
Mr. Mitchell Henry.
Mr. Heygate.
Sir Trevor Lawrence.
Dr. Lush.

Mr. Maitland.
Mr. A. Mills.
Dr. Lyon Playfair.
Mr. David Plunket.
Mr. Wheelhouse.

THE RIGHT HONOURABLE W. E. FORSTER IN THE CHAIR.

Mr. ERNEST HART, M.R.C.S., called in; and further Examined.

Mr. Arthur Mills.

Mr. Arthur Mills—continued.

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3832. You stated, in your answer to the Right Honourable Chairman, your opinion, that the General Medical Council, as constituted at present, did not possess the confidence of the profession, and you quoted from the minutes of the Council a memorial, stated to have been furnished by 10,000 practitioners, alleging their want of confidence, and also a Scottish memorial, signed by others, to the like effect. Can you mention any other documents of the same description which have come to your knowledge?—There is one other authoritative document of the kind (I am not sure whether it is on the minutes of the Council), that is, a memorial presented by the British Medical Association in 1870, which will be found in the volume of the Minutes for that year; a memorial which was signed then by a committee appointed by the British Medical Association, which on a subsequent occasion, having been again circulated, that is to say, last year, was then signed by 5,000 members of the profession. That document also expresses the same want of confidence in the Council, by reason of its constitution, mainly as the other documents to which I referred, those other documents being, as you will have noticed, memorials from bodies quite independent of the British Medical Association. So that, practically, memorials expressive of the want of confidence of the profession in the Council have been presented by three separate bodies, one numbering 10,000 signatures, the other numbering upwards of 5,000 signatures, whilst the one by a Scottish body representing the North of Scotland was signed by Professor Struthers, who is one of the most trusted representatives of the University of Aberdeen.

3833. It has been stated that the medical journals have kept up an agitation, and have endeavoured to lessen the influence of the General Medical Council; can you refer to any official record of an expression of opinion by the president of the General Medical Council to the opposite effect?—I would refer, on that subject, to the Minutes of the General Medical Council for 9th July 1874, on page 12 of the 11th volume of the Minutes, and you will find there that Dr. Paget, of Cambridge, the late president of the General Medical Council, in his farewell address

to the Council, spoke as follows: "The statutable coercive power of the Medical Council is slender, but the chief power was gained when the Council determined that its debates should be published. The agency of the press giving publicity to our debates and proceedings has, I believe, more than doubled the power of the Council, doubled its power for anything that is right and reasonable, and doubled, and more than doubled, its influence with the licensing bodies in any question in which this Council would be in the right, and they in the wrong."

3834. You have been asked questions with reference to the present mode of electing the representatives of the corporations; can you point out any special anomalies in the present mode of electing those representatives?—Among the special anomalies which I would point out, are, as examples, that the College of Surgeons of London, which is the greatest licensing body of the kingdom, and the Apothecaries' Company of London, which is fast ceasing to be a licensing body, and the Apothecaries' Company of Dublin, which is little more than a trading company, have each one representative; and that the medically active University of Cambridge and the medically passive University of Oxford have each one representative; that the University of Edinburgh, the most important school in the kingdom, has only half a representative; and that an unimportant school like Durham has a whole representative; and that inasmuch as to some extent the bodies concerned with medical education are represented, on the other hand such medical schools as St. Bartholomew's and Guy's in London, and as the Queen's College in Birmingham, and Owen's College in Manchester, are entirely unrepresented; and that some of the medical schools being connected with the licensing bodies are thereby *de facto* represented in the Council, and they have thus an unfair advantage over the others who are not represented; for example, the College of Surgeons of Dublin, and all the English, Scotch, and Irish Universities. Then I would point out, as to the representation of the corporations themselves, that the electing bodies are so extraordinarily diverse, that as a matter of fact the representatives

Mr. Arthur Mills—continued.

tives have no common basis of representation. The person who sits in the Council, for example, as the representative of the University of Oxford, represents the whole body of the University; and the representative of the College of Surgeons of England represents the Fellows of the College, the whole body of which can be recruited by examination, but the representative of the College of Physicians of London represents only the Council, who are a body elected by a very close system, and into which a person can but rarely win his way unless he be first of all a gentleman of what is called pure practice, which means, practically, hospital and consulting practice, and not a general practitioner. So that the whole body, for instance, of general practitioners connected with the College of Physicians, and in virtue of whom the College of Physicians exercises now its largest powers of licensing, are absolutely precluded from any voice whatever in the election of the person who is appointed to be their representative, as licentiates of the college. You might go through the whole series of bodies and see that there is no common principle whatever in the election of their representatives for the Council.

3835. Mr. Simon stated to the Committee that in the College of Surgeons, any one can become a fellow by passing a more severe examination, and, therefore, the privilege of electing a representative to the Council may be considered as an inducement to become a fellow; do you concur in that statement?—No, I do not quite concur in that statement. It seems to me that it presents the matter to this Committee in a sense which would hardly accord with the political state of facts. It is no doubt a fact that theoretically any person can become a Fellow of the College of Surgeons by passing an examination, but as a matter of fact it is necessary that after he has obtained his license to practise he should still attend two years at a hospital, which means that he should still spend about 200*l.* in money, as well as two years of time; and as a matter of fact the number of persons who do so other than those who want to be purely consulting surgeons, is very limited, and is decreasing. I believe that the body of Fellows of the College of Surgeons is decreasing, and that there are not more than 30 or 40 fellows made annually. Although there are, it is stated, nearly 10,000 persons licensed by the College of Surgeons, there are not more than 1,000 fellows, and they are, I believe, a decreasing body.

3836. Can any one by study become a Fellow of the College of Physicians of London, and, therefore, elect to the Council?—No, no one can become a Fellow of the College of Physicians of London unless he be elected into the Council by the Council itself, and it is even made penal, I mean penal in a social sense, to attempt to canvass; it is forbidden to canvass or to ask to be elected a fellow. Only persons in hospital and consulting practice are elected, and they are nominated within the Council, and are expressly precluded from asking for admission.

3837. With regard to the Apothecaries' Society, can any one become a member of that Council by a similar process?—I believe the body which elects the representatives of the Apothecaries' Society in London is the Council, and that in order to obtain admission to that body (I am not quite sure of this, but I believe it is so), a person

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must have what is called a share in the drug business of the company. It is a trading company, and I believe the government of the company is carried on in connection 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.

3838. Do you think that any extension of the franchise within the corporations to which reference has been made would meet the case, and if it did, do you think that it would be more convenient and more practicable than the mode of representing the profession by election, as has been suggested in one of the Bills now before the Committee?—No. In the first place there is an obvious objection to it upon the matter of principle, which is apparent on the face of it, that it would still be a representation of the corporations, but by a larger franchise; but, in the second place, if any attempts were made to give them a larger franchise it would be found to be absolutely impracticable. It would involve new charters to nearly all those bodies, or else a complete revision of their charters, or setting aside of them, and if that were submitted to, were this condition carried out, they would have extreme inconveniences in many cases. It would have this effect, that you would have, say, for the College of Surgeons 10,000 electors; you would have for the University of Edinburgh several thousands of electors; in fact, the total number of constituencies so created would be numerically many times larger than the constituencies to which the Bill which you yourself have introduced proposes to commit the election of direct representatives.

3839. It has been frequently mentioned by witnesses before this Committee that the agitation and excitement of those direct elections would be injurious and much to be deprecated; what is your answer, if any, to that objection?—The answer which I should give to that is that the profession itself may be taken to be the best judges of its own susceptibilities in the matter. Naturally an educated and qualified professional body are not in the habit of being very much excited; and since they themselves have asked for this as a preferable mode of election, it is not necessary to take too paternal a view of their susceptibilities. And further than that, I should say that really that is an objection which, if it has any value at all, goes to the bottom of the whole question of representation. It is an argument against the election of Members of Parliament otherwise than through municipal corporations, or an argument against the election of convocation except through the deans and chapters of cathedrals.

3840. It has been stated before us and elsewhere, that the men who would be returned by that direct election might be less fit for a seat on such a Council than those who now sit there, and that, in their opinion, persons by being active in canvassing might be returned; can you furnish us with any data for judgment on that point?—I have seen that statement very frequently repeated, and I have always observed that although made frequently by distinguished and elder members of the profession, it has never been supported by any reference to any parallel facts, or indeed to any basis other than that of mere opinion; and as it appeared to me coming from eminent persons to be very deserving of careful consideration,

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consideration, I looked into all the parallel facts so far as I could find them, which exist in the profession upon the subject. I have looked, for instance, to see whether the persons elected into the Committee of the Council of the British Medical Association, which is a purely popular election, have been persons differing essentially from those who would be elected on to the General Medical Council itself, and I find that the senior members of the Committee of Council of the British Medical Association and its past presidents are in fact precisely the same class of persons as the General Medical Council. I find Dr. Stokes, Sir Robert Christison, Sir George Burrowes, Sir William Fergusson, Dr. Paget, Dr. Acland, all amongst the past presidents of our Association. They elected the very persons who are elected here, just as the most eminent members of the Council are persons who have been elected in turn as presidents of the British Medical Association by the popular vote. I may say further, that I have noticed very carefully that from time to time persons who may be called agitators, that is to say, persons with demagogic tendencies, have aspired to positions of honour, but they have always failed, and my experience of the medical profession is that it is essentially conservative, and that especially it is very jealous of the qualifications of those whom it elects to office. And I believe that as a matter of fact it is quite as unfounded to suppose that unknown persons could by canvassing become members representing the profession at large, as that they could become members representing any corporation. On the contrary, unless they were universally known, and unless they were universally trusted, they would not have the faintest chance of being elected. I think that all experience shows that the men who would be sent to the Council, although they could not be more eminent than some of those who sit on the Council, would certainly be, on the other hand, more eminent than others who sit on the Council, and whose chief claims are that they have been faithful servants and faithful officials of the corporations who send them.

3841. In papers which have been handed in to us from the executive committee of the General Medical Council, persons who have acted in the Medical Association who have been urging claims for direct representation have been represented, I think, as agitators and wire pullers; can you give us any information as to the constitution of what is called the medical reform committee of the British Medical Association, who they are, and what sort of people they are?—I have prepared for this Committee a list, and I would ask permission, in answer to that question, to be allowed to hand it in presently, because I cannot at this moment put my hand upon it, but I should like to have permission to hand it in, because I think it will show that the persons who have been nominated, and who are still members of the medical reform committee of the British Medical Association (I am not one myself, so that I may speak quite freely upon it, and never have been one) are persons of the very highest standing in the profession: that they are the heads of the profession, the senior physicians of great hospitals, the senior lecturers of great schools, and the heads of the profession in all the great centres of the country; that they include such men as Dr. Edward Waters, who was selected by the

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profession in that part of the country as the leading physician in Chester, to be president of the British Medical Association; Dr. Bartolomé, who is the senior physician of the Sheffield Hospital, and suggested by the profession in that district to be president of the association when there. In fact you will see, if you will look at the names, that they are really representative men in the highest sense of the word, and not agitators in any possible sense in which that term could fairly be used. (*The Witness handed in a Paper.*)

3842. The British Medical Association has its annual meetings?—Yes, it has its annual meetings in certain centres in different parts of Great Britain.

3843. It has a meeting this year, has it not?—Yes.

3844. Who is the president this year?—The meeting this year will take place at Cork, and the president this year has been nominated by the profession in Cork, subject always to the approval of the association, which reserves to itself the power of ultimate election, but the president is Dr. O'Connor, who is the recognised head of the medical profession in Cork.

3845. Is Dr. Andrew Clark a member of the British Medical Association?—Dr. Andrew Clark is an active member of the association; he is at the present moment president of the Metropolitan Counties Branch, which is one of the 29 branches of the association, and he is also president of a section in Cork, although he is not president of the whole meeting.

3846. Do you think that the infusion of highly educated general practitioners would increase the efficiency of the Council?—That is undoubtedly the opinion of those who have signed those memorials, and that is also my opinion. In fact it seems evident that since the great mass of the profession are engaged in general practice, and that since their education and the conditions under which they are to practice are the special business of the Council, and since they are especially acquainted with the exigencies of practice, and they appear to be the proper persons, highly educated as they are; and since, also, they are especially acquainted with the injuries which the public suffer from ignorance and imposture, of persons illegally practising under various false pretences, I think it is evident that any system which does not systematically provide for the presence on the General Medical Council of a certain proportion of highly educated general practitioners is a defective system.

3846.* It has been suggested that the introduction of directly elected representatives would be antagonistic to what may be called the judicial functions of the Council, that is to say, to their striking a man off the roll for various offences or bad conduct; I will ask you whether you think that is a valid objection?—I have seen that stated by persons for whose opinions I have great respect; and I think it has been stated by Mr. Simon to this Committee. On that point I should observe, first of all, that if that were so it is a fundamental objection to the present constitution of the Council, inasmuch as the present constitution of the Council is essentially elective. The great bulk of the persons who sit at present on the Council are elected, as I have said, by a very three-cornered eccentric constituency within the corporations, but still elected. Then, as another

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another branch of that argument, it seems to me, as a matter of fact, our oldest judicial officers, namely, the coroners, are elective officers. But really it has been a great complaint against the Council, as at present constituted, that it has not exercised judicial functions; that it confines itself almost exclusively to the mainly clerical function of striking off the register persons as to whom there are certificates of conviction for penal offences; they have very rarely indeed done anything else; I do not apprehend that that is an objection which has any logical basis whatever.

3847. Would you go so far as to say that you think that the Council would exercise its judicial functions more effectively if direct representatives were added to it?—I think it is most just to allege that; I think that in a number of instances which could be brought forward, which I shall not bring forward, for you will be able to get them more completely from a representative of the Medical Alliance Association, you will find a number of instances in which the Council has distinctly failed to exercise, and declined to exercise, its judicial functions, evidently, as I think, from a want of sympathy for the public, on whose behalf those functions ought to have been exercised, and from a want of knowledge of the great importance of the exercise of those functions. The profession have urgently and constantly called upon them, but the corporations having themselves shown the utmost indifference to this aspect of the question, have upon the Council shown the same indifference as they have shown as corporations.

3848. Sir James Paget in his evidence said that, so far as he knew, the College of Surgeons in England had acted upon and obeyed the recommendations of the Council; do you concur in that opinion?—I cannot find that it is so. My information on this subject is gathered entirely from the minutes, because when I heard that I was to be called before this Committee, I underwent the rather serious and painful study of going through the 15 volumes of the Minutes; and on looking through the Minutes I have repeatedly come across instances in which the College of Surgeons of England has been directly recalcitrant; in fact, I should say that it had been continuously recalcitrant to the recommendations of the Medical Council. To take, for instance, the first fundamental direction of the General Medical Council, that medical education should begin at a medical school, and last for four years, the Council of the College of Surgeons have always refused to comply with that. Then the General Medical Council recommended that forensic medicine, medical jurisprudence, and hygiene should be the subjects of examination; to that the College of Surgeons replied that they saw no necessity for adding to the subjects of examination. I came across a most curious fact which was brought to my notice by one of the board of examiners. It was stated here the last time by Professor Haughton that perhaps the one thing which the General Medical Council had done had been to improve the clinical examinations of the bodies. What appears as to the College of Surgeons is this: you will find it on the Minutes that the College of Surgeons had two modes of conducting clinical

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examinations; one was the examination of candidates for membership, in which the patients are brought to the College for clinical examination, whilst on the other hand, for examination for the fellowship, the students are taken to the hospital. The General Medical Council said that this was not altogether satisfactory, and recommended that the college and examining bodies generally should assimilate the method of clinical examinations for membership to that pursued for the fellowship; that is to say, that in all cases the students should be taken to the hospital instead of the patient being brought to the college, to which the College of Surgeons replied by doing exactly the opposite; it abandoned the method of examination which the General Medical Council has approved, and it adopted the method of examination which they disapproved.

3849. At what period was this?—Within the last three or four years. I should like to add to what I have said that the register not only, in my opinion, forms no part of the actual work of the Council, although great credit has been taken for it, but it forms part of the clerk's work, who might be a clerk of the Privy Council. But as a matter of fact, the same carelessness in expenditure has been shown with regard to that as with regard to so many other things. You will find in the minutes of the Council the rate at which the printing had been paid, and as soon as it came in some way to the notice of the head of the Stationery Office what price they paid, he told them he could get it done for them for half the money. What they were paying 600 *l.* a year for, he said he could get done for 300 *l.*; and it was done for 300 *l.*

3850. It has been stated over and over again that the expenses of the Council are paid out of the registration fees; may I ask you whether it does not come to this, that the profession at large is taxed to support the Council?—Great objection has been taken to the word "taxation," but it comes to this, that the profession at large supply the funds in a way which seems to me may be called a tax, at any rate they supply the whole of the funds.

3851. It has been suggested that the ordinary principle which connects taxation with representation does not apply here, because the registration itself is the *quid pro quo* which every man who is registered receives for his money; is there, in your opinion, any difference between a ratepayer, who on payment of his rates is put on the Parliamentary register, and a medical practitioner, who on payment of his fees is placed on the medical register?—As far as regards taxation and representation, the argument is altogether in favour of the medical man. I cannot admit at all that in being put on the medical register, a practitioner gets a *quid pro quo* for the payment which he makes. As a matter of fact he is put on the register, as the Act itself declares, and as the whole course of legislation declares, not for his own benefit, but for the protection of the public, to enable the public to distinguish who was qualified and who was not qualified. He gets nothing by being put on the register that he had not before. He gets no *quid pro quo* whatever by being put on the register. The register was not made for his benefit, and does not exist for his benefit, and he never had any benefit out of it whatever.

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3852. You

Mr. Hart,

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3852. You have spoken of the Oxford University as being a passive institution with regard to the teaching of medicine; what do you mean by that?—I suppose, in the first instance, what I mean by that is, that Oxford practically, as the Committee have been told here already, has neither a medical faculty nor a medical school, although it possesses very large medical funds and large medical endowments, but it practically does not expend them on medical education; it is absolutely passive with respect to medical education.

3853. Has there been any attempt on the part of the General Medical Council to stimulate the University of Oxford to greater zeal in medical education?—There have been efforts on the part of the medical profession, but on the part of the Medical Council certainly not. The Medical Council have shown themselves quite indifferent to the whole subject, they have never touched it.

3854. You consider it an anomaly that such an institution should be represented on the General Council at all, which does not do its duty?—I think it is desirable that it should be represented on the Medical Council in order that the Medical Council might call attention to the subject, and deal with it. I think that the very fact of the representatives of the University of Oxford sitting there, seeing that they have very large funds expressly left for medical education, and seeing that Oxford assumes to be one of the medical examining bodies, points more strongly, perhaps, than anything else to the defective composition of the Council, and to the difference with which the corporate and the university interests are treated, seeing that a case which I do not hesitate to say has no parallel in Europe, the laches of the University of Oxford in its neglect of medicine, have never been touched.

3855. In the event of the contemplated charter to the Northern University, it would probably draw to it all the schools that are now considered provincial schools of medicine, or almost all of them, would it not?—There, again, is one of the most singular examples of the way in which the General Medical Council seems to limit itself entirely to particular corporate questions. Of course one has known for some considerable time that a charter is contemplated for a great northern university, and that degree-giving powers are to be granted; and it was contemplated that the degree-giving power should be a degree-giving power in medicine, and that this would be really creating a twentieth body. The General Medical Council met last week, but I find no reference on their minutes to any discussion on this most important of all questions in medical education; there is no reference to it whatever.

3856. It has been brought before the public lately that there is a great scarcity of medical men for the army, and that civilians have been extensively employed in consequence of that scarcity; has there been any care taken by a fresh examination to prove that those civilians are qualified for the position of army doctors?—No. That again seems to me to be an example of what I have already said, that the profession at large is not represented on the Council; because what has gone on in the relation of the General Medical Council to the Army Medical

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Department is very likely to become extremely instructive with reference to this inquiry.

3857. We may take that as an example of what you call negligence of an important duty on the part of the Council?—Yes, of an important educational duty. I should like to mention this, that at the present moment it is perfectly well known, and it has been stated in the House of Commons, that a medical warrant has been drawn, and is under consideration, which proposes to abolish the entrance examinations altogether into the Army Medical Service. That is a matter of essential and, in fact, of the most direct importance to the Medical Council. They call them competitive examinations, but they have long ceased to be competitive, they are merely entrance examinations; and this is to be done because they have not been able to get enough men to enter for many years; but of those entrance examinations, as to which you will find so much upon the minutes, showing that the entrance examinations have proved extreme incompetency on the part of persons who tried to enter the army through them, it is now proposed to abolish them; and there are 40 persons, I believe, now with the army in Zululand who have passed no such entrance examination, and who have had no Netley training. It is proposed altogether to abolish them, but the General Medical Council does not appear to know it, at least they have taken no notice of it.

3858. You would attribute the blame of negligence to the General Medical Council for having taken no part in relation to that matter?—I would not merely attribute blame to them; but I think it proves what I have said. My object is not to attribute blame to them at all. But what I would especially remark is that it points to that subject to which I have to call the attention of the Committee, and that is that the Council is most imperfectly representative. It happened until lately that a distinguished representative of the Army Medical Service sat on the Council, Dr. Parkes of Netley; so long as he sat on the General Medical Council the educational questions connected with the Army Medical Service received great attention from the Council, and formed the basis of a most valuable part of their proceedings. But since his death it has been entirely neglected, because there sits no representative of the Army Medical Service on the Council. The state of things at the present moment in respect of the educational requirements of the army medical officers is most threatening; that is to say, they are about to do for the British army what Parliament formerly expressly refused to do for that department of the British army which was then the Indian Medical Service.

3859. Has there, in your opinion, been the same neglect to encourage technical education in sanitary science and in forensic science?—Yes. There again you seemed to have touched a point which very closely touches this question of representation in the Council. In that department of the public service in which we are all so very much interested, the Poor Law Medical Service, and the Public Health Service, there has grown up within the last few years a great public service, the Public Health Service, as to which it is extremely important for the public at large that the local sanitary authorities should have

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have the legal means of ascertaining that the candidates for those appointments have a knowledge of the special duties for those appointments, viz., public health duties. There is, as you are aware, a science called public medicine, which public medicine includes a great number of subjects which are hardly taught at all excepting as specialities. They are only very imperfectly studied, and not examined in. The General Medical Council up to the present time have failed to supply any standard by which those bodies should be able to recognise competency. Individual corporations recognising that there exists that want, have individually created a number of competing qualifications. The Apothecaries' Society has got its certificate, the University of Cambridge has got its certificate, and so on, but the General Medical Council has not created any qualification of the kind.

3860. You are now referring to information, for instance, with regard to water and drainage, and the general and special duties connected with the public health?—Yes, which the societies and other bodies, the Apothecaries' Society of London, the University of Oxford, and the University of Cambridge have taken up.

3861. But your objection is that the Council has not generally insisted upon this in all medical schools?—It has not insisted upon it at all.

3862. And you think that is one of the laches on the part of the Council of what is not perhaps a specified duty, but entails a moral duty?—I think it is distinctly a moral duty to see that the educational requirement of the profession is brought up so as to meet the necessities of the public, as it would be if there were general practitioners on the Council. I venture to say that if there had been general practitioners on the Council that omission would have long since been supplied; I would point out that the British Medical Association, through Dr. Rumsey, has pressed it upon the Council, and presented a memorial to the Council upon the subject.

3863. Have you any evidence to show that there is a frequent migration of weak candidates from one examining board to another?—That is one question which has been very much discussed, I believe, before this Committee, but it is one as to which it is very difficult to produce absolute evidence; and I should be sorry to put before the Committee a mere statement for which I could not produce direct evidence. If you want to get absolute evidence of that sort from persons who possess authentic data, I think you should call before you the secretaries of the College of Surgeons and the College of Physicians. But there is a piece of evidence which I have come across in looking through the minutes; one of the minutes of the Council itself, which seems to me extremely important, and to which I will direct your attention. You will see it in the 12th volume, page 104, and if that volume of minutes is here I should like to be allowed to refer to it, because it seems to me very important in this connection, and it seems to me to bear in a most instructive manner upon the question of the migration of inferior candidates. It is the first conjoint examination of the Royal College of Physicians and Surgeons of Edinburgh, and in the Visitors' Report they say, "The visitors were unfortunate enough to meet only very inferior candidates, who were all rejected. They have given the

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answers, and have stated their sense of the great deficiencies of those candidates, both in general and professional knowledge. This was not intended as a reflection on the two colleges, and is not so taken by them; but the College of Surgeons remarks on this point, 'That a large number of the candidates who come to be examined in Edinburgh have received their education in other parts of the kingdom, and that it would be most unjust, from the results observed by the visitors, to infer any inferiority in the Edinburgh School of Medicine.' No imputation can on this ground lie on the Edinburgh School of Medicine, but the fact remains that five gentlemen were so deficient in preliminary education as not to be able to spell or express themselves, and after being supposed to have been taught anatomy and chemistry, knew little or nothing of these subjects. The committee think that when candidates show such deplorable ignorance of general as well as of professional education, it would be desirable for the licensing body to report the facts to the Medical Council, in order that the nature of the preliminary examination the candidates underwent should be inquired into." What I want to point out is, that here is an example of a batch of candidates all so deplorably deficient that they had to apologise for them, and they apologised for them by explaining that they did not belong to Edinburgh, but that they came there for some unexplained reason, and led by a common impulse, to be examined.

3864. Would you assume that they had been rejected elsewhere?—That does not appear on the face of it.

Mr. Maitland.

3865. Which of the bodies did that report refer to?—It is the first conjoint examination of the College of Physicians and Surgeons of Edinburgh.

Dr. Lush.

3866. I infer that, although there may be isolated cases, it is not the general rule for this migration of weak candidates to take place from the place of education to the place of examination on that ground?—I should be very sorry to make any such statement as that, because after all it must be a matter of inference; but I should say that to whatever extent this migration goes on it is probably diminishing very much.

3867. There is nothing like a circular from each examining board to other examining bodies to say that any person has been rejected?—There again I can give you some information from the minutes themselves which is instructive. Referring to the minutes of the Council, you will find in the report of the sub-committee on the visitation of examinations, page 126, volume I., on Thursday, 21st June 1860, where it is recommended that in the event of a candidate at any examination being rejected, his name shall be communicated confidentially to the registrar of every other examining body without delay. Then, on 1st July 1861, a resolution was carried, on the motion of Mr. Arnot, seconded by the late Mr. Teale, as an amendment to the above, "That it be recommended to all the examining boards that they should require from every candidate for examination before them a statement, signed by himself, whether he has or has not been rejected

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rejected within three months by any of the examining boards."

3868. Has that been acted upon?—I was going to say that there has been a third suggestion made (and I believe some of the bodies objected to this), that the papers of any person who presents himself for examination should be simply stamped by the examining board to whom they go up, so that subsequent examining boards should know that he had been rejected. If you look into the *précis* of examinations which I have handed in, you will find that, in the course of 20 years, although this recommendation has been made for 20 years, only one or two examining boards have acted upon it. I heard last night of another that is going to do so, but it is acted upon only to a very limited extent.

3869. Has it been that those bodies have refused to accept the recommendation of the General Medical Council, or do you say that the Council have not been sufficiently active in enforcing its views?—I think that the one involves the other. My view is that if the Council send out this recommendation as part of their duty to prevent inferior persons getting into the profession; if they determine that it is the right thing, and the bodies refuse to act upon it, it is their duty under the Act of Parliament to represent those bodies to the Privy Council.

3870. Sir James Paget in his evidence classed the rejected students into two, the very stupid and the very idle; a good many of those idle candidates are not necessarily deficient in brain?—I suppose the examining bodies decide not whether a man is deficient in brain but whether he is deficient in knowledge, and if he is deficient in knowledge and he gets into practice, it is as bad as if he is deficient in brain.

3871. Do English practitioners go much abroad for foreign degrees?—They do, and it is a very remarkable fact, and it is a fact which, I think, again, if general practitioners had been on the Council, must have been brought before the Medical Council, that at the present time there are more graduating facilities on the Continent than there are in London for English candidates; for persons who desire to practice in England, Wales, or anywhere else in the world, and that those facilities are taken advantage of by most respectable men. I have within my own mind two instances of most distinguished men within the last few months, who having passed the complete curriculum, and having got the qualifications of the London colleges, still found themselves under the necessity of going abroad to Brussels, which is the place that they go to most now, and passing a very stiff examination in order to get the degree of M.D., for which there are no facilities in England compared with those which exist in Scotland or Ireland, and they bring back the degree of M.D. from Brussels in order to call themselves doctors. I may say that that is a very good degree.

3872. But that is not registrable under the present Act?—No. The anomaly which at present exists is this, that whilst the profession in England, the Medical Council, and the Government, are pressing upon foreign Governments that reputable English degrees should be admitted to France for instance, and that English practitioners should be allowed to practice in France, where at present they are not allowed to

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practice, the most reputable foreign graduates have no facilities for practising here. We are asking from foreign countries privileges for our own graduates which we do not afford to the graduates of another country.

Sir Trevor Lawrence.

3873. They are to have that power under the new Act, I believe?—Yes, under the new Act they will have that power.

3874. So that, practically, we are pressing upon foreign Governments to give that which we propose to give?—No, not even what we propose to give. I believe you will find that we propose to examine them.

Dr. Lush.

3875. What you say, in answer to the honourable Baronet the Member for Mid-Surrey, we propose to give (and it is proposed in the three Bills which are before the Committee), surely it is a consequence of the recommendation of the Medical Council?—It is a consequence of the communication made to them by the Government with which the Medical Council agree, but that has been going on now for 20 years, and it was not until M. Roger Marvais' Bill, and until the Foreign Office interfered, that anything was done.

3876. There are a number of foreign degrees which are absolutely disreputable, both in their origin and in their possession; is there any means of eliminating those by any action of the Council; is there any indication shown in any of their minutes, which of the degrees are good, and which of the degrees are bad?—No, not any; the Council has refused to recognise foreign degrees, I believe; that is to say, they refuse to prosecute, or take any notice of them. At present there are ample facilities for practising in this country to persons having disreputable foreign diplomas, who find no difficulties in practising, because they are not interfered with by the Council. They do not care whether they are on the register or not, and reputable persons who would care are prevented from coming.

Sir Trevor Lawrence.

3877. There are some reputable foreigners, are there not, who practise in London?—I daresay you will be able to put that question in another form.

3878. I understood you rather to intimate that there were no reputable foreign practitioners in London?—I refer to persons graduating since 1858. There are some eminent men who, before this Act was passed, were practising here with foreign diplomas, who have not been registered, but who have a recognised status; but I should think there are very few foreign graduates except those I spoke of, British graduates, who being on the register, have gone abroad and taken degrees there; and I would observe to Sir Trevor Lawrence that their case is not provided for by the new Bill.

Dr. Lush.

3879. The Council having refused to interfere in the prosecution of charlatans, *a fortiori* would not interfere with persons assuming that they had a foreign degree?—Precisely so.

3880. With regard to the committee of the general

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general Council, a great deal of the work done by the Council which is of much value, has been done by those special committees; are those sub-committees paid?—They are most valuable committees, and the most valuable work that has been done by the Council are those extremely interesting and able reports of Dr. Parkes. I believe Dr. Parkes received no payment for that, which really is the one work of the Council. I believe most other great committees are paid, but this committee was unpaid.

3881. My question was whether a great deal of the valuable work done by the committees has not been done by unpaid committees?—As a rule the work of the Council is done by paid committees, what are called executive committees or branch councils; they are paid, whenever they do sit, the same fees as if the Council itself were sitting. On the other hand, what I believe is universally looked upon as, perhaps, the most valuable work of the Council, was done by special committees. The committee who reported on the visitation of the examiners, I believe, received no payment for its work.

3882. Is there any confusion in your or my mind respecting the meetings of the branch council, and the meetings of the committee?—No, I think not; the committees to which I referred as having been paid committees were the Pharmacopæia Committee which received a payment of 2,000*l.* for making the Pharmacopæia, and the Executive Committee which receive the same payments as the Medical Council itself; those are specially paid committees.

Chairman.

3883. Are any of the other committees paid, excepting the Executive Committee?—The Pharmacopæia Committee was paid, and I believe the dental committee is paid during its sittings.

Dr. Lush.

3884. It has been stated that the General Medical Council rely for their legal action upon the advice of their legal secretary?—Yes, the solicitor.

3885. Has there been any legal opinion given upon the matter, which was referred to the other day, as to the duty which is imposed upon the Council with respect to the supervision of education; you alluded to a Scottish legal opinion, but has there been any English or Irish legal opinion on that matter?—The Scottish legal opinion to which I referred was on the question of prosecutions.

3886. I mean as to whether it is or is not incumbent upon the Council to arrange and supervise the course of medical education?—I do not think an opinion has ever been taken on that subject, because I think the Council has always accepted that liability, as proven by their reading of the Act. The Act declares that they shall say what is adequate and what is inadequate for the public as a qualification. They themselves divided it into two departments, and they said that adequacy shall be determined first of all by the curriculum gone through, and secondly by examination. They at once proceeded therefore to say what was the minimum of adequacy which they would accept, and they then communicated that minimum to all the bodies, and having communicated that minimum, they

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threatened on several occasions to represent the bodies to the Privy Council in virtue of the further powers which they had, which said that it shall be lawful, and which therefore makes it their duty to do it; in very grave cases they have threatened to represent bodies to the Privy Council, but they have never done so.

3887. Was the effect produced without representing them?—Certainly not.

3888. Then they have no influence?—Far from saying that, the moral influence of the Council has undoubtedly been great, and I should be far from saying that they have no influence with the bodies.

3889. The Council has not under that clause in the Act enforced any prescribed course of education in any one school or college?—No; they have several times threatened to represent bodies, but they have not done so.

Mr. Wheelhouse.

3890. Has the action of the General Medical Council, according to your view, been decided, and action sufficiently quick, taken as a general proposition?—I should say that it is extremely cumbrous and extremely slow. It is a body consisting of 24 persons, who sit for a few days every year, which as the number of their sittings depends upon the amount of money available for paying them, are limited. I think the utmost they have ever sat has been five, six, or seven days, and once 13 days. Practically they do very little work, then they adjourn, and then they pass over to the next year. I am told that the meetings have averaged nine days in each year.

3891. In your view of the matter, I suppose you consider that the corporate element is overwhelmingly large in the constitution of the Council?—Yes.

3892. How would you constitute the Council, if possible, so as to diminish relatively the strength of the corporate element?—There is a scheme propounded in the Bill which the honourable Member for Exeter has brought before the House of Commons, and that scheme appears to me to be very well calculated for the purpose.

3893. That is to say, you would accept the scheme proposed in the Bill before us?—I would not accept it by any means as the best, but as possibly the best compromise. I believe the best scheme would be that to which I referred in my last examination; a scheme by which divisional councils would be directly representative, out of which the divisional councils would send a limited number to form a central council.

3894. Are you in favour of giving a seat or seats, as the case may be, to the schools which have been called extra-academical schools?—I should be very willing indeed to see that done if it could be accompanied by a cessation of the payment of fees; it would be obviously impossible while you receive fees to do so, but I think it extremely desirable that it should be done.

3895. By taking away or eliminating part of the corporate representation as it now exists, would not that give at least a seat or seats to the schools?—So far as it did so, I should think it would be matter of simple justice, and a great element of strength to the Council, that it should be done.

3896. Why would you think it a great element

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ment of strength to the Council?—It would give an element of strength to the Council because, as was very well stated by Professor Haughton, in my humble estimation, last time, that which the Council specially lacks at present, besides other things, is a sympathy with, and a knowledge of, the necessities of teaching as it exists. A great proportion of the members of the Council are past teachers, men who taught many years ago, the very senior men, men not actively engaged in teaching at present.

3897. And not now taking any part in the work of education?—Precisely so; not acquainted with the growing wants of education, and with the changed conditions of the schools; besides, it would be a mere matter of justice, because if it happens that a school is connected with an examining body it is sure to be represented, but it is a mere matter of chance, as you point out, whether a school is or not represented, and I do not think it should be a matter of chance.

3898. You think it is really not only desirable but almost absolutely necessary for the schools as such to be represented on the General Medical Council, for the reasons which you have given?—I think it would be a great source of strength to the Council.

3899. Would not it in a large measure go to satisfy the feeling outside as, in part, carrying out the view of direct representation?—I do not think it would. I think it is a distinct branch of the question altogether.

3900. Then, in addition to that, would you be prepared to give direct representation to the profession?—I think before that.

3901. How would you propose to give that direct representation to the profession?—I see no practical difficulty in carrying out the scheme which is laid down in the honourable Member for Exeter's Bill.

3902. You think that, so far, Bill No. 2 would satisfy the feeling outside?—I think it would.

3903. Can you, speaking from your own personal knowledge, tell me that there is a very strong feeling in the profession for direct representation?—I have never known in 20 years any subject whatever on which there was so strong an opinion. I hold a letter-bag for 10,000 medical men who have been in the habit of expressing to me what their feelings are on public questions, and I very soon knew their views, because every morning I get a shoal of letters, and I have never known any question on which there is so strong an opinion.

3904. Have you formed any estimate with regard to this, whether it is a feeling or a desire that the medical profession should be directly represented *per se*, or does it arise from the feeling that the corporate element is so overwhelmingly large in the present constitution of the Council as to make the corporations exclusively a matter of consideration of the Council?—I think it is based on both grounds.

3905. So far as your own opinion is concerned, your view of it is, that the corporations ought not to have so much power in the Council as they have at present?—I would not lessen their power; I would counterbalance it.

3906. What would you do to counterbalance that power?—As I have indicated a scheme, the first thing would be, by grouping a certain num-

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ber of them, as has been suggested, and by adding the element which I have mentioned of direct-representatives, and also by modifying the character of the Crown representatives, and by providing that the Crown representatives shall not be in the future, to the extent that they have been in the past, men representing the consulting ranks of the profession, but that inasmuch as those ranks are represented largely by the corporations, the Crown representatives shall consist of at least one-half of general practitioners. I think if that had been done constantly as it was done in the outset, this complaint might never have arisen.

3907. You have told us just now, that in consequence either of the death or the removal from the Council of Dr. Parkes, the army medical consideration actuating the Council has been completely lost sight of?—I believe largely lost sight of, and in respect to some particular points of education and examination, completely lost sight of.

3908. You, therefore, I assume would be strongly in favour of there being some representatives of the army on the board?—Yes, of the Army Medical Service.

3909. Would not that apply in the same way to the Poor Law Medical Service?—It would.

3910. Is there any representative on the Council at present, who undertakes that particular matter?—So far as I know, there is no representative on the Council who is connected with the Poor Law Medical Service, and I do not recollect that there ever has been.

3911. Supposing that one of the courts here declares that a man has been convicted of felony or misdemeanour, is it, according to your view of the duty of the Medical Council, *ipso facto*, imperative upon them to remove such a person from the Medical Register?—I believe that follows as a matter of course.

3912. You would not give them discretion as to removing the name of any person who has been so convicted by a civil law tribunal?—I would give them the same discretion as they have now; I think that they are a body in whom discretion might very fairly be left on all such matters.

3913. Supposing always that a man had been convicted by one of our courts here, as we know two or three have happened lately, would you give the Council the right to say of those men, that notwithstanding all that had occurred, they should not be removed from the register?—I think that the existing Act is very well worded in that respect, and I do not know that there is any necessity for altering it, and I do not think that any advantage would be gained in making it more imperative.

3914. Would not it have the effect of leaving us with an impure register?—If it did, I should consider it a very great reflection on the Council; I apprehend that the present difficulty is not in that respect, but in the refusal of the Council to entertain anything except on certificates of courts of justice, which are of general knowledge; I do not mean an absolute refusal, but there is an implied denial of its being any part of their practical duty to see that the preamble of the Act is carried out.

3915. Do you consider that the representatives of the several corporations themselves individually

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dually look to the interests of those corporations more especially?—That has been so repeatedly declared by the representatives on the Council themselves that it would be easy to prove; but I certainly have heard of gentlemen who hardly ever have risen in the Council in the course of years, except to say some word or two in defence of their corporations; there have been known instances of that sort.

3916. Is much of the time of the Council, do you know, taken up in deliberations in regard to the acts of the several corporations?—I should think that if any one would take the trouble to analyse the debates, he would see that it is impossible to say that the very large majority of their time is not taken up in that way.

3917. So that the corporation element and its claims really take the place to a large extent of the general duties which you would put upon them, and which you assume the General Medical Council ought to have undertaken?—Yes, so far as the general sittings are concerned, but I say that the whole of the real work almost has been done by committees, but really their time has been too much spent on literal corporation squabbles.

3918. Do you think that their time has been devoted to the corporations rather than to looking into those duties which the Council is constituted for?—I should say that on this subject it is difficult to avoid that opinion on looking at the debates.

Mr. *Mitchell Henry*.

3919. What do you think is the most pressing point in medical reform at the present moment, the question of examination, the question of direct representation, or the question of the amendment of the clause relating to quacks?—I should say that they are three very pressing points of medical reform as to which it would be difficult to say which is unimportant, and which really require all to be considered together.

3920. I think you have indicated that you could not reform the one without reforming the other two?—I think you can, but I could give my reasons why it would be undesirable that they should be all reformed at the present moment.

3921. Have you always been of opinion that you might reform all three together, or that you might deal with one in preference to the other two?—Not by any means. I have always been of opinion that Parliamentary action must be fitted to the conditions of the occasion. At a time when there was no prospect of getting such a Committee as this to investigate the whole question, and when Parliament had not committed itself to the consideration of the whole question, I thought that the most immediately practicable thing would be to protect the public by passing an amending clause which would keep the register pure, because I thought that it could be done very quickly at the time at which I mentioned it; it would have excited no controversy, and it could have been done before the appointment of any Committee.

3922. That was in 1876?—Yes.

3923. You were then of opinion that it would be advantageous in the interests of the public and of the profession to deal with one of these points, which you say it would not be now?—Quite so.

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Mr. *Mitchell Henry*—continued.

3924. Is it the case that the association of which you have spoken so highly have a schism on that subject?—No.

3925. Have some of its more eminent members left the association or declined to continue in it?—No. There is some confusion of fact in the mode of putting the question.

3926. I am speaking of the committee of the association; is there not a difference of opinion amongst them?—Quite so. The Association Bill had been brought forward year after year, but it had never reached the first reading on account of the House of Commons being so occupied, and when the report came up in 1876, things being then at a dead calm, and there being very little prospect of any large measure, such as those measures which are now before the Committee, getting anything like a hearing, I moved a rider to the resolution at another meeting. That the report be adopted, and that it be in the meantime an instruction to this Committee to prepare a short Bill so as at once to get an amendment of clause 40, the penal clause. One or two members of the Committee had said they did not act upon it, but they said that they were so desirous to press on until the whole question was settled that they would decline to act on the committee which limited itself, even at that time, to that clause, but they did not act on that opinion.

3927. That is to say, no later ago than 1877 you were of opinion that it was quite feasible, and would be possible to deal with one point in the question of medical reform at a time?—I am still of opinion that at that time it was the best thing that could have been done.

3928. Supposing that the question of a medical examination was dealt with alone at the present moment, and that the conjoint scheme of which you were in favour was excluded for the present, are you of opinion that that would be a great advantage?—My opinion is that it would be an advantage if the question of medical examination was dealt with, but I am also of opinion that the thing having been discussed as it has been, it would be utterly hopeless to attempt to pass any such Bill with that clause only in it, the opposition that it would excite would be so great.

3929. It could not have been got through the House of Commons?—Yes.

3930. It would be an advantage if it could?—Yes, any sort of refuge would be an advantage, but I think it would be a great pity to attempt to do it piecemeal, because it would probably obstruct indefinitely the existing prospect of a satisfactory reconstruction which will last.

3931. With respect to the Council, you appear to have a very unfavourable opinion of it?—No, a rather favourable opinion.

3932. You stated in the course of your last examination that the Council sat until they talked the whole of the money out of the bank into their pockets and then they dispersed?—Yes.

3933. And that they do so accurately, that as a rule they used to estimate how much money there was for the purpose, and that money was invariably spent?—Yes.

3934. Do you adhere to that opinion?—I do.

3935. That seems to me to be very nearly a suggestion of corruption against the members of the

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the Council?—I am obliged to you, if that is the impression on your mind, for putting it to me in that way, because whilst I am certainly surprised that it should have produced that impression upon anybody's mind, it is satisfactory to me to be able to say at once, that it implied no such idea in my mind, and that I do not understand how it could be so interpreted. What I actually meant and what I do say is this, that being a body, which is by the Privy Council authorised to pay to its members so much a day for each of their sittings, they have practically, from year to year, sat until the whole fund was exhausted, and then when there were no means of continuing their sittings, they have dispersed; but that I should imply corruption was not in the least my intention.

3936. Shall we say unfaithfulness to their trust?—No.

3937. Just direct your attention to the words that you used; you state that the Council estimate how much money there is for the purpose, and then they sit?—I have not corrected that report, the word "estimate" should be put in the Report, "estimated," because they gave up doing so.

3938. The character of the Council is a most important concern, and you answer me that at one time the members of the Council estimated the amount of money that there was in the bank, and then they timed their sittings so as to absorb the money and then dispersed?—Pardon me, I must ask you not to re-state what I stated in an altogether different form; that is not as I stated it. It is an entirely different statement.

3939. Will you state what your charge is?—Allow me to say that I make no charge against them. This statement which I made was not meant as a charge against the Council. It is a mere statement of a fact, that the Council as at present arranged, needs to be paid, or is paid with the consent of the Privy Council, a fee of five guineas to each member, besides hotel and other expenses, and therefore their sittings cost upwards of 100 £, or 120 £ a day; I say that is a grievous loss to their efficiency; and amongst the ways in which I illustrated that was by showing that, and showing the necessity of paying that huge sum every day, imposed a financial limit to their sittings.

3940. Is this the opinion also of the Association whom you represent in the medical journal you have spoken of being in communication, and having a letter-bag by which you communicate with some 10,000 members of the profession; do you mean to convey to us that this is your own individual opinion of the proceedings of the Council with regard to money matters, or is it the general opinion of the profession?—I again state that I express no opinion; I state to you a fact on which I have not expressed an opinion, either my own or of those 10,000 persons; I accept the fact; the fact is there. The opinion was your opinion as to their corruption, not mine; I deny that opinion.

3941. You are of opinion that to a reformed Council there ought to be no payment?—I am of opinion that to no Council, reformed or unreformed, should there be any payment for their sittings.

3942. Do you anticipate that if you have direct representatives of the profession on this enlarged

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and reformed Council, including representatives of the Poor Law medical practice, those gentlemen will be able to attend in London without receiving any remuneration?—I have already said that I do not state this as a mere matter of opinion, for I should be very sorry to give any mere opinion. I could quote a great number of instances in which persons occupying a position in the Poor Law service have given up much more time that was unpaid for than is involved in such duties as those of the Council. And it is not a question of payment. I could quote to you a number of instances in which they have given their time, and there is no reason to doubt that they would always do so in such matters, and that they would be happy and proud to do it.

3943. You complained to-day of the College of Surgeons disobeying the recommendations of the Council in the matter of clinical examination; did I understand you correctly to say that in the case of a membership of the College they had patients taken to the institution where the examination was going on, and in that way the clinical examination was carried out, but in the case of a fellowship the candidates for the fellowship were taken to the bedside of the patient in some of the hospitals?—I said that it used to be so.

3944. Do you disapprove of that?—I am very sorry not to be able to say yes or no to your question, as I should wish to do; but the fact is, I did not complain of it; what I said was this: That whereas the General Medical Council had made that recommendation that for their minimum test, which is the only thing they concern themselves with, the clinical examinations should be conducted by the students being taken to the hospitals (and I have pointed out that the College did so for their fellowship, and the Council have recommended that they should do it also for their membership, and that all bodies should do it); the college replied by doing exactly the reverse, by not doing it for their membership or for their fellowship. I point that out, not as a complaint against the College, but simply as showing that they did exactly the opposite of what the Medical Council said was necessary to be done.

3945. I understand you to make that as a complaint against the College of Surgeons?—Not at all. The College of Surgeons may be perfectly in the right.

3946. Is it not the case that the candidates for the membership of the College of Surgeons are very numerous, and that the candidates for the fellowship are exceedingly small in number; that consequently it would be exceedingly inconvenient and dangerous to the patients in the hospital to take a large crowd of young men into the wards for clinical examination; is not that the motive which actuates the College of Surgeons?—I am aware that it is said so; but I think you will find that it is not so. I think you will find that in the University of Edinburgh there is as large a number of candidates as in London, and unless I am mistaken all the students are taken by proper arrangement to the hospitals, so that that objection is a fanciful objection and not a real one.

3947. You think that it would not be injurious to the patients in a hospital to take a large number of medical students into the wards for the purpose

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purpose of clinical examination?—If you have an unfit patient it might be dangerous to take even one person to examine that patient, but if the patients are suitably selected it appears to be shown by the experience of many examining bodies, that a great many students, by spreading them over a large number of patients in the hospitals, as they have an opportunity of doing in London, can be taken to the hospital without any detriment to the patients.

3948. Is it not the case that the gentlemen of the College of Surgeons who have to decide this question, are generally themselves the acting surgeons of our London hospitals?—No doubt.

3949. And is it not possible that they may have a knowledge of the effects which would be produced by a crowd of students; and they may in the interest of their patients consider it improper to adopt the course which you say should be adopted?—My answer would be that supposing I was to accept your views, it would merely add an argument why the College of

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Surgeons should disobey the Council; but my point was that they do disobey it, and so do other bodies with impunity.

3950. In the Medical Register there are a great variety of medical qualifications; some medical men have many qualifications, some very few; do you know anything of the mode in which the College of Physicians of Edinburgh gives its qualifications of the licentiate, of the membership and of the fellowship?—The College of Physicians of Edinburgh gives its license on a separate examination, or upon the conjoint examination, the details of which you do not require probably.

Sir Trevor Lawrence.

3951. You say in answer to Question No. 3795, I gave them no credit for either the one or the other, because the register was made by the clerk, and the "Pharmacopœia" was made by a man who was paid 2,000 *l.* for making it?—I said by a committee which was paid 2,000 *l.*

Mr. ANDREW WOOD, M.D., called in; and Examined.

Chairman.

3952. You are a Member of the Medical Council?—I am.

3953. For how long have you been so?—Since the beginning.

3954. Are you the representative of the College of Surgeons?—Of the Royal College of Surgeons of Edinburgh.

3955. Have you been President of the College of Surgeons of Edinburgh?—Yes.

3956. Your practice has been at Edinburgh, has it not?—As a family practitioner I have practised for 45 years, and I still practise as such.

3957. We have had much evidence, as you are aware, and therefore I will ask you one or two questions upon matters which have not been very much brought before us; as you say, you have been a member of the General Medical Council from the beginning, will you tell us what you consider was the condition of the profession before the passing of the Medical Act?—The condition of the profession then was not satisfactory at all; and if you will allow me I will mention in what respects. In the first place, there were 19 licensing bodies, each of them apart, regulating its own curriculum of study and examinations. Secondly, there was no authorised minimum standard of qualification for practice. Thirdly, there was no central, guiding, controlling, and supervising power. Fourthly, there was only a very partial preliminary examination in general education, and that only by a few of the bodies. As regards the Edinburgh College of Surgeons, I may state that we instituted such a preliminary examination years before the passing of the Medical Act. And perhaps you will allow me also to state a circumstance which I think bears upon this. At the time that I myself was examined at the College, the preliminary examination, as it was called, was taken at the same time, when the professional examination for the license was held; that is to say, a man when he came up for his professional examination was examined in Latin, natural philosophy, and some other things. I moved in the College that the preliminary examination, as it was called, though

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not in fact preliminary, should henceforth be held before the commencement of medical studies. The College were rather aghast at such a revolutionary proposal; they were frightened at it; and I said, "Well, suppose we make it optional?" and that was agreed to; and we prepared our hall for 20 or 30 students, which we thought was likely to be the number that would come; but to show how popular it was with the students, no less than about 130 students came forward voluntarily to offer themselves for the preliminary examination.

3958. How soon did you make it compulsory; did you make it compulsory before the passing of the Medical Act?—No, I do not think so. We did it immediately the Medical Council issued the recommendation.

3959. Then there was no published register?—No, there was no published register to enable the public to distinguish qualified from unqualified practitioners; and besides that, which I believe was the original cause of the agitation for reform, there was the existence of several injurious monopolies of practice, of which I believe the Committee are aware.

3960. Such, for example, that within certain areas only certain persons could practise?—Yes; in our own college for example we had a monopoly of two or three counties round Edinburgh which we never exercised.

3961. The result was that, in your opinion, incompetent persons were too often licensed to practise?—No doubt of it. I think it right to add that I was at the time, and am still a medical reformer.

3962. What were the objects that were aimed at by the promoters of the Medical Act?—The first object was the removal from duly qualified men of all restrictions on the right to practise throughout the three kingdoms. Secondly, in order to justify this emancipation the endeavour to provide that none of the licensing qualifications of the various medical bodies should be granted, unless they came up to a minimum standard, which should secure the possession

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possession by persons obtaining such qualifications "of the requisite knowledge and skill for the efficient practise of their profession."

3963. That was one object?—Yes, a great object.

3964. But you would not admit that that had been entirely attained, would you?—It is attained to a very considerable extent, and, as you will find as we go on, to a much larger extent than some of the witnesses before you have allowed. Thirdly, the submitting the licensing bodies to the control and supervision of a central authority, to be called the General Medical Council of Education and Registration.

3965. Then it was in order to effect those reforms that the Medical Act was passed?—Certainly.

3966. What is your opinion of the Medical Act?—On the whole, I think, the Medical Act has proved a very beneficial Act; and that it would have proved much more so, but for an unfortunate blunder in it; that blunder was the enacting of Clause 31 of the Medical Act, which I shall read: "Every person registered under this Act shall be entitled, according to his qualification or qualifications, to practise medicine or surgery, or medicine and surgery, as the case may be, in any part of Her Majesty's dominions, and to demand and recover in any court of law with full costs of suit, reasonable 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." Now the blunder was this: the Bill should have provided, which it did not, that no one could be registered who had not a complete qualification in medicine, surgery, and midwifery. This would have led, I am convinced, under Clause 19 of the Medical Act, which you are aware allows a combination of one or more boards, and was put in for the very purpose of providing this, but not made compulsory; this, I say, would have led to combinations of boards in England and in Ireland, similar to those which now for 20 years have obtained in Scotland.

3967. That would, in your opinion, have prevented what you consider the anomaly, if not the evil, of a great many persons in England who are surgeons only and not physicians, and who are physicians and not surgeons?—Yes, certainly; I think it was a very great anomaly and a very serious evil. In Scotland we did not feel it, because I may mention to you that, although the Royal College of Surgeons of Edinburgh was only entitled by its charter to qualify in surgery, we never issued a diploma within my recollection (and that goes back nearly half a century, I am sorry to say), unless we had examined every man who came up for it in every branch of the profession, including medicine and midwifery.

3968. I observe that you say not only medicine and surgery but midwifery; do you think that every practitioner in the medical profession ought to be qualified in midwifery as well as in medicine and surgery?—Most undoubtedly. I think it was a very grievous error that anybody should ever have had a diploma given him, whatever his qualification might have been, without having been examined in midwifery.

3969. There are in Scotland combined boards; how long have they been at work?—Twenty years.

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3970. Will you just explain the working of the Scottish combined boards which you say have for 20 years been in existence, and in operation in Scotland?—This is what we laid before the Medical Council, which was agreed to and sanctioned by them: "The Royal College of Physicians of Edinburgh, and the Royal College of Surgeons of Edinburgh, while they still continue to give their diplomas separately, under separate regulations, have made arrangements by which after one series of examinations the student may obtain diplomas of both colleges. The general principle of this joint examination is, that it shall be conducted by a board in which each body is represented in those branches which are common to both medicine and surgery, but that the College of Physicians shall take exclusive charge of the examination in medicine, and the College of Surgeons of the examination in surgery. The object of the joint examination is to give students facilities for obtaining from two separate bodies, and at less expense, a qualification in medicine, and a qualification in surgery. Students passing that examination successfully will be enabled to register two qualifications under the Medical Act; licentiate of the Royal College of Physicians of Edinburgh, and licentiate of the Royal College of Surgeons of Edinburgh. The arrangement for thus conferring a double qualification by the co-operation of the two colleges is in conformity with Section 19 of the Medical Act, and received the special sanction of the General Council of Medical Education and Registration at a meeting held on the 7th of August 1859." That is exactly a year after the Act was passed.

3971. This is a combination of the College of Surgeons and the College of Physicians of Edinburgh, but it has nothing at all to do with the universities?—Nothing at all.

3972. But practically the same thing happens at the university; they not only give a complete qualification, but they will not give an incomplete qualification?—No; I may mention that we challenged in the first instance the right of the universities to give a mastership in surgery, and we went before the Privy Council, but we were beaten there. The College of Surgeons, England, went along with us, but the Privy Council decided that the universities had a right to give a mastership in surgery.

3973. There is the same combination of examining by physicians and surgeons in other places in Scotland besides Edinburgh, is there not?—Yes, the College of Physicians of Edinburgh also made a similar combination with the faculty of physicians and surgeons in Glasgow, but although it is called the faculty of physicians and surgeons, and is merely a faculty entitled to grant diplomas in surgery, they have carried on the same complete course of examinations as we have for the Glasgow students.

3974. We will now go a little into your experience of the history of the Medical Council; can you tell us what they did when they first met?—I can tell pretty well all about the Medical Council, for this reason, which I perhaps may explain to you; I was elected chairman of the business committee of the Council 19 years ago, and I have been re-elected every year since then; and perhaps I may just at this stage contradict a statement which I heard in this room, that the business

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business committee is paid; it is not paid. And I emphatically contradict also another statement, which is, that I, as chairman of the business committee, used to give notice, or to report to the Council, how long the money would last, and how long therefore the sittings of the Council should continue; I never did such a thing, and to be considered capable of doing such a thing makes my blood boil.

3975. Does this committee sit very often?—I should explain that the business committee is appointed at the commencement of the session, and at the termination of each sitting of the Council during its session the business committee meets in order to arrange the business for the next day, and to prepare a programme which is issued to the members by the registrar.

3976. What did the Medical Council first set to work to do when they met?—When the Medical Council first met it was a very curious concatenation of atoms; we had all been at loggerheads, fighting against one another, ear-wiggling Privy Councillors, and ear-wiggling Members of Parliament. We had not met hitherto together face to face to fight the battle fairly out, and certainly there may have been, and in fact was, an awkwardness at first, but we became very good friends very soon. But we were embarrassed a good deal by the number of different duties which developed upon us all of a sudden. Some of the members of the Council had never been accustomed much to business, but some of them from their connection with colleges, had been. But I think in the very first meeting of the Council we began to consider education and examination; we lost no time in doing that, and we proceeded to frame recommendations of which we made a code. Now one of the witnesses stated to you, I think, this very day, that we had never formed a code of education and examination. We formed a code then, and that code has been, from time to time, as circumstances demanded, altered and amended, and is in existence and in force at the present day.

3977. Was the result of your labours a speedy improvement of the examinations by the different bodies?—No, it was not speedy, nor indeed could it be expected to be very speedy. It was quite a new thing, and you could not expect much improvement until the recommendations had gone forth, and been fully considered by the bodies, and before time had been given them to carry them into operation, and I have no hesitation in saying that the Medical Act for some years did not produce any very palpable improvement; at least, not nearly so much improvement as we who were medical reformers could have wished.

3978. Do you think that there is now an improvement?—Immense.

3979. You have one testimony of it, have you not, and that is the Army and Navy medical reforms?—Yes, I may mention that my late lamented friend, Dr. Parkes, who was perhaps one of the ablest men that ever sat on the Council, and a very enthusiastic man, a man who when he took up an idea was determined to carry it out to the utmost, and to make everything thorough that he undertook, presented to us a statement of facts which was new to us, but which had been framed by him upon facts which we had no means of knowing previously. He brought, amongst other things, before us a statement which was

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perfectly true, that many men came up for the army and navy medical examinations holding qualifications of licensing bodies, who, on examination, even in common subjects of medicine and surgery, had been found deficient. I believe very few of the bodies were exempt from that unpleasant imputation at that time.

3980. It was tested year by year?—Yes, it was tested year by year, and I know that the effect it produced amongst the bodies was to give them at once an incitement to work out reform; and as the result, I believe I am right in stating that the number of failures in army and navy medical examinations now is reduced to a minimum.

3981. With regard to the recommendations of the Council, do you think that you have power to enforce them or not?—Yes, I think we have power to enforce them in anything that is material.

3982. The only way that you can enforce them is not by giving them the order first, but by making a representation to the Privy Council and getting them to give the order?—That was the only thing. I may just illustrate what I meant when I said "in anything material:" supposing we had made a recommendation to the bodies that they should have clinical examinations, and supposing any of the bodies had positively refused and said, we will not do it, I have no hesitation in saying that the Medical Council would have represented that to the Privy Council.

3983. Supposing the Medical Council had been at issue with an important body, such, for instance, as the College of Surgeons in London, or the University of Edinburgh, I suppose the Privy Council would have been bound to hear the defence of such body before they had issued an order?—Unquestionably, and the Medical Council might have been beaten there. I may mention also, as another example, that which happened in regard to one of the bodies, to which allusion has been made by a witness to-day. The Council came to a determination, by a very small majority however, that it was not desirable that apprenticeship should form the first year of medical study, which the College of Surgeons of England were in the habit of doing. As I said, that majority was not large, and we have been twitted because we did not represent the College of Surgeons, but I will explain why. The majority was very small, and some of the majority even had some doubts whether it was right against such a powerful body like this, who ought to have good means of knowing, to represent them, and I know for certain that some of the members of the majority soon came to change their opinion about the apprenticeship dispute.

3984. I suppose you would have expected that the authorities of the Privy Council would have thought it their business to find out whether any representation was unanimous, as by a large majority or a small one?—Certainly, and by a mere measuring cast majority I really should never think of enforcing such a fundamental change as that.

3985. Comparing your action, which has been mainly by moral suasion, with what it might have been if you had tried to force those bodies to do what you wanted, do you think that the cause of reform has lost by your not forcing them?—I think

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think not; that the Council did well to use moral suasion I have not the least doubt, and in fact I may say I am very glad indeed that the Medical Council have no larger powers, because I believe they might have done a great deal of mischief by making rash and uncalled for changes. In a profession like ours I think that progress should always be gradual, and that you should not all at once bring in fundamental changes without giving the bodies to whom you make recommendations full time for consideration, and without giving them an opportunity of stating reasons which might possibly convince us that they were undesirable.

3986. And would not this have been the effect, that if the Council had absolute power to act of itself without representations to the Privy Council, it would have resulted in putting the Council, practically, in the place of the corporate bodies?—Certainly.

3987. And destroying their authority?—Certainly; they would have been superseded.

3988. I suppose that the result would have been that the eminent men of whom the Council is composed, would have hardly liked to take the place of a governing body like the College of Surgeons?—Yes. I may add that I do not see why any one should wish to join a body which had no power whatever, and which would have become merely an ornamental club, entitling its fellows merely to call themselves F.R.S.C. or F.R.C.P., as the case may be.

3989. Do you consider that it was your business to say to the examining bodies this is the course of study which we think you ought to have, or do you think it was your business to find out whether the course which they adopted gave the proper qualification?—I think the latter was the proper course, because if you will observe, the Act gave us power to ask for information and to call for returns. Those returns were all considered, and then it was easy for us to see how far they differed from the recommendations of the Council.

3990. Have you watched the visitation of examinations by the Council?—Yes.

3991. What effect do you think they have had?—They have produced a most excellent effect. If there is one thing which has given me more vexation than another it is this, that in consequence of the continued agitation for violent medical reforms which has been going on for some years, those visitations have been discontinued.

3992. They have been practically discontinued?—Yes, for the last four or five years. The reason of it is simply this, that we were waiting like the clown on the banks of the river, waiting always for this Medical Bill, which was to change everything, and which never came. That the bodies also were waiting is certain; I know that some of the bodies would have adopted improvements, but they had always said, "If we are going to be wiped off the face of the earth, and there is going to be a conjoint scheme, what is the use of our moving at present."

3993. Before those visitations were suspended, how often were they made?—I am not quite sure; but I think there were five visitations. I was myself one of the visitors on the first occasion; I visited the University of Glasgow, and the Faculty of Physicians and Surgeons of Glasgow, and the University of Aberdeen.

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3994. For instance, how often has your College of Surgeons at Edinburgh been visited?—I think it has been visited three or four times.

3995. You think that those visitations ought to be resumed?—Most unquestionably.

3996. There was no necessity to stop them; it was merely because of the expectation of a fresh Act that you waited?—That is so; I believe that the visitations would have been resumed long ago; and my own feeling is, that those visitations should be systematically carried on year by year.

3997. With regard to the fees paid to the Council, they are at present 5 *l.* 5 *s.*; do you think they might be reduced safely to 3 *l.* 3 *s.*?—I think they ought to be; and if they were reduced to 3 *l.* 3 *s.*, I think that you could provide amply for the addition of six members upon the Council, and for the continuous visitation of the different bodies.

3998. You think that 3 *l.* 3 *s.* for the daily pay of the members of the Council would be enough?—I think so; in fact I mooted it some years ago, but the Council did not seem to like it.

3999. Upon the whole, do you think that the Medical Act and the Medical Council have been a success?—I think that up to a certain point they have been; at all events, I think they have been a success, so far as not to require such a revolutionary measure as that proposed by Her Majesty's Government.

4000. You have been a general practitioner for 45 years; taking the position of the profession as it is now and as it was we will say 30 years ago, what do you think?—It is as different as night from day. I am brought in contact, and have been brought in contact, as you may imagine, during those numerous years with large numbers of my professional brethren, and I quite agree with what Sir James Paget said, that for every one person that he met who was ignorant he met with 20 well informed. I may state that even in the outlying districts in Scotland, we are often called upon to consult with men whose knowledge and skill are remarkably good; indeed, we are well supplied with practitioners.

4001. Has that progress been more or less during the last 10 years than in previous decades?—I think it has increased in a very large and increasing ratio.

4002. There is now a preliminary examination in general education by all the licensing bodies, is there not?—I think so, without exception.

4003. Do you wish to say anything with regard to the preliminary examination in the Royal College of Physicians and Surgeons in Edinburgh?—What I wish to explain is this: The Medical Council in one of their recommendations, said that they thought that the examinations in general education should be remitted entirely to the national education bodies. We decline, unless compelled by the Privy Council, to part with our own preliminary examinations. We have always had very strict preliminary examinations ourselves, and we consider it part of our right and privilege to hold these; but these examinations are conducted by a special board. One department of our special examination I may mention for 12 years was conducted by Professor Kelland, whom I think the Right honourable Member for the Edinburgh University will testify to

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to be a first class man; it is now conducted by Professor Tait, who is equally distinguished. The examination in Latin and Greek (and I do not know whether you will think that a good or bad thing), is conducted by myself. The examination in French and German is conducted by Dr. Haldane, who is a very accomplished French and German scholar; and the examination in English by Dr. Inglis, who is also a very accomplished gentleman; but the subjects of geometry, algebra, arithmetic, and natural philosophy are conducted at present by Professor Tait, of the University of Edinburgh.

4004. A register of the medical students has been established, has there not?—Yes; I think that is one of the most important things that we have done; every student before he can begin his studies, before he can be registered as a medical student, must produce a certificate that he has passed the preliminary examination in general education, in conformity with the recommendation of the General Medical Council.

4005. Does this apply to all three kingdoms, that there must be a preliminary examination everywhere?—Yes, to all three kingdoms.

4006. Now as to the curriculum of study, has that been improved?—The curriculum of study has been immensely improved, and extended to four years.

4007. What used it to be in your recollection?—I think it used to be about three years; and although four years is now the minimum, I may state that I believe a great many students find it necessary to take five years; I would also state that I think that the curriculum of studies of all the bodies is at the present moment quite as uniform as could be desired.

4008. Would you say that of all the bodies?—I think so; I mean the curriculum of studies just now.

4009. For instance, do you think the curriculum of study for the Apothecaries' Society of London or of Dublin, is as near the curriculum of study for the Edinburgh University as it is desirable that it should be?—It is a delicate matter to express an opinion upon. With regard to the Apothecaries' Societies, I think that their *raison d'être* is gone; but I am quite satisfied of this, that if the Colleges of Physicians and Surgeons of London, and the College of Physicians and Surgeons of Dublin, had made similar combinations to what we have in Edinburgh, those societies would have been, practically, pretty nearly extinct by this time.

4010. You see your answer goes a little further, because it goes to the extent that it is not necessary for them now to make such a combination, inasmuch as you say that you think that the curriculum is as uniform as you would care to have it?—That is the curriculum of study; the examination is quite a different thing; I limit my answer at present to the curriculum of study.

4011. Now we will come to the examinations; I suppose they are generally more extensive than they used to be?—Much more. When I was examined myself (one likes to go back just as far as possible), I was examined I think for only about half-an-hour on the whole affair. But now, if you will allow me, I will give you a statement of what our examinations are at present, and you will see that it is a pretty stiff matter. This is the course of examination for

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the double qualification of the Royal College of Physicians and Surgeons of Edinburgh: "All candidates must have been registered as medical students after passing a preliminary examination in general education at the commencement of their medical studies, and cannot pass their final examination and receive their diplomas till the lapse of 45 months after such registration. There are the following professional examinations: 1st. Professional, both written and oral, on anatomy, physiology, and chemistry. This may be taken at the end of the second year: 2nd. Professional, both written and oral, on medicine and materia medica, surgery and surgical anatomy, midwifery and medical jurisprudence; and in addition, clinical examinations in medicine, and clinical examinations in surgery in the Royal Infirmary. The written questions are prepared by special committees of the examiners, but are, I think, considered and finally adjusted by a board of the whole examiners. The first professional is held at Physicians' Hall. The written examination lasts for four hours, from one o'clock till five. The papers are scrutinised and adjudged upon by a joint committee of examiners in the evening. Those who have passed are summoned for next day to the Surgeons' Hall, where the oral examination is held. Each candidate is examined for 20 minutes on each of the subjects, viz., anatomy, physiology, and chemistry. In the anatomical examinations, bones, dried preparations, and dissected parts of the body are used. In the physiological examination, the microscope is used. In the chemical examination, tests are applied." Then with regard to the second professional examinations, "The written examination is held in Physicians' Hall. It lasts from 11 o'clock till 6, with one hour's interval from 3 to 4. From 11 to 3, medicine with pathological anatomy and materia medica, surgery and surgical anatomy, are the subjects of examination. From 4 to 6, midwifery and medical jurisprudence. The papers are scrutinized that evening. Next day the candidates who have passed are summoned to attend at the Royal Infirmary at 10 o'clock a.m., and are examined for an hour in clinical medicine, and at 11 a.m. for an hour on clinical surgery;" of course those examinations being conducted by physicians and surgeons respectively. "The candidates on the same day at Surgeons' Hall are examined orally on all the subjects of the second professional. Each candidate is examined for one hour and a half; medicine and materia medica, half an hour; surgery and surgical anatomy, half an hour; midwifery and medical jurisprudence, half an hour."

4012. This is the qualification which is necessary in order that any man should obtain any diploma for practice?—Yes, I think that is all that the Medical Act entitles us to do.

4013. With regard to the fellowship, that is an additional honour which you give?—Yes, that appertains to each college for itself.

4014. You make no man a fellow who has not passed his previous examination?—Certainly not, unless he has previously passed for the license.

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4015. Do you admit candidates to a fellowship or confer a fellowship on candidates who have attained the membership of any college in any country?

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country?—Yes, of any college of surgeons in the United Kingdom, or of the Faculty of Physicians and Surgeons of Glasgow, and without examination; that is, by our charter

4016. Then a fellowship, being a higher honour, you bestow without examination upon pay of a fee?—Yes, but there is searching inquiry made by the Council into every application, and when a man has become a surgeon to a hospital, or a surgeon to an important public institution, and can produce testimonials from competent witnesses, we consider that as good a test as any examination we could apply. Or if a man has got into a high position as a practitioner, we consider ourselves entitled, and in fact, by our charter, we are bound to admit such a man to the ballot.

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4017. But what I want to know is this: Can a man become a licensed practitioner by being a fellow of your college, without having passed through one of the examinations that is acknowledged by the Medical Act?—No, it is impossible; he cannot possibly do that.

4018. Then as regards your examinations, do you think in general they are more extensive, practical, and searching than they were?—I can only speak from what I know, but I think I may say that in general they are very much more extensive and practical and searching.

4019. With regard to clinical examinations, they are not universal, I believe?—Yes, they are now quite universal; I do not think there is any body that does not examine clinically. There may be some difference of opinion as to where the clinical examination should be, whether only in a hospital, or by bringing the patients to the college, but I think that, practically, it comes to very much the same thing; I would undertake to clinically examine and to test a man's knowledge by bringing patients to him, as well as by going to the bedside; but in Scotland we all go to the bedside.

4020. I suppose that the fact that the examination is searching and real, is proved by the number of rejections, is it not?—Yes; I have tables that will show that, I think; I have a table here of the results of examinations for the qualification of licentiate of the Royal College of Surgeons, Edinburgh, and the double qualification of licentiate of the Royal College of Physicians, Edinburgh, and licentiate of the Royal College of Surgeons, Edinburgh, from 1st January 1859 to 1st January 1879; I may give shortly the results: "During the period embraced in the foregoing table, 21 per cent. of the candidates examined for the first professional single qualification, and 33 per cent. of those examined for the first professional double qualification were rejected. For the second professional single qualification, 13 per cent., and for the second professional double qualification, 27 per cent. of those examined were rejected." If you will allow me to offer an explanation, 13 per cent. seems a small percentage for the second professional of the single qualification; I believe the reason for that is, that the rejections in our double examination have been steadily increasing, whilst in the single examination they have been steadily diminishing; but there are a number of graduates of the University of Edin-

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burgh, who after having taken their degree, come to us to get the membership of our college, with a view to holding hospital appointments afterwards; I would like to put in this table. (*The same was delivered in.*)

4021. Do you think that the general standard, not merely of your examination, but the general standard throughout the country, could be pushed up much more rapidly than it is?—I think that the results of those examinations, in the number of rejections as to which there are tables, I believe, which are before the Committee, which were drawn up by Dr. Smith, show that if you were to push them very much up, you could not man the country with medical men. You could not fill the services with medical men; it is difficult enough as it is; I may mention that I am sometimes asked to recommend medical men for country districts in Scotland, and I have often great difficulty in getting men to go.

4022. What sort of men are they that go to the country districts in Scotland now?—Excellent men; there are some men whose names, if I were to mention them, would commend themselves to you at once; I know it is so, from being conversant with various parts of the country; I meet them constantly. My family go into the country in the summer to different parts of Scotland, and we have always been most fortunate in meeting with most excellent medical men.

4023. Then you think I may say that the upshot of what has happened is this, that generally speaking both in the large towns and in the country districts, the country is pretty well supplied with qualified practitioners?—I think so. I do not by any means mean to say that we should stop short of further improvement; I think there is room for that, certainly, and in every profession there must be.

4024. Do you know much about France and Germany?—No more than having travelled there; but I know something from having had patients abroad, and I would say, also, from reports that have been brought to me as to the practitioners there. I do not look upon them as more highly qualified than (I am speaking very much at random), if indeed so highly qualified, our own men.

4025. I am not now comparing the first men in the profession in the two countries, but the general run of practitioners?—I should say that the general run of practitioners in this country is fully up to that of any other country in the world.

4026. It has been, I believe, stated that some of the Scottish bodies, in order to attract candidates, offer their licenses on easier terms than in any other part of the kingdom; do you confirm that statement?—I can only say that, if it is stated that we do that in order to lure candidates to Scotland that we may make money, it is a base and unfounded insinuation.

4027. We have had a statement brought before us of what happened several years ago, just before the Medical Act was passed, with reference to the College of Physicians in Edinburgh, that a large number of diplomas were given almost without examination?—A witness for the College of Physicians can best answer that question; I know that the College of Surgeons never granted a diploma without examination.

4028. I suppose

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4028. I suppose you could answer for both bodies as to what is done now?—Yes; certainly there is no such thing as passing for the single or double qualification of these colleges without a full examination. I think we had reason to complain (I think it necessary to state that here) that in the Medical Council one of the visitors who was visiting the examinations in Ireland thought proper to introduce into his report a statement that he had ascertained that candidates rejected by the Irish bodies were in the habit of going at once over to Scotland and getting their licenses. When he made that statement that they were in the habit of going to Scotland for that purpose, I need hardly say that our Scottish blood was up, and we challenged him for the proof, and he refused to give us his authority, or to communicate the particulars. That was most unfair; and as it was brought out here in evidence twice, I have felt bound to rebut it.

4029. Many persons do go to your examinations from England and Ireland, do they not?—There is not the least doubt of that.

4030. Why do they go?—A great many Englishmen and a great many Irishmen and foreigners come to Scotland to be educated; and I believe they come to Scotland to be educated, because they find that the education in Scotland is very high indeed; I have no hesitation in saying that the education in Scotland will compare with the education in any other country, but one of the chief reasons (and I think that ought to be explained) why we have so many English and Irish students coming for licenses to Scotland, is this; it is owing to the colleges of physicians and surgeons of England and Ireland not forming combinations similar to ours. Just the other day a student came to me and said, "I am come to Scotland to get your double licence." I said, "Why do you come here; why not go to the English body?" and he said "Because if I want a double qualification, in England I must go through two separate examinations by two separate bodies, and it is the same in Ireland; whereas if I come here, by one series of examinations, I get the double qualification." That is the reason why a great many come to Scotland, and if the English had been wise in their generation they would have adopted our double plan.

4031. Take, for instance, a practitioner who is just setting up in business in one of our towns, if he has been to Scotland he is a licensed surgeon and a licensed physician?—Certainly.

4032. And in order to have got those two licenses, and to call himself legally a doctor, if he has had English examinations, he must in all probability have been both through a physician's examination, and an examination at the College of Surgeons or at the Apothecaries' Society?—Yes, through the College of Surgeons necessarily, and through either the College of Physicians or the Apothecaries' Society at his option.

4033. That takes up more time, and also, I suppose, costs more money?—Yes. In order to show you how that acts in regard to the fees, we find that we can examine for our single diploma for 15 guineas, but we can give the double qualification for 20 guineas by the combination of the bodies, such is the economy produced.

4034. You mean to say that economy is produced.

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duced by the fact that there is one examination?—Yes. Supposing candidates were to take the qualification singly, from each, it would cost 30 guineas, but by going up for the double, they can get it for 20 guineas, in consequence of the saving by combining the examinations.

4035. I suppose that this notion of easier examinations in Scotland has been prevalent enough to bring some men to your examinations?—I have no doubt of it, but they find themselves very much disappointed; the rejections are very numerous amongst those that so come to us.

4036. Upon the whole you do not take a pessimist view of the present state of things?—Quite the reverse. I take a very encouraging view. I think if we were left alone, and if only a very slight modification of the Medical Act were made, and if the Medical Council were to go on carefully issuing its recommendations and enforcing them, where really there was a necessity for such enforcement, and if a continuous and steady visitation year by year of the bodies were carried out, there would be nothing left to complain of.

4037. When you speak of the amendment of the Medical Act, what exactly do you mean?—I would repeal Clause 31, and would have a clause similar to what I think was in the Duke of Richmond's first Bill. I see it is Clause 3 in the Duke of Richmond's Bill, and it is in these terms: "After the commencement of this Act the medical registrar shall not register a person in the medical register unless either such person holds a double qualification within the meaning of this Act, obtained after examination in the United Kingdom, or unless such person is a Colonial or foreign practitioner entitled, under this Act, to be registered without examination in the United Kingdom."

4038. The chief change which you would recommend, and which you think would be almost sufficient for the Legislature to undertake, would be the prevention of the single qualification?—I think so, and the encouragement of the double qualification.

4039. You would go rather further, and say that there should be no single qualification?—I do not know that I would go that length. There may be occasions in which you might give a single qualification, but then that single qualification could not be registered unless in conjunction with another complementary single qualification.

4040. What I mean is, that you would not allow any single qualification to give a right to be upon the register?—No; because look what it amounts to at present. A man can be put upon the register who has not been examined in surgery, or a man can be put upon the register who has not been examined in midwifery. Now, if this clause were passed, there could be nothing of that kind.

4041. Is there no other measure that you would advocate?—I would advocate continuous visitation, but if it was resolved (which, however, I think is not necessary) to have a more organic change, and if you are to have something of a conjoint board system, then I say that every good object could be gained by this plan: leave the universities and the corporations to examine in all the subjects which they at present do up to a given point; let candidates then who have passed

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for the double qualification from the College of Surgeons and the College of Physicians, or from the University, and have got a certificate of having passed these examinations, go before a conjoint board which might be appointed to examine those who had obtained those qualifications clinically. I would preserve the clinical examinations for this conjoint board, so that it would be a sort of stamp by the conjoint board as to the practical knowledge of the man. As regards Scotland: in Edinburgh the conjoint board might be formed from the University of Edinburgh and the College of Physicians and Surgeons of Edinburgh; in Glasgow, from the University of Glasgow and the Faculty of Physicians and Surgeons; and in St. Andrew's and Aberdeen, from the universities of St. Andrew's and Aberdeen, and examiners sent down to them respectively by the Colleges of Physicians and Surgeons of Edinburgh and the Glasgow Faculty.

4042. But you would make the clinical examination a condition before they finally pass?—Yes, certainly.

4043. That points, does it not, to the earlier examinations being conducted by separate bodies as at present, or by your combination of two bodies?—Yes.

4044. The final examination being conducted by the conjoint board?—The final examination, as far as regards the clinical part of it; and I think this could be done without any grave dislocation of the present condition of matters and at a very moderate expense. The calculation that I have made is that those clinical examinations could be conducted at an expense of about five guineas to a student.

4045. With regard to the conjoint board scheme, I suppose you would not deny that there is a *primâ facie* argument in favour of three portals instead of 19?—Yes, there is, certainly, and some of us were bitten with the idea at first when it was propounded before we had fairly considered what it amounted to, and what it would lead to. I myself felt that, and I acknowledge to a change of my mind, but I did not change my mind without reasons; some of which I have expressed in a pamphlet which I should be very glad to give to any member of the Committee who would care to see it.

4046. It is the fact that you did yourself vote in favour of conjoint boards in February 1870?—Yes, I did; it was an abstract resolution that I voted for then.

4047. And at that time some of the Scottish bodies were in favour of it?—Yes, at first, but it was for a very short time.

4048. Who were they?—I think the Glasgow faculty was one of them; also, I think, the Edinburgh College of Physicians; also the University of Aberdeen, and partially the Edinburgh College of Surgeons.

4049. You went down to Scotland, did you not, and set to work to see how you could carry it into practical effect?—Yes, we set to work to see how we could do so; in fact, we have been accused of being obstructives, as if we had never tried the thing, but we did; I find on the 5th April 1872, in volume 10 of the minutes, that the Scotch Branch Council met, and it is stated in the minutes that "A scheme for conjoint examinations in Scotland was drawn up and directed to

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be circulated among the members of Scottish Branch Council only. It was agreed that another meeting of Branch Council should be held as soon as convenient for the further consideration of this scheme." Then the Branch Council met again on 12th April 1872, and I find it stated: "The scheme for conjoint examinations was considered and adjusted. It was arranged that the scheme, as at present adjusted, should be in the meantime communicated only to the members of Scottish Branch Council, and to the medical authorities in Scotland, and that these bodies should be invited to communicate their views upon the scheme by sending delegates to attend a meeting of Scottish Branch Council in the Royal College of Physicians of Edinburgh, on Wednesday the 15th day of May, at four p.m." We had several subsequent meetings, and perhaps you will allow me to state who were the delegates that came to the meetings, in order to show that there was a careful consideration of the subject. At the second meeting we had as delegates, Professor Lister from the University of Edinburgh, Professor Struthers from the University of Aberdeen, Dr. Haldane, from the College of Physicians of Edinburgh, William Walker, Esq., President of, and delegated by the Royal College of Surgeons of Edinburgh, Dr. George Buchanan, delegated by the Faculty of Physicians and Surgeons of Glasgow, and Dr. Allen Thomson, who acted for the University of Glasgow. We had another meeting at which there was a still further but not less distinguished delegation.

4050. What was the result of the meeting of those delegates?—They drew up a scheme; in fact they drafted four schemes, I think; but I do not think you would like to have them all read, for, truth to say, they are not very intelligible. I will give you what we agreed to at last: "Proposed scheme for a conjoint board for medical examinations for Scotland, as amended and adopted by the delegates from the medical authorities of Scotland, in conference with the Scottish Branch Council on 24th May 1872. 1. That a board of examiners, to be named "The conjoint board for medical examinations for Scotland, be constituted by the co-operation of the following medical authorities," namely, all the medical authorities of Scotland. "2. That the co-operating medical authorities bind themselves (conditionally on the requisite legal sanction being obtained) not to grant their degrees or diplomas to anyone who has not passed the examinations by the conjoint board. 3. That the duty of this board shall be to examine in clinical medicine, in clinical surgery, and in midwifery, all candidates for registration under the Medical Act, 1858. 4. That no candidate shall be taken on trial by the conjoint board who cannot produce evidence that he has completed the curriculum of medical study required by the Medical Council. 5. That the examiners on the conjoint board shall be chosen in equal numbers by each of the co-operating medical authorities, excepting the University of St. Andrew's, which shall choose one examiner. 6. That the examiners shall be elected in the first instance for a period of five years, and that thereafter one of the examiners chosen by each of the co-operating authorities (excepting in the case of the University of St. Andrew's) shall retire every year, and shall not be re-eligible till he shall have been out of office for at least one year. 7. That the expenses

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penses of the examination by the conjoint board shall not be more than shall defray the expense of the examination, but shall not exceed five guineas. 8. That the fees for the degrees and diplomas of the medical authorities shall be regulated as hitherto by the bodies granting the same. 9. That the Branch Council shall act as an honorary committee of management, and in that capacity shall regulate the number and remuneration of the examiners; shall fix the subjects for which each body shall elect examiners; and shall superintend the arrangements for the examinations generally. 10. That no member of the Branch Council shall be an examiner on the conjoint board. 11. That the conjoint examinations shall be held in Edinburgh, Glasgow, and Aberdeen, at such places in these cities, and at such periods, as shall from time to time be fixed by the committee."

4051. You agreed upon that scheme?—Some of us did; it was not unanimous. The College of Physicians agreed to it, and the College of Surgeons agreed to it, with the addition of the following words: "And that he has passed the examinations necessary for obtaining the diploma or degree of one of the bodies included in Schedule A. to the Medical Act, 1858." The Glasgow Faculty of Physicians and Surgeons did not think it went far enough in the direction of conjointism.

4052. How about the universities?—They were not at one about it.

4053. What became of this resolution?—We found the University of Edinburgh would not agree to it at all; the University of Glasgow would not agree to it at all; and the University of Aberdeen intimated that they "would not stand in the way of the scheme amended on the 24th of May being transmitted to the General Medical Council, but that the Senatus would have preferred a more complete and comprehensive scheme;" and St. Andrew's, I think, said they would agree to it under the circumstances, but did not care much for it.

4054. What was the final result of your efforts to establish a conjoint scheme?—This is the result contained in this resolution: The Scotch Branch Council resolved, firstly, that the scheme as adopted in conference on the 24th of May should be entered in the minutes of this meeting; secondly, that an abstract of the communications just read should be likewise entered in the minutes; that is to say, the communications from the different bodies; thirdly, that the original documents should, as soon as the abstract is made, be forwarded to the president of the General Medical Council; and fourthly (this is the cream of the thing), that the branch council for Scotland, although its members were never thoroughly satisfied that the scheme suggested for conjoint examining boards would confer all the benefits desired, have nevertheless loyally attempted to carry out in Scotland the wishes of the majority of the Council. But the results of all the efforts which have in Scotland and elsewhere been made in promotion of such schemes, and the circumstance that several important bodies have declined to accede to any of the schemes as proposed, have convinced this branch council that it is expedient for the present to desist from the attempt to form such a board in Scotland, and rather to endeavour to improve the existing system by carrying out a fuller in-

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spection of the examinations as authorised by the Medical Act," and that is the last of the conjoint scheme in Scotland.

4055. What is your own opinion upon the matter, now that you have endeavoured to see whether it could have been carried into effect?—I am quite sure of this, that if the Bill of the Duke of Richmond and Lord Ripon had been carried, and we had been called upon in Scotland to form a scheme upon the lines of the English scheme (for that is what we complain of, that we have been tried to be forced into the English lines); but I say, had we been asked to draw it up, I think in all probability we would have failed to do so, and then the Bill would have said, then the Medical Council must do it for you. But how the Medical Council were to do it after we had failed I can hardly see. But certainly the opposition to it now in Scotland is universal, and at a meeting of the Medical Council the year before last in a division all the members for Scotland voted against the conjoint scheme.

4056. Am I to understand by that that you consider that there is an almost unanimous feeling in Scotland against a conjoint board?—I would not say that. I believe there are a number of men that hold a different opinion; but certainly it is the unanimous feeling in the bodies.

4057. It is the feeling of a very large majority?—Yes, I think so.

4058. So much so that everyone of the corporate bodies would be against it?—Yes, every one, and every one of the universities.

4059. Will you just tell us why you think that similar combinations such as you have had, and which have carried out some of the objects of a conjoint board, were not formed in England and in Ireland?—I would have some difficulty in doing so; I think it might be got from the bodies in England and Ireland themselves; I believe they could not agree upon the terms; but I do not wish to speak for them on imperfect information, they can speak for themselves.

4060. There have been some proposals made for an uni-portal examination; what is your opinion upon that?—It would be quite impracticable.

4061. Why?—If you take the number of names that are added to the Medical Register in 1877, which is the year for which I take it, it was about 1,060 in round numbers that were examined. You may add to this a certain proportion for those who have obtained qualifications, but who do not register, seeing that they go to the colonies or abroad. You would then have considerably upwards of 1,000 to examine. But this is not all, we may safely say (deriving our information from the "Table of Results of Examination," annually published by the Medical Council) that, taking one examination with another, you must add at least about one-third more for those who are plucked; say, in round numbers, 300 more. So that about 1,350 would probably give you a fair statement of the total candidates requiring examination in the three kingdoms. Now you must multiply that number by four to give you the number of examinations necessary to be provided for, viz.: two written and two oral examinations, besides clinical examinations, medical, and surgical. About 4,400 then, and I believe that I am in fact considerably understating the case, is the number of examinations

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tions to be provided for before the one Imperial Board. It would be a very laborious thing, and it is quite evident that in order to overcome that you must have a very large number of examiners, for a few examiners could not undertake it. And what would be the result? That your board of examiners must necessarily be divided into a number of committees, and then what becomes of your one portal? The fact is, that the portals would probably be, at the least, quite as numerous as they are at the present moment.

4062. Am I to understand from that, that you think that the difference of the examinations by the different committees of examiners would be almost as great as it is now in the examinations by the different bodies?—I do not see how it could be otherwise. You could not have the same questions for them all to put. If you had I think it would be a serious evil. I think that a variety of examination is not a bad thing, if you are sure that the standard is maintained, because if you have the same questions put again and again it becomes a kind of stereotyped thing, and the grinders get hold of the questions, and so the test amounts to no reliable proof whatever of the education of the students.

4063. Do you think that the result would be that it would be easier for the person examined to cram for the examination?—I think so.

4064. Might there not be also this result, that the examiners themselves would examine, as it were, almost by rote by the questions that were given them?—I think so. I was an examiner myself for 25 years, and I must say that it would be a most irksome thing for an examiner. I doubt very much whether you could get a first-class man to undertake it.

4065. It would be irksome to a first-class man; but it would be much easier to men generally who could get the questions down from London, and would ask what they were told to ask; would not that be the case?—I think that would be the case with the uni-portal. I do not see how else it would be.

4066. You say that an objection to the conjoint Scotch board is felt as strongly by the College of Surgeons and College of Physicians as it is by the universities?—Quite as much; the fellows of both colleges have, I believe, unanimously at their meetings agreed to petition against the conjoint board system of the Government Bill; the fact is that all our affairs are managed by the fellows. We have no such thing in the Edinburgh College of Surgeons as a council of the college. We have a president, and a president's council, which is a mere council of advice.

4067. I understand that one of the chief grounds of objection made by the university is, that if there was a conjoint examination their examination would be lowered; is that your opinion?—I think the tendency would be to level down.

4068. That means levelling down to your level?—Either that, or levelling us up to their level.

4069. I can understand their objection, whether it be well founded or not, which is that a conjoint examination would lower the examination, because it would level it down to the general level, which I suppose means to your level?—Yes.

4070. That could be no ground for your ob-

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jecting to it?—No. Our objection is not at all about levelling, unless it happened that the conjoint examination is to raise the standard very much indeed, because I believe in that case, as I have said before, the country could be supplied with medical men; but I do not know that the object of the conjoint scheme is so much to raise the level as to produce equality.

4071. Or rather uniformity?—Uniformity is an impossibility, I think; but equality, or an approximation at all events to equality, might be effected.

4072. What effect do you think a conjoint board examination would have upon your corporation?—I do not think we would lose much in a pecuniary point of view by it; but on that point I am not sure, seeing that it would with us in Scotland be necessarily an expensive system.

4073. How do you get your funds at present?—We get them from the licence and from the fellowship; we have little else. We have some little accumulated funds, but not much.

4074. Inasmuch as there is a clause in the Bill which says that every man who comes up to the conjoint board must come up through somebody, you would not be injured pecuniarily?—But the conjoint system does not say that; it says that you are not to come up through any of the bodies; you are to come up through the conjoint board.

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4075. And then you must pass through the entry?—But the bodies have nothing to do with the door. Those who have passed the conjoint board have merely to knock at the door, and they get the liberty to put two or three letters to their name; it is a sham.

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4076. I want to know whether if there is not that duty on the part of your College of Surgeons the result would be, that the *raison d'être* of the College of Surgeons would disappear?—Not exactly on account of the examination, but on account of this: that if the English system is adopted, and you part with your power that you have used for regulating the curriculum of study, you part with the greater part of the power that you have of regulating the examinations?—At the present moment, when there is any proposition, either with regard to education or with regard to examination, these matters are discussed by our college, and the reasons for and against are stated, and we come to resolutions regarding them, and we feel that we are something worthy of the name of the Royal College of Surgeons; but if we are merely to endorse the examination of another body, a new body which is to be formed, and of which we form merely a fragmentary portion, we feel that we are nothing better than a club.

4077. Two or three witnesses before the Committee, speaking from different points of view, have rather suggested that a mode of settling the question would be, that the different bodies should give the preliminary examinations, and that the conjoint body should give the final examination; do you agree with that?—I think that goes too far in interfering with the bodies. I have said before that if the clinical examination were to constitute the pass examination, I would leave

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leave systematic surgery and systematic medicine, and perhaps midwifery, and materia medica, and medical jurisprudence, and those other matters which I have mentioned to the licencing bodies.

4078. Remembering that it is a layman that is asking you the question, why do you mention those two branches, clinical examination and midwifery?—Because they are complementary to all the other examinations. The object of all that the students have learnt before, and all that they have been tested on before, is to enable them to practice their profession, and the object of the clinical examinations is to see whether they are qualified to practice.

4079. I understand what you mean is this, that you would leave to the bodies the examination of acquirement, so far as learning and teaching are concerned, but you would give to the conjoint body the power of testing what has been acquired by actual practice?—Yes.

4080. That is to say, in very short words, that the separate bodies were to give the knowledge, and that the conjoint body was to test their fitness for practice?—Yes.

4081. Now we will leave the conjoint board, and come to the constitution of the Council; are you satisfied with the constitution of the Council at present?—I am satisfied that the Council do their duty in a much more capable and effective way than some witnesses have stated.

4082. We have been told that the members of different corporations are delegates of the corporations; is that so?—They are no more delegates than any Member of Parliament is a delegate; I never was told by my body what I was to do, and I would not have taken their instructions if they had. I consider myself an independent member of the Council. I have been returned now for many years to the Council, and when I go down to the college I generally give them an account of what has passed, and I take every opportunity of inculcating upon them the necessity for making the alterations which have been recommended.

4083. I suppose they have had the fullest confidence in you throughout those 20 years; that if the Edinburgh College of Surgeons was attacked, or its interest endangered in any way, you were quite sure to stand up for it?—You may depend upon that.

4084. But the impression which has been tried to be conveyed is this: that if the interests of the profession or of the public were at all at issue with the interests of the particular corporation, the special constitution of the Council would make the latter most attended to?—I think that it is taking a very mean view of the character of the gentlemen who are sent there; such men as Sir James Paget, Sir William Gull, and any other man, to say that they are capable of being unconscientious in the discharge of their duties; for it amounts to that.

4085. Of course the six members nominated by the Crown would be a prevention of that, even if it did exist to some extent?—I do not think that there is any body of men more independent than we are, although I suppose that most of the Crown nominees are attached to the corporations in some way or other.

4086. You have had the question of the direct representation of general practitioners before you, have you not?—Yes.

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4087. What is your opinion about it?—I may mention that in the year 1868 I myself mooted the question. I had long felt, in fact I have felt from the beginning of the Medical Council, that one fact was that there was not sufficient infusion of family practitioners in the Council, not that there are none, because I may state, as I have stated before, that I myself am one, and so is Dr. Scott Orr; and Dr. Fergus, of Glasgow, is one; and I think Mr. Teale, of Leeds, is one: he is a surgeon, but I believe he practices also as a general practitioner.

4088. If the constitution was so far changed, that is to say, that the profession was to elect a certain number of members, do you think that they would elect general practitioners?—I think they would.

4089. Would it be more likely that they would elect general practitioners than either the Crown or the present bodies; would they not be likely to elect some of the very well known men in the profession, and very high in its honours and position, such as the present members?—I think it might be so; I would however trust them; but I think what we want is more of the class of general practitioners than of consultants.

4090. What I want to know is, supposing that that is a want on the part of the profession, is it likely to be met by the plan of direct representatives; would they be more likely to elect general practitioners than consultants?—I think from what they state they would, and most unquestionably there is no doubt that they feel a grievance, and I have no hesitation in stating that I believe that more confidence would be placed in the Medical Council if some means were taken for infusing more of the general practitioner element into the Council.

4091. Even if they did not elect general practitioners, yet their representatives would feel that they were elected by the practitioners, and would consider their views and feelings?—Yes, I think so. I think that that is the natural conclusion.

4092. Therefore you are in favour of adding to the Council a certain number of direct representatives in the expectation that they would be general practitioners, and unconnected with governing bodies?—I do not say positively which way is the best of electing them, but I wish the thing to be done. I wish the general practitioner to be infused into the general Council.

4093. How many would you suggest to add?—I think four would be enough, because if you were to send six, say, four for England, one for Scotland, and one for Ireland, I think that Scotland and Ireland would be overwhelmed. As it is, we Scotch are only six at the present moment, and it would be changing too far the proportion of the English and Scotch and Irish.

4094. Your object would be not so much to get in direct representatives as to get in the general practitioners?—That would be my object, and I believe that is their object, too.

4095. There are two ways in which that might be done; either by actual election, as is proposed by one or two witnesses who have been brought before us, or by its being incumbent upon the Crown to appoint a certain number of general practitioners. Which of those plans would you prefer?—I do not like to say much, but I am just a little afraid that if the system by direct representation

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sentation and voting was introduced, there would be a good deal of canvassing, and a good deal of ill-blood might be raised. I do not say that it would be so, but that is possible; at all events, I think it would occasion a very considerable amount of turmoil. It might be a healthy turmoil, but still that would be the effect.

4096. Do you think that practically there would be any difficulty in the Crown finding out general practitioners who would have the confidence of the profession?—I think not. I think they have had no difficulty in finding out those first-class men that they have hitherto sent.

4097. One or two witnesses who have been here have been very strongly opposed to adding more members to the Council; in fact, they thought it quite too large already; are you of that opinion?—No. As chairman of the business committee for nearly 20 years, I think, instead of being hurtful to have an addition of four or six men, it would be an improvement, especially if you had general practitioners; and I think if, as has been suggested, the fees were reduced to three guineas, there would be ample funds to meet it. Another great improvement, I think, might be effected if we had, say 30, or, as the case may be, 28 members, we might, to a large extent, adopt a plan which we have more or less adopted in the Council, which is that of splitting ourselves into committees, giving to each committee a separate subject. I really think that if that was done, those committees would prepare definite reports, which would form the basis of more definite discussions, and I believe, on the whole, instead of increasing the time occupied, it would very probably diminish it.

Mr. Mitchell Henry.

4098. Do I correctly understand your opinion that the examination of the University of Edinburgh is a higher examination than is desirable in the interests of the public, who require the services to be filled, and to have a considerable number of men?—I think so. I do not think that at present you could raise the standard higher for the general practitioners of the country. It is more expensive in some degree, and it takes in scientific and other matters which I think you could hardly force upon the general practitioner class at present.

4099. If that is your opinion, do you think that there would be an advantage in consolidating in Scotland the examination of the other examining bodies and corporations?—I think so. I think we are consolidated to a great extent now.

4100. But still there are a great many modes of obtaining legal qualifications in Scotland at this moment?—There are four universities, or you may say three, because St. Andrew's may be excluded. I believe you know what is the case with St. Andrew's, that they only confer ten degrees of M.D. every year upon practitioners who are on the register, and who are 40 years of age. With regard to the M.B., I think they may give one or two, but I do not think they give more.

4101. Are you of opinion that it is in the interests of the public that there should be so many avenues to a qualification?—I think I have explained that it would be very difficult to diminish the avenues. Supposing you have the conjoint

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scheme in three divisions of the kingdom, you have three boards, and you have so many examiners, and you have to examine them at different times, and in different places, so that the boards must be split up. I put it in the same way as I said with reference to the uniportal. I do not think that you will reach your desired uniformity any better by that.

4102. Surely with an examining board in each division of the kingdom, it would be much more manageable than having only one examining board for the whole of the three kingdoms?—Yes, to a certain extent. I do not think anybody would propose one board, but that is the idea of what you call uniportalism, to have one board.

4103. In England it seems probable that they will adopt a uniform system of examination?—They have been attempting it, but they have never carried it out, and I think that they do not seem to have perfect confidence in their own scheme, because they have a clause in which they say that any of the bodies at the end of five years may withdraw if they please.

4104. With respect to the diploma, or licence to practice, of the College of Surgeons of Edinburgh, do you actually require an examination in all the subjects?—In every subject.

4105. Do you accept the certificate of the examination of any other licensing body in the kingdom?—As a sufficient answer to that, I may say we accept the first examination of other bodies, but not the pass examination.

4106. Take such a subject as anatomy, does the College of Surgeons in Edinburgh ever accept the certificate of their examination in anatomy from the Apothecaries' Society in Dublin?—I have not heard of any case of the kind; I hardly think so.

4107. Have you power to do so?—Yes, we have power; but if we get a man from any of those apothecaries' companies, we give him a pretty smart examination in surgical anatomy in the pass examination; we do not exclude ourselves from examining in anatomy after he comes to us.

4108. With respect to your honorary qualification, that is to say, the fellowship; how many fellowships do you confer in the year without examination?—I think the average is about 15 or 16.

4109. Are some of those fellowships conferred upon gentlemen who have not been examined by the College of Surgeons, but who profess a qualification of any kind from other parts of the kingdom?—No, a qualification in surgery only. He must have a qualification in surgery. We do not give it to a man who has a physician's qualification, or an apothecary's qualification. We give it to nobody but a man who has passed an examination, and has qualified in surgery.

4110. Persons can obtain the membership of the College of Surgeons in England, and then they can go to the College of Surgeons in Edinburgh, can they not, and obtain the fellowship of that body?—They can.

4111. You are aware, of course, that in England the Fellowship examination of the College of Surgeons is a very difficult examination?—Yes, I know it is.

4112. Does it occur to you that members of the College of Surgeons in England who might doubt

Mr. Mitchell Henry—continued.

doubt their ability to pass the examination for the Fellowship of the College of Surgeons in England, go to Edinburgh for the purpose by payment of obtaining the Fellowship of the College of Surgeons?—Yes, but they do not get it merely by payment; they do not get in as a matter of course. Their claims are carefully considered by the Council, and they have to go through the ordeal of the ballot; that is according to our charter.

4113. That is to say, like being elected into a club?—Yes, like being elected into a club; that is all.

4114. They do not have to undergo an examination?—No further examination.

4115. Therefore it does amount to this, that an honorary qualification which is supposed by the public to be a stamp marking superior eminence, can be obtained in Scotland upon terms upon which it cannot be obtained in this country in the College of Surgeons?—Yes, certainly.

4116. Can you give us any evidence about the College of Physicians?—I think you had better get that from the physicians themselves. I am not a Fellow of the Royal College of Physicians. I believe myself that a Fellow of the College of Physicians will be examined by you, and I think you had better get that from him. I have given evidence as to the College of Surgeons.

4117. Do you think that anything of the same kind occurs in connection with the College of Physicians of Edinburgh: that the College of Physicians will, without examination, confer its honorary diplomas upon gentlemen who have got qualifications in medicine of a lower order in other parts of the kingdom, and who could not obtain qualifications of a higher kind in the parts of the kingdom from which they come, which is evidently the case as regards the College of Surgeons?—I do not say that they get it with any lower qualification; I do not admit that. We take a different way of testing the man.

4118. Do you think that the College of Physicians in Edinburgh does that which the College of Surgeons does, confer its fellowship or its honorary qualifications upon candidates from other parts of the kingdom who could not, without examination, obtain similar qualifications from their own bodies?—I am sorry I cannot answer that question. I do not know, and I have no means of knowing. I do not belong to the College of Physicians.

Mr. Wheelhouse.

4119. Take, for example, the difference between therapeutics and pharmacy; would you separate the teaching of those subjects?—Certainly.

4120. And would you entirely separate the teaching of practical anatomy from the teaching, say, of pharmacy and therapeutics?—They could not be taught together.

4121. Would you have a separate curriculum for each of those two branches of science, for example?—I hardly understand your question; I would like to answer it if I could.

4122. What I want to know is this, in each of those several schools, and quasi colleges, there are separate curricula for the several branches of science; would you have any one of them separated from the rest in the curriculum of each of the societies, or any one of them?—I am afraid I am very obtuse; I do not exactly understand.

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Practical anatomy is taught perfectly separate from practical pharmacy. They are totally distinct things.

4123. But would you have any curriculum without having the whole of the subjects?—No, certainly not.

4123.* If each of the colleges ought to have an examination in the several sciences, how would you consider that the curricula could be so managed as to have any difference amongst them?—It would be different in this way, that some bodies might require more practical anatomy, and some less; and some more practical pharmacy, and some less; but I believe they all require both these things.

4124. But you would not think it an advantage in any way that any one of those subjects should be omitted from the curriculum?—Certainly not.

4125. Then is there not some disadvantage arising from the fact of, say, two courses of anatomy being required at one place, and only one at another?—No, I think the Medical Council came to a very good resolution, that not more than one course upon any subject should be made imperative, because I can fancy that one student requires one amount of tuition and another requires more; but really, practically speaking, I do not believe that any student has ever passed an examination that had only one course of anatomy. In the University of Edinburgh, for example, they have not more than one course of each subject, but then I know as a fact that there is hardly any student who takes a degree at the University of Edinburgh that has been content with only one course in most of those subjects.

4126. Do you think it requisite to pay more attention to midwifery?—Certainly.

4127. And to certain special classes of disease?—Yes; but I do not care much about specialities in general.

4128. Midwifery is scarcely a speciality?—No.

4129. Do you consider lunacy a speciality?—Yes.

4130. Do you think it desirable that more attention should be paid to the teaching of matters in lunacy?—I think it would be an improvement. There might be some difficulty in carrying it out, but I think it would be an improvement.

4131. Then I suppose you rather increase than restrict the purview of the examinations generally in those respects?—By degrees; but not suddenly.

4132. Is there any one of the sciences connected with medicine or the particular practical sciences which you would cut off in the courses at present?—I would not cut off one.

4133. You would merely add to those which exist at this moment?—If I were making any change at all, it would be certainly in the way of addition.

4134. Am I right in supposing that you would enforce compulsory class examination all over?—I can state for Scotland, at all events, for the schools of Edinburgh, that there is not a single class where there is not class examination, but it is not compulsory. There are some idle fellows who will not attend them, but they all have the opportunity.

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4135. But do not you think it would be very desirable that class examinations should be rendered compulsory in Edinburgh, and if compulsory, they should be rendered compulsory all over?—I should think so.

4136. And do not you think it very desirable that there should be a thoroughly authentic and reliable register of each student all over?—I think I may illustrate that by reading what the College of Surgeons of Edinburgh require, if you will allow me. I will state it as shortly as I can: "1st. Every lecturer at this school of medicine shall ascertain at least 25 times in a six months' course, and 12 times in a three months' course, the actual attendance given by his pupils. 2nd. He shall do this by calling the name of each pupil at least once a week, and entering in a regular roll-book the presence or absence of each individual; the students of course being kept in ignorance of the particular days on which this is to be done, excepting on the occasion of the first roll-call, which shall not be later than the 15th day of the session. 3rd. The said roll-book shall be kept according to a form prescribed by the college; shall also be carefully preserved, and shall be at all times accessible to the secretary of the college, on whom it shall be incumbent to examine the roll-book of each class at least once during every session, before the termination of the winter and summer sessions respectively. 4th. On granting certificates of attendance on their classes, the lecturers shall use the annexed form, filling up the blanks with words at length, and on no account employing figures: 'Edinburgh. I hereby certify that Mr. [] has attended my course of lectures [] commencing on [] and terminating []; that the roll of the class was called [] during the session, and that Mr. [] was present on [] of these occasions.'"

4137. Supposing that that is the case with the body which you mentioned, is it not desirable that that, or something equivalent to that, should be one of the regulations of each of the several teaching bodies?—My own individual opinion is in favour of that, but there is a great difference of opinion with regard to it. A great many say that you should not put any compulsion upon the students with regard to their classes, but test them at examinations. I do not agree with that. My opinion is that it would be desirable to have compulsory class examinations.

4138. Can you give me any reason why many people consider that examination ought to be the sole test, and that no compulsion should be put upon the students?—There is a schism. I think, in the profession with regard to that. There are some men who would ignore all sorts of curricula altogether, and trust entirely to examination.

4139. But you are very strongly opposed to that state of things?—Quite opposed.

4140. You believe in the necessity of a check upon the teaching operations of every school in the kingdom?—Certainly. I may mention the check which we put upon the lecturers of our school. We do not allow any man to lecture in our school until he has been examined and certified by the colleges, and has shown proof that he knows his subject, is able to lecture on it, and that he has the means of illustrating his lectures by museums or by diagrams, or whatever the case may be.

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4141. Do not you think that it is really an unsatisfactory state of things that points such as I have mentioned, having been recommended over and over again, as we have been told they have been by the committee of the Council, should remain after 10 years without fulfilment at all?—Of course there are some things which have remained without fulfilment, but I may state to you that the great mass of the recommendations of the Council have been loyally adopted by the bodies.

4142. But there are some, I will not say many, recommendations which have been proposed by the General Medical Council, and which the General Medical Council have proposed to the several teaching bodies of the country; but the teaching bodies of the country have said, No; we do not agree to that state of things at all, we will not move in it; is not that so?—In a few instances I believe that that is so, but I do not think in anything of importance.

4143. Do not you think it would be very desirable indeed that the General Medical Council should have more power to say, Now, this must be complied with; we will compel you to deal with this matter, whether you like it or not, which the Medical Council has considered it right to recommend?—But they have power to do that.

4144. Have they ever exercised the power?—No; they have never been called upon to do so.

4145. But there has been recommendation after recommendation, as I understand, sent from the General Medical Council, say for example, to the Royal College of Surgeons, as to matters which they think ought to be complied with?—There was one about apprenticeship which I have already mentioned.

4146. I am not making any reference to any particular body, but supposing that the General Medical Council deem it desirable to send down a recommendation like that, is it not very desirable that there should be some ready method of compelling actual accordance with the recommendation of the General Medical Council?—I think that there is quite a ready method of dealing with such a recommendation; but there are some matters which really you would not take before the Privy Council; what we might call indifferent matters.

4147. Do I understand you to say that it is an indifferent matter, if you for example were to say to the Governors of the Royal College of Surgeons of England, "You ought to fulfil this duty;" "You ought to carry out these requirements;" such requirement being one that is deliberately considered necessary by the General Council; that it is so small a matter that you would not go to the Privy Council if they did not choose to obey?—There are peculiar circumstances connected with the College of Surgeons of London which I think you should elicit from themselves.

4148. I do not care about the College of Surgeons; I merely put the College of Surgeons as a name in order to get out what I want; do not you think it very undesirable that there should be no power practically to compel that which is a recommendation of the General Medical Council for the general medical health of the country?—I should be very sorry to bring the whole

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whole of the medical bodies of the kingdom to the absolute tribunal of the Medical Council. I am not prepared for that.

4149. Do you think that the general class examinations from time to time should be made compulsory?—I should prefer it; but as I said before, it was not carried in the Medical Council, I think; or if it was, it was only by a majority.

4150. I believe originally you were in favour of the conjoint scheme?—I voted for it.

4151. Were you in favour of it?—I thought so at the time, but I did not understand it.

4152. Can you give me any account of the increasing rejections by the examining boards?—I believe it is very much induced by an increased standard of examination. There is no doubt that the revelations of Dr. Parkes have had an effect, and the more stringent examinations have had an effect also. I have also no hesitation in saying that if the agitation for medical reform were silenced, and we were allowed to go on considering the education and the examinations, and visiting the bodies, a very much larger amount of progress would be made, and would have been made.

4153. Do not you think that it arises from defects in the teaching process at all now?—I have no experience of that, because teaching in Edinburgh is very good indeed, excellent.

4154. But, of course, the teaching differs very largely?—I presume so, but I can only speak from what I know.

4155. Do not you think that the fact of the defect in the teaching has a good deal to do with the rejections by the Examining Board?—I think the defect is a great deal in the students themselves. There are idle men, and there are ignorant men, and there are men totally unfit to enter the profession, and those men are being plucked constantly. I know when I was an examiner, which I was for 25 years, men came up who were just as fit to become members of the medical profession as they were fit to fly to the moon.

4156. They would come up with some certificate of some kind, would they not?—They would come up with certificates of having attended, but that is a very different thing from certificates of having profited by the attendance.

4157. Under no circumstances can you determine by a certificated man whether he has profited by his attendance?—I think it is much similar to a horse, one man may take him to the well, but a hundred can't force him to drink. You may afford a man an opportunity of learning, but you cannot force learning on him.

Mr. Maitland.

4158. In speaking of the fellowships of the Scottish bodies, you grant fellowships to persons who have graduated elsewhere, I think?—Yes, we do, if they have taken the licenses of the Faculty of Surgeons, or of the English College of Surgeons, or of the Irish College of Surgeons.

4159. You explained that you did not ask them to submit themselves to examination?—No; in our charter we cannot.

4160. I presume you insist upon testimonials?—Most undoubtedly. We go into every detail regarding them, and require testimonials of the highest character before we admit a man. If a

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man comes, for example, saying that he was surgeon to St. Thomas's Hospital, we would require no further testimonial, because we know the man has gone through an excellent competitive examination in the way of having been selected to such an important post.

4161. I presume that your self-interest would make you accept only very distinguished men?—Yes, we would not like to have our roll encumbered by men who are not fitted for it.

4162. You would not like yourself to be associated with such persons?—Certainly not.

4163. Therefore I presume there is no ground whatever for saying that this is a mode in which people can obtain honour easily?—No, they get it honorarily. But supposing that we had an examination, we would not have the same control over the moral position of a man, because if he passed his examination we must enter him; but here, if we find a man who is not in a position to become a fellow, or whose character is not proper, we can reject him by ballot, but if there was an examination we could reject him only upon the ground of his ignorance as displayed in his examination.

Mr. Errington.

4164. Your name has several times been mentioned to us in this inquiry as one who changed his mind since the years 1870 and 1878; the suggestion of inconsistency does not weigh very much upon your mind with regard to that?—Not a bit. I should be ashamed if I had changed my mind not to state it.

4165. And I suppose that the reason is more or less this, that upon careful and honest inquiry you find the necessity for this change much less than it appeared to be at first, and the difficulties very much greater than they appeared before?—Yes, very much greater; whenever we went into details we found difficulties. That was the reason. Sir Robert Christison, who was a great authority, was at first inclined to go into the thing, but on coming to look at the scheme, and to consider the whole matter, which we did very carefully, meeting after meeting, he became convinced, as I did, and as many others did, that he should change his mind. I see, I think it was Mr. Simon was asked how he accounted for the change of mind on the part of the Scottish representatives, and he said he supposed that it was from the absence of the influence of Sir Robert Christison. Now I may say that Sir Robert Christison is as much opposed to the conjoint scheme as I am, and more.

4166. I have a pamphlet of yours here in which you give the reasons stated by Sir Robert Christison for his change of opinion?—Yes, and I should be very glad to give a copy of that pamphlet to any member of the Committee who might care to have it.

4167. Whatever inconsistency there may be in your opinion, at all events it is shared by all the most distinguished medical men in Scotland, is it not?—Certainly.

4168. And I believe by a very large proportion in Ireland?—I do not know personally about Ireland; I think Sir Dominic Corrigan said so.

4169. I think in this pamphlet of yours you express an opinion that the result of the conjoint scheme on the bodies and medical corporations would be very injurious indeed?—Most unquestionable;

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tionably; I think it would rob them of their *raison d'être*.

4170. You alluded to the connection of the candidates with the medical bodies as not being compulsory?—Yes, by the Government Bill they are to pass the conjoint board, and the conjoint board really is to give them the license, but then as a sop to Cerberus they are to go to one of those bodies and say, Give me your license. The bodies may refuse if they like, and in that case they go on the Medical Register with the license of the conjoint board.

4171. Do not you think that they would be very soon tempted to give up the connection altogether with the corporations?—I think it is a logical sequence. The students would begin to think: we have passed this conjoint examination; you ask us no more; you test us no further, and why should we come to you.

4172. Do you not think that the influence of the medical corporations is one of great advantage to the medical profession?—There is not the least doubt of it; the Colleges of Surgeons and the Colleges of Physicians of this country are peculiarly British institutions. They keep up a large amount of self-government and also of affinity between themselves; and further the *esprit de corps* of the profession is kept up by the constant assembling of the *élite* of the profession for discussion of matters relating to education and examination, and if you deprive them of that they are no better than mere clubs.

4173. If the result of this inquiry was to be that Parliament should be recommended to drop all these schemes and leave things as they are, you would not regard that as a very great misfortune to the profession?—I think it would be a very much less misfortune than to pass the conjoint board.

4174. You would rather bear the ills that you have than fly to others that you do not know anything about?—Certainly; the fact is that the conjoint scheme is a very fine looking thing on paper, but it has never been tested.

4175. And you do not think that it would produce uniformity?—I do not think so; in fact, I do not think it is a desirable object to produce absolute uniformity. I think that equality or approximate equality of standard is what we want.

4176. Supposing we had this conjoint scheme, which it is admitted would be a minimum standard, do you suppose that many persons who passed it would take the trouble to acquire the higher and merely ornamental degree?—No; I feel convinced that a great many of the men who would have to go through the conjoint examination would not trouble themselves to go through the test for the degree of doctor of the university.

4177. Instead of being a levelling up, it would be a distinct levelling downwards?—I should fear that; of course, I cannot say positively.

Mr. Arthur Mills.

4178. I think you said, speaking generally, in answer to the Honourable Member on my right to other questions, that you thought on the whole it was better to leave things alone than to legislate at all; and to that, I think, you said you thought some modification of some section was wanted?—Yes; I think that the 31st section of the Medical Act should be done away with.

Mr. Arthur Mills—continued.

4179. But with that exception, you would rather leave the law as it is?—Yes.

4180. In answer to the Right Honourable Chairman, you spoke of the advance in medical education since the Act of 1858 was passed; may I ask you whether you do not ascribe a part of that advancement to the general progress of knowledge and of public opinion, which would be parallel with the general progress of the last 20 years; I presume you would not ascribe it all to the Act of 1858?—I do not want to arrogate to the Council having done all that, but I think they should get some little credit for it. The fact is we have been constantly abused, and we are unjustly and ungenerously abused, by the medical journals; they have never given us credit for a single thing; they are always ready to pick holes in us, but they never seem to find anything good in us.

4181. I do not wish to suggest that you have done nothing; on the contrary, I know that you have done a great deal, but I want to ask you whether you do not think that some of that progress of which you speak, which has taken place in the last 20 years, has been in harmony with the general progress of education?—I see that one of the witnesses, the other day, said that the progress in medical education had not kept pace with the progress in the general education of the country. I deny that; I think that it has more than kept pace.

4182. You think that it has not made more progress than the rest of the world?—I think so, but perhaps I can hardly say more than the rest of the world.

4183. Is it not the fact that the Medical Council has from time to time issued recommendations as to curriculum, and as to examinations, to the various bodies?—Yes.

4184. Have those bodies generally accepted those recommendations, and acted upon them?—I think to a very remarkable extent, considering that they have employed nothing but moral suasion; I do not say that they have taken all, but I think that they have taken almost all the most important parts of the recommendations.

4185. There was, I think, some time back a report by the Medical Council stating that the defective examination of some of the bodies imposed irresistible obstacles to the satisfactory examination of the others being adequately maintained; have you heard of any such report as that?—I have seen it often stated, and, in fact, I recollect that I had a medical journal sent to me very kindly, in which it states that men went to Scotland to get lower qualifications. I do not admit that for a moment.

4186. Have you yourself made a proposition that obligatory powers should be applied for by the Council?—At one time I think I went in for that, that there should be greater power given to the Council, but I certainly never went in for handing over to the Council all that power which was put in the Bill of the Government.

4187. You were once a stronger medical reformer than at present?—No, I think not; but reform is one thing and revolution is another. I would take Dr. Samuel Johnson's definition of reform as the proper one, namely, a change from worse to better, but that revolution is a change from better to worse.

4188. Do you apply that to the projects which have

Mr. Arthur Mills—continued.

have been made with reference to medical reform now?—Other men may hold different views of medical reform from myself. I endeavour to do my duty conscientiously.

4189. I will ask you a question rather with a view of clearing up a point which arose lately. I think in your answer to the Right honourable Chairman you advert to some statements relating to the financial affairs of the Council which had been made by a previous witness, which I think you said made your blood boil. I did not quite gather what that was; I think there must be some misapprehension on the point?—Yes, it was. Firstly, that I as Chairman of the business committee acted in what I should consider as a corrupt and dishonourable way, as already I have explained; and secondly, that we lured men to Scotland, through means of easy examinations, in order to make money. It was this that made my blood boil; and you might very easily move a Scotchman's blood by such false accusations.

4190. I thought it was in reference to the financial affairs of the Council; some question about money matters as to the expenditure of the Council?—I am chairman of the business committee; I heard Mr. Hart's evidence, but I believe him to be mistaken, because if he meant to say (which I believe since he has said it that he did not) that I, as chairman of the business committee at the beginning of the meeting, made a calculation how long the money would last, and that I regulated the meetings of the session by that. I think that would be corruption of the worst kind, but I cannot believe that Mr. Hart meant that. My own impression was, that in quoting from the estimated expenditure of one year, I think 1873, the witness said that the total estimated expenditure nearly balanced the total estimated income.

4191. I did not understand the witness to charge the Council, or any member of the Council, with any corrupt intent, but stating as a matter of fact, that you spent nearly as much as you got; that is what it amounted to. We will now leave that point; you were asked some questions by the Right honourable Chairman with regard to the subject of direct representation, and I think you said that you thought it would be an object to have more general practitioners on the Council?—I think so.

4192. And that whether that was to be attained by any introduction of direct representatives, or by nomination, or by a larger number of nominated members, you thought it would be a good thing?—I think it would be a very good thing, and I have always thought so.

4192.* And that it would be an improvement to the Council; and I think you concurred in the opinion which has been already expressed before the Committee by Dr. Acland, that as regards the numbers of the Council it did not very much matter whether they were half-a-dozen, more or less?—No, I think not.

4193. I think you said that you thought that more confidence would be felt in the Council if there were an infusion, I will not say necessarily by direct representation, but in some way of a larger number of general practitioners?—Yes, I inferred from various memorials and complaints that have been made, that it is quite evident that it is a sore point with a great many of the medical profession, and I think that some sort of

0.105.

Mr. Arthur Mills—continued.

regard should be paid to those feelings, which I think are justifiable feelings.

4194. Dr. Parkes, whom no doubt you knew as an eminent member of the Council, said that he thought that the opinion of the bodies elected by the representatives was regarded always with more consideration; would you concur in that?—I think there is a great advantage in the bodies having representatives on the Council, because it keeps the Council in communication with those bodies, and I have no hesitation in saying that that very connection induces the bodies to be more loyal to the Council in adopting their recommendations.

4195. You would perhaps apply that same doctrine, and say that the loyalty of the profession generally to the Council perhaps might be strengthened by the addition of members of the general body of practitioners?—I think so.

Mr. Heygate.

4196. You stated just now, in answer to the honourable Member for Exeter, that you believe that medical science has advanced in this country of late as much as knowledge generally?—I think more so.

4197. Would you say that medical science had advanced as much in this country as it has on the Continent within the last few years?—As regards results, I think certainly. I do not know what it may be as regards education, but all I can say is, as regards results, I think it has.

4198. I am not suggesting that it has not; I am asking for information, as compared with France, Germany, and Italy, has medical science advanced as much in England in the last 20 years as it has in those countries?—I think so.

4199. As high as France?—Most certainly.

4200. Do we stand as high in this country generally as they do on the Continent?—I think so. I think we have first-class surgeons; I do not know that we are beaten anywhere.

4201. What do you say as compared with America?—I do not know. I could name a good many surgeons that are quite as good, I think, as any American, but I should not like to be invidious.

4202. With regard to the medical examinations, is it possible in a medical examination to obtain the results by cram in the same kind of way as it is in other examinations?—It used to be more so than it is now; but now examinations are made much more practical. If a man comes and he has to look through a microscope no crammer can tell him what he sees, or if he is taken to a dead body, and is made to point out the different parts of the body, no crammer can tell him that.

4203. You think that the general result of a good medical examination would be an honest one, and practically to be depended upon?—I think so. With regard to the clinical examinations, he cannot cram for them. A man comes to the bedside of a patient and he is obliged to find out for himself what is the matter, and no amount of cramming will help him unless he knows really the matter in hand.

Dr. Lyon Playfair.

4204. It has been stated to us in evidence that the recommendations of the Medical Council have often not been attended to by the different medical authorities; I have a table in my hand

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of

Mr. Wood,
M.D.

25 July
1879.

Mr. Wood,
M.D.
25 July
1879.

Dr. Lyon Playfair—continued.

of 1874 giving the recommendations of the Medical Council, and whether the present practice is conformable or not to those recommendations; do you think we could get such a table continued up to the present date?—I think it would be very desirable to get it.

4205. You think the Medical Council would be willing to furnish us with a table of that kind?—It could be very easily done, and I think it would be very desirable; and I think it would be far better than trusting to random statements which have been made by various witnesses.

4206. For instance, it was stated to us in evidence that a recommendation which was given by the Medical Council that the University of Edinburgh should not have students under 17 commencing their medical studies, had not been carried into effect; I notice in this table that in that respect the practice is conformable, because there must be four years study, and the minimum age would be 21, and, therefore, if we had such a table it would enable us to see whether the recommendations had been or had not been carried into effect?—Yes, but I doubt very much whether such a fixed rule as that should be laid down. I think a man should be allowed to begin at 16 if he was able, but he could not pass before 21, so that if he was allowed to begin at 16 he would have five years study, and that would be rather an advantage.

Dr. Lyon Playfair—continued.

4207. Inquiry has been made about your practice of taking in fellows into the College of Surgeons without an examination; are you aware that the College of Physicians in London do the same?—I think they do; I think it is in their charter.

4208. But that the College of Surgeons in London have an examination?—They have, as a rule, an examination, but I think that they also are in the habit, in particular cases, of selecting men without examination.

4209. Is there not this difference between yourselves and the College of Physicians in London, that only their own licentiates and members can become fellows?—Yes, I rather think so.

4210. You stated that a centralised conjoint scheme had never been tried, and that, therefore, you did not know how it would answer; you are aware, are you not, that a centralised conjoint scheme of examination was tried in Germany?—I only know it from reading Professor Turner's evidence.

4211. And by that evidence you also know that it was abandoned for a scheme of examination by professors and extramural men at the seats of the universities themselves?—I believe that to be the case.

Mr. WILLIAM JOHN CLARKE MILLER, B.A., called in; and further Examined.

Mr. Miller,
B.A.

Chairman.

4212. WILL you hand in a Paper explaining the proceedings of the Executive Committee of the General Medical Council, in regard to corrections of the Medical Register?—Yes, I hand in this Paper on account of certain remarks that have been made about the alleged imperfections

Chairman—continued.

of the "Medical Register," and to show the proceedings that have been taken, during the last two years, in order, so far as possible, to remove the numerous errors that had formerly been allowed to accumulate in this Register. (*The same was handed in.*)

Tuesday, 29th July 1879.

MEMBERS PRESENT:

Mr. Dalrymple.
Mr. Errington.
Mr. W. E. Forster.
Lord George Hamilton.

Mr. Maitland.
Mr. A. Mills.
Mr Mitchell Henry.
Dr. Lyon Playfair.

THE RIGHT HONOURABLE WILLIAM EDWARD FORSTER, IN THE CHAIR.

Mr. WILLIAM JOHN CLARKE MILLER, B.A., called in; and further Examined.

Chairman.

4213. HAVE you a Return which you wish to hand to the Committee?—Yes, I beg leave to hand in a Table showing the several registered *single* qualifications and combinations of *multiple* qualifications, of persons added to the "Medical Register" from the 1st of January to the 1st of July in the present year. It is a carefully compiled Return, *in extenso*, of the statistics that were summarised in my answer to Question 3024. (*The Return was handed in.*)

Mr. Mitchell Henry.

4214. With reference to the payment of the Medical Council, I find it was stated the other day in Mr. Hart's examination, in answer to Question 3939, "It is a mere statement of fact that the Council as at present arranged needs to be paid, or is paid, with the consent of the Privy Council, a fee of five guineas to each member, besides hotel and other expenses," and that they make their sittings cost from 100*l.* to 120*l.* a day; are they paid hotel expenses besides the five guineas?—Yes; the 17 members

Mr. Mitchell Henry—continued.

that live out of London are all paid travelling expenses and hotel expenses, together with certain additional fees, five guineas for the day of coming, and five guineas for the day of returning, if they live more than 200 miles from London. In consequence of questions put to me by Members of this Committee and others, I have prepared a Table showing the expenses of the Council for meetings of one, three, and thirteen days' duration, respectively, and of the average expenses per day as deduced therefrom. I may here state that the average expenses per day are about 190*l.*; and as by the Council's "Standing Orders" a day's meeting lasts exactly four hours, this gives an average cost of 16*s.* a minute. As the Committee so desires it, I will hand that Table in (*delivering in the same*). Perhaps, in connection with the question which the honourable Member has put to me, I may further say that I have made a calculation as to the exact cost of the last session of the Medical Council, which, I am informed has been stated in one of the medical journals to have been 1,500*l.*; but I find that the exact cost of it was 640*l.*

Mr. Miller,

B.A.

29 July
1879.

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A P P E N D I X.

Appendix, No. 1.

PAPER handed in by Mr. *John Simon*, C.B., F.R.S., 20 June 1879.

Appendix, No. 1

— No. 1. —

MEMORANDUM prepared in 1858 by the MEDICAL OFFICER of the then GENERAL BOARD of HEALTH (Mr. *Simon*) in explanation of the MEDICAL PRACTITIONERS BILL of that Year, as drawn for the Board under Mr. *Cowper's* Presidency.

I. THE objects which members of the medical profession desire to see realised by any legislation affecting their body, are understood to be chiefly these:—

1. That such legal definition be given to the term “qualified medical practitioner” as shall make it signify a person who has fulfilled certain conditions of age and education, and passed certain appointed examinations, and that none but persons in this sense legally qualified be competent to hold any public medical appointment, or to give any medical certificate, or to recover payment for any medical attendance;

2. That an authentic register be kept for annual publication of all legally qualified medical practitioners;

3. That it be made a misdemeanour for any person falsely to assume a title or description implying him to be a legally qualified medical practitioner;

4. That the names of persons guilty of certain disgraceful offences be removable from the register;

5. That the legally qualified medical practitioner be entitled to practise equally in all parts of the United Kingdom without hindrance from any local restrictions.

It is believed that no valid objection will be raised to the fulfilment of these objects by legislation, if only in the interests of the public, such fulfilment be made subject to this essential condition;—that, if the “qualified medical practitioner” is to be in any special sense recognised at law, and in even the smallest degree protected and privileged against competition, ample security must be taken, as regards future admission to the profession, that the legally-qualified medical practitioner shall be a well-qualified medical practitioner.

II. It thus becomes necessary to inquire into the constitution and practice of the present examining boards of the medical profession, and to consider how far the system under which they confer their respective titles furnishes that required security.

1. Titles purporting to certify the medical attainments of their bearers may at the present moment be obtained from 21 different sources within the United Kingdom. These titles are given entirely without concert among the several institutions which award them, and without responsibility to any common authority. They represent 21 different standards, each fixed and varied at the discretion of the authority which applies it, of what is the minimum knowledge wherewith a candidate may properly be allowed to practise part or all of his profession, so that “doctor,” and “physician,” and “surgeon,” and “apothecary,” are words which have no general and settled meaning, either as to the kind and degree of education implied in each title respectively, or as to the sufficiency of the examination through which the bearer must have passed.

There are examining institutions which derive great part or the whole of their income, not as payment for the examinations they conduct—since rejected candidates commonly pay no fees—but as payment for the titles and certificates of approval which they bestow. Candidates, while the option is allowed them, naturally resort by preference to those tribunals where the requirements are least; and the income which institutions may derive from this preference increases in proportion as the examination is indulgently conducted.

On what has taken place under this system, it may suffice to remark that within the profession itself, on occasions when medical reform has been agitated, and rival institutions have criticised each others' proceedings, there have been frequent and reciprocal imputations

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tions of the most disparaging kind. Not only has attention again and again been called to the virtual irresponsibility of the examining boards, and to the fact that for the most part their pecuniary interests militate against a strict performance of their public duty, but eminent members of institutions granting medical titles have asserted or insinuated against other examining institutions, that public confidence is wrongly reposed in them, and that their titles are insufficient evidences of professional qualification.

Existing members of the profession complain bitterly of its overthronged state. They complain of a competition which makes it a hard struggle for even the best qualified to prosper; a competition which reduces them to the necessity of accepting, even of soliciting, unpaid or inadequately paid offices; and which tends to demoralise professional life by offering rewards to the mere art of attracting public notice. Against this numerical increase of the medical profession the public can have nothing to say, so long as each admission is of a thoroughly qualified practitioner; for, subject to this condition, the larger the supply the better will the public be served. But the public and the profession are equally and greatly interested in demanding that an over-numerous competition be not sustained by undue laxity in the admission of new candidates; and any reasonable complaint from the profession, that its ranks are over full, evidently justifies the public in concluding that the standard of professional qualification might already with propriety have been raised.

With regard to the future, it is sufficient to notice that at least a possibility of very gross abuse is inseparable from the present system of irresponsible rival examining boards, and it is not one on which Parliament could be invited to rely as a sufficient security for public interest. Probably the entire profession will here concur with the views expressed by one of its most distinguished members, that, "the object and intentions being the same in respect of the requirements of the community, an urgent necessity exists for so far assimilating the qualifications, that the privileges conferred by the diploma or license shall never be used as a lure by any licensing body which might choose to enrich itself by lowering the standard of education, and debasing the character of the profession."

The standard, by which hereafter to accept or reject a candidate for the medical profession, if this profession is to be specially recognised at law, ought to be determined by two conflicting considerations:—On the one hand, the highest scientific and practical teaching of the day gives a level to which, for the public interests, it were desirable that every candidate should have risen;* on the other hand, in order not unduly to restrict the supply of tolerably competent practitioners, some reasonable indulgence is necessary. How is the compromise between these considerations to be arrived at? From the nature of the case, such a standard cannot be fixed by Act of Parliament. It must vary with the circumstances of the time; and the responsibility of regulating its application can but be entrusted to competent and disinterested judges.

2. Besides the evils which must belong to irresponsible competition among examining boards granting similar titles, there is in the present system this further evil: some titles purport to be given after examination in all branches of professional science and practice, and to guarantee their bearer's qualifications equally in all; others express that their bearers have been examined in but one branch of practice with the connected science, and are guaranteed for that branch only; and, while there is this material difference in their import, titles of the latter class are extensively used as though they were evidence of general professional qualification.

Thus, for instance, it recently appeared† as the result of an examination of the titles published in the "Medical Directory," that of 7,464 practitioners holding the diploma of the English College of Surgeons, and commonly known as "surgeons," more than a fifth part (1,524) possessed no second title; and, since the English College of Surgeons examines in but one branch of practice, so, for anything which appears to the contrary, the above very considerable section of the recognised medical profession of England can offer no guarantee for its competent knowledge in the practice of medicine, or in the practice of midwifery, or in the practice of pharmacy. On the other hand, of 6,784 persons holding the license of the English Society of Apothecaries 879 (about 13 per cent.) were apparently unpossessed of any diploma to guarantee their knowledge even of the rudiments of surgery. The public is but imperfectly informed of these facts or their meaning. It is notorious that, as regards the great mass of professional practice, there can be no classification of patients to correspond with those half-qualifications of practitioners; and it would be unreasonable to doubt that, if 2,403 persons are practising with such half qualifications, they must constantly be outstepping the limits of their recognised title to practise, and be assuming positions in which, so far as the professional title is a test, they must be classed with unqualified practitioners.

It may be accepted as quite proper, that there should exist within the profession, as at present, a power by which certain corporations of physicians and surgeons may award distinctive titles of honour to persons of riper age who show eminent qualifications for one or other branch of practice. But such distinctive titles ought not, it is held, to be given
except

* Examination in practice tests how far the candidate may properly at the moment be allowed to commence applying for the treatment of disease the actual recognised resources of his profession; but examination in science more nearly represents, what eventually becomes of great interest to society and to the profession, how far the candidate, if admitted, is likely to augment the usual resources of the profession.

† See a Paper by G. M. Stansfeld, Esq., in the "Association Medical Journal," 29 March 1856.

except as super-additions to the primary and general title which should mark every member of the medical profession. It seems an insecure arrangement for the public, and is contrary to the usage of all countries where the medical profession is recognised at law, that candidates should receive any legal recognition as medical practitioners, founded on their exclusive knowledge of one department of medicine; that they should be admitted to professional rank as "consulting surgeons," while perhaps ignorant of the elements of physic, or to professional rank as "physicians," while perhaps ignorant of the elements of surgery. If legal status is to be given to the medical practitioner, it ought to be on the basis that from all future candidates there will be exacted, first of all, the knowledge, which would render them (according to the minimum standard of a pass-examination) competent for general practice; and that corporations of physicians and surgeons, in giving distinctive titles to those whom they wish to designate as fit for the consulting departments of medical and surgical practice, will confer such titles only on persons who have previously passed through the "one portal."

3. Of existing medical titles, those which possess any value at law, possess for the most part only a local value. The English and Irish Colleges of Physicians and of Surgeons cannot enable their members to practise within the territory of the Scotch Medical Corporations; the physician of Edinburgh or London may not prescribe in Dublin; the Scotch or Irish general practitioner may not act as an apothecary in England; the English apothecary may not act as such in Ireland; physicians may be lawfully practising even in Manchester, or Liverpool, or Oxford, or Cambridge, whom the law considers disqualified from practising in London; and there are eminent practitioners in Edinburgh and Glasgow who could not legally extend their practice from the one city to the other.

It seems too obvious to require argument, that public confidence cannot reasonably be claimed for any such system as this, and that, if the medical profession is to obtain recognition from the Legislature, those exclusive jurisdictions must give way to a system under which the "legally qualified medical practitioner," subject only to such restrictions as may be requisite for the internal government of the profession, shall be entitled to practise, according to the nature of his qualification, in every part of the United Kingdom.

III. On any impartial review of the above circumstances, it must surely be acknowledged that the present system of admission to the medical profession does not give the public sufficient security for the attainments of the persons admitted. And in any hoped for settlement of the profession, the task of providing this security can never be left to the mutually independent actions of 21 irresponsible authorities. If the long vexed question of medical reform is ever to be set at rest, and if the medical practitioner is to be more distinctly than at present recognisable at law, and if the general tone of the profession is to be raised by the co-operation of powers which now too often only conflict with each other, assuredly these results can only come to pass by the existing authorities consenting to merge some share of their present independence in a general government of the profession. They, indeed, have a right to hope that this independence shall not be interfered with beyond the real necessities of the case; but the public and the profession have an equal right to expect that the power of independent action, vested of old in each institution, shall be regarded as a trust for the common good, and shall be found ready to subject itself to such limitation as changed circumstances may have rendered necessary.

2. It appears to be generally admitted that the principle of government by a professional Council is the only one which promises to fulfil the requisite conditions. But, obviously, if such a Council is to do good, its powers must be more than nominal; and it requires careful consideration to determine, first, by what constitution it will be rendered a proper depository of such powers; and, secondly, what are the least powers of control which will enable it to fulfil its object.

As regards the first question it seems indispensable, as the condition under which to vest such powers as it is proposed to vest in the Council, that the constitution of the body should render it, as completely and as evidently as possible, representative of all interests concerned.

Fortunately, it appeared in last year's discussions of the subject that a very large majority of the examining institutions of the United Kingdom were ready to accept the Council proposed in Mr. Headlam's (second) Bill, as fulfilling their conception of a representative Council. Mr. Headlam's proposal in respect of the Council is, therefore, taken as a basis for the present plan, reserving only a margin for such modifications in detail as may render the representative character of the Council still more complete.* It is hoped that under this constitution the power of the Council would not be an object of jealousy.

On

* The point on which it appears that questions may arise are chiefly the following: 1st, whether the Apothecaries' Company of Ireland can reasonably expect to send a representative to the Council, it being incontestable that the company, under its Act of Incorporation, is constituted solely for the purpose of examining and licensing druggists, and that any action taken by it as a body for granting certificates of medical qualification has been in excess of its legal powers; 2ndly, whether the distribution of representatives among the several medical institutions of Scotland is as equitable an one as could be desired; 3rdly, whether the University of Durham, which in 1855 returned to the House of Commons that it had never yet held any examination for medical degrees, can be considered as having a *bond fide* interest in medical matters, and a claim to be represented in the Council; 4thly, whether the choice of the Crown, in respect of the section of Council which it is to nominate, ought to be restricted, or ought not rather to be left as a simple responsibility to choose the person whom it may judge best qualified to perform the duties of Councillor.

Appendix, No. 1. On the one hand, as regards those examining institutions which have formally expressed their desire to see such a Council established, they cannot reasonably object to investing the Council with sufficient power of control in relation to their common objects; nor, if those institutions are satisfied that the proposed balance of representation is tolerably just, can they reasonably shrink from accepting the arbitration of the Council in matters where their respective interests may be mutually discordant, or may require to be harmonised with the new system of admission to the medical profession.

On the other hand, it is of great importance that the general profession and the public should recognise, in the constitution of the Council, that its object is not exclusively to guard the vested rights of corporate institutions. A certain proportion of independent members is the best security that those peculiar interests shall not be too partially considered, and persons who demand this security will be satisfied, it appears, with Mr. Headlam's proposal that, while 17 members of Council are to be delegated by different universities and medical corporations, six members shall be appointed by the Crown.

Yet further, as it is of paramount importance to the success of the measure that the powers of the Council, in matters of detail, should be left, as far as may be, unfettered by minute provisions of law, it is proposed, as the utmost security against any possible abuse of those powers, that they should not be exercised without some sort of responsibility to Parliament. It is proposed, namely, that all important acts of the Council shall require confirmation by Her Majesty; that a month's public notice shall be given of any order for which it is intended to ask this confirmation, and that thus every opportunity shall be given, in cases of difference of opinion, for a minority of the Council to appeal to the Privy Council against any course of proceeding which it may consider objectionable. The proceedings of the Council, through the Minister who would be responsible for sanctioning them, would thus become subject to criticism in Parliament.

Under this arrangement, however large might be the powers of the Council, every institution affected by the law might feel secure that its individual rights would be duly respected; and the public also might know that those regulations, under which the future medical profession would be qualified and organised, could only be such as would likewise conduce to the interests of the general community.

3. If the principle be admitted, that a council constituted on the proposed plan may be trusted with large discretionary powers, it will be unnecessary to touch by direct enactment any one of the existing boards, except where the certificates of such boards are to be used as legal warranty of qualifications to practise. So far as the membership or fellowship of any college, company, or faculty, or the baccalaureat or doctorate of any university, is desired as a title of honour, so far the law needs not in any manner interfere with the terms on which the title is granted. In this point of view, every board might continue to examine as it now examines, to take fees as it now takes fees, and to give titles as it now gives titles. Even the exclusive jurisdictions of the different medical corporations might be left as they now stand, against persons who should not be registered under the new law. The essential reservation would be this: that so far as any medical diploma or certificate should be sought in order to its constituting a legal title to public privileges and immunities, so far the conditions of its granting should be subject to the approval of the Council.

The future candidate for legal recognition as a "qualified medical practitioner" must have attained a certain standard of knowledge; and his attainment of this standard must have been tested by a certain sufficient examination. The Council must have power to fix the standard, and to ensure that the test be applied. Powers below this necessity would be delusive; powers above it would be superfluous.

The arrangement which is proposed for these purposes is the following:—

First, that all the present legally-constituted examining boards of the three divisions of the United Kingdom should be enacted to be the examining authority under the new law, and that, at any examination conducted by that authority for the purposes of the Act, the Council, and any member or deputy of the Council, should be entitled to be present.

Next, that power should be given to the Council to make, after due public notice, and with the approval of Her Majesty in Privy Council, orders and regulations as follows:—

1. Fixing, in respect of age, study, knowledge, and examination, the conditions under which the future candidate shall be admissible to the medical profession as a "qualified medical practitioner;"

2. Determining, in respect of the several examining boards of the United Kingdom what share may be fulfilled by the certificate of each of them acting separately, or by the certificate of two or more of them acting conjointly, as contributory to the total certification which shall give admission to the register;

3. Disallowing the future certificates of any board which shall have conducted examinations inefficiently or irregularly;

4. Establishing, or causing to be established, an examination in particular branches of knowledge, general or professional, where arrangements for such examination shall not have been otherwise sufficiently provided.

It seems certain that, under these arrangements, the Council would be able to provide against the evils which are now alleged to exist in the system over which the Council would be appointed to watch. The present minute subdivision of the examining authority, the fragmentary nature of many diplomas, certificates, and licenses on which the candidate is admitted to practise, the tendency of irresponsible competition among examining boards

constituted

constituted and paid on principles not favourable to strictness of examination,—these are influences which the Council could estimate at their due weight, and, in case of need, could counteract by appropriate regulations. Under this supervision there might be ensured such uniformity of minimum qualifications throughout the United Kingdom, that the recognised medical practitioner of one part might properly claim the right of practising in any other part.

The Council must, from the nature of the case, be responsible for the proper keeping and publication of the register; and as some difference of opinion appears to prevail as to the form in which the register should be kept, it is proposed that this matter should be determined by an order of the Council, subject, like its other orders and regulations, to confirmation by Her Majesty in Privy Council; and that the Council should be enabled to provide in such order for the keeping of separate registers of persons with special qualifications, and thus to distinguish, as may be seen fit, the bachelors and doctors of medicine of universities, the licentiates and fellows of colleges of physicians, the members and fellows of colleges of surgeons, and so forth: also, that such order should provide for the payment by admitted candidates of whatever registration fees shall be deemed proper.

Provision being made for the publication of an authentic register of examined and approved practitioners, with such distinction of their respective qualifications as may be judged necessary for the object of the publication; and security being taken, so far as circumstances render practicable, that the names of none but well-qualified persons shall hereafter be added to the register, it becomes reasonable to claim for registered practitioners the privileges mentioned in the first part of this Minute: that they alone should constitute the medical profession in its legal sense, and that none but they should be competent to hold any public medical appointment, or do any public medical act, or recover payment for any alleged medical services. And since the public esteem in which a profession is held must depend on the moral character of its members, not less than on their technical attainments it is fully consonant with the proposed object that the Council should be empowered to remove from the register the name of any person convicted of crime, or guilty, in his professional capacity, of immoral and disgraceful conduct.

Legislation to the extent thus far suggested appears capable of realising objects which, estimated either by a professional or by a social standard of importance, may fairly be considered the most important ends of medical reform; but many persons have thought that legislation should go further than this, and should not stop short of defining all differences of rank and department which exist within the pale of the profession. If the intention be that differences of rank and department, so far as they are at present described by the titles of various graduates, licentiates, members, and fellows of universities and medical corporations, should be recognised in the register, it may be observed that this is already provided for in the arrangements proposed. To the general register will be appended such special registers as the Order in Council shall determine. In the general register the member or licentiate of a college of surgeons can be distinguished from the fellow of a like college; the licentiate of a college of physicians from the doctor or bachelor of an university, and so forth. In the special registers, graduates and licentiates, and members, and fellows of universities and medical corporations, can be classed under heads corresponding to the various institutions from which their titles are derived, and to their rank in such institutions respectively. Every existing difference of title can thus be marked; and surely if a professional Council is to be constituted for any useful purpose, it cannot be requisite that the Imperial Legislature should settle for such a Council the manner in which to keep its lists of medical practitioners. If, on the other hand, it be intended that means be taken to distinguish more exactly than is yet done, in law or practice, the differences of professional class and privilege which may be claimed by the present holders of different titles respectively, it must be objected that this course, as regards existing members of the profession, would involve great embarrassment with little proportionate advantage. The public has no real difficulty in discovering who are the general practitioners of the profession, and who are the consulting practitioners, or in distinguishing among the latter class who are physicians and who are surgeons for consultation; but it would be a task of extraordinary difficulty under the present circumstances of the profession, to define each of those three classes in the strict language of legislation; and, if the existing profession, with its very great variety of half-legal and half-conventional distinctions, had by law to be divided on the basis of that three-fold classification, there would be risk both of doing injustice within the profession itself, and also of misleading the public.

With respect to persons hereafter entering the profession, it will, no doubt, be desirable that the law should discriminate, on the one hand, the great mass of candidates who will seek to be registered with no more than the minimum qualification entitling them to that privilege; and, on the other hand, those whose more lengthened studies and higher attainments shall fit them to be designated as first-class practitioners in medicine, or in surgery, or in midwifery. Such a distinction of ranks can hardly fail to be of public advantage. By the prospect of attaining distinctive titles of honour with correlative professional rank, persons entering on a medical career may be powerfully induced to extend their education and increase their means of usefulness. But this object would be frustrated, and, so far as the public is concerned, the distinction of higher and lower titles would be valueless, if the higher rank could be attained on any other ground than that of higher professional excellence; and it would therefore be hazardous to propose legislation on this part of the subject unless Parliament were prepared either to decide as to the relative value of all medical titles of

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honour, or to submit the award of all such titles to the supervision of the Council, in a manner which could hardly be acceptable to the various institutions which grant them.

It accordingly seems that legislation in this part of the subject may properly be postponed. A first act of legislation will have attained very important results if it succeeds in giving a legal boundary to the medical profession, in fixing the general privileges of its members, in providing for the sufficient qualification of persons hereafter entering its rank, and in removing from the competent practitioner those local prohibitions of which at present he complains. If the internal distinctions of the profession require to be regulated by law more precisely than is now done by the titles of the different examining bodies, this may properly become the object of a second act of legislation; and if the plan now suggested were made the basis of a first measure, Her Majesty's Government, in considering the necessity for further legislation, would be assisted by the deliberations of the Council which this first measure proposes to constitute.

J. S.

CLAUSE IV. of Mr. *Coeper's* MEDICAL PRACTITIONERS BILL of 1858.

Council to make orders and regulations.

THE General Council of Medical Education and Registration of the United Kingdom, hereinafter called the General Council, shall make orders and regulations in relation to the matters hereinafter mentioned, as soon as conveniently may be after the commencement of this Act, and may from time to time repeal or alter any such orders or regulations, and make new orders or regulations in addition to or in substitution for all or any of the orders or regulations for the time being in force, but no such orders, regulations, repeals, or alterations shall have force until approved by Her Majesty in Council; and notice of the time when it shall please Her Majesty that any such orders or regulations, repeals or alterations as aforesaid, be taken into consideration by Her Privy Council, shall be published in the "London Gazette" one month at least before such appointed time.

The following are the matters in relation to which such orders and regulations shall be made; (that is to say),

Establishing a register or registers of medical practitioners qualified to practise under this Act, and any separate register or registers, if the General Council shall so think fit, of persons having degrees, diplomas, or special titles in medicine or surgery in addition to their authority to practise under this Act, and for adding such degrees, diplomas, and special titles to the general register of persons entitled to practise, and the form and manner in which such register or several registers shall be kept.

Defining the qualifications and conditions in respect of general and professional knowledge and course of study, and in respect of age and otherwise, which shall entitle persons (others than such as may be entitled in respect of qualifications existing before the 1st day of December 1858) to be registered, and what degrees, diplomas, certificates of examining bodies, or other testimonials, shall be required or admitted as evidence of such qualifications, or of the compliance with such conditions.

And for the purpose aforesaid the orders or regulations may require that two or more of the examining bodies in any part of the United Kingdom shall co-operate in conducting a required examination and in certifying in relation thereto.

The General Council may if they think fit, by their orders or regulations approved as aforesaid, establish or provide for establishing examiners in any one or more of the branches of knowledge in which persons desirous of being registered must be qualified, in any part of the United Kingdom where examination in such branch or branches of knowledge is not otherwise provided for to the satisfaction of the General Council.

The General Council shall by their orders and regulations approved as aforesaid fix a fee to be paid on the registration of every person becoming entitled to be registered under the orders and regulations, such fee to be paid by the examining body by which the evidence entitling such person to be registered may be transmitted to the registrar.

SECTIONS XVIII. to XXII. of the MEDICAL ACT, 1858.

XVIII. THE several colleges and bodies in the United Kingdom, mentioned in Schedule (A.) to this Act, shall from time to time, when required by the General Council, furnish such Council with such information as they may require as to the courses of study and examinations to be gone through in order to obtain the respective qualifications mentioned in Schedule (A.) to this Act, and the ages at which such courses of study and examination are required to be gone through, and such qualifications are conferred, and generally as to the

the requisites for obtaining such qualifications; and any member or members of the General Council, or any person or persons deputed for this purpose by such Council, or by any branch Council, may attend and be present at any such examinations.

XIX. Any two or more of the colleges and bodies in the United Kingdom mentioned in Schedule (A.) to this Act may, with the sanction and under the directions of the General Council, unite or co-operate in conducting the examinations required for qualifications to be registered under this Act.

XX. 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 qualifications 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 Honourable Privy Council.

XXI. It shall be lawful for the Privy Council, upon any such representation as aforesaid, if it see fit, to order that any qualification granted by such college or body, after such time as may be mentioned in the order, shall not confer any right to be registered under this Act: Provided always, that it shall be lawful for Her Majesty, with the advice of Her Privy Council, when it is made to appear to Her, upon further representation from the General Council or otherwise, that such college or body has made effectual provision, to the satisfaction of such General Council, for the improvement of such course of study or examinations, or the mode of conducting such examinations, to revoke any such order.

XXII. After the time mentioned in this behalf in any such Order in Council, no person shall be entitled to be registered under this Act in respect of any such qualification as in such order mentioned, granted by the college or body to which such order relates, after the time therein mentioned, and the revocation of any such order shall not entitle any person to be registered in respect of any qualification granted before such revocation.

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EXTRACT from the TWELFTH REPORT, dated 31st March 1870, of the MEDICAL OFFICER of the PRIVY COUNCIL.

The CONSTITUTION of the MEDICAL PROFESSION, and the WORKING of the MEDICAL ACT, 1858.

UNDER the so-called "Medical Act" of 1858, which regulates for the United Kingdom the system of legal qualifications for practice in the medical profession, all responsibilities assigned to Her Majesty's Government for the purposes of the Act are vested in the Lords of the Council; and even apart from the special relation so constituted, my Lords, in their general relation to the health interests of the country, would of course feel that questions concerning the efficiency of the medical profession are among the most important which could possibly claim their attention in this department. It was with this feeling that my Lords, in 1869, received from the General Council of Medical Registration and Education (the body which administers the Medical Act) a request that their Lordships would promote in Parliament certain amendments in the present law. The particular amendments which the Medical Council in the first instance had in view concerned only minor points in the law; but my Lords, considering that the Medical Act had now been more than 10 years in operation, and that consequently a fair judgment might be formed whether the more essential provisions of the Act had been successful, directed the attention of the Medical Council to this larger aspect of the case. My Lords had been advised that, though no doubt the Medical Act (especially in so far as the supervision of the General Medical Council has induced individual examining boards to make their examinations stricter and more complete) has in some respects considerably improved medical education, and heightened the average standard of qualification for persons entering on the medical profession, there yet remain in our system of admissions to the profession very serious and radical defects, which under the present Act cannot be effectually dealt with; that, by reason of these defects, the public is largely without the security which it ought to have against the admission of incompetent persons on to the register of legally qualified medical practitioners; and that the circumstances under which the Act is thus in great part insufficient for its professed public purpose are not such as any minor changes of the law can in any degree affect. My Lords, after conferring with the Medical Council on this view of the case, were satisfied of its substantial justice, and that they could not propose to Parliament to amend the Medical Act unless their proposals should extend to making considerable changes in its fundamental provisions. Their Lordships' communications with the Medical Council on the above subject were not completed before the end of the year 1869; but though the completion belongs to a somewhat later date than that where (strictly speaking) my present report ought to stop, I may be permitted to state, as the total result of these communica-

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tions down to the date of my report, that my Lords have had the satisfaction of finding the Medical Council entirely in agreement with them as to the need for comprehensive amendments in the present system of admission to the medical profession, and substantially as to the kind of legislation which may best be proposed for this purpose.

The Act of 1858 was a first legislative endeavour to provide generally for the qualifications of persons entering the medical profession. It was of course essentially tentative. And for anyone who would now fully appreciate the nature of the questions which a reconsideration of the Act must involve, probably the simplest course is to start from the point of view in which the promoters of that tentative measure saw the exigencies of the original case. The Bill on which the Medical Act was founded was prepared under directions of the President of the then General Board of Health; of which Board I was at the time medical officer; and, as it was my duty, under the same directions, to prepare an office memorandum explanatory of its point of view and intentions, I cannot do better for my present purpose than refer to that original memorandum, which accordingly I subjoin (No. 10, A.) in my Appendix.* The Bill, as first introduced to Parliament, would have vested in the Medical Council ample initiative powers to regulate all conditions, in respect of general and professional knowledge and course of study, and in respect of age and otherwise, which should in future be obligatory on candidates for the medical profession; and the Council not only would have had authority to determine how far any diplomas or degrees, or other testimonials of examining boards, should be admissible as evidence of the candidates having fulfilled such conditions, but also would have been authorised to require of individual examining boards that they should combine with one another to conduct the necessary examinations. During the progress of the Bill, however, representations against these parts of it were made on behalf of some of the examining boards, and in deference to these representations the provisions were essentially changed. No doubt everyone saw that the law must of necessity be ineffective unless the final object of these provisions were, somehow or other, attained; but not unnaturally, while the working of the proposed Medical Council was hitherto quite untried, there was no fear of investing the new body with too large initiative powers; and it was urged that, for the final object in view, other sorts of provision would be sufficient. The Bill was accordingly modified in the sense of this argument; so that no powers of general regulation were to be given to the Medical Council, nor any power to require co-operation of licensing boards; but so that the success of the law for its most important objects was made contingent on the willingness of the separate bodies to give effect to permissive clauses, by acting in voluntary concert or combination to regulate all conditions of candidature, and to conduct all required examinations. Sections 18—22 of the Medical Act contain the altered provisions which were thus enacted. And for convenience of comparison I annex to my appended memorandum the original fourth clause of the Medical Practitioners Bill, as well as the just cited sections of the Act of 1858.

It is evident that the parts of the Acts to which this comparison refers—parts where, except in relation to certain very extreme cases, the Act is only permissive, are parts the most critically important. Indeed, as regards the interests of the public in the efficiency of the medical profession, those are the vital parts of the Act. And when my Lords had their attention drawn to the general question of the working of the Act, the inquiry which above all they had to make was, whether, under the influence of those parts, medical education, and the conditions and tests of minimum-qualification for admission to the medical profession, had developed into a satisfactory uniform system. My Lords, as I have stated, were advised that this had not been the case; that the evils of system which existed in 1858 were existing without material abatement in 1869. Having regard to what is the essence of our present system—that the responsibility of granting entrance to the ranks of the medical profession is assigned as a divisible privilege (incidentally of a very lucrative kind) to 19 mutually independent and consequently competing corporations, each with liberty but imperfectly restricted to fix the conditions and apply the tests on which its own license shall be granted, I think there could not from the first have been much likelihood that thorough reform of the system would be effected under the Act of 1858. No doubt the bad results which attach to the system might have been much abated if all the examining boards had made vigorous and disinterested use of their powers under Section 19 of the Act: but it must be remembered that such a course of action, besides that it would have involved a limitation in certain respects on the autonomy of the particular institutions, would also in various cases have raised questions of personal or institutional loss of income; and that a mere legal permission to persons or institutions to do certain acts of self-sacrifice may very naturally be understood to imply, in the judgment of the Legislature, the absence of much public reason for the sacrifice. It is certain, moreover, that, as the law stands, the dissent of any one much-frequented examining board would have sufficed more or less to frustrate, in relation to public interests, the reformatory efforts of all other boards in the same

* I ought perhaps to note that the Bill, though prepared as a Government measure, and at last passed as such, was, from accidental circumstances, not actually introduced as such in the House of Commons. For, at the moment when the President of the Board of Health, Mr. Cowper, was about to introduce it, a change of Government occurred; and, as there was uncertainty whether the new Government could deal with the matter in that somewhat advanced Session, Mr. Cowper (acting as private member) introduced the Bill. Subsequently the new Government adopted it in the modified form which my text describes, and Mr. Walpole carried it through its final stages in the House of Commons.

[That Memorandum now precedes the present Extract: see page 305.]

same division, if not also in other divisions, of the United Kingdom; and I even think it doubtful whether, if all boards had conspired with thorough earnestness to attempt proper co-operation under Section 19 of the Act, the object could have been fully attained without some additional legislation.

Be that as it may, the correspondence which took place between my Lords and the Medical Council on the working of the present Act, and of which all main parts are inserted (No. 10, B.) in my Appendix, shows, as the actual state of things, beyond any possibility of doubt, that, after 11 years' experience of the Act in its present form, and notwithstanding whatever advantages it may have offered for voluntary amendments of plan, our old multiple system retains its fragmentary and competitive method of working, still directs medical education by the unharmonised rules and standards of 19 different regulative bodies, and still involves, in relation to the public, substantially the same insecurities as were described in my Memorandum of 1858.

My Lords, in view of this state of the case, have determined to propose to Parliament a Bill for the radical amendment of the Medical Act: an amendment which should have two main objects: one, that the many authorities which at present confer license for professional practice shall for the future only confer such license by acting conjointly with one another, in their respective divisions of the United Kingdom, under co-ordination and effective supervision by the General Medical Council; and the other, that in future no license shall be given for professional practice which does not imply (to the required minimum amount) qualifications both for medicine and for surgery.

Appendix, No. 10.

B.—CORRESPONDENCE with the GENERAL MEDICAL COUNCIL as to the Operation of the MEDICAL ACT, 1858.

a.—LETTER to the President of the General Council of Medical Registration and Education.

Medical Department of the Privy Council Office,
14 May 1869.

Sir

WITH reference to the draft Bill which you recently brought under the Lord President's notice, as proposed by the General Council of Medical Education and Registration, for amendment of the Medical Act, 1858, his Lordship directs me to inform you that, with every wish to assist the Medical Council in accomplishing its important duties, he does not feel that he could undertake to bring the proposals of the draft Bill separately before Parliament, as a measure recommended by the Government, unless he regarded them as covering all the ground where amendment of the Medical Act is wanted. For, considering that the Act has at present been more than 10 years in operation, the Lord President presumes that a fair judgment can now be formed on its success and merits as a whole; and he thinks that a judgment of this more comprehensive sort must be the basis of any amending Bill to be introduced on the part of the Government. The Lord President would be glad to have the fullest possible explanations with the General Council on this larger aspect of the case; and, though the requisite consideration could not be given to the subject in time for legislation in the present far advanced Session of Parliament, his Lordship would hope to be able to deal with it next year in the light of such information as he may meanwhile receive.

On the present occasion the Lord President does not propose to enter minutely on the question of the working of the Medical Act; but there is one point which his Lordship would wish to bring specially under your attention. His Lordship is advised that the Act is seriously defective, as not providing for a satisfactory and uniform minimum standard of admissibility to the Medical Register, and as not enabling the General Council to issue regulations in this respect. The state of the law in the United Kingdom (unlike that which obtains generally in Europe in the same matter) allows a minimum qualification in surgery to be registered without any qualification in medicine, and similarly a minimum qualification in medicine to be registered without any qualification in surgery; and so far as may be judged from a recently published analysis contained in the Medical Register it would seem that persons practising on those half-qualifications are to be counted by thousands in the United Kingdom. Cases are not infrequently brought under his Lordship's official notice, where persons, possessing only such half-qualifications, undertake nevertheless to act in all departments of professional practice, and even obtain engagement as salaried attendants on the sick poor in relation to whatever diseases or injuries may affect them. The Lord President regards this state of things as open to serious objection, and his Lordship doubts whether Government could sanction any amendment of the Medical Act which should leave so great an existing evil undealt with. The Lord President is, of course, aware that at the present time most of the examining boards which confer half-qualifications, voluntarily extend their examinations beyond the limits of their titular qualification; but his Lordship doubts whether that mode of action, at its best, can supply more than a very imperfect substitute for complete legal qualification, and whether, if it were universal and permanent, it would not itself tend to develop considerable new difficulties.

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The Lord President understands that the General Council will now very shortly enter upon its annual session in London, and he accordingly directs me to suggest that perhaps you would bring the above branch of the subject under the particular consideration of the Council, with a view to his being favoured with any recommendation which the Council may be disposed to make in regard of it.

His Lordship further directs me to suggest that the same opportunity would be favourable for eliciting the opinion of members of the Council whether, if new legislation is to take place, it would be desirable to change, in any respect, the constitution of Council which the Act of 1858 established.

I am, &c.
(signed) John Simon.

b.—LETTER from the President of the General Medical Council, with Resolutions of Council, and Report of Committee.

Office of General Medical Council, 32, Soho-square,
17 July 1869.

My Lord,

ON behalf of the General Medical Council, whose annual session closed this week, I beg leave to thank your Lordship for your courteous and valuable communication made to them in Mr. Simon's letter of 14th May.

The Medical Council have learned with much pleasure that your Lordship will be prepared during the Parliamentary recess, to take into consideration, not only the proposals in the draft Bill already submitted to you, but also evidence relating to the working of the Medical Act, and the success that has attended the labours of the Council in endeavouring to carry out that Act.

The Medical Council will gladly avail themselves of your Lordship's offer to entertain with them a full description of all points that may appear either to your Lordship or themselves to require consideration before the introduction of any Bill for amendment of the Medical Act.

Having, however, had occasion during their recent session to appoint a committee of their own body to consider various points connected with the proposed amending Medical Act, and that committee having prepared a report, the Medical Council have thought it desirable that your Lordship should have an opportunity of perusing that report, prior to any conference with which you may favour them.

I beg leave, therefore, to enclose a copy of the report in question. This report, as a whole, has not been adopted by the Council; but certain resolutions have been passed on the topics of which the report treats. A copy of these resolutions of the Council I have the honour of enclosing.

Your Lordship will observe that in the report of the committee, and in one of the resolutions of the Council, special attention has been given to the important point on which your Lordship particularly desired to be informed, viz., the defective character of the provisions of the Act for securing a satisfactory and uniform standard of admissibility to the medical register.

In regard to the constitution of the Medical Council, on which your subject your Lordship desired to elicit the opinions of its members, the report of the committee and the resolutions of the Council will, I trust, sufficiently indicate the full consideration which has been given to the question, and the conclusions at which the Council have arrived.

In the ordinary course of business, the Medical Council will not reassemble for their annual sessions before next year; but in the interval, their executive committee would be glad to offer to your Lordship the fullest explanations on any question relating to the Medical Act on which you may desire to be informed.

I have, &c.
(signed) G. E. Paget, M.D.,
President of the General Medical Council.

To the Right Hon.
The Lord President of Council.

COMMITTEE'S REPORT, above referred to, so far as it relates to the Correspondence.

THE communication from the Lord President of Council invites the consideration of the Medical Council to two points; and on one of these an opinion is expressed that the Medical Act is defective. In this opinion your committee concur.

They agree with the Lord President in considering that the Act is seriously defective, in that it allows a minimum qualification in surgery to be registered without any qualification in medicine, and similarly a minimum qualification in medicine without any qualification in surgery. The Act indeed not only permits, but requires, the Medical Council to place upon the register any applicant possessing one such single qualification. The Council has no option or discretion in regard to such applications, but is bound by the Act to comply with them.

The

The committee agree with the Lord President in regarding this state of things as open to serious objection, the more so as the number of persons thus practising both medicine and surgery on a simple qualification is undoubtedly very large.

It appears, however, from the analysis of titles alluded to in the Lord President's communications, that the number of such persons is decreasing at the rate of about 60 a year, although the total number of persons on the register is increasing in much larger numbers.

The committee think that the Lord President should be made acquainted with what the Council have already done in endeavouring to remedy this defect in the Medical Act.

The Council have included both medicine and surgery in a list of subjects, which they have recommended to the licensing bodies as "subjects without a knowledge of which no candidate should be allowed to obtain a qualification entitling him to be registered."

But the committee doubt whether the Medical Act would enable the Council to enforce the recommendation on any one of the licensing bodies that might refuse to adopt it.

The medical corporations and universities have (chiefly within the last few years) made regulations which, by combining examinations of different bodies, or instituting separate examinations in both medicine and surgery, have done much towards insuring that persons shall not in future be placed upon the register without an adequate knowledge of both subjects.

But the committee are of opinion that the only adequate remedy for this acknowledged defect would be for the Council to accept, under an amended Medical Act, such powers as would enable them in the future to refuse registration to any person, whatever his legal qualification may be, who has not passed sufficient examinations both in medicine and surgery.

On the other point on which the Lord President's letter invites the consideration of the Medical Council, his Lordship expresses no opinion.

This point, as stated in his Lordship's communication, is, "whether, if new legislation is to take place, it would be desirable to change in any respect the constitution of the Council."

In discussing this question the committee have fully considered the views and wishes expressed in the memorials and letters which have been received by the Medical Council from the members of the medical profession.

In reporting on a matter of so much importance as this, whether any, and, if any, what change should be made in the constitution of the Council, the committee think it their duty not merely to lay before the Council the result of their deliberations, but to indicate also the principles and chief reasons by which they have been guided. There is one principle which is obvious and indisputable, viz., that the constitution of the Council should be such as may best fit it for the discharge of its duties, whatever these may be. In the Medical Act the Council is styled "The General Council of Medical Education and Registration." The duties imposed on the Council by the Act are four, viz., the supervision of medical education, the registration of qualified medical practitioners, the publication of a national pharmacopœia, and a certain judicial function by the exercise of which the name of any registered practitioner "who shall be judged to have been guilty of infamous conduct in a professional respect," may be erased from the register.

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

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

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

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

It is seen, therefore, that all the powers possessed by the Medical Council in respect to education, are exercised on or through the medium of the medical corporations and universities, which confer the qualifications entitled to registration. Through supervision and visitation of examinations, and the communication of recommendations, a certain degree of control over the licensing bodies is conferred by the Act on the Medical Council.

Your committee are of opinion that these bodies which are in a certain sense and degree governed by the Medical Council are, for that very reason, entitled to be represented in

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the Council. This seems no more than is required by justice. Experience has also shown its usefulness in facilitating the adoption by the licensing bodies of the views and recommendations of the Medical Council.

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

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

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

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

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

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

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

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

In the numerous signed memorial from Dr. Bell Fletcher and other members of the medical profession it is suggested that "in any future Act of Parliament provision 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 enforcement of the law to individuals." The committee are of opinion that this is a suggestion to which the attention of the Government should be drawn. . . . G. E. Paget, Chairman.

RESOLUTIONS, above referred to, of General Medical Council.

"That in the opinion of this Council, it is desirable that power be given to the Medical Council to refuse registration to any one who has not been sufficiently examined both in medicine and surgery."

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

"That

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

"That in any future Act provision should be made for instituting prosecutions by a public prosecutor, or other authorised functionary, instead of leaving the enforcement of the law to the voluntary action of individuals of the public."

"That the president and executive committee shall be authorised (if it shall appear necessary) to confer with the Government on the subjects referred to in the Lord President's communication, and report the results of any such conference to this Council at their next meeting."

c.—LETTER from the Chairman of the Education Committee of the General Medical Council.

[The Committee consisted of Mr. Syme as chairman, and of Dr. Andrew Wood, Mr. Caesar Hawkins, Dr. Acland, Dr. Allen Thomson, Dr. Aquilla Smith, Mr. Hargrave, Dr. Apjohn, Dr. Sharpey, Dr. Christison, and Dr. Parkes, as members. On Mr. Syme's retirement from the Council, Dr. Andrew Wood was chosen as chairman, and, at a later period, Dr. Parkes.]

32, Soho Square, London, W.,

31 July 1869.

Sir,

DURING the past year a committee of the General Medical Council has been engaged in collecting evidence with regard to medical education, and presented at the late session of Council a report and appendices. Owing to the press of other business, and to the late period of the session when the report was presented, the Council was not able to consider and adopt the report, but a committee was appointed to confer with the licensing bodies on the suggestions made in the report for the purpose of bringing the whole subject forward in a complete form next session of Council.

Although the report cannot be communicated to you officially by the Council, as it has not yet been adopted, a wish was expressed that it should be forwarded to you, and to the Lord President and Vice President of the Council, in order to show you what the Medical Council has so far done in this matter, and the directions which their recommendations will probably take.

I have, &c.

(signed) E. A. Parkes, M.D., F.R.S.,

Chairman of the Committee of the Medical Council.

John Simon, Esq., F.R.S.,

Medical Officer to the Privy Council, &c.

EXTRACT from the Education Committee's Report above referred to.

IV.—Arrangement of the Examinations.

THIS was the last point referred to us by the Council, and we understand the reference to mean, how the examinations of all kinds may be conducted so as to answer the effect of allowing no one to enter on general medical practice who is not fully competent.

It will be seen that we have not adopted the view of the Medical Teacher's Association, that there should be three professional examinations, viz., at the end of the first year, of the second year, and of the fourth year. There is a disadvantage in having so many examinations as regards both students and examiners, and the objects of the association can be, we think, met by placing the school examinations on a better basis.

We would propose, then, two examinations by the licensing bodies as heretofore; the first a primary examination, embracing anatomy, chemistry, physiology, and pharmacy, at the end of the second winter session; and the second, or pass-examination, including all the other subjects, at the end of the fourth year.

But we would propose to prepare for these examinations by having more regular class examinations. The Medical Council has on several occasions expressed its wish that the class examinations should be more thoroughly conducted than they now are, at least in most cases, and we propose that the Council should now give effect to its suggestion.

With this object we would propose that no certificate of attendance on a course of instruction be accepted as valid by a licensing body unless it attests that the student has been duly examined during the progress of such course, and especially as its termination. In this way each student may learn from his teacher the degree of proficiency he has attained in a given branch of study.

The professional examinations of the licensing bodies have been already repeatedly inspected by the Medical Council, and improvements which will make them more efficient tests have been and are being gradually introduced. Still the examinations are not quite satisfactory, and we recommend that the Council should continue their visitations from

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time to time, and should watch over the working of the plans they have seen in action, and above all, that the Council should see that every part of the system of instruction be fully tested. The scope of the examination for the license ought, in fact, to include every part of the work done in the schools, practical or otherwise. Especial attention should be paid by the Council to the necessity of requiring in all cases that the clinical examination of surgical and medical patients shall form part of the pass examination.

The supervision by the Council has hitherto been conducted by the branch Councils, and has certainly worked very fairly; but if the institution of independent visitors be impossible, we think the efficacy of visitation would be increased were the branch Council of one division of the kingdom to visit the examinations of another.

One of the great evils at the present moment, is the inequality of the examinations for the license. This inequality of the test of efficiency is the more unfortunate, as every license confers an equality in the right to practise 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 license to practise 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.

The 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. Considering also the extent to which the Colleges of Surgeons and Physicians have already combined in England and Scotland, we cannot apprehend any insuperable difficulty in carrying out this object.

To enter into the details of such an arrangement of conjoint examining boards, who would lead us beyond the scope of the inquiry entrusted to us. The notice of the point has, however, naturally grown out of our subject; and we trust the Council will appoint another committee to consider and report how the examinations for license in the three kingdoms can be thus provided for, and then apply, if necessary, for Parliamentary powers to carry the recommendation into effect.

Andrew Wood, Chairman.

d.—STATEMENT addressed to the Lord President by the Executive Committee of the General Medical Council, as introductory to a Conference had on 14th December 1869.

My Lord,

YOUR Lordship having intimated your readiness to confer with the General Council of Medical Education and Registration on the subject of an amending Medical Act, the Council have authorised us, as their executive committee, to represent them in this conference; but, before entering on any discussion personally, we have felt that it would be desirable, and in accordance with your Lordship's expressed opinion, that we should submit for your consideration a brief résumé of the working of the Medical Act during the 11 years that it has been in operation.

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

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

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

A vast amount of valuable time and labour, and a large pecuniary expenditure, were necessarily devoted to this object. Such, however, has been the success of this important work, that it has already repaid its expenses, and the nation is provided with an authoritative standard and trustworthy guide whereby the nature and composition of substances to be used in medicine may be ascertained and determined. It would be superfluous to show either the value of the boon thus conferred on the profession, or the benefit to the public. A standing committee of the Council has been appointed to watch the progress of pharmaceutical science, so that each new edition of this national work may be kept on a level with the advancement of science and the requirements of the profession.

An official register of duly qualified medical practitioners that should be available for the Government, as well as the public, had also been long felt to be a national desideratum; but

but no means existed for supplying this want prior to the passing of the Medical Act, by which the duty was imposed on the Medical Council. Appendix, No. 1.

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

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

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

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

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

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

Of the various public bodies authorised to grant licenses to practise, 19 in number, each issued its own regulations and had its own curriculum of study. Any attempt to raise the standard of qualification that might be made by any one licensing body might be, and often was, frustrated by the facilities afforded to the student by some other board; and in place of a well-considered uniform code of regulations for study and examinations, there was the utmost diversity and confusion.

One of the first objects of the Council was, therefore, to endeavour to harmonise the regulations of the various licensing bodies, and then to issue recommendations for such a minimum course of study and examinations as should secure for all persons obtaining their respective qualifications, the requisite knowledge and skill for the practice of their profession; and here they at once encountered their greatest difficulty. This difficulty was ten-fold, and arose partly from the constitution of the Council, and partly from the very limited powers conferred by the Medical Act. This Act, whilst it provided for a Council comprising many of the most eminent medical men in the three divisions of the kingdom, and representing all branches of the profession, brought together a number of gentlemen who, though thoroughly well informed on the subjects on which they were called to legislate, and sincerely desirous to carry out, in the most efficient way, the objects of the Act, naturally viewed in a somewhat different light the various topics that were discussed, according as they affected either the different divisions of the kingdom or the different branches of the profession. They also knew that, after the long course of independent and rival action of the various licensing bodies, these bodies might look with a suspicious eye on any recommendations that seemed likely to thwart their peculiar views and interfere with their regulations. It was necessary, therefore, to proceed with moderation and discretion, so as not needlessly to excite the opposition of any, nor to exert such powers as the Council possessed, in what might seem a too despotic spirit; but the very limited nature of the powers conferred by the Act rendered this cautious and deliberate mode of procedure still more necessary. The Council, it is true, could issue (as they have actually done) such recommendations as they might think fit, but these recommendations could be enforced only by a decision of the Privy Council, which acts as a court of appeal under Sections XX., XXI., and XXII. of the Medical Act. It would manifestly have been injudicious to have had recourse to the Privy Council, with a view to enforce comparatively unimportant or unessential matters; and, indeed, looking to the terms of the Act, it seems probable that such an application to the Privy Council, had it been judicious to make it, would have failed. Even in the case of important or essential matters, it seemed wiser to look to it only as a last resort. The Council felt that they might fairly assume that in time, and in proportion as it was seen that they were acting for the common good, the moral influence of the Council would increase, and their recommendations would acquire the force and authority of law; nor have they in this respect been on the whole disappointed.

Full and free discussion soon showed that on most of the important subjects brought under consideration, and it may be said, on all that demanded immediate action, there was a very general concurrence of opinion in the Council; and in regard of others, an equally general conviction that much careful preliminary inquiry and consideration would be requisite before any final determination could even be attempted. Committees were accordingly appointed to inquire and report on the principal education questions, and

Appendix, No. 1. the reports of these committees were circulated amongst the licensing bodies comprised in Schedule (A.) to the Medical Act, accompanied by a request for their observations thereon.

Having given due consideration to the observations thus offered to them, the Council issued, from time to time, specific recommendations for the adoption of the licensing bodies; of these recommendations some of the earliest related to a preliminary testing of candidates in subjects of general education, before allowing them to commence their strictly professional education. The result has been that preliminary examinations in subjects of general education are now required by all the licensing bodies; some of these bodies, it is only fair to say, had indeed required such preliminary examinations prior to the Medical Act, but they were neither very extensive nor very searching.

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

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

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

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

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

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

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

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

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

With the results of their labours hitherto, in reference to the improvement of strictly professional education, the Council have no reason to be dissatisfied. They are, however, fully aware that much yet remains to be done; and they have sought from all available quarters

* See Minutes of the General Council, vol. vii., p. 119.

quarters to accumulate information, with a view to issuing recommendations for important and extensive modifications of the whole system of teaching and study. To this end an educational committee of Council has corresponded with, and received replies from, almost all the eminent teachers in this country, and have also obtained a résumé of the systems adopted in the principal schools of the Continent. The mass of valuable evidence thus acquired, it is manifest, could not be collected, digested, and presented to the Council for consideration, except at a large expenditure of time and labour as well as money. A comprehensive report has, however, been prepared by the committee, and circulated among the licensing bodies and members of Council preparatory to its full discussion at their next session.

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

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

In the opinion of many members of the Council, the Medical Act is deficient in not granting compulsory power to effect such amalgamations of examining boards as may seem desirable. The Council have already resolved to seek for power in any amending Medical Act to refuse registration to any candidate who has not been sufficiently examined both in medicine and surgery. It may, however, be questioned whether even this power would prove sufficient for the end in view, and whether it would not be desirable to grant to the Council power of enforcing amalgamations of boards in the event of recommendations of voluntary amalgamations not proving sufficient. In the Medical Bills introduced by Sir James Graham and Mr. Headlam, it is observable that whilst due care was taken to preserve the rights of the corporations, provision was made for common joint examining boards in each division of the kingdom; and it is probable that no more efficient examining boards for granting the initiatory license to practise all branches of medicine and surgery could be devised, than by combining the examining talent of the several corporations with the aid of the universities. Such combined divisional examining boards would probably also prevent any further and most undesirable multiplication of licenses to practise, which has resulted from the absence of a compulsory power of amalgamation.

Very soon after the passing of the Act, and the publication of the official register, it became evident that to a great extent the Act would fail to effect one important object at which it aimed, viz., to prevent unqualified persons from imposing on the public by assuming medical titles, and practising under them with impunity; and, in fact, Section XL., which enacted, or was intended to enact, penalties for unqualified persons practising under false medical titles, has been found to have been drawn up so badly, that legal prosecutions for offences against this portion of the Act have more frequently failed than not. The public has thus been deceived, and the profession discredited and dissatisfied. Loud and continued complaints have thus arisen, not only against the Act, but also against the Council for failure in remedying so great a grievance. As the section now stands, any knave or impostor may, whilst assuming any medical title he pleases, elude the penalties of the Act, as was done by one clever fellow by simply adding to his assumed title the words "not registered under the Medical Act." The clause suggested by the Council in lieu of Section XL. will be found in the draft amending Bill, submitted for consideration of the Government. Some such clause, in lieu of the present ineffective one, appears to be absolutely necessary. It is also deserving of consideration whether some better provision should not be made for initiating such legal prosecutions as the proposed clause would warrant. The Council do not for a moment suppose that any Act of Parliament can, or ought to, attempt to put down quackery, but they submit that the Legislature ought, if possible, to protect the public from being deceived by the assumption of medical titles by

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unqualified pretenders. Other clauses have also been suggested, which, without altering the general scope or character of the Act, are intended to remedy defects which have become apparent in the working of the Act. These are all comprised in the draft Bill submitted to your Lordship.

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

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

We beg permission to leave for your Lordship's inspection certain printed papers and volumes referred to in the preceding statement,

And have the honour to be, &c.

*The Executive Committee of the
General Medical Council.*

Fras. Hawkins, M.D., Registrar.

c.—LETTER to the President of the General Medical Council.

Medical Department of the Privy Council Office,
2 February 1870.

Sir,

I AM directed by the Lord President of Her Majesty's Council to state to you that, since his recent interview with the Executive Committee of the General Medical Council, and with the assistance of such information as you were then good enough to lay before him, he has given further and most careful consideration to the question of an amendment of the laws relating to the medical profession.

The Lord President, as you are aware from the letter which by his Lordship's direction I had the honour of addressing to your official predecessor, Dr. Burrows, on the 14th of May last, would have the greatest pleasure in finding himself able to co-operate with your Council in any course tending to promote the development of the medical profession, but could not, on the part of Her Majesty's Government, bring before Parliament any Bill purporting to be for amendment of the Medical Acts, unless he believed it substantially to cover all the ground where amendment of those Acts is called for, and likely in consequence to be for some time a settlement in that branch of legislation.

Now, the Lord President's further consideration of the system under which candidates are at present admitted to legal qualification for practice, has greatly increased the misgivings with which his Lordship expressed himself on that subject in his former communication to your Council; and the Lord President thinks it certain that no new legislation could have in it a fair prospect of permanence, or could, even for the time, be satisfactory to the profession and the public, unless it effected, or promised to effect, some very considerable improvement in that 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 General Council; and whereas the Lord President's former communication adverted to some of the evils which are prevailing under that system, other evils incidental to it, and the obstacles which in the present state of the law delay such evils from being remedied, are abundantly shown in papers which you have communicated to his Lordship, and in other representations which have reached him.

The Lord President doubts whether the present system, under any practicable kind of supervision, can either work satisfactorily for medical education, or can provide adequate and uniform security for those great public interests which are concerned in the efficiency of the medical profession.

His

His Lordship is persuaded that doubts like these could not fail to be pressed in any Parliamentary discussion of the Medical Acts; doubts particularly, whether the conditions under which candidates are admitted to examination with a view to minimum qualification for practice ought not to be expressed in a single code of regulations common to all examining boards of the United Kingdom; and whether, similarly, a more or less consolidated examining authority ought not to be substituted for the many separate examining boards which now act under your General Council in giving admission to the Medical Register.

The Lord President believes that opinions adverse to the present system are very generally entertained in the body of the medical profession by persons who may be regarded as competent and impartial observers; and that some of the most important public bodies concerned with the constitution of the profession have recorded resolutions in a like sense, and are even endeavouring to amend the working of the system by voluntary arrangements with one another.

The report, moreover, which you brought under the Lord President's notice, as recently made to your Council by a committee specially appointed to consider the subject of medical education, expresses itself in terms so unqualified as to an urgent necessity for consolidation of examining authorities, and as to the general grounds on which that necessity rests, that the Lord President regards this question as presumably ripe for decision.

The recommendation of that education committee of your Council is, that "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 desires a license to practise should appear, and by whom he should be examined in all subjects;" and your executive committee (referring to the possibility that such consolidations might not be adopted on mere recommendation) represents to the Lord President that "in the opinion of many members of the Council the Medical Act is deficient in not granting compulsory power to effect such amalgamations of examining boards as may seem desirable."

Accordingly, in view of all the circumstances, the Lord President would not be willing to submit to Parliament any proposals for amending the Medical Act in such minor respects as were touched by the Council's draft Bill of last Session, unless he were, at the same time, in a position to propose larger improvements in the present system; but if it be the wish of your Council that legislation in this larger sense should be asked for, particularly such legislation as your executive committee seems to have in view, the Lord President would hope to be able to propose to Parliament a Bill to give effect to such intentions.

The Lord President therefore directs me to request that you will have the goodness to take the sense of the Council on this question. And I am also to state to you that his Lordship would have little hope of carrying any measure in this next Session of Parliament, unless he were enabled to introduce it without any considerable delay.

I am, &c.
(signed) John Simon.

f.—LETTER from the President of the General Medical Council.

Sir,

General Council of Medical Education and Registration,
32, Soho-square, London, W., 1 March 1870.

I BEG leave to acquaint you, for the information of the Lord President of Her Majesty's Council, that your letter of the 2nd February, written by direction of his Lordship, the receipt of which I have already acknowledged, seemed to me to deal with matters of so much importance, and to require so early a reply, that I thought it advisable to summon without delay a meeting of the General Medical Council for its consideration.

The General Medical Council desires me to express the great satisfaction with which it received the intimation conveyed in your letter, that the Lord President would hope to propose to Parliament a measure for amending the Medical Act, which should remedy not only such defects as were touched on by the Medical Council's draft Bill of last Session, but effect much larger and more important improvements in the system under which persons now receive licenses to exercise the profession of medicine.

In addition to former communications from the Medical Council relative to the matters requiring legislation in any new Medical Act, I now beg to forward, for the information of the Lord President, copies of resolutions agreed to by the Medical Council at its meetings on the 26th and 28th February 1870, when your letter was brought under its consideration.

You will see from these resolutions that the Medical Council agrees with the Lord President in thinking that the present system of medical examination entitling to registration requires amendment, and that the Council considers that some more or less consolidated examining authority should be instituted.

The Council has decided that this may be best accomplished by the formation of

Appendix, No. 1. a conjoint examining board in each division of the kingdom, such board being constituted by a combination of the present licensing bodies on a plan to be hereafter determined.

The Council believe that arrangements may be thus made, which, with the least injury to existing institutions, will ensure that the examination for license to practise shall be in every respect complete and trustworthy.

The Council has appointed its executive committee to confer with the Lord President, and to bring before him, for his consideration, the various provisions which it would be necessary to introduce into an amended Act, in order to carry out the objects stated in this and former communications from the Council.

I have only further to acquaint you, that the executive committee will be prepared to attend upon his Lordship at any time that he may appoint.

I have, &c.

(signed) *George Edward Paget, M.D.,*
President of the General Medical Council.

John Simon, Esq., F.R.S.,
Medical Officer to the Privy Council.

RESOLUTIONS agreed to by the Medical Council at its Meetings on the 26th and 28th of February and 1st March 1870.

"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 recognised in Schedule (A.) to the Medical Act shall be required, previously to such registration, to appear before one of those 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."

"That in accordance with the foregoing resolution (Minutes for 25th February 1870, Section 2), 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 1st June 1870, transmit such scheme to the consideration of the General Medical Council."

"That any alterations in the aforesaid schemes, deemed necessary by the Council, should be considered by the conjoint bodies, and their opinion reported to the Council; and that, in case of disagreement between any of the conjoint bodies and the Council, the points of difference should be referred to the consideration and decision of Her Majesty's Privy Council. That the same course should be followed if in process of time it should be considered advisable to make any alteration in the original constitution or rules of the conjoint examining boards."

"That the powers required for carrying the foregoing resolutions into operation be sought from the Legislature; and that Her Majesty's Government be requested to bring in and carry through Parliament a Bill to amend the Medical Acts, which shall contain the requisite provisions."

"That it is the opinion of this Council that if power be granted to the Medical Council to register under certain restrictions foreign or colonial degrees or diplomas, the holders of such foreign or colonial degrees or diplomas should undergo the same examination before one of these conjoint boards which will be necessary in the case of every person who desires to register under any of the qualifications recognised under Schedule (A.) of the Medical Act."

"That in any amending Medical Bill it is desirable that a clause should be inserted enabling the General Medical Council, or any of the branch Councils, to establish a board or boards for the examination of intending medical students in general education."

"That in the opinion of this Council it is desirable that all medical corporations should possess the power legally exercised by some of them of striking off from their lists the name of any person registered under the Medical Act, under any of the qualifications conferred by those bodies, who shall have been convicted in England or Ireland of any felony or misdemeanour, or in Scotland of any crime or offence, or shall, after due inquiry, be judged by any one of those bodies, or by the General Medical Council, to have been guilty of infamous conduct in any professional respect; and that a clause to this effect should be introduced into any amending Medical Act."

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EXTRACT from THIRTEENTH REPORT, dated 31st March 1871, of the then MEDICAL OFFICER of the PRIVY COUNCIL, Mr. *Simon*.

CONSTITUTION of the MEDICAL PROFESSION.

IN my last report I described in detail certain communications which this department had had with the General Council of Medical Registration and Education on the subject of the working of the Medical Act of 1858, and stated the determination to which your Lordships, at the date when I was reporting, had come, to propose to Parliament a Bill for the radical amendment of the Medical Act. Proceedings connected with this purpose formed in 1870 a large share of the work of the department. On the 8th of April the Lord President introduced in the House of Lords a Bill to provide for the object in view; and on the 7th July this Bill, somewhat modified, but with no essential change, as the result of its discussion in the House of Lords, had its first reading in the House of Commons. Here, unfortunately, there was such pressure of other public business that the Bill could not till long afterwards be brought under consideration; and when at last its turn for consideration had arrived, the end of the Session was so close that no measure requiring much discussion could be considered. In this state of the case claims were put forward for the introduction of a new and very controversial subject-matter into the Bill; and as the promoters of these claims (which related to the constitution of the General Medical Council) would not consent to postpone them for consideration to the present Session of Parliament, the Minister in charge of the Bill was of course obliged to withdraw it.

I subjoin, as Appendix No. 3, the following papers:—(a) a departmental memorandum, written at the time in explanation of the Lord President's Bill, and now supplemented by a note on each of the two chief questions which were discussed while the Bill was in progress; and (b) a tabular statement as to the constituencies which are at present represented by delegates in the Medical Council.

Appendix, No. 3.

PAPERS RELATING TO THE MEDICAL PROFESSION.

a.—DEPARTMENTAL MEMORANDUM on the LORD PRESIDENT'S MEDICAL ACTS AMENDMENT BILL of 1870.

THE Bill has two main objects*:—one, that the many Authorities which at present confer license for professional practice shall for the future only confer such license by acting conjointly with one another, in their respective divisions of the United Kingdom, under co-ordination by the General Medical Council; and the other, that in future there shall not be given any license for professional practice which does not imply (to the required minimum amount) qualifications both for Medicine and for Surgery.

It is intended that the existing Authorities should have every proper opportunity to effect the required consolidation by voluntary arrangements with one another; which arrangements notoriously may have to be different in the different divisions of the United Kingdom. As, however, differences of opinion or conflicting interests among the Authorities may absolutely require arbitration, and as each divisional arrangement will in great part be of common public concern, and may even in certain cases require to be explained and justified in Parliament, the Bill proposes—first, that the constitution of each of the new Boards shall be subject to the approval of the General Council, and, secondly, that both these divisional constitutions, and also the regulations which the General Council will have to establish for their common working, shall be subject to the approval of Her Majesty's Government.

As regards the question what privileges and titles shall be conferable by the new Boards, and under what sort of limitation, the Bill distinguishes between that least degree of qualification which shall give admission to the Medical Register, and, on the other hand, those higher titles of professional honour which various of the licensing bodies have in their award. As regards the latter, the Bill does not propose to interfere in any way whatever with the discretion of the individual Authorities, except (if indeed this can be called an exception) that the higher titles will be awardable only to persons already members of the Profession;† but, with the aim of exciting a more general ambition for the attainment of the higher titles, the Bill proposes that, for each future practitioner, the General Council shall have power to state such higher titles in a separate column of the register, as distinct from the practitioner's minimum qualification. With regard to the minimum qualification itself, the principle of the Bill is that each of the new Boards must be deemed to represent, for the division of the United Kingdom in which it acts, all separate licensing Boards which have hitherto

* [See Observation i., p. 326.]

† [See Observation ii., p. 326.]

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hitherto been in action there; and that, so far as relates to the privilege of giving a legal qualification for practice, thus far the old Boards are to be understood as merging themselves completely in the new Board, and as exercising their powers solely through it. The Bill, therefore, proposes that every candidate who passes a satisfactory examination before the new Board, shall, thereupon, immediately be admitted a member of the Medical Profession as by law constituted. As regards the title under which this new member of the Profession shall be enrolled in the Medical Register, regard has been had to two considerations; first, that for common popular apprehension it is highly desirable to have a minimum title which can be the same in each division of the United Kingdom; and secondly, that in the present case it is quite impossible to express in any single title the joint responsibility of the five, or six, or seven, public bodies which will have contributed to constitute the examining Board; and, on these grounds, the Bill proposes that the legal title under which the new practitioner is to be registered shall be the title of "Licentiate in Medicine and Surgery."

The proposal of the Bill, that, when a candidate has satisfied his examiners, his right to be registered shall not be contingent on the further fact of his being admitted as member by some medical corporation or university, is one so intimately related to the main principles of the Bill, that even its form could not easily be varied. But as some of the bodies concerned, and especially some of the medical corporations, are understood to attach importance to privileges which this proposal seems to touch, some collateral proposals of the Bill are intended to secure those privileges against any unnecessary interference. In the first place, as regards the financial interests concerned, the principle is accepted that the fees of persons entering the medical profession may fairly be expected, not only to pay the expenses of the divisional Examining Boards, and of the Council and Branch Councils by which these Boards are superintended, but also to a reasonable extent (as measured by what has heretofore been done in the same matter) to supply a surplus out of which various of the bodies may be enabled to support museums and libraries for the general professional advantage, and to promote higher professional culture in their respective departments of practice. And, in the second place, though the future licentiate will not be bound to have relations of personal enrolment with any of the former licensing bodies, the Bill contains provisions specially intended to facilitate the voluntary establishment of such relations, and to give them where they shall be established the highest reasonable degree of recognition. It is proposed that the Universities and medical corporation may, at their option, accept the examinations of the new Boards as equivalent to any examinations which have heretofore had to be undergone by candidates for the respective minor titles of those bodies; further, as regards cases where the surplus of examination fees is allotted to particular institutions for the furtherance of professional objects, that such institutions may be required to enrol as members the licentiates who have contributed towards such fees; and, finally, that these optional relations with institutions, though not to be of any legal force beyond such as the bye-laws of the particular institution would confer, may, at the desire of the institution, be noted by the General Council in a special column of the Medical Register.

b.—SUBSEQUENT OBSERVATIONS ON THE BILL.

i. The fact that the Bill did not aim at the further object of altering the constitution of the General Medical Council was, from a particular point of view, objected to as a defect. But, apart from all question whether the constitution of the Medical Council ought or ought not to be altered, and what alteration, if any, it ought to undergo, impartial persons duly informed of the circumstances, will, I believe, admit that the Bill, as it stood, was one of extreme difficulty, by reason of the sectional interests which it affected, and that this difficulty would have been enormously aggravated, though with little prospect of equivalent advantage, if the Bill had further opened the collateral and almost interminable question of a *de novo* constitution for the Medical Council. It is true that the voices which last year were loudest for a new constitution of Council were calling only for one particular sort of change; that, namely, of adding to the Council a certain number of persons who should be chosen by the universal suffrage of the members of the Medical Profession in the United Kingdom. But there is no reason to suppose that, if this proposal had come under Parliamentary notice, the change would have been accepted *sub silentio*, as, by common consent, an improvement in the present constitution of the Council, or as something which, if incorporated in the Lord President's Bill, might be viewed as not greatly modifying the remainder. The present construction of the Council, as fixed by the Act of 1858, represents a kind of compromise between the Profession and the Public, arrived at with difficulty after long and renewed discussion, which, while it lasted, effectually prevented all legislation to amend the license system of the Medical Profession; and if that compromise were put forward for re-consideration, probably a new settlement would be scarcely less difficult than the old. The two objects at which the Lord President's Bill of 1870 actually aimed were, I believe, universally admitted to be of great and urgent importance to the Public; and experience suggested that the attainment of those objects might be quite indefinitely delayed if, in endeavours to compass them by legislation, the constitution of the General Medical Council must also be treated as an open question.—J. S., 1871.

ii. Some of the Universities objected to this provision, that it would limit their privileges beyond the positive requirements of public safety: for that it would debar them from conferring medical degrees (which they contended might be merely titles of honour) on persons not intending to practise medicine. They insisted on retaining the independent liberty to confer, though on persons not registered under the Act, such medical degrees as they might

might see fit; but they were ready to accept as law that their degrees should not constitute any claim for registration, nor be a legal qualification for practice, nor even be publicly usable by the possessor (unless otherwise qualified) if practising medicine for gain. The Universities which claimed this exemption had perhaps not duly considered what conflict of law and common-sense it might popularly appear, that, in a country where the most illiterate and unskilled of unregistered persons are not as such prohibited from practice, a man legally holding a medical degree, given (and perhaps the highest which could be given) after examination by an university of the United Kingdom, might be under penalty for practising his profession. Nor perhaps had they fully seen how difficult it would be for courts of justice in case of need to enforce so paradoxical a law; or how probably this partial exemption, if it were granted, would tend to perpetuate just such by-ways into the medical profession as the Bill had for its main object to close. Practically, however, for reasons which need not here be entered on, there was no alternative but to yield to the wishes of the Universities; and consequently *the granting* (whether by Universities or by medical corporations) of *mere titles*, not giving the holder a claim to registration, was exempted from restriction by the Bill.

This change was, I think, to be regretted, as making the Bill logically less complete in its subject-matter, and therefore less popularly intelligible, and less susceptible of successful working as law, than it aimed at being; but the damage was immeasurably overrated by persons who represented the change to be one of cardinal importance to the Bill. Those who asked for the exemption I have described did not gainsay the principle of the Bill, that every one seeking to be recognised at law as a medical *practitioner* must enter the profession by the common portal. And their claim for exemption was confessedly subject to the condition that no side door into medical *practice* should be established by it. Therefore, of two alternatives, one:—either this condition would have been observed, and then the essential public object of the Bill would have been attained; or else, the exemption being abused, the case for at once further amending the law would be irresistible. At the compromise of leaving unchanged and on trial that very small fraction of our present system, all the main practical mischief of the system would have been immediately brought under control.—J. S., 1871.

c.—TABULAR STATEMENT (according to Returns made in 1870) as to the
NINETEEN BODIES by which the representative MEMBERS of the GENERAL
MEDICAL COUNCIL are elected.

[N.B.—Each of the undermentioned Bodies is separately represented in the Council, except that one member represents jointly the two Universities of Edinburgh and Aberdeen, and one member the two Universities of Glasgow and St. Andrews. In addition to these 17 delegates from institutions, there are in the Council six members appointed by the Crown, and an additional member, the President, appointed by the above 23; the total number being 24.]

Bodies represented in the Medical Council.	Board or Body of Persons acting as the Body mentioned in the previous Column in choosing a Person to act on behalf of the same in the General Medical Council.	Number of Members of the Electoral Board or Body.	Constituency by which the Members of the Electoral Board or Body are appointed, or other Qualification giving a Vote.
Royal College of Physicians, London.	"The commonalty or fellowship of the faculty of physic," incorporated by Royal Charter of Henry VIII. in 1518, confirmed by Act of Parliament, 14 & 15 Henry 8, cap. 5.	On 26 February 1870, 235 persons or fellows.	The constituency and the electoral board or body are one and the same.
Royal College of Surgeons of England.	The council of the college.	The council, when complete, consists of 24 members.	The fellows of the college, in number exceeding 1,300.
The Apothecaries Society of London.	The master warden and assistants of the society, who are constituted the governing body of the society by the charter of incorporation granted by James I., and confirmed by Act of Parliament, 55 Geo. 3, cap. 194.	24 persons - - -	The members of the body are appointed by the body itself.

Appendix, No. 1.

Bodies represented in the Medical Council.	Board or Body of Persons acting as the Body mentioned in the previous Column in choosing a Person to act on behalf of the same in the General Medical Council.	Number of Members of the Electoral Board or Body.	Constituency by which the Members of the Electoral Board or Body are appointed, or other Qualification giving a Vote.
The University of Oxford	The convocation of the university.	4,323, in 1870. - -	A person to be entitled to vote in convocation, must have taken the degree of Master of Arts, or of Doctor in Laws, Divinity, or Medicine.
The University of Cambridge.	The senate of the university.	Of about 3,500 persons Although all members of the senate are entitled to vote, non-residents rarely do vote at the election. There are about 280 resident members of the senate.	A member of the senate is a person who (1), has taken the degree of Master of Arts, Master of Laws, or of doctor in some faculty; (2), retains his name on the boards of some college or on the university register; and (3), has declared himself a <i>bonâ fide</i> member of the Church of England. Masters of surgery of three years' standing who have fulfilled conditions (2) and (3) are also members of the senate.
The University of Durham.	The convocation of the university.	280 at the present time	A person to be entitled to vote in convocation must have :— (1.) Taken a degree of D.D., D.C.L., M.D., or M.A., in the university. (2.) Continued without interruption to be a member of the university from the date of his admission to such degree. (3.) Declared in writing that he is a <i>bonâ fide</i> member of the United Church of England and Ireland as by law established; and (4.) Discharged the duties and payments required from him. The payments are 1 <i>l.</i> annually, or, in lieu of it, a composition of 5 <i>l.</i>
The University of London.	The senate of the university.	The senate consists of 36 members, inclusive of the chancellor and vice-chancellor.	The members of the senate are nominated by the Crown, but every fourth appointment is made from a list of three persons nominated by the convocation of the university.
The College of Physicians of Edinburgh.	The fellows of the college on the roll of attendance.	At present of 61 - (26 Feb. 1870.)	By the fellows from the members of the college. No other qualification gives a vote.

Bodies represented in the Medical Council.	Board or Body of Persons acting as the Body mentioned in the previous Column in choosing a Person to act on behalf of the same in the General Medical Council.	Number of Members of the Electoral Board or Body.	Constituency by which the Members of the Electoral Board or Body are appointed, or other Qualification giving a Vote.
The College of Surgeons in Edinburgh.	The fellows of the college	About 250 at present -	All fellows, except those who claim the privilege of the widows' fund, and who are examined, are elected by ballot. All fellows must have been licentiates of the Royal Colleges of Surgeons of England, Edinburgh, or Ireland, or of the Faculty of Physicians and Surgeons of Glas- gow.
The Faculty of Physicians and Surgeons of Glas- gow.	The fellows of the corpo- ration.	At present (23 Feb.) 110	The fellowship is the only qualification which gives a vote.
The University of Edin- burgh, <i>Conjointly with</i>	The senatus academicus -	- - 34 - -	The Crown Board of Cura- tors. University Court. Under ordinance of Universities Commission (21 & 22 Vict. c. 83).
The University of Aber- deen.	The senatus academicus -	- - 22 - - The principal - 1 Professors in arts - 6 Ditto - law - 1 Ditto - divinity, 4 Ditto - medicine, 10	The principal and pro- fessors are appointed for life as follows : By the Crown - - 17 By the University Court - - 4 By a special body of electors nominated by the synod of Aberdeen and the University - - 1
The University of Glas- gow, <i>Conjointly with</i>	The senate of the uni- versity.	The principal and 25 professors.	Of the 26 members, 17 are appointed by the Crown, eight are appointed by the University Court One is appointed by the Dean of Council of the Faculty of Procurators of Glasgow.
The University of St. Andrew's.	The senatus academicus of the University of St. Andrew's, which is com- posed of the professors of both colleges.	- - 14.	—
The King and Queen's College of Physicians in Ireland.	The president and fel- lows of the college.	47 members - -	Licentiates of the college are from time to time elected fellows by the existing fellows.
The Royal College of Surgeons in Ireland.	The president, vice-presi- dent, and council of the college.	- - 21 - -	Annually elected by the fellows.
The Apothecaries Hall of Ireland.	The general court or council.	At present 35, the num- ber being limited to 60.	The shareholders of the joint stock of the hall, who must be licentiates of the body residing in or near Dublin.
The University of Dublin	The provost and senior fellows of University College.	- - 8 - -	The fellows are elected by the provost and senior fellows after a competi- tive examination.
The Queen's University in Ireland.	The senate of the uni- versity.	25 members, the chan- cellor and 24 senators.	Two of the present sena- tors were elected by the convocation of the uni- versity, and the rest were appointed by the Crown. Ultimately there will be six senators representing convoca- tion, and 18 appointed by the Crown.

Appendix, No. 2.

Appendix, No. 2.

PAPER handed in by Mr. John Simon, C.B., F.R.S.

No. 4.

MEMORANDUM prepared in 1873 by the then MEDICAL OFFICER of the PRIVY COUNCIL (Mr. Simon) on the Constitution of the GENERAL MEDICAL COUNCIL, as fixed by the MEDICAL ACT, 1858, and on certain Proposals for changing that Constitution.

Present constitution and arrangements of the Council.

THE General Medical Council has hitherto consisted of 24 members, viz., 17 appointed by the various licensing bodies under the Medical Act, 6 appointed by the Crown, and a president appointed by those 23. Of the 24 present councillors, 7 reside in or near London, 5 in other parts of England, 6 in Scotland, and 6 in Ireland. The Council usually assembles in London for a week or 10 days once a year. Between its times of meeting it entrusts some general business to a standing executive committee, which meets from time to time also in London; special questions, too, are referred for report to occasional committees; and such little local questions as arise in each division of the United Kingdom are settled by the respective local Councillors in their so-called branch Councils; but every important decision under the Act must be made by the collective Council, and is reserved for an annual meeting. Each councillor is reimbursed his travelling expenses, and receives a fee per diem for his attendances, viz., 5*l.* 5*s.* if the attendance be at a general council, or 2*l.* 2*s.* if at a branch Council or executive committee. [*]

Principles on which the Council is constituted.

2. The present constitution of the Council is founded on the accepted examinational system of the country. The Legislature in 1858 proceeded from the fact, that the doorkeeping of the medical profession was done on behalf of the State by certain authorised public bodies, which, under their several charters and Acts of Parliament, had power to confer, and in some cases for misconduct to withdraw, their various respective titles and privileges of qualification; and the intention of the Legislature in passing the Medical Act was, not to set aside those long-established institutions of the country, but only to provide for their better working. The function of adjudicating on the fitness of candidates to be admitted into the ranks of the medical profession had (incidentally) become a lucrative privilege; and whereas it had been vested in a large number of mutually independent authorities, security had to be taken that these authorities should not compete one with another for license fees by lowering their educational standards of qualification. The Medical Council, with its ultimate appeal to Her Majesty's Government, is the machinery which the Act of 1858 established as the intended safeguard against that danger of competitive abasement of standard. It was a first timid experiment of the Legislature in this matter; and the powers of control given to the Council were (as I showed in my Twelfth Annual Report) far too small for their intended purpose; but the principles on which the Council should be constituted had received peculiarly full consideration. For many years, during which the reform of our medical licensing system had been desired, and the necessity for some superintending Council had been recognised, there had been strong differences of opinion as to proposed constitutions for the Council, and in fact the differences of opinion had been amongst the chief obstacles to legislation. There were persons of very high authority who, some for principle, and others for reason of convenience, thought that the whole Council ought to be nominated by the Crown; but on the other hand, if the Council was not meant to supersede existing constituted authorities, those authorities had a manifest claim to be represented in it, and could scarcely be represented to their own satisfaction unless by delegates of their own choosing. Their claim to be thus represented was thoroughly definite and intelligible in relation to the business for which provision had to be made. Already, namely, they in separate action were the appointed agents of the State, as examiners for professional qualification; they admitted it to be of public concern that they should co-operate where hitherto they had competed; they, on certain conditions, were ready to fulfil this object; but they claimed not to be debarred from the higher relations of the business, which till then had been exclusively in their

[* The fee for attendance at the executive committee has recently been increased to 5*l.* 5*s.* per diem.—June 1879. J. S.]

their own hands. Eventually there was a compromise between the opposite opinions, and the council was constituted, in part of delegates from the examining authorities, and in part of persons appointed by the Crown. It will be observed that in this constitution two essentially different factors are represented; on the one hand, the trust and authority which the several universities and medical corporations already by law had in the matter of medical licensing; on the other hand, the right of visitation which the Crown (for the common rights and interests of the public) is always supposed to exercise over each of these institutions, and could certainly not be excluded from exercising over their intended joint action.

3. It was supposed that in this well-considered compromise all legitimate claims to representation had been satisfied. In fact, however, one claim had been distinctly disallowed. At an early stage of the final discussions there had been a proposal (which Mr. Headlam brought before Parliament in 1856) for including in the intended council a certain number of members to be chosen by universal professional suffrage; but this proposal did not seem to have much serious support either of argument or of interest; and the admission of universal suffrage members would certainly not have been in any apparent congruity with the principles on which it was agreed to construct the council.

4. Whether the Council, as established by the Act of 1858, has in its 14 years' working shown itself efficient for its duties, and whether it may be deemed trustworthy for such larger responsibilities as would probably accrue to it under any reasonable amendment of the Medical Act, are questions which may fairly be raised. Taking the Council as the Legislature saw fit to make it, I cannot say that in my opinion it has fallen short of what might justly have been expected from it. First, as regards the persons of whom it has consisted, I believe that not even the voices which are raised for different principles of election ever deny that practically the present law has succeeded in bringing together 24 as eminent and able councillors as any conceivable system could be expected to give. Complaints, and particularly newspaper complaints, have frequently been made that the Council has done almost nothing; that its meetings are very talkative and very costly, but result in no public good. The persons who thus charge the Council with practical unsuccess seem generally to do so under misapprehension of what hitherto have been the legal powers of the Council; and sometimes they even express dissatisfaction that the Council has not meddled with subjects which in their nature are altogether foreign to its jurisdiction. That the Council has not extinguished the scandal of competitive license-mongering is of course certain; but equally certain it is, that the Legislature in 1858 deliberately refrained from empowering the Council to do so, and that, except through such moral influence as attaches to the recommendations of the Council, this body has virtually had no power to raise the standard of qualification for entry on the medical profession. Nor must it be forgotten that the constitution of the Council, while in some respects very advantageous for the kind of work which had to be done, necessarily involved, on the other hand, that in every important matter a very great deal of discussion would precede any final expression of opinion, and that, at least during the earlier years of the Council's existence, there would often, to the judgment of eager lookers on, seem to be very considerable waste of time and strength. The council, capable as it was of meeting but for a few days in each year, was far too numerous for any rapid transaction of business; and the difficulty which in this respect must have attached to any sort of council containing 24 members was here of course greatly increased, by the fact that 17 of the 24 were respectively representing the particular views, and protecting the sectional privileges, of the 19 competing authorities whose work had to be harmonised by the Council for the broad medical interests of the public. Undoubtedly a Crown appointed council might, in a month's continuous sitting, have done more effective work than that compound Council has done in its 14 years of intermittent activity; but a Crown appointed council would represent a totally different policy to that which the Act of 1858 represents, would mean that the Legislature had superseded the 19 authorities in functions long exercised by them under their respective charters and Acts of Parliament, and had made Her Majesty's Government immediately responsible for those functions. Evidently, then, if the present Council is to be reasonably judged with regard to its past achievements, regard must at the same time be had to the statutory peculiarities of its constitution, and to the statutory limitation of its powers. No doubt the body in its earlier years seemed almost desperately disputatious, and was even in some danger of altogether losing itself in fruitless and often quarrelsome talk. But impartial observers would, I think, generally agree that in 1870, when the Lord President proposed to invest the Council with larger powers, the chiefly disputatious stage of its existence had been outlived, and that, in proportion as its members had become personally accustomed to one another, they had not only been getting to lay aside the jealousies and acrimonies which at first occasioned infinite loss of time, and had been acquiring confidence in each other's moderation and fair play, but had also settled themselves seriously and systematically to work, and had, especially in the last two or three years, made very considerable exertions in business tending to the public advantage.

5. In 1870, when the Lord President's Bill was under discussion, various proposals were made to alter the constitution of the Council by providing that universal-suffrage members should be added to it, or should, with or without other changes, be substituted for certain of its present elements; and one of these proposals (one which aimed at an addition of six

Appendix, No. 2.

Early proposal to appoint certain members by universal suffrage.

How has the Council worked under the constitution provided for it in 1858?

Renewed proposal for universal suffrage members.

Appendix, No. 2.

universal-suffrage members to the Council) is now again before Parliament in Mr. Headlam's Bill of the present year. The subjoined tabular statement will enable comparison to be made of these various recent proposals with one another, and with the Council as at present constituted.* I do not think it important to compare the proposals minutely with one another; but, as regards the object which they have in common, the object of getting universal-suffrage members to form part of the General Medical Council, it seems to me that several very important questions have to be decided.

Would the working of the Council, for its proper purposes, be improved by such a change.

In the first place, would an infusion of universal-suffrage members be likely to improve the working of the Council—its working, I mean, for its proper purposes? I think it essential to observe that the interests which the Council is appointed to guard are interests of the general public, not separate interests of the profession. The essential business which it has to transact—business for which certain powers were given it by the Act of 1858, and for which the Lord President's Bill of 1870 proposed to give it far larger powers, is business of a strictly definite kind; the business, namely, of maintaining a sufficient standard of qualification for persons to be legally recognised as medical practitioners; business which, as regards certain extreme cases of moral delinquency, may exceptionally involve questions of disqualification concerning persons who already have legal recognition, but which otherwise consists exclusively in seeing to the sufficiency of the educational tests which candidates for first entry on the profession must undergo. Such are the essential functions of the Medical Council;† and obviously it is with reference to those functions, and to the more or less aptitude which can be expected for discharging them, that any present or proposed constitution of the Medical Council ought to be approved or disapproved. It needs hardly to be said that such aptitude consists in special personal qualities; and where the Crown appoints, or where the senate or other governing body of a corporation selects, such qualities can be definitely sought for; but the proposed universal suffrage, which inevitably would be wanting in personal knowledge of candidates, could not exercise that sort of discrimination, and must of necessity accept very indefinite credentials. Anything like the process by which in Parliamentary elections a candidate comes face to face with his constituency, and in case of contest argues his own claims against those of his opponent, would here manifestly be impossible; considerations of cost would make independent printed appeals as little possible as personal canvass; and the business of canvassing would in substance be limited to such appeals as the medical journals, with or without combinations of the nature of clubs, might see fit to make for candidates whom they respectively favoured. Now, already the Council, with its exclusively professional constitution, is quite enough exposed to the pressure of its own class-interests, urged often in a narrow protectionist spirit; and I cannot conceive any modification of constitution less likely to improve the tone of the Council in relation to its proper objects than that of universal suffrage, under such appeals as the above, should specially delegate a group of members to represent supposed professional interests.

Irrelevant arguments urged for the proposal.

In this point of view it is important to notice that the advocates of so-called "direct representation," when arguing their case even to Her Majesty's Ministers, and much more markedly when arguing in professional societies and journals, habitually ignore the limits within which the real duties of the Council lie, and refer to purposes far outside those limits as purposes for which they believe direct representation would be advantageous. For instance, the Committee of the British Medical Association, appointed to obtain direct representation of the profession in the General Medical Council, alleges that the proposed course would "increase the knowledge of the council with respect to the needs of the public and the profession, in medical education, sanitary measures, medical jurisprudence, and poor-law medical relief"; but, supposing it granted (which however I am very far

from

* PRESENT CONSTITUTION AND VARIOUS PROPOSED CONSTITUTIONS OF GENERAL MEDICAL COUNCIL.

	Representatives of Examining Boards.	Crown Members.			Chosen by Universal Suffrage.	Total Number, not counting Presidents.
		England.	Scotland.	Ireland.		
1. Existing Council as established by Medical Act, 1858, and as to be continued under Lord Ripon's Bill - - - - -	17	4	1	1	-	23
2. Proposal of Committee of Medical Association (1870) revived in Mr. Headlam's Bill of 1873 - -	17	4	1	1	6	29
3. Proposal of Sir John Gray (1870) -	17	4	1	1	12	35
4. Proposal of Mr. Lush's (Lancet) Bill - - - - -	4	2	1	1	4	12
5. Proposal of Mr. Brady's (Irish) Bill - - - - -	17	1	1	1	5	25

† I say the essential functions; for the Medical Council, though constituted solely with reference to such functions as are above described, had incidentally the duty devolved on it of seeing to the publication of a British Pharmacopœia.

from granting) that universal-suffrage members would import that increase of knowledge, the fact remains that, as regards three out of the four subject-matters referred to, the increased knowledge would find no particular field for its exercise within the Council's proper sphere of duties: "sanitary measures, medical jurisprudence, and poor-law medical relief," not being of the business with which the Council has to concern itself. Again, ever since the Medical Council has been in existence, illustrations have constantly been arising of the very wide extent to which the functions of the Council are misunderstood in the profession, and to which, sometimes in error of actual fact, sometimes in aspiration for the future, functions of an impossible kind are assigned to it; functions, possible enough, no doubt, as the business of professional bodies voluntarily constituted, but utterly impossible as business to be done under Act of Parliament; functions, essentially of the protectionist (not to say, trades-union) type; and though the direct representation committee does not claim these as proper functions for the Medical Council, and would probably disavow all responsibility for the delusion, it is, I think, certain that the amount of support which the ranks of the medical profession have given to the proposal for universal-suffrage members in the Medical Council corresponds, in great part, to existing beliefs or hopes that the Council should do these impossible duties.

Equally then, whether I look to the real objects for which this so-called "direct representation" of the profession is desired, or look to the process on which such representation would have to depend for coming into effect, I cannot but believe that the working of the Council would be damaged by the proposed change; that the universal-suffrage members would be of extremely uncertain qualification for the proper business of the Council, and would probably be under constant external pressure to agitate in the Council questions which are foreign to that proper business.

6. I must observe, too, that, even if universal suffrage could be expected to give tolerably good results, the case is one in which recourse to so laborious and costly a method of election ought peculiarly not to be necessary. Already in the constitution of the Council the medical profession has 17 elected representatives, not, it is true, elected by universal suffrage, but elected by the universities and medical corporations; and in each of these bodies the voice of the respective graduates or members either has, or easily might acquire, ample opportunities of making itself heard. The proposal, therefore, in reality, goes to having the profession represented twice over in the elective system of the Council; once by representation of its institutions, once by representation of its individuals. Surely this, even if it were otherwise unobjectionable, would be a cumbrous, wasteful arrangement; and if the commonalties of the represented institutions have fair grounds for claiming greater influence than they yet have in the election of members of Council, surely the more reasonable course would be that they should seek to attain their object by changes internal to the institutions.

Is direct election by universal suffrage wanted to make an elected councillor representative?

7. I think it the more important to press this argument, because I distinctly see that the proposed quality of elective representation would bring needless conflict into the Council. The chairman of the direct representation committee of the British Medical Association, writing on the 1st March 1871 to the "Pall Mall Gazette," describes the association as seeking to attain direct representation "in order to neutralise the existing preponderance of the corporations." It seems to me that this sort of theory is one which should be peremptorily resisted; for the notion of having two sets of elected councillors to represent the profession in two different ways, in order that one set shall "neutralise the preponderance" of the other, is not only in my opinion contrary to common sense, but is one which, if adopted, would make the Council a squabbling place for quarrels which ought to be settled elsewhere, and would tend to sacrifice the public objects for which the existence of the Council is provided. Surely here is a case for the proverb, that dirty linen must be washed at home. If the medical profession *en masse* is dissatisfied with its examinational institutions, let it by internal reforms amend them; insisting on whatever changes any particular institution may require, and taking every needful security that each institution shall fully represent the very best faculties which the profession can contribute in relation to the work which has to be done; but the notion of the profession being in conflict with its own institutions cannot, I apprehend, be deemed a common sense justification for the double system of election which the universal suffragists propose.

Are direct and indirect representation compatible in the one body?

8. Moreover, apart from all questions of principle, there are extreme practical difficulties to be urged against the acceptance of any such double system. The proposers are in this dilemma, that they must either propose to add considerably to the size of the council, or must make space for their new members by eliminating some present elements. As regards the first course, it has to be remembered that, in proportion as the Council consists of persons of high professional status, each councillor's attendance is the discharge of a public duty often at considerable personal sacrifice; that therefore, from a well-selected Council, general meetings in London cannot reasonably be expected in more than very limited numbers, and of very limited duration: that such a Council can only meet for important purposes, and must transact its real business in a really business-like manner; that already, by universal consent, the Council has too many members for the convenient and economical transaction of business; that to increase the present numbers, and consequently to prolong the debates, would make it more than ever difficult for the best class of members of the profession to serve, and would at the same time increase the annual expenses of the Council to an amount which would be seriously inconvenient. On the other hand, as regards the schemes which

Difficulty of introducing any such double system.

Appendix, No. 2. would substitute universal-suffrage members for elements now existing in the Council, it needs only to be observed (still apart from questions of principle) that most certainly the authorities concerned would not voluntarily accept any such substitution, and that their Parliamentary opposition to the course would probably suffice to make it impossible.

Reasons in 1870 and 1873 against needlessly proposing to change the constitution of the Council.

9. The Lord President's Bill of 1870 proposed to leave the constitution of the Council unchanged. The reasons that justified that intention, and which, in my opinion, still remain in full force, are these: (1) That, assuming Government to have no purpose of superseding the present examining authorities of the medical profession, it is impossible to show good grounds, even of a theoretical kind, for materially changing the present constitution of the Council; and (2) That unless there were the most convincing and urgent reasons for making changes in that constitution, the reopening of so polemical a minor question, at the moment when attention ought to be concentrated on the great public interests which are at stake in the main objects of the proposed legislation, would be singularly inopportune and inexpedient. As regards mere strategy of legislation, it must, I think, be recognised by all who are familiar with the complicated rivalries and jealousies of the nineteen licensing authorities of the United Kingdom, that any reasonable Bill, intended to amend the present system of entry on the medical profession, would forfeit its best chances of success in proportion as it attempted at the same time to alter in any important respect the present constitution of the Council. Referring to the attempted legislation of 1870, I may recall that the essence of the Lord President's appeal to unwilling and timid authorities, whose interests were to be affected by his Bill, was, that they could not rightfully refuse to let their independence be limited by the arbitration of a Council, constituted as the Council then was; and I may confidently say that powerful authorities, which would have been ashamed to withhold their assent from the Lord President's Bill, full as it was of important promise to the public in the matter of medical qualification, would at once have felt themselves relieved from the agreement, and would have had a very strong case against the Bill, if Mr. Forster had accepted the rider of Councillors by Universal Suffrage.

15 May 1873.

J. S.

EXTRACT FROM MINUTES of the MEETINGS of the GENERAL COUNCIL of MEDICAL EDUCATION and REGISTRATION of the UNITED KINGDOM. 1877.

REPORT OF THE MEDICAL ACTS COMMITTEE.

Territorial Range of Titles to Practice.

1. THE first subject on which the committee has to report is that of various questions which have arisen as to the proper territorial range of certain licenses and honorary titles, British and foreign, relating to rights or rank in the medical profession.

2. Remonstrances have come from the Dominion of Canada against the exclusion of legally-qualified Canadian practitioners from recognition under the medical law of the mother-country, and particularly as to the grievance and detriment which they suffer in their relation to the Merchant Shipping Acts of the home Legislature. And, in respect of British India, an application is made by Sir Joseph Fayrer on behalf of the licentiates and graduates of the universities of Calcutta, Madras, and Bombay, that they may be admitted to the privilege of registration under the Medical Act of the mother-country. The points thus raised are two particular cases of a large general question; and the principles on which they must be dealt with are, in the opinion of the committee, not exclusively applicable to India and Canada. The grievance (stated in general terms) is, that medical degrees or licenses which have been conferred under due authority in British Possessions outside the United Kingdom, and which respectively entitle to practise in the particular Imperial province in which they are granted, give at present no professional status in other parts of the British Empire; and the question of principle which the Council has to determine is that of admitting such degrees or licenses to be registered as qualifications under the Medical Act. The committee regards this question as one which urgently needs to be decided by the Council.

3. Again, an important issue has been raised in France as to the privilege under which the medical practitioners of other countries (including our own) have hitherto been allowed to settle there for professional purposes; and the committee, while considering this question in its relation to British interests, has found itself confronted with the fact that British law affords no recognition to the medical licenses of foreign countries. The committee is of opinion that, under the circumstances, the Council would do well to deliberate and decide, in its present session, whether or not it will move the Legislature to relax, and if so, to what extent, the present non-recognition of foreign licenses and degrees.

4. The committee, in preparing to submit its opinions to the Council on the two above-mentioned questions, would remind the Council of previous occasions on which those questions have been more or less under discussion. In 1870, on occasion of Lord Ripon's Bill
of

of that year, the Council appears to have assented to the principle that "Colonial" and foreign diplomas, respectively valid as titles to practise in the British Possessions or the foreign countries in which they are granted, should, under conditions, entitle their holders to rank as legally-qualified medical practitioners in the United Kingdom. Two years ago, however, on occasion of Mr. Cowper-Temple's Bill (which aimed at procuring registration under the Medical Act for women holding foreign diplomas), the Council appears to have taken, at least in regard of the foreign diplomas, a position somewhat different from that of 1870, the position of 1875 being that the Medical Act "very properly" refuses to foreign degrees the privilege of registration in this country, because "the Council has no means of exercising that supervision and control over the education and examinations required for foreign degrees to which the licensing bodies of this country, whether universities or corporations, are, by the Act of 1858, subjected." And on two occasions in 1876 the Council expressed itself to the same effect as in 1875: first, with regard to a renewed proposal of Mr. Cowper-Temple's Bill; and secondly, in answering the memorial in which a large number of registered practitioners, being also graduates in medicine of foreign universities, had prayed the Council to obtain power to insert in the Medical Register, as additional qualifications, foreign degrees conferred after examination, on duly qualified registered practitioners.

5. As regards those previous conclusions of the Council, the committee is of opinion that, so far as the conclusions expressed in 1875 and 1876 differ from the conclusion expressed in 1870, the conclusion of 1870 is that which ought to prevail; provided always that the "conditions" under which the extrinsic licenses would be admitted to register in this country shall be such as fairly to represent the essential intention of the Medical Act "that persons requiring medical aid should be enabled to distinguish qualified from unqualified practitioners."

6. In regard to such "conditions" as are here in question, the committee would distinguish between qualifications granted in the outlying possessions (Indian and Colonial) of the British Empire, and on the other hand, qualifications granted under foreign governments.

7. As regards the former, the committee is of opinion that qualifications granted under legal authority in any part of Her Majesty's dominions, ought to be regarded by the Council as presumptively entitled to legal recognition in the mother-country. It is true that the Council would be unable in general to judge the value of these qualifications as accurately as it can judge those for which the Medical Act holds it directly responsible. But the committee is of opinion that sufficient allowance for this consideration would be made by providing that in the Register there should be a distinct alphabetical section for "Practitioners registered in the United Kingdom in respect of qualifications conferred in the other parts of Her Majesty's Empire." And, in the opinion of the committee, it would of course also be desirable that the right of Indian and Colonial qualifications to be registered as above under the Medical Act should, in case of abuse, admit of being suspended by some such process as that which applies under Clauses 20-22 of the Medical Act to qualifications which are granted within the United Kingdom. It is the opinion of the committee that the Council should recommend to Her Majesty's Government to promote, at the earliest opportunity, legislation to the above effect. But if it should seem that such legislation, as perhaps opening some large questions under the Medical Act, could not at once be provided, the committee would recommend that meanwhile at least the urgent grievance of the Canadian practitioners should be removed by the required small amendment of the Merchant Shipping Acts.

8. As regards qualifications granted under foreign governments, the committee is of opinion that there are many which, in international courtesy, ought to be admitted as conferring on the foreigners who seek to practise under them in British territory a claim to be recognised at law as properly qualified medical practitioners; cases, namely, where the degrees or licenses are known not to be conferred except after all due education and examination. It is of course evident in regard of foreign qualifications that the Medical Council cannot ever pretend to judge their value as accurately as it judges the value of qualifications conferred in the United Kingdom under its own superintendence and visitation; and no doubt there may be particular foreign qualifications regarding which the Council, after inquiry, would not approve that they should have any legal recognition in this country. But cases of the latter description ought, in the committee's opinion, to be dealt with as exceptional. And, considering that foreigners who desire to practise here under legal sanction, would be practising chiefly, if not exclusively, on their own countrymen (who could here, just as when at home, judge for themselves as to the value of the diplomas of their own countries) the committee would recommend to the Council, as principles for legislation—(a), that the General Medical Council should have authority to establish, under conditions, in the Medical Register, a distinct alphabetical section for "Foreigners practising in the United Kingdom with qualifications granted in foreign countries and entitling to practise in those countries respectively"; and (b), that the Council should have authority to cause to be registered in this section of the Register such qualifications as it may in its discretion (having regard to the conditions under which they are granted) judge to be reasonable guarantees of professional skill.

9. The committee does not propose that British subjects holding foreign qualifications should be dealt with under the above general rule. Freedom of choice as to places of study
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Appendix, No. 2. ought, of course, to be open to all; but the committee would think it inadmissible that British students intending to practise in the United Kingdom, should have the option of undergoing in any other country than their own, the examinations which are to test their fitness for practice. Individual cases may no doubt occur in which a British subject, having received his education and diploma in a foreign country with *bonâ fide* intention to practise in that country, and having perhaps spent many years in practice abroad, may eventually wish to take professional status at home, and to do so without submitting himself to the ordinary home examination; but cases of this sort would in all be very few; and still fewer would be those in which the claim to be exempted from examination could be deemed legitimate. Such almost solitary cases can hardly be thought to require a special notice in the law; but cases (if any) of extreme hardship might probably be best dealt with under some general exempting power with which the Council might be entrusted (as was proposed in Lord Ripon's Bill) in favour of persons unpossessed of registrable qualifications, but long established in practice, and of indisputable character and attainments.

10. The committee does not propose that any foreign qualification should be registrable as an "additional qualification" under the Medical Act, by persons primarily registered under British qualifications. It is one thing to approve that, in regard of foreigners, the foreign degrees and licenses should (under conditions) be admitted as reasonable evidence of qualification to practise; but it would be quite another thing to approve that such degrees and licenses should take rank in the Register as special qualifications (which in effect would be titles of honour) for the already-qualified practitioners of the United Kingdom; and the committee is of opinion that to accord this privilege to the foreign diplomas would tend to perpetuate, and would very greatly and most seriously increase, the difficulty which general readers of the Register must at present experience in any endeavour to understand what, if any, of the qualifications there recorded are to be deemed higher qualifications.

11. As regards the proposal which has been made by M. Roger-Marvaise in the French Chamber of Deputies, to alter the present French law relating to foreign practitioners in France, and by the alteration to discontinue the usage under which many of our countrymen have from time to time been authorised to practise in that country, we are glad to believe that the proposed law is not likely to be accepted; and we therefore do not at present think it requisite to recommend that the Council should take steps, in addition to those which the President, on its behalf, has already taken, with reference to M. Roger-Marvaise's Bill. Lest, however, this sort of endeavour should at any future time be renewed, we would submit to the Council that the right with which this country could protest against it as injurious to the reasonable interests of British sojourners in France, will materially depend on the legislation which may meanwhile have been made in this country in respect of the privileges which can be claimed among us by persons practising under foreign qualifications. It is true that the consequences which attach to not having a recognised professional status are more severe in France than in this Kingdom; since in France no one without such status is allowed to settle in practice; whereas in the United Kingdom he may, if he chooses, settle in practice, though he cannot by process of law recover payment for any services which he claims to have rendered, nor can enjoy any other of the advantages which attach to registration under the Medical Act. But, on the other hand, the professional status is conceded exceptionally in France to foreigners who (as having the proper credentials of their own countries) can show reason for the exceptional privilege; whereas no such exceptional grace can be obtained by foreigners who are practising in England on their foreign diplomas; and in this respect M. Roger-Marvaise's Bill would only assimilate in principle the French to the present British law. That this state of British law is one which ought to be amended, is, however, an opinion already expressed by the committee; and the committee is not prepared to believe that, if the British law were relaxed into the more liberal form which has been suggested, treatment of a less liberal kind would be accorded to British practitioners who may desire to exercise their profession in other civilised countries.

In conclusion, the committee would propose that, if the Council approve of the suggestions of the above Report, representations to that effect be at once addressed by the Council to Her Majesty's Government, and that, before the end of the present session of Council, the executive committee be authorised to take such steps as in the absence of the Council may be necessary to promote the legislation which has been suggested.

Appendix, No. 3.

PAPER handed in by Dr. Acland.

(A.)

MEMORANDUM by the REGISTRAR on Constitutions proposed for the MEDICAL COUNCIL before the passing of the MEDICAL ACT (1858).

Appendix, No. 3.

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

Divers schemes for a Medical Council.

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

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

Three separate and independent Councils of 36 members each.

"Appointed" and "elected" Councillors.

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

Ten members in each Council to vacate office yearly.

By and from these three Councils, a "medical senate of the United Kingdom" was to be elected, consisting of four appointed and eight elected Councillors from each of the three divisions of the United Kingdom, to which were to be delegated powers to exercise certain specified functions; such, for examples, as to "cause to be printed and published a Pharmacopœia, for the use of all persons practising medicine in the United Kingdom," and to make by-laws "directing" the Councils to institute examinations and to appoint examiners for various purposes (as, to wit, for examining persons "intending to carry on the business of a chemist and druggist"); and these by-laws were to be "binding on every member of the senate, and on the said Councils and their several Councillors," and on others.

"Medical senate of the United Kingdom" to consist of 36 members.

Powers and duties of senate.

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

"College of Medicine of the United Kingdom."

This specimen of the attempted medical legislation of 40 years ago, the parent of all subsequent Bills on the subject, is a long and curious document, extending over 34 closely-printed folio pages.

2. In a Bill of date 5th February 1841, brought in under the auspices of Mr. Hawes, Mr. Ewart and Mr. Hutton—repeated in 26th February 1841, with no alteration as to the respect in question, in a Bill whereon Mr. Warburton's name is added to the three on the former Bill, it was proposed that 20 Councillors should be elected every three years, in each division of the United Kingdom, in the same way as in Bill No. 1 (save that the former Bill required the voting papers to be given up personally, but by the provisions of this Bill they might be either delivered personally or sent by post); that of the Council in its own

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

Appendix, No. 3.

"Medical senate of Great Britain and Ireland," to consist of nine members.

Licenses to be granted to "chemists and druggists," and to "dentists or cuppers."

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

Secretary of State to be president.

No new constitutions proposed from 1844 to 1855.

A "Medical Council" of 19, to contain eight representative members, seven corporate members, and four University members.

Triennial elections to be held before the medical registrar.

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

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

with power to fix its own meetings, and to elect its own president.

Council to hold examinations in "General education."

division of the kingdom, the Medical Authorities now existing (excepting only the Universities of Durham and the Queen's University in Ireland) should each, "if they shall think fit, elect and appoint one fit person to be a member;" and that these three several Councils should each elect by ballot, every five years, three persons to form collectively one body, entitled "The Medical Senate of Great Britain and Ireland," whereto were to be assigned certain powers and duties defined in the Bill, similar to those set forth in the first Bill.

This Bill, it may be remarked, contained certain provisions, with distinct schedules, for empowering the Registrars to grant "licenses to carry on the trade and business of a chemist and druggist," and to issue certificates to "any persons who at the time of the passing of this Act shall be practising medicine as dentists or cuppers."

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

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

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

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

4. A Bill of date 26th June 1855, to which are prefixed the names of Mr. Headlam, Mr. Brady, and Mr. Craufurd, proposed a Council of 19 members, all to be registered medical practitioners, whereof eight "representative members" were to be elected by ballot, for a period of three years each, by universal suffrage of registered practitioners, pursuant to a scheme elaborated in the Bill; namely, four by and from registered practitioners in England, two by and from registered practitioners in Scotland, and two by and from registered practitioners in Ireland; and besides these, one member was to be chosen by the Universities of Oxford and Cambridge collectively, one by the University of London, one by the four Universities of Scotland collectively, one by the two Universities of Ireland collectively; a physician and a surgeon was to be chosen by each of the respective Colleges of Physicians and of Surgeons of England, Scotland, and Ireland (making thus six members in all); and the nineteenth member was to be a physician or a surgeon chosen by the faculty of physicians and surgeons of Glasgow.

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

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

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

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

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

6. A Bill,

6. A Bill, of date 7th April 1856, prepared and brought in by Lord Elcho, Mr. FitzRoy, and Mr. George Alexander Hamilton, had in view to establish a Council of nine members, whereof eight were to be selected every five years, by Her Majesty, with the advice of Her Privy Council; four in England, two in Scotland, and two in Ireland; from 160 returned in equal numbers to the Home Secretary by the 19 licensing bodies now recognised, together with King's College, Aberdeen, as a twentieth, eight being sent by each body; and the ninth member was to be the President of the Board of Trade, who, "by virtue of his office," was to be president of the Council.

Appendix, No. 3.

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

This united Council was to elect a vice-president from its own body, and to appoint treasurers, registrars, secretaries, and other officers for the General Council and the three "Sub-Councils for England, Scotland, and Ireland."

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

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

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

Council empowered to delegate any of its functions to committees.

8. A Bill of date 13th May 1857, prepared and brought in by Mr. Headlam, Sir William Heathcote, and Mr. Napier; proposed under the same designation as at present, a Council of 23 members, whereof six were to be Crown nominees, who were not to be "Members of Council or office bearers in any of the medical colleges or societies," and the other 17 were to be elected in like manner as the representative members of the existing Council are elected, save that the University of Edinburgh was to have a representative to itself alone, and that the Universities of Glasgow, Aberdeen, and St. Andrew's were to have one representative collectively.

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

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

Council to elect one of its members as president.

The same constitution was thereafter repeated in a Bill of date 23rd March 1858, introduced by Mr. Cowper, Mr. Kinnaid, and Mr. Brady.

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

A General Council of 24 members, to contain no office-bearers or Council-members of any of the medical authorities, with a president appointed by the Crown.

(B.)

TABULAR STATEMENT of the CONSTITUENCIES of the NINETEEN BODIES by which the Representative MEMBERS of the GENERAL COUNCIL are at present Elected.*

Bodies represented in the Medical Council in order, as enumerated in the Medical Act (1858).	Board or Body of Persons acting as the Body mentioned in the previous Column in choosing a Person to act on behalf of the same in the General Medical Council.	Number of Members of the Electoral Board or Body.	Constituency by which the Members of the Electoral Board or Body are appointed, or other Qualification giving a Vote.
1. The Royal College of Physicians of London.	"The commonalty or fellowship of the faculty of physic," incorporated by Royal Charter of Henry VIII., in 1538, confirmed by Act of Parliament, 14 & 15 Henry VIII., cap. 5.	On 11 Nov. 1878, 307 living fellows on the roll of the college.	The constituency and the electoral board or body are one and the same.
2. The Royal College of Surgeons of England.	The council of the college.	The council, when complete, consists of 24 members.	The fellows of the college, in number exceeding 1,200, on 19th Nov. 1878.
3. The Society of Apothecaries of London.	The master, wardens, and assistants of the society, who are constituted the governing body of the society by the Royal Charter of Incorporation granted by James I., and confirmed as altered by Act of Parliament, 55 Geo. III., cap. 194.	On 15 Nov. 1878, 24 persons.	The members of the body are appointed by the body itself.
4. The University of Oxford.	The convocation of the University.	On 26 Nov. 1878, 5,026 persons.	A person to be entitled to vote in convocation must have taken the degree of Master of Arts, or of Doctor in Laws, Divinity, or Medicine, and his name must be actually on the books at the time.
5. The University of Cambridge.	The senate of the University.	On 16 Nov. 1878, 5,500 persons. Although all members of the senate are entitled to vote, non-residents rarely do vote at the election. There are about 280 resident members of the senate.	A member of the senate is a person who (1) has taken the degree of Master of Arts, Master of Laws, or Doctor in some faculty; (2), retains his name on the boards of some college, or on those of the University. Masters of surgery who have fulfilled condition (2) are also members of the senate.

* This Tabular Statement, founded by the Registrar on Returns made to the Privy Council in 1870, and published in 1871 as an Appendix to the 13th Report of the Medical Officer of the Privy Council, has, by direction of the executive committee, been sent to all the licensing bodies herein enumerated, each of whom has corrected the Table up to the time specified in the third Column.

Bodies represented in the Medical Council in order, as enumerated in the Medical Act (1858).	Board or Body of Persons acting as the Body mentioned in the previous Column in choosing a Person to act on behalf of the same in the General Medical Council.	Number of Members of the Electoral Board or Body.	Constituency by which the Members of the Electoral Board or Body are appointed, or other Qualification giving a Vote.
6. The University of Durham.	The convocation of the University.	On 27 Nov. 1878, 280 members.	A person to be entitled to vote in convocation must have :— (1.) Taken a degree of D.D., D.C.L., M.D., M.A., M.C., M.Sc., in the University. (2.) Continued without interruption to be a member of the University from the date of his admission to such degree. (3.) Discharged the duties and payments required from him. The payments are 1 <i>l.</i> annually, or, in lieu of it, a composition of 5 <i>l.</i>
7. The University of London.	The senate of the University.	The senate consists of 36 members, inclusive of the chancellor and the vice-chancellor. 26 Nov. 1878.	The members of the senate are nominated by the Crown, but every fourth appointment is made from a list of three persons nominated by the convocation of the University.
8. The Royal College of Physicians of Edinburgh.	The fellows of the college on the roll of attendance.	On 26 Nov. 1878, 73 members.	By the fellows from the members of the college. No other qualification gives a vote.
9. The Royal College of Surgeons of Edinburgh.	The fellows of the college.	On 15 Nov. 1878, 399 members.	All fellows, except those who claim the privilege of the widows' fund, and who are examined, are elected by ballot. All fellows must have been licentiates of the Royal Colleges of Surgeons of England, Edinburgh, or Ireland, or of the Faculty of Physicians and Surgeons of Glasgow.
10. The Faculty of Physicians and Surgeons of Glasgow.	The fellows of the corporation.	On 15 Nov. 1878, 170 members.	The fellows are elected by ballot; and every fellow, whether resident or non-resident, has a vote.
11. The University of Edinburgh, <i>Conjointly with,</i>	The senatus academicus	On 16 Nov. 1878, a total of 37, viz :— The Principal - 1 Professors in Arts - 15 Professors in Law - 5 Professors in Divinity - 4 Professors in Medicine - 12	The Crown. Board of Curators. University Court. Under ordinance of Universities Commission (21 & 22 Vict. c. 83).
12. The University of Aberdeen.	The senatus academicus	On 16 Nov. 1878, a total of 22, viz :— The principal - 1 Professors in Arts - 6 Professors in Law - 1 Professors in Divinity - 4 Professors in Medicine - 10	The principal and professors are appointed for life, as follows :— By the Crown - 17 By the University Court - 4 By a special body of electors nominated by the Synod of Aberdeen and the University - 1

Appendix, No. 3.

Bodies represented in the Medical Council in order, as enumerated in the Medical Act (1858).	Board or Body of Persons acting as the Body mentioned in the previous Column in choosing a Person to act on behalf of the same in the General Medical Council.	Number of Members of the Electoral Board or Body.	Constituency by which the Members of the Electoral Board or Body are appointed, or other Qualification giving a Vote.
13. The University of Glasgow, <i>Conjointly with,</i>	The senate of the University.	On 26 Nov. 1878, the principal and 27 professors.	Of the 28 members, 17 are appointed by the Crown; 10 are appointed by the University Court; and one is appointed by the dean of council of the Faculty of Procurators of Glasgow.
14. The University of St. Andrew's.	The senatus academicus of the University of St. Andrew's, which is composed of the professors of both colleges.	On 19 Nov. 1878, 15 members.	—
15. The King and Queen's College of Physicians in Ireland.	The president and fellows of the college.	On 16 Nov. 1878, 53 members.	Licentiates of the college are from time to time elected fellows by the existing fellows.
16. The Royal College of Surgeons in Ireland.	The president, vice-president, and council of the college.	On 25 Nov. 1878, 21 members.	Annually elected by the fellows.
17. The Apothecaries' Hall of Ireland.	The general court or council.	On 18 Nov. 1878, 31 members, the number being limited to 60.	The shareholders of the joint stock of the hall, who must be licentiates of the body residing in or near Dublin.
18. The University of Dublin.	The provost and senior fellows of Trinity College.	On 16 Nov. 1878, 8 members.	The fellows are elected by the provost and senior fellows after a competitive examination.
19. The Queen's University in Ireland.	The senate of the University.	On 26 Nov. 1878, 25 members, the chancellor, and 24 senators.	Three of the present senators were elected by the convocation of the University, and the rest were appointed by the Crown. Ultimately there will be six senators representing convocation, and 18 appointed by the Crown.

Appendix, No. 4.

PAPER handed in by Mr. *Henry W. Acland*, M.D., F.R.S.

(A.)—RETURN, by the REGISTRAR of the MEDICAL COUNCIL, of the QUALIFICATIONS conferred by the several MEDICAL AUTHORITIES. Appendix, No. 4.

(a.) MEDICAL AUTHORITIES that grant QUALIFICATIONS in both MEDICINE and SURGERY:—

Royal College of Physicians of London.
University of Cambridge.
University of Durham.
University of London.
University of Edinburgh.
University of Aberdeen.
University of Glasgow.
University of St. Andrew's.
University of Dublin.
Queen's University in Ireland.

(b.) MEDICAL AUTHORITIES that grant QUALIFICATIONS in MEDICINE only:—

Royal College of Physicians of Edinburgh.
King and Queen's College of Physicians in Ireland.
University of Oxford.
Apothecaries' Society of London.
Apothecaries' Hall of Ireland.

(c.) MEDICAL AUTHORITIES that grant QUALIFICATIONS in SURGERY only:—

Royal College of Surgeons of England.
Royal College of Surgeons of Edinburgh.
Faculty of Physicians and Surgeons of Glasgow.
Royal College of Surgeons in Ireland.

(d.) MEDICAL AUTHORITIES that grant a REGISTRABLE QUALIFICATION in MIDWIFERY:—

King and Queen's College of Physicians in Ireland.
*Royal College of Surgeons of England.
Royal College of Surgeons in Ireland.

* In an authoritative announcement, on page 308 of the College of Surgeons' Calendar for 1878, it is stated that "there have not been any appointments" [of Examiners in Midwifery] "made during the last three years, and the examinations are suspended till further notice." The reason thereof is fully set forth in Mr. Simon's answers to Questions 892 to 897.

Appendix, No. 4.

(B.)—TABLE, by the REGISTRAR, showing the MEETINGS of the GENERAL MEDICAL COUNCIL of the EXECUTIVE COMMITTEE, and of the THREE BRANCH COUNCILS, in each Year, from the Passing of the MEDICAL ACT in 1858 to 1 January 1879.

YEAR.	General Council.		Executive Committee.	English Branch Council.	Scottish Branch Council.	Irish Branch Council.
	Date of First Day of Session.	Number of Days of Session.	Number of Meetings.	Number of Meetings.	Number of Meetings.	Number of Meetings.
1858 - - -	23 Nov. -	5	3	2	2	2
1859 - - -	{ 25 Jan. - 3 Aug. -	{ 1 8 }	16	9	12	22
1860 - - -	14 June -	9	5	2	5	10
1861 - - -	27 June -	9	5	2	4	5
1862 - - -	{ 14 May - 28 Oct. -	{ 7 1 }	12	-	2	4
1863 - - -	25 May -	9	9	4	3	3
1864 - - -	{ 13 Jan. - 25 April -	{ 1 12 }	8	3	5	6
1865 - - -	4 April -	11	9	4	3	6
1866 - - -	17 May -	11	7	3	5	2
1867 - - -	29 May -	10	4	3	7	4
1868 - - -	24 June -	11	4	2	4	1
1869 - - -	1 July -	10	8	2	3	2
1870 - - -	{ 24 Feb. - 28 April -	{ 5 6 }	9	2	3	4
1871 - - -	4 July -	6	3	2	3	5
1872 - - -	29 Feb. -	5	4	1	6	2
1873 - - -	26 March -	9	8	1	4	2
1874 - - -	9 July -	9	9	3	5	9
1875 - - -	17 June -	9	5	-	2	2
1876 - - -	24 May -	11	8	3	3	5
1877 - - -	10 May -	13	6	1	2	4
1878 - - -	{ 10 April - 28 June - 17 Oct. -	{ 7 6 2 }	15	1	3	3
TOTAL Number of Meetings -		203	157	50	86	103
AVERAGE Number of Meetings in each Year - - - -		9.7	7.5	2.4	4.1	5

(C.)—RETURN, by the REGISTRAR, of the present Members of (a) the GENERAL MEDICAL COUNCIL, (b) its EXECUTIVE COMMITTEE, and (c), (d), (e), its three BRANCH COUNCILS.

(a). MEMBERS of the GENERAL MEDICAL COUNCIL.

President: Henry Wentworth Acland, M.D.

Henry Alfred Pitman, M.D.	-		Royal College of Physicians of London.
Sir James Paget, Bart.	-		Royal College of Surgeons of England.
Edwin Bradford, Esq.	-		Apothecaries' Society of London.
George Rolleston, M.D.	-		University of Oxford.
George Murray Humphry, M.D.,	-		University of Cambridge.
Thomas Thompson Pyle, M.D.	-		University of Durham.
John Storrar, M.D.	-		University of London.
Daniel Rutherford Haldane, M.D.,	-	chosen	Royal College of Physicians of Edinburgh.
Andrew Wood, M.D.	-		Royal College of Surgeons of Edinburgh.
Robert Scott Orr, M.D.	-	by	Faculty of Physicians and Surgeons, Glasgow.
William Turner, M.B.	-		Universities of Edinburgh and Aberdeen.
James Bell Pettigrew, M.D.	-	the	Universities of Glasgow and St. Andrew's.
Aquilla Smith, M.D.	-		King and Queen's College of Physicians in Ireland.
Rawdon Macnamara, Esq.	-		Royal College of Surgeons in Ireland.
Charles Henry Leet, M.D.	-		Apothecaries' Hall of Ireland.
Rev. Samuel Haughton, M.D.	-		University of Dublin.
Sir Dominic Corrigan, Bart., M.D.	-		Queen's University in Ireland.
Richard Quain, M.D.	-		
Sir William Withey Gull, Bart., M.D.,	-		
John Simon, C.B.	-		
Thomas Pridgin Teale, M.A.	-		
Andrew Fergus, M.D.	-		
Alfred Hudson, M.D.	-		
			Nominated by Her Majesty, with the advice of Her Privy Council.

(b). MEMBERS of the EXECUTIVE COMMITTEE.

President: Dr. Acland.

Dr. Pitman.	Dr. Andrew Wood.
Sir James Paget, Bart.	Dr. Aquilla Smith.
Dr. Humphry.	Dr. Quain.

(c). MEMBERS of the ENGLISH BRANCH COUNCIL.

President: Dr. Acland.

Dr. Pitman.	Dr. Storrar.
Sir James Paget, Bart.	Dr. Quain.
Mr. Bradford.	Sir William Gull, Bart.
Dr. Rolleston.	Mr. Simon.
Dr. Humphry.	Mr. Teale.
Dr. Pyle.	

(d). MEMBERS of the SCOTTISH BRANCH COUNCIL.

Dr. Haldane.	Mr. Turner.
Dr. Andrew Wood.	Dr. Pettigrew.
Dr. Scott Orr.	Dr. Fergus.

(e). MEMBERS of the IRISH BRANCH COUNCIL.

Dr. Aquilla Smith.	Rev. Dr. Haughton.
Mr. Macnamara.	Sir Dominic Corrigan, Bart.
Dr. Leet.	Dr. Hudson.

Appendix, No. 5.

PAPER handed in by Dr. Lyons, 1 July 1879.

RETURN showing PERIODS of STUDY and Details required thereof, and Fees payable in IRELAND by the MEDICAL AUTHORITIES of that part of the Kingdom, previous to obtaining their Minimum Qualifications to Practise.

	UNIVERSITY OF DUBLIN. M.B. License to Practise Medicine.	QUEEN'S UNIVERSITY. M.D. License to Practise Medicine.	KING'S AND QUEEN'S COLLEGE OF PHYSICIANS. License to Practise Medicine.	ROYAL COLLEGE OF SURGEONS. License to Practise Surgery.	APOTHECARIES COMPANY. License to Keep Shop.
Period of study required	4 years - - -	4 years - - -	4 years - - -	4 years - - -	4 years.
Arts Education - -	B.A. degree - -	6 months at Queen's College.	Preliminary examination.	Preliminary examination.	Preliminary examination.
Hospital Practice and Clinical Instruction.	3 winter (6 months) and 3 summer sessions (3 months) and special fever certificate.	24 months during sessions.	3 winter (6 months) and 3 summer sessions (3 months).	3 winter (6 months) and 3 summer (3 months) sessions.	2 winter (6 months) and 2 summer (3 months) sessions.
Demonstrations and Dissections.	1 course of 6 months	2 courses of 6 months	2 courses of 6 months	3 courses of 6 months	2 courses of 6 months.
Anatomy and Physiology	1 course of 6 months	2 courses of 6 months	1 course in Institute of Medicine.	3 courses of 6 months	2 courses of 6 months.
Chemistry - - -	1 course of 6 months and 1 laboratory course.	One 6 months' course and 1 laboratory course.	One 6 months' course and 1 laboratory course.	One 6 months' course, and 1 laboratory course.	6 months' course and 1 practical course of 3 months.
Botany - - -	1 course of 3 months	1 course of 3 months and practical field botany.	1 course of 3 months	1 course of 3 months	3 months.
Physiology or Institutes of Medicine.	1 course of 6 months	- - - -	1 course of 6 months, or of anatomy and physiology.	—	—
Materia Medica - -	1 course of 3 months	1 course of 3 months	1 course of 3 months	1 course of 3 months	1 course of 3 months with laboratory instruction.
Medicine - - -	1 course of 6 months	1 course of 6 months	1 course of 6 months	1 course of 6 months	1 course of 6 months.
Surgery - - -	1 course of 6 months	1 course of 6 months	1 course of 6 months	3 courses of 6 months	1 course of 6 months.
Midwifery - - -	1 course of 6 months	1 course of 6 months	1 course of 6 months	1 course of 3 or 6 months.	1 course of 6 months.
Practical Midwifery -	6 months - - -	3 months - - -	20 cases of labour at maternity.	- - - -	20 cases of labour at maternity.
Medical Jurisprudence	3 months - - -	1 course of 6 months	1 course of 3 or 6 months.	1 course of 3 months	1 course of 3 months.
Zoology - - -	- - - -	A course.	—	—	—
Vaccination, Practical -	- - - -	- - - -	- - - -	- - - -	Required.
TOTAL Fees on taking above Licenses - }	£. s. d. 16 - -	£. s. d. 5 - -	£. s. d. 15 15 -	£. s. d. 26 5 -	£. s. d. - 10 - Late Irish Currency.

NOTES.

UNIVERSITY OF DUBLIN - -	In addition to above the University grants degrees in Surgery and Obstetrics to graduates of the University. It also grants, in rare instances, licenses to practise medicine and surgery to undergraduates in Arts who have kept two full years in Arts. In all these cases the curriculum for the M.B. degree is fully required. Also a diploma in Medicine to medical graduates.
QUEEN'S UNIVERSITY - -	In addition to above the University grants a degree in Surgery, and to its graduates in Medicine and Surgery a license in Midwifery. These also include the full curriculum.
KING'S AND QUEEN'S COLLEGE OF PHYSICIANS.	In addition to above the College grants a license in Midwifery to its licentiates in Medicine, or to graduates or licentiates of other corporations. It has also instituted a grade of membership, but no members have been yet elected.
ROYAL COLLEGE OF SURGEONS OF IRELAND.	In addition to above this College grants a license in Midwifery to its own licentiates.

The University of Dublin also grants the higher degrees of M.D. and Ch. M. to M.B.'s and Ch. M.'s of three years' standing.

The Colleges of Physicians and Surgeons also grant fellowships to their licentiates.

Appendix, No. 6.

PAPER handed in by Dr. Glover, 7 July 1879.

Appendix, No. 6.

TABLE of Per-centage of REJECTIONS at FIRST PROFESSIONAL EXAMINATIONS
in 1867 and 1877 respectively.

	1867.	1877.
Royal College of Physicians, London, License - - - -	11·9	53·3
Royal College of Surgeons, England, Membership - - -	22·6	32·5
Ditto - ditto - ditto, Fellows - - - -	- -	46·3
Society of Apothecaries, London, License - - - -	21·13	30·5
University of Oxford, M.B. - - - -	50·	27·25
Ditto - Cambridge, M.B. - - - -	28·6	36·
Ditto - Durham, L.M. and M.C. - - - -	None.	—
Ditto - ditto - M.B. - - - -	- -	28·5
Ditto - London, M.B. - - - -	44·45	45·75
Royal College of Physicians, Edinburgh - - - -	None	23·
Royal College of Surgeons, Edinburgh - - - -	40·	38·
Royal College of Physicians, and Royal College of Surgeons, Edinburgh.	30·	34·
Royal College of Physicians, Edinburgh, and Faculty of Physical Surgery, Glasgow.	43·3	33·3
Faculty of Physicians and Surgeons, Glasgow - - -	41·86	76·
University of Edinburgh, M.B., M.C. - - - -	24·78	33·3
Ditto - Aberdeen, M.B., M.C. - - - -	11·3	43·5
Ditto - Glasgow, M.B., M.C., M.D. - - - -	16·6	41·
King and Queen's College of Physicians, Ireland - - -	None	25·
Apothecaries' Hall, Ireland - - - -	None	80·5
University of Dublin, M.B. - - - -	57·14	—
Queen's University, Ireland - - - -	22·5	24·9
TOTAL Per-centage of the Rejections in all the First Examinations - - - -	24·727	36·95

Appendix, No. 7.

PAPER handed in by Dr. E. Waters, and referred to in his Evidence.

Appendix, No. 7.

BIRMINGHAM MEMORIAL ON THE MEDICAL COUNCIL AND THE
MEDICAL ACTS, 1869.

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 10 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 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 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 indispensable 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, mainly, 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 insure the possession of a thoroughly scientific and practical acquaintance of medicine and surgery, on the part of persons applying for the legal qualification.

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 and 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 insure 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 loss of the year, or years, as a student during which he has so practised.

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 were made in a new Act of Parliament for the representation on 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 provision 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 enforcement of the 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.

Appendix, No. 8.

PAPER handed in by Mr. *Waters*, M.D., and referred to in his Evidence, Q. 1658.

Appendix, No. 8.

MEMBERS of the past and present MEDICAL REFORM COMMITTEES of the BRITISH MEDICAL ASSOCIATION.

I.—COMMITTEE appointed in 1852; re-appointed yearly, with additions, till 1859.

Sir Charles Hastings, M.D., D.C.L., Oxon., Physician to the Worcester General Infirmary; Founder of the Association; President 1849-50; President of Council and Treasurer for life. Chairman of the Committee.

Henry Ansell, Esq., Norfolk-crescent.

George Bottomley, Esq., Croydon, Ex-President of the South Eastern Branch of the Association.

C. R. Bree, Esq., Stowmarket.

Peploe Cartwright, Esq., Oswestry.

Sir John Forbes, M.D., D.C.L. Oxon., F.R.C.P., Ex-President of the Metropolitan Counties Branch of the Association.

Edwin Lankester, M.D., F.R.S., Coroner for Middlesex; Ex-President of the Metropolitan Counties Branch of the Association.

Daniel Noble, M.D., Manchester.

George Norman, Esq., F.R.C.S., Consulting Surgeon to the United Hospital, Bath; President of the Association, 1848-49.

Thomas Nunneley, Esq., F.R.C.S., Surgeon to the Leeds Infirmary and Lecturer in the Medical School; Ex-President of the Yorkshire Branch of the Association.

Archibald Robertson, M.D., F.R.S., Northampton; President of the Association, 1844-45.

Francis Sibson, M.D., F.R.C.P., D.C.L., F.R.S., President of Council of the British Medical Association, 1866-69; Physician to St. Mary's Hospital and Lecturer in the Medical School; Examiner in the University of London.

George Southam, Esq., F.R.C.S., Member of Council of the College of Surgeons; Surgeon to the Royal Infirmary, Manchester; President of Council of the Association, 1872-75.

James Stedman, Esq., F.R.C.S., Guildford, Coroner for the Borough; Consulting Surgeon Royal Surrey County Hospital.

J. H. Walsh, Esq., F.R.C.S., Worcester.

George Webster, M.D., Dulwich, Ex-President of the Metropolitan Counties Branch of the Association.

William Davies, M.D., Consulting Physician Royal United Hospital, Bath; Ex-President of the Bath and Bristol Branch of the Association.

William Budd, M.D., Physician Bristol General Infirmary; Lecturer in Medicine in the Bristol Medical School; Ex-President of the Bath and Bristol Branch of the Association.

James Vose, M.D., F.R.C.P., Consulting Physician Liverpool Royal Infirmary; President British Medical Association, 1859-60.

B. W. Richardson, M.D., F.R.S., London; Ex-President of the Metropolitan Counties Branch of the Association.

Augustin Prichard, M.D., F.R.C.S., Consulting Surgeon Bristol Royal Infirmary; late Lecturer on Surgery and Anatomy Bristol Medical School; Ex-President of the Bath and Bristol Branch of the Association.

George W. Hastings, Esq., Honorary Secretary to the Committee.

Alex. Henry, M.D., Honorary Secretary.

II.—COMMITTEE appointed in 1867; and re-appointed annually, with additions.

Thomas Nunneley, Esq., F.R.C.S. (*see above*).

Francis Sibson, M.D., F.R.C.P., D.C.L., F.R.S. (*see above*).

George Southam, Esq., F.R.C.S. (*see above*).

Henry Simpson, M.D., Physician to the Manchester Royal Infirmary; Lecturer on Pathology Manchester School of Medicine.

Appendix, No. 8.

T. P. Heslop, M.D., F.R.C.P., Physician to the Queen's College, Birmingham; late Professor of Practice of Physic in Queen's College.

James Russell, M.D., F.R.C.P., Senior Physician to the Birmingham General Hospital; formerly Professor of Medicine, Queen's College; Ex-President of the Birmingham and Midland Counties Branch.

Sir J. Cordy Burrows, Brighton.

J. G. Davey, M.D., Northwoods, Bristol.

J. Sampson Gamgee, Esq., M.R.C.S., F.R.S., Edinburgh Surgeon to the Queen's Hospital, Birmingham; Ex-President of the Birmingham and Midland Counties Branch of the Association.

Charles Chadwick, M.D., F.R.C.P., D.C.L., President of the British Medical Association, 1869-70; late Physician to the Leeds Infirmary, and Lecturer on the Practice of Physic in the Leeds School of Medicine.

A. P. Stewart, M.D., F.R.C.P., Consulting Physician to the Middlesex Hospital; late Lecturer on Medicine.

W. D. Husband, Esq., F.R.C.S., Surgeon to the York County Hospital; President of Council of the Association, 1869-72; Treasurer, 1875-79.

J. Hughes Bennett, M.D., F.R.C.P. Edinburgh, F.R.S. Edinburgh, Professor of the Institutes of Medicine in the University of Edinburgh; Lecturer on Clinical Medicine, &c.

T. Heckstall Smith, Esq., F.R.C.S., formerly President of the South-Eastern and Metropolitan Counties Branches of the Association.

Edward Charlton, M.D., F.R.C.P., late Physician to the Newcastle-on-Tyne Infirmary; Professor of Medicine in the University of Durham College of Medicine; President of the British Medical Association, 1870-71.

Alfred Baker, Esq., F.R.C.S., Senior Surgeon to the Birmingham General Hospital; President of the Association, 1872-73.

Edward Copeman, M.D., F.R.C.P., Physician to the Norfolk and Norwich Hospital; President of the British Medical Association, 1874-75.

Willoughby Francis Wade, B.A. Dublin, M.B., F.R.C.P.; Physician of the Birmingham General Hospital; Professor of Practice of Physic and Clinical Medicine Queen's College; late President of the Birmingham and Midland Counties Branch of the Association.

Alfred Carpenter, M.D., J.P., Croydon; President of Council of the Association.

C. G. Wheelhouse, Esq., F.R.C.S., Member of Council of the Royal College of Surgeons; Senior Surgeon to the General Infirmary, Leeds; Ex-President of the Yorkshire Branch of the Association.

Balthazar Foster, M.D., F.R.C.P., Physician General Hospital, Birmingham; Professor of Principles and Practice of Physic in Queen's College; President of the Irish Graduates' Association.

W. H. Michael, Esq., Q.C., 1, Park Prospect, S.W.

M. Martin De Bartolomé, M.D., Physician Sheffield General Hospital and Lecturer on Medicine; President of the British Medical Association, 1876-77.

Edison Wilkinson, M.D., F.R.C.P., late Physician Royal Infirmary, Manchester; President British Medical Association, 1877-78.

F. E. Manby, Esq., F.R.C.S., Surgeon to Infirmary, Wolverhampton.

R. H. B. Nicholson, Esq., M.R.C.S. England, L.S.A. Assistant Surgeon to the Infirmary, Hull.

H. Nelson Hardy, Esq., F.R.C.S., Edinburgh, M.R.C.S., England, L.R.C.P. Edinburgh, London.

D. J. Leech, M.D., Physician to the Royal Infirmary, Manchester.

Rev. Samuel Haughton, M.D., F.R.Q.C.P. Ireland, D.C.L. Oxon., F.R.S.; Professor in Trinity College, Dublin; Member of the General Medical Council.

Randle Wilbraham Falconer, D.C.L., M.D. Edinburgh, F.R.C.P. London, F.R.Q.C.P. Ireland (Hon.); President of the British Medical Association, 1878-79; Treasurer, 1866-75; President of Council, 1875-78; Consulting Physician to the Royal United Hospital, Bath.

Edward Waters, M.D., F.R.C.P. Edinburgh, F.R.Q.C.P. Ireland (Hon.); Consulting Physician to the Chester Infirmary; President of the British Medical Association, 1866-67; Chairman and Convener of the Medical Reform Committee.

Appendix, No. 9.

PAPER handed in by Mr. Quain, M.D., F.R.S., and referred to in his Evidence, Q. 1315.

STATEMENT, by the REGISTRAR, of the Yearly Income and EXPENDITURE of the GENERAL MEDICAL COUNCIL, and its THREE BRANCH COUNCILS, from the date of passing of the "MEDICAL ACT" in 1858 to 1879.

Y E A R.	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.	£. s. d.	£. s. d.	£. s. d.	£. s. d.	£. s. d.
1858 and 1859	-	492 5 -	5,297 11 11	26,573 19 6	1,430 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	3,862 1 -	2,720 10 -	769 13 10	634 19 2	254 6 10	598 8 9	575 8 1	4,134 5 7	5,461 9 9				
1861	-	98 12 9	3,320 18 11	3,297 5 11	658 14 3	726 16 9	370 16 11	748 15 11	398 16 7	4,871 11 4	4,749 6 8				
1862	-	105 2 -	3,762 5 5	3,145 14 8	527 12 5	637 7 3	243 13 6	773 10 2	283 11 6	4,661 14 1	4,822 12 10				
1863	-	327 7 5	3,328 9 11	3,338 10 -	600 11 4	808 11 10	259 2 3	902 12 4	290 14 1	5,467 1 7	4,549 7 7				
1864	-	315 16 6	4,317 3 6	3,363 3 9	716 7 8½	905 8 8	286 14 5	1,013 1 4	336 16 2	5,507 10 3	5,657 1 9½				
1865	-	286 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 3				
1866	-	285 15 -	3,775 2 9	2,900 15 4	801 17 5	693 17 3	332 4 6	842 19 2	269 19 -	4,723 6 9	5,179 3 8				
1867	-	289 19 6	3,557 18 -	2,997 16 4	708 9 10	730 - 7	344 16 11	860 17 6	285 17 9	4,878 13 11	4,807 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 -	4,265 13 9	2,926 13 9	642 9 10	682 - 10	286 - 7	796 2 -	295 9 10	4,723 18 7	5,489 14 -				
1870	-	887 15 -	4,060 11 9	3,035 1 3	597 18 9	793 2 2	240 13 -	1,113 4 5	287 16 10	5,829 2 10	5,187 - 4				
1871	-	515 1 9	2,931 2 10½	2,855 2 6	593 16 8	674 12 9	319 5 -	892 4 3	313 17 2	4,937 1 3	4,158 1 8½				
1872	-	272 12 7	2,306 11 11	3,926 2 6	562 6 2	787 5 -	308 9 11	1,120 16 6	269 5 -	6,106 16 7	3,446 13 -				
1873	-	236 10 -	3,945 14 6	3,322 11 3	573 9 5	931 18 10	272 - 9	847 - 6	333 18 5	5,338 - 7	5,125 3 1				
1874	-	586 11 11	5,019 8 8	3,477 18 9	1,186 5 6	909 8 9	293 7 1	1,030 6 9	383 15 6	6,004 6 2	6,882 16 9				
1875	-	277 1 6	4,911 18 3	3,787 10 -	1,204 12 2	969 5 4	244 18 10	844 2 10	337 10 3	5,877 19 8	6,698 19 6				
1876	-	208 13 -	4,390 2 4	3,848 3 9	904 8 2	975 17 -	253 3 8	1,193 13 -	364 5 -	6,286 6 9	5,911 19 2				
1877	-	344 16 -	5,205 2 2	3,778 17 6	866 - 8	1,057 11 -	247 15 2	854 5 2	366 1 3	6,035 9 8	6,684 19 3				
1878	-	285 - 7	4,853 14 6	3,769 10 -	821 5 3	1,194 19 2	276 16 1	957 3 10	370 19 6	6,206 13 7	6,322 15 4				
TOTAL - - £.	6,669 1 2	80,505 13 1½	89,080 - 1	15,563 4 -	19,556 18 5	5,916 10 -	7,261 3 1	21,047 17 7	7,261 3 1	136,953 17 3	100,246 10 2½				

* 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 xii of the Medical Act (1858), "defrayed by means of an equal per-centage rate upon the monies 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.

Appendix, No. 10.

Appendix, No. 10.

PAPER handed in by the *Chairman*.LETTER from Mr. *Fane* to the Marquis of *Salisbury*, K.G.

My Lord,

Berne, 24 June 1879.

FOREIGN doctors and surgeons have, until quite recently, been allowed to exercise their professions in all parts of Switzerland on their furnishing themselves with a Federal license.

These licenses were granted by a Central Medical Board to any foreigner who exhibited a satisfactory diploma of his own country, without his being subjected to any further proof, in the way of an examination or otherwise, of his professional proficiency.

Complaints, however, having arisen that reciprocal respect to Swiss diplomas was withheld in certain foreign countries (chiefly, I believe, in Germany), the Federal Council have directed the Cantonal Governments to decline henceforth to recognise foreign diplomas, unless presented by a citizen or subject of a foreign State where Swiss diplomas are acknowledged as being of equal validity with native ones.

This injunction of the Federal Council has been recently carried out in the case of a British subject, Dr. Thomas White, who has been refused by the Government of Vaud permission to practise in virtue of his British diplomas, until an official assurance shall have been afforded that reciprocal indulgence is accorded to Swiss citizens in Great Britain.

Dr. White has appealed to this Legation; but having examined that part of our treaty which relates to Reciprocal Establishment, and also the Federal Law of the 19th December 1877, on the exercise of the medical profession, I have not thought that I should be justified in making any official representation on his behalf.

In the course of a visit which I paid the President yesterday, his Excellency reminded me that no answer had been yet sent to his note on the above subject of the 27th April (copy of which was enclosed in my No. 24 of the 5th May last).

I said that I believed a Bill was at present before Parliament one of the provisions of which would enable foreign medical diplomas to be registered in the United Kingdom, and that Her Majesty's Government were probably waiting for that measure to be passed before communicating with the Swiss Government.

The Marquis of Salisbury, K.G.

I have, &c.
(signed) *Edmund Fane*.

Appendix, No. 11.

PAPERS handed in by Mr. *William John Clarke Miller*, B.A.,
Registrar of the Medical Council.

PAPER 1.

Appendix, No. 11.

PAPERS relating to the STATUS, under the MEDICAL ACT, of INDIAN, COLONIAL, and FOREIGN PRACTITIONERS, and of BRITISH PRACTITIONERS when in *France*.

I.—ABSTRACT, by the Registrar of the Medical Council, of Documents relating to British and other Foreign Medical Practitioners in *France*.

1. Under dates 28th November 1876 and 19th January 1877, certain important documents, relating to foreign medical men practising in France, were forwarded to the President of the Medical Council, from the Privy Council Office, by Mr. C. Lennox Peel.

2. In these documents a question of international importance was raised, seriously affecting the conditions under which foreign medical men have hitherto been allowed to practise in France. Up to the present time the French Government has possessed the power of granting to foreign physicians, surgeons, and graduates in medicine, the right to practise in French territories without previously undergoing the probationary examinations prescribed by the law of France. Of this power, however, a Bill presented by M. Roger Marvaise to the Chamber of Deputies on the 29th of May 1876, seeks utterly to deprive them; and proposes, instead of the present law on the subject, to substitute the following stringent regulations, under penalties which may, at the maximum, be 1,000 francs and six months' imprisonment:—

3. Un étranger ne peut être autorisé à exercer la médecine ou la chirurgie sur le territoire de la République qu'après avoir subi les examens probatoires prescrits par la loi Française.

4. Nul dans l'exercice de la profession médicale ne peut prendre le titre de docteur, s'il n'a obtenu ce titre devant une faculté Française.

5. The Bill of M. Roger Marvaise was referred to a "Commission d'initiative Parlementaire," who first obtained, through the Department of Foreign Affairs, detailed information respecting the state of the law and custom in other countries with regard to the admission of foreign physicians and surgeons to practise, and other matters relating to the Bill, and then, on 13th November 1876, reported thereupon to the Chamber of Deputies.

In this report it is set forth at great length that the existing law has led to many and grave abuses, which have been repeatedly complained of by French medical men; that, under cover thereof, unqualified and incapable practitioners have assumed and borne the title of doctor; that even able physicians have come to live in France, not—as the report assumes they unquestionably ought to do—to cultivate science, but "pour cultiver la clientèle, ou, pour appeler les chose par leur nom, pour gagner de l'argent;" and that the Bill duly and properly protects sundry national interests, such as the interests of their higher medical studies, and, above all, "l'intérêt de nos médecins nationaux, a qui nous devons maintenir la prééminence qu'ils se sont justement acquise par des travaux persévérants et des épreuves multipliées et difficiles." Admitting that it would be a hardship if foreign medical men of recognised standing who wished to practise in France had to go over the whole course of their studies anew, the report goes on to say that the Bill considerably provides that such men should be granted a dispensation from "scolarité," that is to say, from "inscriptions, stages, durée des études," &c.; and adds, in conclusion, that, except in the United States, in Spain, in the Spanish Republics of South America, and in three or four cantons of Switzerland, foreigners are everywhere required to pass an examination before they are allowed to practise as physicians or surgeons.

6. On 18th November 1876, the 40 senators and deputies who then belonged to the medical profession in France held a meeting, at which they not only approved of and adopted the provisions of M. Marvaise's Bill, but, moreover, unanimously agreed to a proposal by M. Liouville, their secretary, to include therein pharmaceutical chemists ("pharmaciens") as well as surgeons and physicians.

7. Meantime, before the issue of the report, M. Waddington, the Minister of Public Instruction, had refused to grant leave to practise in France to Edward Sparks, M.B., alleging, in a letter to Lord Lyons, dated 26th July 1876, that the Chamber of Deputies had under consideration a Bill that would absolutely interdict foreign medical men from practising in France. Hereupon Dr. Wilson Fox, F.R.S., addressed to the Earl of Derby a letter, bearing date 28th October 1876, enclosing the before-mentioned letter of M. Waddington's, wherein he points out the obvious and serious ill effects which such a measure, if it become law, would have upon the interests of English medical men; states, moreover, that it would tend to affect prejudicially a large number of English invalids who resort to various places in France, and have hitherto counted upon the assistance of English medical men resident there; adds that it could not fail to prejudice the interests of such winter resorts as Pau, Nice, Cannes, Mentone, Hyères, and Algiers; and concludes by

Appendix, No. 11, expressing a hope that Her Majesty's Government would make a representation on the subject to the French Government.

This Lord Lyons accordingly does, after the appearance of the French report on M. Marvaise's Bill, in a memorandum ("note-verbale") addressed on 18th November to the Duc Decazes, which places before the French Government the arguments against the Bill likely to have most weight with them, taken almost entirely from those that had been urged in Dr. Fox's letter. Furthermore, two days later, Lord Lyons spoke to M. Waddington about the Bill, remarking on its illiberal character and on the alarm which the announcement of its provisions had produced amongst both English physicians and English invalids.

8. To the arguments and representations thus brought under their notice by Lord Lyons, the French Government seemed (as stated in a letter, under date 24th November, from Her Majesty's Foreign Office to the General Medical Council) well disposed to pay due attention, but added that they were desirous of being furnished with full and accurate information as to the actual law and custom with regard to allowing foreign medical men to practise in England. The required information was duly supplied by the President of the Medical Council in the following Memorandum, which sets forth the collateral relations in fuller detail.

9. On 11th January 1877, the Chamber of Deputies decided that M. Roger Marvaise's Bill should be taken into consideration. In the despatch that informs Lord Derby of this decision, Lord Lyons states that he had called the attention of the French Government to the suggestion that the Bill should be arrested until an International Committee could consider the position of foreign medical men in England and France respectively. His Excellency had long been earnest in pressing upon the consideration of the Minister for Foreign Affairs and for Public Instruction the many objections to the illiberal restrictions contemplated by the Bill.

The Duc Decazes thereupon informed Lord Lyons that the Minister of Public Instruction had thought it inexpedient to take in this instance the somewhat unusual course of resisting the simple consideration of a Bill in opposition to the Report of the Initiative Committee, but that the Government had determined to offer a strenuous opposition to the Bill in its future stages.

Lord Lyons further communicated to his Excellency, both on his own account and by order of Her Majesty's Government, that there was no possible doubt as to the very serious objections entertained in Great Britain to this Bill.

10. On 29th April 1878, a "Proposition de Loi," relative to the practice of foreign medical men in France, reproducing M. Roger Marvaise's before-cited regulations thereon, was laid before the French Chamber of Deputies, and an extract from the "Journal Officiel de la République Française," containing the full text thereof, was, by direction of his Grace the Lord President, forwarded to the President of the Medical Council (in reference to his Memorandum below), and has been printed *in extenso* in the Council's Minutes (Vol. xv., pp. 201-207).

11. On 23rd December 1878, a further extract from the "Journal Officiel" was transmitted by direction of the Lord President to the Registrar of the Medical Council, and printed in full in the Executive Committee's Minutes (Vol. xvi., pp. 257-262), containing a report made to the Chamber of Deputies, on 26th November 1878, by a Commission appointed for the purpose, wherein, after again recounting all that can be said in favour of the measure, the Commission end their report with the following recommendation:—

"Par ces motifs, la 5^e Commission d'initiative Parlementaire propose à la Chambre des Députés de prendre en considération la proposition de M. Roger Marvaise sur l'exercice de la médecine et de la chirurgie en France par les médecins étrangers."

12. The last communication that has hitherto been received on the subject was sent to the President of the Medical Council, by direction of his Grace the Lord President, on the 6th of February 1879, enclosing copies of four subsequent letters in regard to this vexed question, printed in full in the Executive Committee's Minutes (Vol. xvi., pp. 302-303). In one of these letters Lord Lyons informs the Marquis of Salisbury that at the sitting of the Chamber of Deputies on the 24th January 1879, the above-cited recommendation of the Committee was agreed to, and it was resolved, without debate, that the Bill should be taken into consideration. In consequence of this resolution, the Bill was to be discussed in the Bureaux or Sections into which the Chamber is divided, and a Committee, consisting of Members, one named by each Bureau, was to be appointed to report upon it.

Pursuant to instructions received from the Marquis of Salisbury, under date Jan. 25 1879, Lord Lyons brought under the notice of M. Waddington the representations which had, as stated above, been made to the French Government as to the inconvenience and distress which the proposed restrictions on the practice of English physicians would inflict upon English invalids in France, and as to the probability that many of our countrymen would abandon the places whereto they now resort in France, if they could not be attended by their own physicians. It was especially pointed out that English medical men and their patients would be subjected to extreme hardship should any retrospective effect be given to the proposed restrictions; and, finally, M. Waddington was earnestly desired to watch the Bill carefully in its future parliamentary stages,—a request to which he readily promised to attend.

II.—MEMORANDUM, by the President of the Medical Council, on the State of the Law and Custom as regards Foreign Medical Practitioners in *England*, and as to Foreign Medical and Surgical Degrees and Diplomas.

1 December 1876.

THE letter from Mr. C. Lennox Peel, and that from the Foreign Office, with its several enclosures, including those from Her Majesty's Ambassador in Paris (in all 12 in number), raise two questions:—

- (1.) The position of English and other foreign medical practitioners practising in France.
- (2.) The position of foreign medical practitioners practising in England.

As to the First.—The French Government has the power of granting leave to persons (foreigners) who have not passed the regular examinations, to practise as medical men in France, and a Bill proposes to deprive the Government of that power.

As to the Second.—The French Government desire to be furnished with “full and accurate information as to the actual law and custom with regard to allowing foreign medical men to practise” in England.

The following memorandum sketches the state of the law and custom as regards foreign medical practitioners in England. It incidentally only touches the first point, which is fully set forth in Lord Lyons' letters to the Secretary of State for Foreign Affairs, and in his Excellency's “note-verbale” enclosed in those letters.

The law as to the registration of medical practitioners in England is regulated by an Act of Parliament, passed in 1858, entitled “An Act to regulate the qualification of Practitioners in Medicine and Surgery,” 21 & 22 Vict. c. 96.

No person who is not “registered” has the rights of a medical practitioner.

By the 15th section of the Act, the persons mentioned in Schedule (A.) to the Act are alone entitled to be registered, subject to the following qualifications:—

- a. Persons in actual practice before August 1815.
- b. Persons practising in England at the date of the Act on foreign or colonial diplomas or degrees obtained before the passing of the Act (Clause XLVI.)
- c. Persons who have foreign diplomas or degrees which entitle them to practise in their own country, may act as resident physician or surgeon to any hospital for relief of foreigners in sickness, provided always that they are engaged in no other medical practice.

The registration of foreign diplomas, and the conditions under which they could be properly registered, have been the subject of frequent discussion by the General Medical Council ever since its first meeting in 1859, and repeated reference to the question will be found in the several volumes of minutes published since that date.

Various communications have passed between the Government and the Medical Council on this matter; and at the time when the Marquis of Ripon passed a Bill for the amendment of the Medical Acts through the House of Lords (in 1870), one of the clauses had special reference to this question. By Clause XXII. of that Bill it was enacted to be as follows:—

Foreign and Colonial Practitioners.

“Where any person proves to the General Medical Council that he holds a medical diploma granted in a British possession or in any foreign country, and that such diploma represents the like degree of knowledge, as tested by examination, to that which is required for obtaining a license under this Act, and entitles the holder thereof to practice medicine and surgery in the British or foreign country where the same was granted, and that he is more than 40 years of age, and has practised medicine and surgery for not less than 10 years out of the United Kingdom, or in the case of persons practising in the United Kingdom at the time of the passing of this Act, for not less than 10 years in the United Kingdom or elsewhere, it shall be lawful for the General Medical Council to direct such person to be registered under the principal Act without examination, but upon reasonable proof of character and upon payment of such fee not exceeding the ordinary fee for registration as the General Medical Council may from time to time prescribe.

“The term ‘medical diploma’ for the purposes of this section, includes every degree or title or license or authority to practise granted by any university, college or body, or granted by any department or persons acting under the authority of the Government of the British possession or foreign country.

“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 and surgery in any British possession or foreign state, they may by a special order direct such person to be registered under the principal Act, and such person may be registered accordingly.”

The Bill was, on account of matters wholly unconnected with this portion of it, withdrawn in the House of Commons by Mr. Forster, then Vice President of the Council.

Also at the time of the first discussion of an amended Medical Act with Lord Ripon, in 1869, a committee of the Medical Council prepared a report, wherein the subject is generally discussed.

This report was considered at a meeting of the whole Council held on 12th July 1869. On this point it was resolved as follows:—

“That Clause XI. in the proposed Medical Amendment Act shall stand as follows:—

“It shall be lawful for the General Council, by special orders, to dispense with such provisions

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provisions of the Medical Acts, or with such parts of any regulations made by the authority of the said Acts, as to them shall seem fit, in favour of persons applying to have their names entered on the medical register, in virtue of foreign or colonial diplomas or degrees."

But, as has been before remarked, the Bill to which this discussion had reference was subsequently withdrawn, and the law therefore remained the same as before.

Again in Session for 1876, the General Council adopted a report of their committee on Parliamentary Bills, wherein the portion of Mr. Cowper-Temple's Bill which related to foreign graduates was fully considered.

In the same Session of the Council a memorial from foreign graduates was received and considered, and the following was passed regarding it:—

"With respect to the communication from graduates holding foreign degrees, suggesting that these degrees should be admitted to the medical register, the Committee recommend that in acknowledging these communications the Council should express their opinion that no qualifications should be entered in the register, over the education and examination for which the Council cannot exercise the same supervision and control as they do under Sections XVIII. and XX. of the Medical Act in regard to the qualifications granted by the British licensing bodies, mentioned in Schedule (A) to that Act."

The President has no power to commit the Medical Council further on this question. He is, however, sure that any suggestion as to the amendment of the Medical Act with reference to properly conferred degrees or diplomas by foreign bodies of established reputation would receive the serious attention of the Council, and would be welcomed by them.

That the question is one of international importance is obvious from the repeated deliberations of the Council thereon. It is rendered more markedly so by the communications from His Excellency Lord Lyons and the Foreign Office, which have led to the present memorandum.

The President of the Medical Council ventures to suggest that if it be possible, the course of M. Roger Marvaise's Bill be arrested until a joint committee of foreign and English representatives can be convened to consider the matter. It might be possible to bring about reciprocal action which would be equally just and beneficial to all parties interested. Such action would tend to secure a wise and uniform standard of medical education, whether practical or scientific, in all civilised communities. At all events it would probably end in checking the evils set forth by Lord Lyons in his Excellency's note-verbale.

III.—ABSTRACT, by the Registrar of the Medical Council, of Answers from Medical Licensing Bodies, with respect to the Exemptions granted to Foreign Graduates.

IN accordance with a resolution embodied in Section 6 of the Executive Committee's Minutes for 22nd December 1876 (Vol. XIII., p. 360), a letter was, on the 1st January 1877, sent by the Registrar to all the medical licensing bodies, "to ascertain whether, and under what conditions as to exemption, they would admit to their examinations graduates of foreign universities."

The following summary of the answers received was read before the Executive Committee at its meeting on 9th March 1877, and in accordance with a resolution passed thereupon by the Committee, was submitted to the General Medical Council at its next meeting:—

1. The Royal College of Physicians of London at present exempts from re-examination on the subjects of its primary examination, namely, anatomy and physiology, any candidate for its license who has, at one of the 43 foreign universities recognised by the College, obtained a degree in medicine after a course of study and an examination satisfactory to the college.

Since the subject was thus brought under its notice by the Medical Council, the college has passed the following bye-law:—

"Any Candidate for the college license who shall have obtained a degree in medicine or surgery at a British, colonial, or foreign university recognised by the college, after a course of study and an examination satisfactory to the college, shall be exempt from re-examination on such subjects as shall in each case be considered unnecessary."

2. The

* After the presentation of this Abstract to the Medical Council, the College passed, on 31st January 1878, in regard to the subject in question, the following "Additional Regulations":—

I. "Any candidate," for the license or membership, "who shall produce satisfactory evidence of having passed an examination on chemistry and materia medica, required for a degree in medicine at a university in the United Kingdom, in India, or in a British Colony, will be exempted from re-examination on those subjects."

II. "Any candidate," for the license, "who shall have obtained a qualification which entitles him to practise medicine or surgery in the country where such qualification has been conferred, after a course of study and an examination equivalent to those required by the regulations of the college, shall, on production of satisfactory evidence as to age, moral character, and proficiency in vaccination, be admissible to the pass examination, and shall be exempt from re-examination on such subjects as shall in each case be considered by the Censors' Board to be unnecessary."

III. "Any candidate," for the membership, "who has already obtained the degree of doctor or bachelor of medicine at a university in the United Kingdom, in India, or a British Colony, or who shall have obtained a qualification entitling him to practise medicine or surgery in the country where such qualification has been conferred, wherein the courses of study, and the examinations to be undergone previously to graduation

2. The Royal College of Surgeons of England admits to the professional examinations for its diplomas, graduates in medicine of recognised colleges and universities, whether British, colonial, or foreign, provided such candidates can adduce, together with their diploma or degree, proof of being 21 years of age, a certificate of instruction and proficiency in the practice of vaccination, and satisfactory evidence of having been occupied, after passing the preliminary examination, at least four years, or during a period extending over four winter and four summer sessions, in the acquirement of professional knowledge.

The recognised institutions include the universities of Calcutta, Madras, Bombay, Melbourne, Sydney, and the Cape of Good Hope; McGill College, Montreal; Queen's College, Kingston, Canada; Christ's College, New Zealand; certain other colonial colleges; the Medical College of Bellevue Hospital, New York; and a foreign university, on recommendation, approved by the Council, from the court of examiners.

In carrying out these regulations it is remarked that, in regard to foreign universities, more especially those of America, a difficulty arises from the fact that candidates for their degrees are not necessarily required to undergo any preliminary examination, so that, in certain exceptional cases, candidates have been admitted to the professional examinations for the diploma of member of the College of Surgeons of England on condition of their passing, before such admission, a recognised preliminary examination; and in those cases they were allowed to count their previous professional studies.

3. The court of examiners of the Apothecaries' Society of London is, on account of the great inequalities in the requirements as to examinations in foreign universities, quite unable to specify any selections or exemptions that can be universally applicable, but the court has been hitherto guided by taking into consideration the merits of each individual application, and forming its decision accordingly.

4. The statutes of the University of Oxford do not at present allow of any such admission of foreign graduates, nor is it at all likely that this deviation from the existing system would be readily made by the universities for one faculty only; though the proposal, if put in a very definite form, might, it is thought, be considered, provided that special reasons of a public nature, satisfactory to the university, were shown to exist in the case of medicine.

At present all candidates for medical degrees are required (1) to have taken the degree of B.A., for which three years of residence are necessary; (2) to study afterwards for four complete years; (3) to produce satisfactory certificates of attendance at some hospital "*melioris notæ*."

Except in the cases of "incorporation," which are very rare, and subject to strict conditions, the university confers medical degrees upon its own students, and can, therefore, hardly be expected to grant to foreign graduates privileges not conceded to the students of other universities in the United Kingdom.

5. The admission of foreign graduates to the University of Cambridge would be useless to such graduates, unless followed by their admission to a medical degree, which, under the Statutes of the University, would not be practicable.

6. Since the subject has been thus brought under its notice, the University of Durham has resolved to admit to examination, for its degrees in medicine and surgery, graduates in medicine and surgery of any foreign university whose course of study and examinations qualifying for degrees may be approved of by the General Medical Council.

7. The Royal College of Physicians of Edinburgh, before the passing of the Medical Act of 1858, recognised the degrees in medicine of various foreign universities, and admitted the holders thereof to examination for the fellowship of the College; but, since the Act came into force, on account of the provision of the 11th section of Schedule (A.) therein, that graduates of foreign universities should not be entitled to registration, as such, unless they had been practising as physicians in the United Kingdom before 1st October 1858, the foregoing regulation of the College has been repealed; and thus no facilities are now afforded to foreign graduates for obtaining the license, membership, or fellowship of the College of Physicians.

The College still entertains the views expressed, in 1876, in its petition against the Bill to amend the Medical Act of 1858, so far as it relates to women holding foreign degrees of M.D., and is, therefore, not at present prepared to offer any suggestions as to granting exemptions to foreign graduates. Should it, however, be considered desirable that any amendment should be made in the Medical Act, with reference to the recognition of degrees or diplomas from foreign bodies of established reputation, the College would be prepared to give the subject a careful consideration.

8. The present practice of the Faculty of Physicians and Surgeons of Glasgow is to admit graduates of foreign universities on the same terms of exemption as those holding degrees

graduation shall have been adjudged by the Censors' Board to be satisfactory, shall be exempt (if the censors shall think fit) from all or any parts of the examinations hereinbefore described, except such as relate to the third or pass examination. The nature and extent of this examination shall, in the case of each candidate, be determined by the Censors' Board.

"Every candidate for the membership will, however, be required to translate into English a passage from a Latin author, and he will have the opportunity of showing a knowledge of Greek, or of one or more of the modern European languages."

Appendix, No. 11. degrees from the universities of this country, provided, (1.) That the university is one of repute; (2.) That the course of study attended by the said graduates is not less extensive, in regard to time, nor less inclusive in regard to subjects, than that prescribed by the faculty, and that the attendance is verified by the production of proper vouchers; and (3.) That the candidate has, before entering on his professional course, undergone an examination equal in tests to the preliminary examination of the faculty.

It is remarked that, through inability to satisfy these conditions, very few candidates with foreign degrees, who apply for the license of the faculty, are ever admitted to examination.

9. The University of Edinburgh is, by statute, precluded from conferring a degree in medicine or surgery except after a residence of at least one academic year at the university; but, of the four years of medical study required prior to graduation, three may be spent at other universities; since the medical faculty recognises the courses of lectures at such universities as those of France, Berlin, and Vienna, as equivalent to similar courses of lectures in the University of Edinburgh.

10. The University of Aberdeen, by an ordination of the Scottish University Commissioners, dated 16 March 1861, and approved of by Her Majesty in Council, has no power to make any exemptions in regard to graduates of foreign universities. All candidates for graduation must, therefore, undergo the series of examinations prescribed by statute for the degrees in medicine and surgery.

11. The medical faculty of the University of Glasgow is, by statute, precluded from granting a degree in medicine unless after an attendance of at least one academic year at the university; but the courses of instruction given in Paris, Berlin, Vienna, and other regular graduating continental universities, are recognised as equivalent, for purposes of graduation, to the corresponding courses in the University of Glasgow. The medical faculty does not, it is added, see its way to recommending any departure from the before-mentioned rule, until a well-organised system of reciprocity is established between this country and foreign States.

A former answer from the University of Glasgow enters so fully into subjects connected with that embodied in the resolution, though referring more especially to the Registrar's Abstract of Documents relating to British and other Foreign Medical Practitioners in France (No. I. of these Papers) that it has been considered desirable to print this answer in full. It is dated 9th March 1877, signed by Dr. Allen Thomson, "For the Medical Faculty of the University of Glasgow," and is, *in extenso*, as follows:—

"The Medical Faculty of Glasgow University, having had before it the Registrar's Abstract of documents relating to British and other Foreign Medical Practitioners in France, desires to express the diffidence with which it offers an opinion on a question with which it is less directly brought in contact than is the case with English licensing boards and practitioners. As English law at present stands, a foreign physician or surgeon may practise in this country, though unregistered, but has not the legal status or rights of a registered medical practitioner. But such unregistered practitioner, if prosecuted for *malpraxis*, is liable to increased penalties in the event of conviction. A graduate of such a university as that of Paris would probably run no risk on this score, but, at present, the law affords him no security against it.

"The Medical Act takes direct cognisance of foreign practitioners practising even on behalf of their fellow countrymen resident in this country, in so far as it grants them registration as resident hospital physicians or surgeons only, provided that they are engaged in no other medical practice. The proposed clause in Mr. Forster's Bill would have rendered the registration of foreign practitioners honorary, in so far as it fixed 40 years of age as its lowest limit, and required 10 years of previous practice abroad. The resolution of the General Medical Council of 1876, anent the memorial of the foreign practitioners, narrows the issue still further, by making control over the examination of the body for whose degrees recognition was asked a condition of recognition.

"With the exception of the difference, previously referred to, that in Britain, practice without legal status is not interfered with, M. Roger Marvaise's Bill seems to this faculty to ask, on behalf of the French authorities, a power not greatly different from that assumed in British legislation for British medical authorities. The medical faculty cannot therefore see anything inequitable in the first clause of the Bill cited in the communication of the Executive Council. As regards the second it is in form aggressive, but in reality reduces the foreign practitioner in France to the same status as is held by the foreign practitioners in England. In France he is forbidden to use the title of doctor; in England he may use it at his own risk. It is obviously impossible to restrict the practitioner to practise only among his compatriots. Such restrictions might involve the absurd, possibly vexatious, anomaly of a practitioner of repute being fined for treating a Frenchman, though he is allowed to treat an Englishman.

"This faculty, therefore, sees nothing inequitable in a reciprocal right of granting permission to practise after the candidate has passed a satisfactory examination. But it would be a more satisfactory solution of the difficulty if, by conference, the medical authorities of France and England should come to an understanding as to the degree or licenses to practise, which might be accepted in either country without further test.

"If it is desired in France simply to guard against that which the General Medical Council has throughout had in view, not the exercise of their profession by senior practitioners,

tioners, but the making of a practice by junior practitioners, then a regulation such as that inserted in Mr. Forster's Bill might be made international. Meanwhile this faculty deem it inexpedient to ask France to exercise a greater amount of liberality than England at present shows to foreign graduates."

12. The University of St. Andrew's, while indisposed to give a separate deliverance as to whether foreign graduates ought or ought not to be admitted to examination by British universities and other licensing bodies, is quite prepared to take, in this matter, joint action with the other Scottish universities.

13. The King and Queen's College of Physicians in Ireland exempts from the first professional examination for its license to practise medicine, all graduates of Trinity College, Toronto, and of the Universities of Paris, Zurich, Melbourne, Harvard, New York, and Pennsylvania.

14. The Royal College of Surgeons in Ireland accepts certificates of attendance from the same foreign universities that are recognised by the College of Surgeons of England; but, whilst holding out some exemptions to licentiates of a college of physicians, or graduate in medicine of a university recognised by the college, does not allow the holders of foreign degrees any exemptions from the subjects specified in the regulations for the examinations for letters testimonial or fellowships of the college.

15. The Council of the Apothecaries' Hall of Ireland is of opinion that the possessor of any foreign degree or diploma in medicine or surgery should be entitled to be registered under the "Medical Act (1858)," provided he can produce satisfactory evidence of having received a literary and professional education, equivalent to those required by the recommendations of the General Medical Council.

16. The University of Dublin does not admit to its medical degrees any candidates who are not graduates in arts, and, to use the words of its medical registrar, "does not mean to change its practice in this respect."

PAPER 2.

A REPORT, presented in 1869, by the COMMITTEE of the GENERAL MEDICAL COUNCIL ON PROFESSIONAL EDUCATION.

At a meeting, held on 26th June 1868, the Medical Council passed the following resolution (Minutes, Vol. vi., p. 189):—

"That a committee be appointed to consider and report how the various subjects of medical education which have been deemed requisite by the Council may be taught with most advantage; in what order they should be studied; and how the examinations on them ought to be arranged."

A committee (consisting of Mr. Syme as chairman, and of Dr. Andrew Wood, Mr. Hawkins, Dr. Acland, Dr. Allen Thomson, Dr. Aquilla Smith, Mr. Hargrave, Dr. Apjohn, Dr. Sharpey, Dr. Christison, and Dr. Parkes, as members) being appointed, found that the various subjects of medical education deemed requisite by the Council had been fixed by a resolution of Council (7 June 1867, Minutes, vol. v., p. 238), and were 10 in number, viz.:—Anatomy, General Anatomy, Physiology, Chemistry, Materia Medica, Practical Pharmacy, Medicine, Surgery, Midwifery, and Forensic Medicine.

The Medical Council had also fixed a term of four years as the period which should be occupied with medical education before the examination for the license should be undergone.

In accordance with these resolutions, we addressed the following letter to various teachers who, we thought, would give us the best information. We were not able to address it to all teachers, but we endeavoured to obtain answers from all parts of the kingdom, so that every mode of teaching, and every large school, might have its representative.

"Office of the General Council of Medical Education,
32, Soho-square, London, W., June 1868.

"Sir,

"A committee of the Medical Council has been appointed to inquire 'how the various subjects of medical education which have been deemed requisite by the Council may be taught with most advantage; in what order they should be studied; and how the examinations on them ought to be arranged.'

"By the recommendation of the Medical Council, four years are to be devoted to the study of the 10 following subjects, namely: 1. Anatomy; 2. General Anatomy; 3. Physiology; 4. Chemistry; 5. Materia Medica; 6. Practical Pharmacy; 7. Medicine; 8. Surgery; 9. Midwifery; 10. Forensic Medicine. There must, therefore, be a limit to the extent and detail in which the several branches can be taught.

"The above inquiry is restricted to the course of study which is necessary to enable students to obtain the requisite knowledge and skill for the efficient practice of their pro-

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"Having regard to the nature of the inquiry and circumstances, as above stated, the committee would feel obliged by your communicating to them in writing the expression of your opinion on the following points:—

1. The topics which may most advantageously be included under the subject of ———.
2. The period in a four-years' course when ——— can be most profitably studied, and the length of time which should be devoted ———.
3. The manner in which ——— can best be taught, by lectures, practical instruction, or otherwise.

"The committee would also feel obliged by any further observations or information which may occur to you as deserving of attention in connection with the subject of their inquiry.

"The committee beg leave to express their hope that the importance of the subject in question will induce you to forgive the trouble thus proposed, and that you will transmit your reply to me at the above address, on or before the 1st of October 1868.

"I am, &c.
(signed) "James Syme,*
"Chairman of Committee."

We have to express our thanks to the 131 gentlemen who have kindly complied with our request, and who have given us information of great value on the best modes of medical education. Their names are given in Appendix, No. 1, where all the replies are placed under the several headings. In a second appendix we have placed three documents. The first is a report from the Council of the Medical Teachers' Association of London; the second is one from the association itself, based on the former report; the third document is an abstract of the systems of medical education in North Germany, Austria, and France, by Dr. Beigel, and the late Mr. Alexander Bruce, who drew up at our request an abstract giving a general view of the system of medical education in those countries. The third appendix contains observations on medical education, by Dr. Christison.

We will not occupy space by analysing this evidence, or by enumerating the defects in medical education which are noticed in many of the answers. There can be no doubt that during the last 15 or 20 years very considerable progress has been made in the improvement both of medical teaching and examinations. The Licensing Boards have shown a laudable anxiety to further this object; the Medical Council has not been remiss in urging it forward, and there has certainly been a great improvement in the knowledge of practitioners throughout the country. It must be admitted, however, that there is room for improvement, and we trust the Council will find no difficulty in coming to an expression of opinion which will be satisfactory to the profession, and will conduce to the benefit of the public at large.

The Council by its resolution appointing the committee did not intend to inquire into, or in any way to consider, the higher medical qualifications given by the universities or corporations. The course of study, the method of examination, and the qualifications necessary to insure that the public should be supplied with a properly educated and trustworthy body of general medical practitioners, are the points we have had in view.

It will be convenient to arrange our report nearly in the order of the resolutions of the Council.

I. The SUBJECTS deemed requisite by the COUNCIL.

1. The General Medical Council, by its resolution of 7th June 1867 (Minutes, vol. v., p. 237), excluded botany from the curriculum of subjects; and, consequently, we did not include it in our inquiry. But we are not satisfied that this matter has been sufficiently considered, and we advise that it shall be again discussed by the Council, and that an opinion shall be once more given as to whether a knowledge of botany is or is not necessary for a medical practitioner. If the decision be the same as before, the matter is ended; if the Council, however, after renewed consideration, declares botany to be necessary, it must be determined whether it shall be studied before the commencement of medical studies, *i. e.*, be made a compulsory subject at the preliminary or entrance examination, or shall be included among the subjects taught in the four years of the medical curriculum. If the Council decides that botany shall be studied before medical education is commenced, it ought to take measures to satisfy itself that the kind and amount of knowledge which it deems necessary is really attained, and that the examination which the Council accepts as a proof of knowledge is properly conducted.

We pass no opinion on this point, but a resolution will be moved for the purpose of bringing it once more under discussion in the Council.

2. A question has been raised as to chemistry. Some gentlemen who have replied to our letter have suggested that chemistry shall be a preliminary subject, *i. e.*, shall be learnt before the commencement of medical studies, and a year is named as the time during which it should be studied. This suggestion involves more than it professes to do. If a year is to

* On Mr. Syme's retirement from the Council, Dr. Andrew Wood was elected chairman.

to be given up to chemistry it will really be nothing more nor less than a year of the medical curriculum, to which it will be added, or from which it will be taken.

Another plan has been proposed by the Medical Teachers' Association and others. Surrendering the proposal to make chemistry entirely preliminary, it is still thought that elementary chemistry might be made a compulsory subject of the preliminary examination of general education, and it is, we presume, anticipated that the medical curriculum would be thereby lightened.

The matter seems to us to stand thus: chemistry is so important, indeed so necessary for good medical training, and is so interwoven, as it were, with physiology, pathology, dietetics, and medical practice, that we have no doubt it must be thoroughly studied during the medical curriculum; and even if we could look forward to a time when the study of chemistry in our general schools would render this unnecessary, we are sure that that time is yet far distant. But if it were possible to secure for the student some previous knowledge of chemistry, it would doubtless aid both him and his teacher. However, by making elementary chemistry a compulsory subject of the preliminary examination, we fear the Council, in the present state of general education, would put itself in this dilemma: either such a preliminary examination of chemistry would be worthless, or if severe enough to be a test, it would impose a study out of the range of ordinary schools, and might, therefore, prevent some persons from entering the profession, or would add to the expense of medical education.

At the same time, the fact of the Medical Council placing elementary chemistry among the compulsory subjects of the preliminary examination would give a powerful impetus to its study in general schools throughout the country, and in this way the proposed regulation would be useful; but it could not be looked upon as likely to lessen at present the amount of chemical instruction in the medical schools. We shall bring forward a resolution to take the sense of the Council in this matter.

3. The subject of zoology was not included by the Council among the necessary subjects. It has been suggested it should be so, but in this we cannot agree. Zoology may very properly be demanded from those who take the higher qualifications; but there are already sufficient subjects, more directly related to his future duties, to be studied by the student intended for general medical practice.

4. The 10 subjects enumerated by the Council are obviously essential, but we think it would conduce to efficient teaching if some of these subjects were again divided. We would propose to add to chemistry, medical, *i.e.*, physiological and pathological chemistry, so as to carry out the definition of the Council (Minutes, vol. v., p. 237), "That chemistry should include those details of the science which bear on the study of medicine." It is also expedient that physics should henceforth be made a separate branch of study. The Council has separately enumerated materia medica and practical pharmacy, but we propose also a further division into therapeutics, and would employ the term pharmacy in place of materia medica, which is a generic word, including pharmacy and therapeutics. So also, pathological anatomy should be made a separate division, as is suggested indeed by the Council (Minutes, vol. v., p. 238), and hygiene should be added.

The Council will understand that these changes do not really increase the number of subjects, and do not necessarily add to the number of lectures and to the student's work; he is supposed at present to learn all of these; but the division enables a more complete view of what is taught, and also a better order of tuition to be attained.

The list of subjects will therefore stand as follows:—

1. Physics.	6. Physiology.	11. Pathological Anatomy.
2. Chemistry.	7. Pharmacy.	12. Midwifery.
3. Medical Chemistry.	8. Therapeutics.	13. Forensic Medicine.
4. Anatomy.	9. Medicine.	14. Hygiene.
5. General Anatomy.	10. Surgery.	

II.—The ORDER in which these SUBJECTS should be Taught.

5. The nature of the subjects at once fixes a certain order. Anatomy, chemistry, and physiology, must necessarily precede medicine, surgery, and midwifery.

The rules of the various licensing bodies have already sanctioned the division, and in accordance with their regulations, and in order to prevent confusion, it is clearly desirable not to mix up what may be termed the preparatory and the practical subjects.

The rules and the periods of the examination of almost all the licensing bodies are in accordance, and the North German Permissive Plan, as given in Appendix II., is the same in principle.

6. It will be observed that in some of the replies it is recommended that students should be encouraged to attend the hospital, and gain what practical knowledge they can from the very commencement of their studies. This is a matter on which there is a difference of opinion; but provided a student does not neglect the studies which are enjoined, and does not interfere with the hospital work of the older students, he might voluntarily attend the hospital throughout his whole period of study. But we are of opinion he should not be compelled to attend until a certain date.

7. If the total period of study be four years, what length of time should be occupied with the two series of subjects into which medical education can be divided?

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Appendix, No. 11.

Several teachers suggest that the Annus Medicus should begin in the summer, and not in the winter. The suggestion is worthy of attention, because in the first summer session there is sufficient time to go over several preparatory subjects. It does not, however, enable the line between the two classes of subjects to be so well drawn as in the year beginning with the winter session. It has also been suggested that the length of the winter session should be shortened to four and a half or five months, and that of the summer session lengthened to four or four and a half months. It would be well for the Council to ascertain from the several licensing bodies if there would be any decided advantages, or any difficulties, in such an arrangement.

If the medical year begins in October or November, as at present, the following scheme seems to us to arrange the subjects in a satisfactory manner, and with a length proportionate to their importance, and to include, as far as we can manage it, the views of those who have best considered the matter. It will be understood that this scheme is merely to show the practicability of the arrangement, and not to lay down a course to be invariably followed.

First Winter Session.

Physics (by a separate teacher).
Chemistry.
Practical Chemistry, Qualitative (in the last three months).
Anatomy and Dissections.

First Summer Session.

Medical Chemistry, viz., Physiological and Pathological Chemistry, including Chemistry of Poisons.
General Anatomy, including the practical study of Minute Anatomy and Histology.
Botany (if included in the curriculum).
Pharmacy and Practical Pharmacy.

Second Winter Session.

Anatomy.
Dissections.
Physiology (by lectures and practical study).

First Examination for the License in Anatomy, Physiology, Chemistry, Pharmacy, &c., to be undergone at the end of the second winter session, or 18 months after the commencement of Medical Studies.

By this plan, a distinct separation is made between the preparatory and practical subjects, and sufficient time is given for the latter. The only subject included which is not truly preparatory is pathological chemistry, but it is convenient at present to place that subject with physiological chemistry, of which it can easily be made an offshoot.

Second Summer Session.

Hospital Practice, with initiatory Clinical instruction in Medicine and Surgery.

Third Winter Session.

Systematic Lectures on Medicine and Surgery.
Hospital Practice and Clinical Lectures.

Third Summer Session.

Therapeutics.
Pathological Anatomy.
Hospital Practice and Clinical Lectures.
Operative Surgery.

Fourth Winter Session.

Midwifery and Diseases of Women and Children, and Practical Midwifery.
Hospital Practice and Clinical Lectures.
(Special Instruction in Diseases of the Eye, Ear, Teeth, in Vaccination, in Mental Diseases, &c.)

Fourth Summer Session.

Forensic Medicine.
Hygiene.
Hospital Practice and Practical Midwifery.
Final Examination for the License in Therapeutics, Medicine, Surgery, Midwifery, Forensic Medicine, and Hygiene.*

8. In arranging this order, it will be seen that we have aimed in the first division at the following

* If the Annus Medicus began in the summer session, the following might be the order of the subjects.
In

following points: that the student should study anatomy and dissection in two winter sessions, but we do not desire to see the same course of anatomy repeated; that chemistry should be taught as a science, and, practically, in the first winter session, and that its applications to medicine should follow immediately in the next summer session, because in subsequent years, when the hospital would be attended, there would be no time to perform laboratory work; and that physiological chemistry and general and minute anatomy should precede advanced physiology, to which these subjects are necessarily an introduction. It will be noticed that, in several of the replies from anatomical teachers, it is recommended that anatomy be studied for three, or even four years. We are fully impressed with the value of anatomy, but it must be remembered there are other subjects equally important, and that time must be allowed for them. Anatomy is, therefore, recommended to be studied for 18 months, and chemistry and physiology for a year.

If the examination is conducted at the end of the second winter session, the time would be convenient for obtaining anatomical subjects.

9. In the second division, the only alteration which calls for remark is the time allotted to midwifery. It will be seen from the evidence in the Appendix that several of the best midwifery teachers would place that subject in the third year; but we believe that it will really be better, first, to teach general medicine and surgery, and, besides continuing the study of these, to let the last 12 months be also occupied with midwifery, and with special classes of disease, on which particular instruction is much needed, as, for example, diseases of women and children, mental affections, ophthalmology, &c. We are decidedly of opinion that the present space allotted to midwifery in the regulations of some of the licensing bodies is too short, and that, as was formerly the case, it should extend over one winter session, and that instruction in practical midwifery should also be extended.

III.—THE METHOD OF TEACHING these several SUBJECTS.

10. Some apprehension has been expressed lest the Council might lay down rules as to methods of teaching which might too much limit the freedom of teachers. We do not think that the Council is likely to do this to any greater degree than has always been done by the medical corporations.

We have placed in our Appendix the opinion on every subject of a large number of the teachers best qualified to judge; and we think it will be the wisest course to allow these opinions gradually to produce their effect on the method of teaching. Time will show whether it will be advantageous for the Council to discuss more fully special modes of tuition in all or certain subjects.

We are of opinion, however, that there are certain general rules which should be enforced.

11. For many years practical chemistry has been compulsory; but the answers of the eminent chemists whom we consulted show that chemistry must be still more practically dealt with, and some even recommend the discontinuance of formal chemical lectures. We are not prepared to adopt this latter recommendation, but we have no doubt the laboratory work should be much more carefully done, while the systematic lectures might probably be more restricted.

12. Then, with respect to the application of chemistry to physiology and pathology (a point

In this arrangement the advantage is gained of occupying the first summer session with preparatory teaching, which will prepare the student properly for the more advanced courses of the following session.

First Summer Session.

Physics.
Chemistry (Elementary).
Osteology.
Botany (if included in the curriculum).

First Winter Session.

Anatomy and Dissections.
Chemistry and Practical Chemistry.

Second Summer Session.

Medical Chemistry, viz., Physiological and Pathological Chemistry.
General Anatomy and Microscopy.
Pharmacy and Practical Pharmacy.

Second Winter Session.

Anatomy and Dissections.
Physiology (by lectures and practical study).

Third Summer Session.

Initiatory Surgical Instruction in Practical and Operative Surgery.
Initiatory Medical Instruction in Methods of Examination and Diagnosis.
Hospital Practice.

Third Winter Session.

Lectures on Medicine.
Lectures on Surgery.
Pathological Anatomy.
Hospital Practice and Clinical Lectures.

Fourth Summer Session.

Midwifery and Practical Midwifery.
Therapeutics.
Forensic Medicine.
Hospital Practice and Clinical Lectures.

Fourth Winter Session.

Diseases of Women and Children.
Practical Midwifery.
Special Hospital Instruction in Diseases of the Eye, Ear, Mind, in Vaccination, &c.
Hospital Practice and Clinical Lectures.
Hygiene.

(FIRST EXAMINATION.)

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(SECOND EXAMINATION.)

Appendix, No. 11. point of the highest importance), we have no doubt the instruction should be chiefly practical, and should take place in a museum and laboratory, after the chemical course has been gone through.

13. In pharmacy, the instruction should largely consist of demonstrations or examinations in a museum, and be as practical as possible, while the opportunities for learning must be given, both in a pharmaceutical laboratory and by practical dispensing.

14. With regard to anatomy, whilst we have not thought it requisite to make any division of the subject beyond what has already been done by the Council, we think it desirable to direct the attention of teachers to the great importance of devoting particular attention to those departments of the study which have most direct relation to medical and surgical practice.

15. Minute (including microscopic) anatomy is, in some parts of the kingdom, considered to belong to the anatomical course, while in other places it is included in the physiological. We believe this latter view to be correct, and we would advise that the anatomical lecturer shall not include in his course general and minute anatomy; but we also consider these subjects should be separated from the advanced physiological lectures, and be studied previously, but under the supervision of the physiological teacher.

16. Finally, in regard to hospital practice, without encroaching on the systems preferred by individual physicians and surgeons, we may state there is an urgent need of improving practical hospital training in many schools. The replies on this head in the Appendix are of great value. We believe that not only practical hospital classes in medicine and surgery should be more commonly instituted than at present, but that every student should perform the duty of clerk and dresser, even if the time now occupied in these offices were shortened, and the amount of work done by each clerk or dresser lessened. At present, in our large schools, there are many students who never have the opportunity of practical work of this kind, which they may be called on to perform the day after they have passed their examinations. But it is surely proper that the amount of hospital instruction, whatever may be its extent, should be equally proportioned among all those who pay their fees, in the faith of receiving their share of this instruction. It only requires more system, and a proper use of the various departments of an hospital (both the in and out-patient departments), and division of the students among them, to ensure that every student shall get the full benefit which his hospital is capable of giving him. In addition, the opportunities of instruction afforded by hospitals, infirmaries, and dispensaries, which are not attached to medical schools, should be taken advantage of.

17. There is one matter, however, in respect of teaching, which the Medical Council may not only properly regulate, but is urgently called on to do so. We refer to the extent to which the teaching of each subject is to be carried.

Whoever will consider the great extent of the sciences which lie at the foundation of medicine and surgery, and indeed, in the present day, the extent of the practical parts of medicine and surgery, will see that some limit must be assigned to the amount of knowledge which can be fitly exacted.

The Committee is aware that teaching may in some subjects be carried to such an extent as to throw unnecessary difficulties in the way of the candidate for a general license. We do not think it expedient to interfere directly by regulation with this matter, but we are of opinion that all that is necessary may be accomplished through the examinations.

With this view, we recommend that the various licensing bodies be requested to state the extent and nature of the examinations which they require in the different subjects of the curriculum. We further recommend, that on receiving these statements, the Council shall compile a set of rules, which will indicate the most important parts of each subject, and serve as a guide to teachers, in so far as applies to the preparation of the candidates for the license. These rules can be revised from time to time, as the subjects advance and the modes of teaching improve.

In this way the examinations in the three divisions of the kingdom will be made much more uniform; medical students intended for general practice will know more precisely how far they must learn, and within what limits an exact knowledge may reasonably be demanded from them.

IV.—ARRANGEMENT of the EXAMINATIONS.

18. This was the last point referred to us by the Council, and we understand the reference to mean, how the examinations of all kinds may be conducted, so as to answer the effect of allowing no one to enter on general medical practice who is not fully competent.

It will be seen that we have not adopted the view of the Medical Teachers' Association, that there should be three professional examinations, viz., at the end of the first year, of the second year, and of the fourth year. There is a disadvantage in having so many examinations, as regards both students and examiners, and the objects of the association can be, we think, met by placing the school examinations on a better basis.

19. We would propose, then, two examinations by the licensing bodies, as heretofore, the first

first a primary examination, embracing anatomy, chemistry, physiology, and pharmacy, at the end of the second winter session, and the second or pass examination, including all the other subjects, at the end of the fourth year. Appendix, No. 11.

20. But we would propose to prepare for these examinations by having more regular class examinations. The Medical Council has on several occasions expressed its wish that the class examinations should be more thoroughly conducted than they now are, at least in most cases, and we propose that the Council should now give effect to its suggestion.

With this object we would propose that no certificate of attendance on a course of instruction be accepted as valid by a licensing body, unless it attests that the student has been duly examined during the progress of such course, and especially at its termination. In this way each student may learn from his teacher the degree of proficiency he has attained in a given branch of study.

21. The professional examinations of the licensing bodies have been already repeatedly inspected by the Medical Council, and improvements which will make them more efficient tests have been and are being gradually introduced. Still the examinations are not quite satisfactory, and we recommend that the Council should continue their visitations from time to time, and should watch over the working of the plans they have seen in action, and above all, that the Council should see that every part of the system of instruction be fully tested. The scope of the examination for the license ought, in fact, to include every part of the work done in the schools, practical or otherwise. Especial attention should be paid by the Council to the necessity of requiring in all cases that the clinical examination of surgical and medical patients shall form part of the pass examination.

The supervision by the Council has hitherto been conducted by the branch councils, and has certainly worked very fairly; but if the institution of independent visitors be impossible, we think the efficacy of visitation would be increased were the branch council of one division of the kingdom to visit the examinations of another.

22. One of the great evils at the present moment is the inequality of the examinations for the license. This inequality of the test of efficiency is the more unfortunate, as every license confers an equality in the right to practise 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 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 license to practise 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. Considering, also, the extent to which the Colleges of Surgeons and Physicians have already combined in England and Scotland, we cannot apprehend any insuperable difficulty in carrying out this object.

23. To enter into the details of such an arrangement of conjoint examining boards would lead us beyond the scope of the inquiry entrusted to us. The notice of the point has, however, naturally grown out of our subject; and we trust the Council will appoint another committee to consider and report how the examinations for license in the three kingdoms can be thus provided for, and then apply, if necessary, for Parliamentary powers to carry the recommendation into effect.

24. We have now to sum up our answer to the resolution of the Council appointing this Committee. We make the following recommendations:—

(1) That the ten subjects deemed necessary by the Council be further sub-divided, for the purposes of teaching, as follows:—

- | | |
|-----------------------|---------------------------|
| 1. Physics. | 8. Therapeutics. |
| 2. Chemistry. | 9. Medicine. |
| 3. Medical Chemistry. | 10. Surgery. |
| 4. Anatomy. | 11. Pathological Anatomy. |
| 5. General Anatomy. | 12. Midwifery. |
| 6. Physiology. | 13. Forensic Medicine. |
| 7. Pharmacy. | 14. Hygiene. |

(2) That physics, chemistry, medical chemistry, anatomy, general anatomy, physiology and pharmacy (and botany if included) be studied previously to passing the first professional examination.

(3) That in the remaining period of the four years, the other subjects shall be studied, viz., therapeutics, medicine, surgery, pathological anatomy, midwifery, forensic medicine, and hygiene, and that the second or pass examination shall then take place.

Appendix, No. 11.

(4) That the exact order, number of lectures, and amount and kind of practical instruction be left to the schools, a guide being furnished to them by a definition of the area in each subject over which the examination will extend.

(5) That the schools institute class examinations in all these subjects, and that the certificate of study shall attest that the student has undergone these examinations.

PAPER 3.

ANSWERS received in 1877, from MEDICAL LICENSING BODIES, to QUESTIONS proposed to them by the EXECUTIVE COMMITTEE of the GENERAL MEDICAL COUNCIL, in regard to (A) Results of Professional Examinations, and (B) certain Deficiencies in Preliminary Education; together with a Report thereon to the Executive Committee.

I. QUESTIONS proposed to the LICENSING BODIES.

THE General Medical Council, at its Meeting on the 25th of May, 1876 (Minutes, Vol. XIII., p. 135), resolved to take up the consideration of a Table that set forth the results for 1875 of the professional examinations conducted by the several licensing bodies, and determined that, in order to arrive at any satisfactory conclusions as to the causes of the rejection of so large a number of candidates in the examinations, it would be necessary to obtain information and opinions on the subject from the several medical licensing bodies. The Council delegated to the Executive Committee to do this, and to report thereon at the next meeting of the Council (Minutes, Vol. XIII., p. 260).

The Committee, accordingly, in a letter sent out on the 20th of July, 1876, solicited, in regard to the subject, such information and opinions as the several medical licensing bodies could give, directing attention more especially to the following series (A.) of questions:—

1. In what subject or subjects are the rejections most frequent, and to what circumstances are these proportionately frequent failures of candidates attributable?
2. Are the rejections chiefly in the written, the oral, the clinical, or the practical parts of the examinations?
3. Is it desirable that any alterations should be made in the subjects of the examinations, as to their number, range, division, or combination, or in the mode of conducting the examinations; and, if so, what should these alterations be?
4. In what respects is the education of the candidates found to be most defective? Do the defects show a want of proper preliminary education, or a want of proper professional education, or both?
5. Does it appear that insufficient time is allowed for the study of the subjects of the respective examinations?
6. Does it appear that, on the whole, the attainments, general and professional, with which candidates present themselves for examination, are now higher than they were 10 or 15 years ago?
7. Has your body any suggestions to offer for the improvement of the present system of professional education?

(B.) Moreover, on 27th February 1877, a letter was sent to the several medical licensing bodies to inquire whether they had any observations to communicate to the Medical Council in regard to the following resolution (Minutes, Vol. XIII., p. 244), which was passed on 5th June 1876, and sent to each licensing body on 19th June:—

“The Council desire to direct the attention of licensing bodies to the important fact that, from some of the reports of visitations, it appears that many candidates still enter upon their professional studies who are very deficient in preliminary education.”

II. ANSWERS from the ROYAL COLLEGE of PHYSICIANS of LONDON.

(A.) *On Results of Professional Examinations.*

1. In the examinations for the college license, the rejections have been most frequently founded on the candidates' deficient knowledge of anatomy, physiology, or chemistry. The number of candidates, however, examined on anatomy and physiology has been so small, that little importance can be attached to the result, for a candidate who has been examined and approved by any one of the three colleges of surgeons is not re-examined by this college on those subjects.

In chemistry a marked improvement has taken place in the present year, owing, probably, to a notice issued to all the medical schools in England, stating that the college expected candidates for its license “to present themselves as well prepared on the subject of chemistry in its application to pharmacy, pathology, and toxicology, as on the other subjects of the pass examination.”

2. The decision is based on the entire result of the examination, and it is generally found that a candidate who fails in the written examination, fails also in the oral and practical parts of the examination. Appendix, No. 11.

3. So far as the college can answer this question, the answer will be found under No. 7.

4. This question is, in part, a repetition of question 1, and will be found answered partly there. To the latter part of question 4, it may be stated that the defects show a want of professional education.

As regards preliminary education, the college desires to refer the General Medical Council to a letter [which follows this] addressed to them, on the 21st instant, on this subject.

5. See answer to No. 7.

6. As regards the professional examinations, this result is not apparent from the college statistics, but as the standard of the examinations has been much raised during that period, while the per-centage of rejections has not been increased, it is reasonable to infer that the present attainments of the candidates are higher.

7. The college is of opinion that, in addition to the subjects already required as part of the general preliminary education of medical students before commencing their professional studies, the elements of natural philosophy, of botany, of zoology, and of chemistry, should be made compulsory as a part of their general education, in order that sufficient time may be at the disposal of the students for the acquirement of their practical knowledge of medicine, surgery, midwifery, and therapeutics.

The college considers it undesirable to reply further to these questions, in view of the probable establishment of a conjoint board.

(signed) *Henry A. Pitman*, Registrar.

30 December 1876.

(B.) *On Deficiencies in Preliminary Education.*

Sir,

21 December 1876.

REFERRING to your communication of the 28th of June, addressed to the college by direction of the General Medical Council, in which the attention of the licensing bodies is drawn to the important fact, that "from some of the reports of the visitations, it appears that many candidates still enter upon their professional studies who are very deficient in preliminary education," I am instructed to state, for the information of the General Medical Council, that in the year 1865 the college, at the request of the General Medical Council, discontinued to examine on the subjects of preliminary education, accepting only the certificates of those bodies which the General Medical Council recognise as competent to grant such certificates.

I am further requested to state that the college has no reason to believe (unless it be in rare exceptional instances) that candidates who have presented themselves for the professional examinations at this college of late years have been deficient in preliminary education.

(signed) *Henry A. Pitman*, Registrar.

The Registrar of the Medical Council.

III. ANSWERS from the ROYAL COLLEGE of SURGEONS of ENGLAND.

(A.) *On Results of Professional Examinations.*

With reference to the letter of the 20th of July last, requesting, on behalf of the General Medical Council, certain information, principally relating to the causes of the large proportion of rejections at professional examinations, I am desired to acquaint you that the Council having referred the several questions contained in such letter to the court of examiners, and the board of examiners to report thereon, and having considered the report of these bodies, has adopted the following answers to those questions:—

As regards questions 1 and 2, the Council finds that the failures of candidates, whether at the primary or at the pass examinations, are not particularly in any one subject or any one part of the examinations, but are equally (or nearly so) in all the subjects and parts, and that the candidates who fail in one subject or one part, are very generally found at fault in other subjects or other parts. The annexed paper gives some of the evidence on which the above statement is founded.

As regards question 3, the Council does not see in the above any reason for changing either the subjects or the conduct of the examinations.

As regards question 4, the defects which lead to the rejection of candidates are, exclusively, defects of professional knowledge; but these defects are evidently, in many cases, more or less attributable to the candidate having entered upon his professional studies at a time when his general education was inadequate.

Appendix, No. 11. As regards question 5, the Council is not prepared to say that students of average intelligence and fair industry cannot within the time now generally allowed qualify themselves to pass their examinations; but the Council can easily suppose that the time is found insufficient in proportion as either the intelligence or the industry of the student falls below a fair average.

As regards question 6, the Council is of opinion that the attainments, general and professional, with which candidates present themselves for examination, are now, on the whole, higher than they were 10 or 15 years ago.

As regards question 7, the Council has from time to time taken steps to promote such improvements of curriculum as it has thought necessary with regard to those parts of professional education for which it is more particularly responsible, and has not at present any suggestions to offer with respect to professional education in general.

29 January 1877.

(signed) Edward Trimmer, Secretary.

(B.) *On Deficiencies in Preliminary Education.*

Sir,

28 March 1877.

I HAVE laid before the council of this college your letter of the 26th ultimo, referring to the letter of the 19th of June last, and the accompanying resolution of the General Medical Council directing the attention of the licensing bodies to the fact that "it appears that many candidates still enter upon their professional studies who are very deficient in preliminary education," and as no answer has been received from this college in respect of such resolution, inquiring whether the Council are desirous of making any observations thereon, and I am desired to acquaint you that the Council did not consider, when the resolution was first submitted to them, that it called for any special remark from them, and that in my letter to you of the 29th of January last, on the subject of the causes of rejections at professional examinations, the opinion of the Council has been expressed in the answer to question 4, "that the defects that lead to the rejection of candidates are exclusively defects of professional knowledge, but that these defects are evidently, in many cases, more or less attributable to the candidates having entered upon their professional studies at a time when their general education was inadequate."

I am to add that the Council do not consider themselves called upon to make any further observations on the subject.

W. J. C. Miller, Esq.

(signed) Edward Trimmer, Secretary.

IV. ANSWERS from the APOTHECARIES' SOCIETY of LONDON.

(A.) *On Results of Professional Examinations.*

To the MASTER and WARDENS of the Society of Apothecaries :—

IN reply to the questions proposed by the General Medical Council, dated July 1876, the court of examiners of the Society of Apothecaries submit to the court of assistants the following observations :—

1. In chemistry and pharmacy in the first examination. In medicine and midwifery in the second.

2. In the first examination both in the oral and the written parts, and in the practical parts; in the second examination chiefly in the oral, and in the clinical and other practical parts.

3. The court of examiners think it undesirable at present to make any further alteration either as to the number of subjects or as to the mode of conducting the examinations, seeing that they have very recently remodelled their system of examination.

4. In the first examination defects of elementary professional education are most apparent. In the second examination the court have chiefly noticed a want of proper professional education in practical subjects.

5. The court unanimously agree that four years of professional study is insufficient. (Further remarks are made on this subject under No. 7.)

6. The court of examiners consider that the professional attainments of the candidates are higher in the theoretical parts of medicine but lower in the practical departments than they were 15 years ago.

7. The court offer their decided opinion that since the abolition of the apprenticeship, the study of the fundamental subjects for the first professional examination has been greatly neglected, and they regret to observe that the evil is aggravated by the waste of time on the part of many medical students during their first year after entering at the medical schools.

The

SUGGESTIONS.

Appendix, No. 11.

The court of examiners suggest that the present system of medical education would be improved by the students receiving professional instruction for at least one year before entering the recognised medical schools, and that such instruction should comprise the following subjects:—

- a. The elements of osteology.
- b. The outlines of physiology and histology.
- c. Elementary chemistry.
- d. Materia medica, botany, and pharmacy.

The court is also of opinion that the second portion of the professional examination would be passed more satisfactorily than it is at present if more attention were paid to clinical instruction on the part of the students, and less to attendance on systematic lectures.

December 1876.

(signed) *Thomas Peregrine*,
Chairman of the Court of Examiners.

(B.) *On Deficiencies in Preliminary Education.*

Sir,

19 March 1877.

In reply to your letter of the 26th of February, in reference to the deficiency of the pupils in preliminary education, the court of examiners beg to refer the General Medical Council to the report of its visitors on the occasion of their visit to the examination in arts, in January 1867 (Minutes, Vol. V., pp. 30–38), and to inform the General Medical Council that the society has continued uninterruptedly to require, from those presenting themselves at this examination, evidence of an adequate general education in the sense that commanded the approval of the visitors in 1867. Thinking no observation to be needful on the resolution of the General Medical Council of 1876, the society did not reply to the letter of Dr. Hawkins, of June 19th of that year, forwarding that resolution.

W. J. C. Miller, Esq.

(signed) *Richard H. Robertson*, Secretary.

V. ANSWERS from the UNIVERSITY of OXFORD.

(A.) *On Results of Professional Examinations.*

WITH regard to the questions of July 1876, relative to medical education, submitted by the General Medical Council to the university, the medical committee of the Hebdomadal Council report as follows:—

1, 2, 4. Though, within the last few years, the number of students examined in Oxford for the degree of M.B. has materially increased, amounting in the last two years to about 20 in each year, nevertheless we do not think that these numbers, as compared with those of students examined by some other licensing bodies, furnish adequate data for statistical conclusions with respect to medical education in general. And it is even of more consequence to remark, that the candidates for the medical degree at Oxford are almost wholly men who have obtained honours in the Natural Science School. Subsequently they must, by statute, have studied in one or other of the great hospitals or schools for at least four years.

As regards the causes of failure, rejected candidates have, in the greater number of cases, failed in two or even more subjects. Occasionally, however, a candidate who has shown himself to be possessed of adequate knowledge in all but a single subject, has been rejected for failure in that one subject.

3, 7. Whenever it is decided that there shall be a conjoint or a State examination, the bearing upon the Oxford Medical Statute will be immediately considered. It seems, therefore, inexpedient as yet to discuss the subject as regards this university; and as regards a conjoint or a State examination, present discussion is unnecessary, for the details will be settled by general consent of the combining bodies, approved by the whole Medical Council, or by Act of Parliament.

5. The time required by the university for medical study, viz., four years after the completion of the Arts' course, seems to be sufficient if the students have taken honours in the Natural Science School, and have therefore studied seriously some portions of physics, chemistry, or biology, previous to the commencement of the period of professional study. Otherwise, with the present standard, it is insufficient.

6. The attainments of the students who pass in this university have, as has already been implied in the first answer, generally kept pace with that development and progress of the scientific study of medicine which has taken place in the last 25 years. How far the actual clinical results have improved in that period is a question too wide for present decision. In 1860 the examinations in Oxford became essentially practical in every subject. The standard has been steadily raised as the opportunities for gaining knowledge have improved; e. g., in microscopy, histology, practical chemistry, hygiene, and the means of physical diagnosis, whether in medicine or in surgery.

(signed) *J. E. Sewell*,

5 March 1877.

Vice-Chancellor of the University of Oxford.

VI.—ANSWERS from the UNIVERSITY of CAMBRIDGE.

(A.) *On Results of Professional Examinations.*

1. On examination of results of the three examinations for the degree of M.B., it is found that—

In the first examination, which includes the subjects of chemistry, heat, electricity and optics, mechanics and hydrostatics, and botany, the rejections are most frequent in chemistry.

In the second examination, which comprises human anatomy, comparative anatomy, physiology, and pharmacology, the rejections are about equally frequent in human anatomy and in physiology, and by far more frequent in these than in either of the other two subjects.

In the third examination the rejections are four times as numerous in pathology and practice of physic (including surgery and midwifery) as they are in medical jurisprudence.

Thus the general result is that rejections are most frequent in those subjects in which the examination is most extensive:—

For in the first examination the extent of the examination in chemistry (theoretical and practical) is greater than in the other subjects. The range of examination in the several subjects is limited by schedules, of which copies have been remitted to the Medical Council on a former occasion.

In the second examination the extent of examination in human anatomy and in physiology is much greater than in the other subjects; the examination in comparative anatomy being limited by a schedule, and that in pharmacology being exclusive of therapeutics.

In the third examination the extent of the examination in pathology and the practice of physic is, of course, far greater than in medical jurisprudence.

The general result above stated seems to be in accordance with what might reasonably be expected, particularly when examinations are in subjects the mastering of which depends in so great a degree on the memory. Candidates deficient in capacity or industry are most liable to fail in those subjects in which the examination is most extensive.

2. In the first examination the rejections in the written and practical parts are more frequent than in the oral part.

In the second examination the rejections are equally frequent in the written and in the oral parts, and more frequent in each of these than in the practical part, which consists of dissection and microscopical work.

In the third examination the rejections are more frequent in the oral part than in either the written or clinical part.

3. It does not appear to us desirable that any alteration should be made in the subjects of the examinations in this university; but we think that, in conducting the examinations, the examination in midwifery and surgery should be more distinctly divided from those in pathology and practice of medicine, with which they have hitherto been combined. Regulations for effecting this have been drawn up, and would long ago have been enforced if it had not been for the expectation that the scheme of conjoint examinations would ere this have come into operation.

Considering the great strain on the memory in acquiring all the minute details of human anatomy, as at present taught and tested by examination, and the large portion of such knowledge which is only transiently retained, and the continually extending range of other necessary subjects, as physiology and pathology, it seems worthy of consideration whether examinations in human anatomy are not sometimes carried into details more minute than is necessary or serviceable for educational purposes, more particularly if such details have no immediate relation to physiology or medicine. It is desirable that human anatomy should be studied not as a mere collection of facts, but in more immediate connection with science and practice.

4. The defects in preliminary education can best be judged of in Cambridge by the results of "the previous examination," which students have to pass in an early part of their academical course, and before they begin their medical studies. The rejections in this examination are exceedingly numerous. The defects are not very apparent when the candidates enter on their examinations for medical degrees.

We have not to complain of a want of proper professional education. Candidates are as a rule found to be fairly trained in principles as well as details. Cases are rare in which a candidate, in other respects well informed, fails in the clinical examination.

5. This university requires five years' study from all, except those of its candidates who have taken academical honours. As a matter of fact, few if any of the candidates have studied less than five years, and most of them a much longer period, before taking the degree of M.B.

We are of opinion that when the subjects of examination are so many as they are here, four years are not a sufficient period for the acquisition of all the subjects in their due completeness by a candidate of average intelligence. The shortness of the time must be apt to induce cramming and learning by rote, instead of cultivating habits of observation and independent judgment.

6. The

6. The professional attainments are on the average much higher.

Appendix, No. 11.

7. This is a large question. The following suggestions are offered for the consideration of the Medical Council:—

I. The general adoption of schedules limiting the range of examination in the preliminary scientific subjects and materia medica, with the view of economising the time of students by directing their reading to what is necessary and most instructive; due care being taken that the schedules shall include a full exposition and adequate illustrations of the principles of the several subjects. The remarks made as to human anatomy in answer to question 3 are more or less applicable to most of the subjects of medical study.

II. The desirability that no person should be registered as a duly qualified medical practitioner until he shall have had some practical experience in charge of patients either in an hospital or elsewhere, under the supervision of a competent medical practitioner of a certain standing.

(signed) *G. E. Paget,*

Chairman of the Board of Medical Studies.

31 January 1877.

(B.) *On Deficiencies in Preliminary Education.*

Sir,

THE Council of the Senate of the University of Cambridge having referred to the Board of Medical Studies the subjoined Resolution (B) of the General Medical Council, I have the honour to inform you that the Board of Medical Studies have no observations to offer in reply to this communication.

(signed) *G. E. Paget,*

Chairman to the Board of Medical Studies,
in the University of Cambridge.

4 March 1877.

VII.—ANSWER from the UNIVERSITY of DURHAM.

Sir,

19 March 1877.

THERE were no rejections in this university medical examinations during the year 1875.

(signed) *Luke Armstrong, M.D.,*
Registrar of the

The Registrar of the Medical Council.

College of Medicine, Newcastle-on-Tyne.

VIII.—ANSWERS from the COUNCIL of the ROYAL COLLEGE of PHYSICIANS of EDINBURGH.

(A.) *On Results of Professional Examinations.*

THE Council of the Royal College of Physicians of Edinburgh have had under their consideration the series of questions prepared by the executive committee of the General Medical Council in reference to the table showing the results of professional examinations in 1875. The Council regret that they are unable to furnish exact numerical statements in reference to some of these questions, but the subjoined answers convey, as they believe, the impression which has been made on the mind of the examiners during recent examinations.

1. It comparatively seldom happens that candidates are rejected on account of failure in a single subject. In the first professional examinations, the knowledge of chemistry is, as a rule, exceedingly defective, but rejections do not take place on account of failure in that subject alone, unless either the ignorance displayed of it has been very gross, or the replies in anatomy and physiology have also been unsatisfactory. In the case of the final examination, the candidates are, as a rule, rather better informed in regard to surgery than as to either practice of medicine or midwifery; in the latter subject in particular the appearance of candidates is often far from creditable.

The Council are disposed to attribute a great part of the ill success of the candidates to the unsatisfactory character of the professional education they have received. While there may be a certain knowledge of details, there is a lamentable deficiency in the comprehension of principles. The Council cannot but think that if due care were exercised by the teachers of candidates in testing their progress by means of class examinations, so many would not appear before the examiners in an unprepared state.

2. The majority of rejections take place in the oral examination. A comparatively small number are rejected in the written examination alone, as the examiners find that a good many candidates fail on account of an inability to express themselves clearly in writing in a limited time. In regard to the practical and clinical parts of the examinations, the
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Appendix, No. 11. examiners do not yet feel themselves in a position to attach so much importance to them as they would wish to do, seeing that in some medical schools a minimum of practical, and little or no systematic clinical instruction is imparted; and the examiners are unwilling to visit too severely upon the candidates the faults of their defective education.

3. In reference to this subject the Council have no special suggestions to offer. They would however beg to direct the attention of the committee to the accompanying report, which embodies resolutions come to by representatives of this college, of the Royal College of Surgeons of Edinburgh, and of the Faculty of Physicians and Surgeons of Glasgow, and which have been agreed to by these bodies.

4. The Council regret to be obliged to state that both the preliminary and professional education of many of the candidates is very defective. The deficiency in professional education is sufficiently indicated by the table showing the results of professional examinations in 1875, from which it will be seen that about 45 per cent. are rejected for the first, and 36·7 per cent. for the final examination. In regard to the condition of preliminary education among candidates, the Council judge in two ways: first, from the amount of information displayed by candidates who appear before the examiners of the college in general education; and, second, from the character of the written answers at the professional examinations of candidates who have passed a preliminary examination elsewhere, and in virtue of it have been enrolled on the register of medical students.

5. As a matter of fact a certain and perhaps increasing number of candidates devote more than the prescribed period of four years to the acquirement of professional knowledge. While the Council would certainly encourage this, they would not be prepared to make the extension of the period of study obligatory. The talents of candidates vary, and many may profit as much from a curriculum of four years, as others from a period of study extending over five years or even longer.

6. 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. The standard of preliminary education adopted by the college is the minimum fixed by the General Medical Council. There are five obligatory subjects, English, arithmetic, algebra, geometry, and Latin; and there are four optional subjects, Greek, French, German, and natural philosophy, of which one must be selected. This standard is not high, but it is strictly adhered to; and it says little for the knowledge of the candidates that it is quite exceptional for a candidate to pass the examination on the first or even on the second trial. The Council are disposed to attribute the great deficiency in general knowledge rather to imperfect education than to idleness or incompetence on the part of the candidates. There seems to be a most insufficient grounding in the various preliminary subjects, more particularly in Latin, which points to a very unsatisfactory state of secondary education throughout the country. In regard to the professional attainments of candidates the Council are inclined to hope that a slight improvement has taken place. The proportion of rejections is no doubt as high as ever, but as the standard of examination has been a little raised during the last 10 years, this is not inconsistent with a certain degree of improvement. There is still however a great deal to be desired in this respect.

7. The Council have only to express their full concurrence in the recommendations of the General Medical Council, that professional education should be made as practical as possible, and that a system of class examinations should be universally established.

30 December 1876.

(signed) *John Wyllie*, Secretary.

IX. RECOMMENDATIONS OF A CONFERENCE OF REPRESENTATIVES OF THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS OF EDINBURGH AND THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW, in regard to Improvement in the Examinations for their Diplomas.

1. THAT in preparing the list of candidates for the examiners at each examination period, the inspector of the course of study shall place after each name, in an appropriate column, the name of the board or boards before which the candidate had passed his examination in general education; and that it shall be the duty of the examiners to report to the colleges all cases in which the candidate displays ignorance in general education, and the name of the board by which he was passed, with the view of reporting such cases, if deemed advisable, to the General Medical Council.

2. That at each oral professional examination the papers of each candidate's corresponding written examination, with the number of marks obtained by the candidate in that examination, shall be placed on the table for the inspection of the oral examiner; and that the scrutineers of the written papers shall be required to mark conspicuously, with red ink, on the papers, such parts of the written examination as appears defective.

3. That, at the first professional examination, in order to give time for rendering it more practical in all its departments, half-an-hour, instead of 20 minutes as at present, shall be devoted to each subject of examination, anatomy, physiology, and chemistry.

4. That, for the examination in anatomy, an adequate supply of recently dissected parts, in good condition, shall be provided and uniformly made use of. That candidates may, in cases

cases where the examiners judge it expedient, be called on to perform dissection on the dead body, and to perform surgical operations. Appendix, No. 11.

5. That in the examination on physiology the microscope shall be uniformly made use of.

6. That the examination in chemistry shall be restricted to the general principles and important facts of the science, and their practical applications to physiology, pharmacy, and medical jurisprudence, and that a programme be prepared and printed, defining the area of the examination on this subject. That this examination shall include in all cases practical testing.

7. That in order to meet the additional cost necessarily involved in carrying out these arrangements, the fee for the single diploma of each licensing body shall be raised from 10 *l.* (its present amount) to 15 *l.* 15 *s.*; and the fee for the double qualification diplomas be raised from 16 *l.* to 21 *l.*

X. ANSWERS from the ROYAL COLLEGE of SURGEONS of EDINBURGH.

(A.) *On Results of Professional Examinations.*

THE Royal College of Surgeons having had under their consideration the questions relating to the results of professional examinations by the various licensing bodies during the year 1875, transmitted to the college by the executive committee of the General Medical Council, have prepared the following answers, which they now beg leave to submit to the executive committee:—

1. The subjects in which the college have found that rejections have been most frequent are anatomy and surgery, the latter including surgical anatomy. The frequency of rejections in these subjects has arisen from the want of sufficiently thorough knowledge on the part of the candidates.

2. The rejections have been chiefly in the oral part of the examinations.

3. The college have already adopted the alterations and improvements in the mode of conducting their examinations recommended by the General Medical Council, and have at present no further alterations to suggest.

4. Besides the want of knowledge of professional subjects which has been the ground of rejection at the examinations, the results of which have been communicated to the General Medical Council, the written papers of candidates not unfrequently show that there has been also a deficiency in their preliminary education. The college having only been requested to communicate the results of their professional examinations, the deficiency in general education does not directly affect the return made by them. The college have to remark that, while a large proportion of the candidates who present themselves at the professional examinations have passed their preliminary examination before some other board than that formed jointly by this college and the Royal College of Physicians of Edinburgh, they have found that the candidates who are deficient in general education are most frequently those whose professional knowledge is also defective.

5. The college are of opinion that the minimum time allowed for the study of the subjects of the respective examinations is not sufficient.

6. The college are of opinion that, on the whole, the attainments of the candidates, both general and professional, are now higher than they were 10 or 15 years ago.

7. The college having, as stated in their reply to Question 3, already adopted the recommendations of the General Medical Council, have no further suggestions to offer in regard to the professional examinations, but, as shown in their answer to Question 4, it is evident that some measures should be taken to secure that the examinations in general education by the various boards should, in all possible cases, be passed previous to commencing professional study, and shall be sufficiently stringent to the extent required by the Medical Council. The college are also of opinion, as shown in the reply to Question 5, that a larger amount of the four years required after registration should be spent in certified medical study.

In name and by authority of the College,

(signed) *Henry D. Littlejohn, M.D., President.*

8 January 1877.

Appendix, No. 11.

XI.—ANSWERS from the FACULTY of PHYSICIANS and SURGEONS of GLASGOW.

(A.) *On Results of Professional Examinations.*

Dear Sir,

31 January 1877.

IN answer to your letter of the 1st instant, I have to state as follows:—

That the faculty have had under consideration the queries respecting the rejections propounded by the Executive Committee in the circular of date July 1876. While admitting that it would be a matter of great importance to be able to give correct answers to these questions, the faculty regret that they have not before them sufficient data on which to form a reliable judgment in regard to many of the points raised in these queries. In the absence of adequate data, the faculty feel that it will be better to give no opinion at all than to hazard opinions that might mislead.

(signed) *Alexander Duncan*, Secretary.

W. J. C. Miller, Esq., B.A.

(B.) *On Deficiencies in Preliminary Education.*

The attention of the Council of the Faculty having been directed by the General Medical Council to the "important fact that from some of the reports of the visitations it appears that many candidates still enter upon their professional studies who are very deficient in preliminary education," the Council have to remark,—

1. That it is apparent to all who have had experience as examiners in the professional subjects, that occasionally candidates not only enter upon professional study, but complete their course of study at a medical school, with a defective knowledge of the English language. Deficiencies in other branches of preliminary education, especially in the knowledge of Latin, are sometimes apparent; but, from the nature of the case, the defects which most commonly obtrude themselves on the notice of professional examiners are those which evince, on the part of the candidate, a want of knowledge of English, especially in the elementary matters of grammar and spelling.

2. That this circumstance raises a doubt whether at the preliminary and matriculation examinations sufficient stress is at present laid upon the paramount importance to the candidates of their being well tested in the English language, and not permitted to pass without showing a second knowledge of its grammatical structure.

3. That it might be well that the General Medical Council should specially direct the attention of all the bodies whose certificates they accept to this matter, or in some other way endeavour to have the standard in English considerably raised, so as to have the examinations in this branch made a more efficient test of the fitness of the candidate for entering upon professional studies.

4. That the Council have reason to believe that, at present, examiners on the professional subjects, in assigning values to the written papers of candidates, are sometimes puzzled to know whether they ought or ought not to take into account obvious literary demerits. Some examiners consider themselves precluded from noting such defects, on the ground that the candidates have already been tested in subjects of general education. The Council, however, would suggest that, in all cases, professional examiners ought to have and to exercise the power of taking into account such literary deficiencies as, in their opinion, ought to unfit the candidate for entering the medical profession.

7 April 1877.

(signed) *Alexander Duncan*, Secretary.

XII.—ANSWERS from the UNIVERSITY of EDINBURGH.

EXTRACT from the MINUTES of the SENATUS ACADEMICUS of the UNIVERSITY of EDINBURGH, of date 27th January 1877.

THE Senatus approved of the following Report of the Medical Faculty, on the questions put by the Executive Committee of the General Medical Council relative to examinations for degrees in medicine in this university, and instructed the secretary to transmit a copy thereof to the General Medical Council.

(signed) *John Wilson*.

31 January 1877.

(A.) *On Results of Professional Examinations.*

1. The rejections are most numerous in the subjects of the first examination for the degree of bachelor of medicine. At this examination the inferior men are weeded out, so that only the more competent candidates pass on to the later stages of the examinations. In the later stages the candidates are older, their minds are more matured and disciplined by study, and the proportion of rejections is consequently smaller.

2. The rejections are almost equal in number in the written and oral stages of each examination.

examination. The oral examination in almost all cases includes the practical. The clinical examination comes last, and whilst it is as searching as in the other departments, yet, for the reason given in Answer 1, the rejections are few.

3. The Medical Faculty is not prepared at this time to reply to this question, as the whole subject of the examinations in the Scottish universities is now under the consideration of a Royal Commission.

4. As it is more immediately the duty of the examiners in the faculty of arts to conduct the preliminary examination in general knowledge, the defects in preliminary education do not come so directly under the notice of the Medical Faculty.

The defects in the professional education are those to which their attention is especially directed. These defects are not due to a want of the means of imparting instruction in the university, as the various departments are organised so as to give both theoretical and practical instruction.

5. Taking the curriculum as a whole, the general feeling of the faculty is that an increase in the time devoted to medical study is desirable. By a recent change of the ordinances of the university, sanctioned by the Privy Council, students have been encouraged to commence their studies in May, and thus to add a summer session to the previous four years curriculum.

6. The attainments of the candidates, both in general and professional knowledge, have unquestionably improved during the past three years, the improvement dating from the year 1861, when the ordinances of the Scottish University Commissioners came into operation.

7. For the reason given in the answer to Question 3, the Medical Faculty is not at present prepared to enter into the large subject raised in this question.

27 January 1877.

(B.) *On Deficiencies in Preliminary Education.*

The Medical Faculty have every reason to be satisfied with the preliminary examinations of the University of Edinburgh, as conducted by the professors of the faculty of arts, along with non-professional examiners, appointed by the university court, &c. But of the efficiency of the examination of students who join this university, after having passed a preliminary examination and spent one or two years' of study elsewhere, the medical faculty have no means of judging.

(signed) J. H. Balfour,
Dean of the Medical Faculty.

2 March 1877.

XIII.—ANSWERS from the UNIVERSITY of ABERDEEN.

(A.) *On Results of Professional Examinations.*

The Medical Faculty having, at the request of the *Senatus Academicus*, considered the questions submitted by the General Medical Council to the University, in regard to the results of the professional examinations in 1875, by the several licensing bodies, with particular reference to the proportion of rejections, beg to report as follows:—

1. In regard to this question the faculty think that details could not furnish sufficient ground for drawing conclusions, unless extended over a series of years and accompanied by various explanatory considerations. Circumstances to be alluded to under No. 3 have no doubt an influence in increasing the number of failures in some of the subjects.

2. Comparatively few are rejected on the written examinations alone, that is, are refused admission to the oral examination. Our rule is (the pass-line being drawn at 50 per cent.) that if the answers in two subjects do not come up to 25 per cent., the candidate is refused admission to the oral examinations. The final result is determined by the combined results of the written, oral, and practical examination. Some whose written answers are between 25 and 50 per cent. redeem themselves by passing a good oral and practical examination. This is the case with those whose written answers are deficient from want of power of expression rather than from actual errors, but who come out well in the cross-examination of the oral and practical parts. But generally a poor paper is followed by a poor oral examination. It occasionally happens that a fair paper is followed by an inferior appearance at the oral and practical parts, and in such a case the result is determined mainly by the oral and practical parts. A good paper will not secure a pass if the oral and practical parts are not themselves passable.

A satisfactory return on the subject of rejections would require to give the number of these which were cases of re-examination, and also to give not merely the simple fact of failure or success, but the degree of failure or success, as shown by the per-centage of marks. In this school the ambition of the students is not merely to pass, but to pass with good marks, as the marks determine the honours at the end.

3. Our professional examinations are at present arranged as follows: *First Examination* (not allowed to take place before the end of the second year of medical study):—Chemistry, botany, elementary anatomy, and *materia medica*. *Second Examination* (not before the end

Appendix, No. 11. of the third year):—Advanced anatomy, zoology with comparative anatomy, physiology, and surgery. *Third Examination* (not before the end of the fourth year):—Practice of medicine, clinical medicine, clinical surgery, midwifery, general pathology, and medical jurisprudence.

The faculty hope to be able soon to obtain a re-arrangement of the subjects, by which those belonging to the departments of botany, natural history, and chemistry, will be allowed to be taken earlier, and the subject of *materia medica* later; also that the thesis at present required for the bachelor's degree may be transferred to the doctor's degree.

The faculty think that much yet remains to be done in regard to limiting and defining the range of examination in the departments in which limitation and definition have already been recommended by the Council, and that a more specific recommendation of that nature by the Council would be beneficial.

In respect to the combination of several subjects in one examination, it is a question of importance whether failure in one subject should involve rejection in the others, or whether a good appearance in one or more of the subjects should not entitle the candidate to an exemption from re-examination in that subject, or in these subjects. If, for instance, 50 per cent. being the pass mark, 60 per cent. is attained in any subject, whether there might not be exemption in that subject, although the candidate failed in one or more of the other subjects. Some subjects, as anatomy, and physiology, hang pretty closely together, but others, as chemistry and anatomy, zoology and surgery, are not so closely related, and if the examiners in one of these subjects are satisfied, and have confidence in their examination, it appears unreasonable to remit the candidate on that subject on account of deficiency in a non-allied subject. Although in the majority of cases a candidate is either good or deficient all through, it is this failure in one or in two subjects of the four which so largely increases the number of rejections at each examination. The re-arrangement of the subjects of our examinations, above alluded to, would to some extent, with us, tend to remedy this; but still, it does not appear why a candidate should not pass in, for instance, botany, or in natural history, although he fails in chemistry; or in anatomy although he fails in *materia medica*, and *vice versa*.

4. Although instances are occasionally met with of defective general education, which ought to have been checked by the licensing board before which the candidate had appeared for preliminary examination in general education, the faculty has on the whole little ground to complain of defective general education. The necessity of passing a registration examination in general education before medical study can be recognised, has doubtless had an important effect in checking the admission of those whose general education was defective. The large number of such examinations, conducted by the various licensing bodies, is a source of weakness and uncertainty. Although uniformity in the subjects of general education is not desirable, there would be greater security for the standard being good if the examinations in general education of several of the licensing bodies in each division of the kingdom could be combined, giving scope for variety among the optional subjects.

5. There can be no doubt that the amount of knowledge required from candidates is much greater now than it was some years ago, although the period of study has not been extended. At the same time it has to be borne in mind that the student has now better opportunities afforded him of obtaining the knowledge by instruction in practical rooms or laboratories, and by improved methods of clinical instruction. The examinations have, perhaps, of recent years, been overburdened by less distinction being made than formerly between the more important and the secondary subjects.

The faculty observes that the proportion of rejections at the final examinations of most of the universities is less than at the final examinations of the colleges of surgeons. That this difference is not so observable in the earlier examinations becomes the more noteworthy when it is considered that, besides probably maintaining a higher standard in the fundamental sciences, the universities include the subjects of natural history and botany in their examinations. The systematic training in the sciences afforded by the universities must be considered in relation to this point. The shorter curriculum of the medical and surgical corporations has to be borne in mind. Although four years are in all cases required to elapse before the termination of what is termed medical study, it appears that only three years' attendance at a medical school is required by the surgical corporations, while the universities define medical study as attendance at a medical school. The first examination at the medical and surgical corporations may, therefore, take place after two years' attendance, and the final examination after three years' attendance. It is evident that this disparity must be taken into account in any comparison of the number of rejections by the several boards; and the question may well be asked, whether the four years of medical study ought to be considered as begun except by attendance at a medical school, with anatomical and other studies.

6. The change which has taken place in the method of examination, by which the examinations are now conducted much more practically, renders it difficult to compare the attainments under the two systems. The kind of knowledge now possessed by candidates is much more real than that which the former examination system required; and it may be said with confidence that, in the experience of the faculty, there is a very marked improvement in the attainments of candidates, both general and professional, within the time mentioned.

7. The

7. The faculty may remark, in regard to medical education generally, that the great change which has been made in recent years by the introduction of a larger amount of practical teaching has not been accompanied by much, if by any, reduction in the number of lectures required to be attended; that the number of lectures in some subjects might with advantage be diminished, and that for any practical courses which have been or may be added to the curriculum, there should be a corresponding diminution in the number of lectures in such subject or subjects; that all teaching should be accompanied by a regular system of class examination, oral and written, and the results recorded; and that there appears to be room for considerable improvement in the method of hospital instruction, by distribution of the pupils among the several physicians and surgeons, with a system of ascertaining attendance and progress.

(certified) *Wm. Milligan,*
Secretary of the University of Aberdeen.

15 December 1876.

Appendix, No. 11.

(B). *On Deficiencies in Preliminary Education.*

Sir,

14 March 1877.

IN reply to your letter of 27th February, I beg to refer you to the Report of the Visitors of Examinations of this University (Minutes, Vol. XII., App. pp. 102-117), from which it will be seen that no comment was made by the Visitors as to any deficiency in the general education of candidates undergoing professional examination at this University.

I may also refer you to the reply by this University, of 15th December, to No. 4 of the Queries of the General Medical Council, of July 1876, in which the experience of the Medical Faculty of this University in regard to the preliminary examinations in general education is stated, and a suggestion made for improving the system by combining the examinations of several of the licensing bodies, by which such examinations are at present conducted separately.

(signed) *Jas. S. Brazier,*
Secretary to the Medical Faculty.

W. J. C. Miller, Esq.

XIV.—ANSWERS from the UNIVERSITY of GLASGOW.

(A). *On Results of Professional Examinations.*

So far as relates to the degree of Bachelor of Medicine and Master in Surgery, at the University of Glasgow, &c., during the year 1875, the medical faculty beg leave to make the following statement:—

1. With respect to the relative frequency of rejection in the several subjects of examination, the medical faculty would remark that candidates for the medical degree in this university are rejected or passed on the result of their examination on the whole subjects of each division, and that any report upon the result of examination in individual subjects in one year would not give reliable information; they may state, however, in general that much the greatest number of rejections belongs to the preparatory subjects. The failure of candidates in those subjects which are mainly of a preparatory character, is attributable to the want of time involved in the present arrangement of the curriculum, which allows or necessitates the candidate being engaged in the study of more advanced subjects before he has made himself thoroughly master of elementary ones. With respect to the rejections in the more advanced or practical subjects, they are to be attributed mainly to the want of information and other ordinary causes of failure.

2. With respect to whether the rejections are chiefly in the written, the oral, the clinical, or practical parts of the examination, it would be difficult to give a definite answer, because the judgment upon the qualifications of each candidate is given upon a consideration of the whole merit in all the different tests. It has not been the practice in the medical examinations of this university to reject upon the written alone, unless in obvious instances of incompetence; but, on the whole, it may be stated that deficiencies are more frequent in some of the practical work than in the other parts of the examination.

3. The medical faculty are not disposed at present to suggest any great alteration as to the number or nature of the subjects of examination required for the degree, beyond those comprised in the present regulations of the university, with the exception of the addition of organic chemistry, practical physiology, and operative surgery. But with respect to the scientific preparatory subjects of chemistry, botany, and zoology, from the immense range to which they now extend, the faculty approves of the attempt to limit the range by defining the topics on which the examination is to be conducted. With respect to the distribution of the subjects in the several divisions of the examinations, the medical faculty have to state that the university has taken steps to obtain an alteration of the ordinances, by which the examinations will be conducted in four separate divisions, one at the end of each year of study, by which it is hoped to lessen the burden which falls upon the candidate, especially at the final examination, and to lead to greater efficiency, both of study and examinations.

Appendix, No. 11.

4. The education of the candidates, where defective, may have been wanting in more respects than one. Occasional instances occur in which the candidates show a deficient school education. In others showing defects in the professional education, the want of due preparation by scientific training is among the most prominent causes of these defects. But, as regards these as well as any imperfection in the proper professional education it is the endeavour of the medical faculty and of the university to remedy them so as to maintain the high standard of efficiency.

5. With respect to the time allowed for the study of the subjects of the several examinations, the medical faculty would remark that the term of four years is, on the whole, too short for the full study of the range of subjects now comprised in the curriculum, and more especially as regards the preparatory subjects, which, in the early part of the course, are too often prematurely set aside to give way to others belonging to a later stage of the curriculum, and before the candidate is thoroughly prepared in the earlier subjects.

6. The medical faculty have no hesitation in stating that, on the whole, the attainments of candidates for degrees, general and professional, are now higher than they were 10 or 15 years ago.

7. Any suggestions for the improvement of the present system of professional education which the medical faculty has at present to offer are already embodied in their answers to the foregoing questions.

(B). *On Deficiencies in Preliminary Education.*

The medical faculty is fully aware of the fact that the standard of preliminary education for entrance to the medical profession is not so high as it might be. It has for years been endeavouring to remedy this defect by increasing stringency in its examinations, and there is reason to believe that its efforts have not been without effect. Looking back on the experience of the last 10 years, the medical faculty can speak to a general improvement in the acquirements of candidates, of which the best evidence is the increased number of those who are qualified to pass in all the five subjects at their first trial. The medical faculty anticipates still further improvements from two kinds of new arrangements connected with the university:—

1. The institution of medical bursarie, such as the Macfarlane, to be gained by the best among those candidates who pass all the subjects in preliminary education, required for the degree of M.B. at the entrance examination.

2. The institution of local examinations by the university; the senior or honour certificates granted at such examinations being such as the General Medical Council may fairly recognise as equivalent to the entrance or preliminary examination. The local examinations commence this summer, and application will be duly made to the General Medical Council for recognition of such certificates after the precedent established in the case of the Edinburgh local examinations.

The medical faculty would further suggest that, with a view to check the practice, common among candidates, of trying several examinations in succession, facility for this practice being afforded by the difference of date at which these examinations are held, the examining boards should be enjoined to circulate lists of the candidates with names and addresses. This faculty suggested, a few years ago, to the University of Edinburgh, and again to one of the visitors recently sent by the General Medical Council, the propriety of circulating lithographed copies of the holograph signatures of candidates. The arrangements for such an interchange are simple, and if the proposal was carried into effect, the risk of personation would be entirely obviated. This faculty now renews the suggestion to the General Medical Council as, in addition to the protection afforded against fraud, it would protect each examining board from having to bear the discredit of the ignorance of candidates who have, by proxy obtained elsewhere, the certificate entitling to registration.

(signed) *Allen Thompson, M.D.,*
For the Medical Faculty of the
University of Glasgow.

9 March 1877.

XV.—ANSWERS from the UNIVERSITY of ST. ANDREW'S.

(A). *On Results of Professional Examinations.*

Sir,

9 January 1877.

IN reply to the Circular-addressed by the General Council of Medical Education to our registrar, regarding the results of professional examinations in 1875, I beg to state as follows:—

That the experience of the faculty, as regards the number of rejections for the M.B., C.M., and the causes thereof, is so very limited, and altogether so exceptional that they do not deem it advisable to submit any opinion.

W. J. C. Miller, Esq.

(signed) *J. Bell Pettigrew.*

(B). *On Deficiencies in Preliminary Education.*

Sir,

19 March 1877.

YOUR letter of 27th February was duly received and laid before the senatus. I am instructed to state in reply—

1. That very few candidates for the M.D. "enter upon their professional studies" here.
2. That such candidates as present themselves for the M.B. and C.M. degrees are thoroughly tested as to their "preliminary education" before being admitted for an examination of these degrees.
3. That in the case of the registered medical practitioners who present themselves for the M.D., evidence is furnished to the university of these practitioners having passed the necessary preliminary examinations before they entered upon their medical studies.

W. J. C. Miller, Esq.

(signed) *Robert Walker*, Registrar.

XVI.—ANSWERS from the KING and QUEEN'S COLLEGE of PHYSICIANS in IRELAND.

(A). *On Results of Professional Examinations.*

WITH regard to Questions 1, 2, 3, the college regret, that, for want of proper statistics upon which to frame a trustworthy and accurate reply, they are unable to give any definite answer. They trust, however, to be able to do so at the close of next year.

In reply to Question 4, the college are of opinion that candidates for their licenses are defective in both preliminary and professional education, and more especially in proper preliminary education.

As to Question 5, the college consider that the period allowed for the study of the subjects of the examinations would be sufficient, were the student of medicine to devote himself more to practical study, and to depend less upon the aid of private teachers.

In reply to Question 6, the college are of opinion that there is a marked improvement in the attainments of the candidates within the last 15 years.

As to Question 7, the college in reply beg leave to refer the General Medical Council to their opinion, which has been already expressed in the accompanying report, as to the best way of improving the present system of professional education.

16 December 1876.

(signed) *J. Magee Finny*, M.D., Registrar.

XVII.—ANSWERS from the ROYAL COLLEGE of SURGEONS in IRELAND.

(A). *On Results of Professional Examinations.*

Sir,

8 March 1877.

I AM directed by the President and Council of this college to forward to you the following answers to the questions addressed to them by the general Council of medical education and registration, in the circular of date July 1876, in respect to the results of professional examinations in 1875, with particular reference to the proportion of rejections, and their opinion thereon.

1. Analysis of the rejections shows that the most deficient answering in 1875, was in anatomy and histology (written), anatomy (oral), and in surgery (written). These failures are chiefly attributable to want of diligence on the part of the students.
2. The following table contains the answers to this question:—

Appendix, No. 11.

ANALYSIS of the REJECTIONS (131 in number) in the ROYAL COLLEGE of SURGEONS in IRELAND, commencing 30th November 1874, and ending the 11th December 1875.

	JUNIOR CLASS.								SENIOR CLASS.							
	Dissections.	Written Anatomy and Histology.	Written Physiology.	Written Materia Medica.	Written Chemistry.	Oral Anatomy.	Oral Physiology.	Oral Materia Medica and Chemistry.	Written Surgery.	Written Practice of Medicine.	Written Medical Jurisprudence.	Written Prescriptions.	Oral Surgery.	Oral Practice of Medicine.	Clinical Surgery.	Operative Surgery.
1st Quarter -	2	4	3	2	3	6	3	6	6	4	5	5	2	1	-	4
2nd Quarter -	7	17	3	4	9	11	4	3	3	8	4	6	-	1	2*	1
3rd Quarter -	-	6	3	3	4	4	5	8	7	-	1	1	1	1	-	2
4th Quarter -	3	2	1	2	2	3	1	-	5	4	2	5	-	1	-	2
	12	29	10	11	18	24	13	17	21	16	12	17	3	4	2	9

* Bad bandaging.

The total number of each column represents the deficiencies of the rejected candidates, a few of whom were bad in all the subjects of each portion of the examination. It should be borne in mind that candidates may be stopped or rejected in our college on any portion of the examinations.

3. We are not inclined to make any change, particularly as some portions of our examinations are, to a certain extent, new.

4. Several of the rejected candidates were deficient in both preliminary and professional education.

5. We consider four years amply sufficient for the purpose.

6. On the whole they are higher, and in this college must be of necessity higher, the subject area of examination having been much expanded within the last 10 years.

7. Having so recently enlarged the area of our examinations, we do not offer at present any suggestions on the subject, with the following exception, viz. :—

That some additional steps should be taken to diminish the number of multiple rejections of candidates, which are so demoralising to the pupils.

To meet this evil, the candidate should be referred to his studies for an additional three months after each rejection. Thus, after a first rejection, the candidate, as at present, may be allowed in for examination at the expiration of a period of three months' study, but in case of a second rejection, he should not be allowed to present himself for examination until six months of study, and after a third rejection, not until nine months have expired, and so on.

W. J. C. Miller, Esq.

(signed) J. Staunas Hughes,
Secretary of Council.

XVIII.—ANSWERS from the APOTHECARIES' HALL of IRELAND.

(A). On the Results of Professional Examinations.

1. Rejections are most frequent in the practical subjects, which may be owing to the greater strictness of this form of test, or to the inadequacy of the prevailing system of tutorial instruction.

2. Chiefly in the practical parts.

3. Competent knowledge of all the subjects specified is necessary for successful practice, but the area of some might be restricted to narrower limits by requiring only so much of each as is actually essential, or by the exclusion of what is needlessly minute.

This remark especially refers to botany, chemistry, anatomy, and materia medica. A considerable portion of the first two subjects might be advantageously relegated to the preliminary course, and as regards anatomy, it seems to be unreasonable to exact a minute knowledge of every part of the human body, while the materia medica should certainly be dealt

dealt with apart from therapeutics, and the latter subject reserved for the final or pass Appendix, No. 11. examination.

4. In 1875, 17 per cent. of the preliminary education candidates were found very deficient in classics or mathematics, or in all the subjects of the course, and a still larger percentage exhibited a want of proper professional training.

The preliminary examination at the hall is on an extensive scale, and is conducted with scrupulous care, so that no candidate is permitted to enter on his medical studies with defective general education, and the professional education is in accordance with the recommendations of the Medical Council.

5. The time allowed for the purpose would be sufficient, provided the alterations suggested under observations No. 3, and the full period of *four years' study*, were duly attended to.

6. The attainments in both departments are generally higher now.

7. The Council of the hall considers that an improvement is imperatively called for in the hospital training of students, so that every student during attendance at hospital shall be required to investigate, under competent supervision, cases of disease and accident for himself, with the view of exercising his own faculties of observation and judgment thereon, and in the way of becoming better fitted to practice his profession upon his own responsibility.

The Council at the same time suggests the desirableness of instituting some general supervision over the medical schools of the country, but above all it holds it to be essential to any improved system of medical education that the several licensing bodies, in each division of the United Kingdom, should combine for joint action and examination.

(signed) J. O'Flaherty,
Governor.

30 December 1876.

(B). *On Deficiencies in Preliminary Education.*

Sir,

6 March 1877.

I BEG leave to acknowledge the receipt of a copy of a resolution which was adopted by the General Medical Council, on the 5th of June 1876, in regard to the subject of preliminary examination; and, on the part of the Apothecaries' Hall of Dublin, I am instructed to say that there does not appear any way of obviating the evil complained of, except by all the licensing authorities agreeing to carry out the recommendations of the Council as to the registration of medical students, and by instituting, at the same time, a special board for conducting the preliminary examinations in each division of the kingdom; the board to be composed of competent persons, chosen in equal numbers by each of the licensing bodies, and to hold quarterly examinations at stated periods in London, Edinburgh, and Dublin.

(signed) C. H. Leet,
Secretary.

W. J. C. Miller, Esq.

XIX.—ANSWERS from the UNIVERSITY of DUBLIN.

(A). *On Results of Professional Examinations.*

Sir,

12 January 1877.

IN reply to your letter of the 1st instant, in reference to the seven questions as to examinations, forwarded July 1876, I have to state, as follows:—

(a). The Trinity College Returns, forwarded at the close of each year, contain all the information required as to our half M.B. examination, as the rejections in each of the five subjects are separately detailed.

(b). It is not possible to furnish similar returns of the final examinations in medicine and surgery, as the candidates are passed or rejected by the vote of the whole court, and the motives that influence each vote cannot be made the subject of a statistical return.

(c). The remaining questions involve so much that is mere matter of opinion, and so little of what is matter of fact, that to answer them would involve the writing of a thesis or prize essay, a task which I feel no ambition to undertake.

(signed) S. Haughton, Clerk, M.D.,
Medical Registrar.

W. J. C. Miller, Esq.

(B). *On Deficiencies in Preliminary Education.*

Sir,

14 March 1877.

I am instructed by the provost and senior fellows of Trinity College, Dublin, to send the following reply to the Resolution (B.) of the General Medical Council, of 19th June 1876:—

It is the opinion of the provost and senior fellows of Trinity College, that students of medicine should be required to follow a prescribed curriculum in arts as well as in medicine,
0.105.

Appendix, No. 11. and that the defects in preliminary education referred to in the resolution of the General Medical Council will continue to exist so long as preliminary education is tested by a single examination, subject to considerable fluctuation of standard.

It is the practice of the University of Dublin to require a curriculum of two years in arts, involving five examinations, from all candidates for licenses in medicine, surgery, or midwifery.

And it is the practice of the university to require a curriculum of four years in arts, involving nine examinations, from all candidates for degrees in medicine, surgery, or midwifery.

During the five years ending 31st December 1876, the following numbers matriculated in medicine in Trinity College:—

Arts students	-	-	-	-	-	-	-	-	-	-	325
Extern students	-	-	-	-	-	-	-	-	-	-	49
											<hr/> 374

The 325 arts students, on matriculating, had completed from one to four years of the curriculum in arts, and their names were returned to the General Medical Council at the close of each year, classified according to their arts standing, viz. :—

1. Junior Freshmen	-	-	-	-	-	First year.
2. Senior Freshmen	-	-	-	-	-	Second year.
3. Junior Sophisters	-	-	-	-	-	Third year.
4. Senior Sophisters	-	-	-	-	-	Fourth year.
5. Graduates in Arts	-	-	-	-	-	Fifth year and upwards.

The 49 extern students, without exception, had all passed some one or other of the preliminary arts examinations recognised by the General Medical Council; but, in consequence of their not having completed the university curriculum in arts, they are not entitled to present themselves for examination for the university licenses or degrees, and are obliged to seek qualifications to practise from other corporations.

Until some such course as is pursued in the University of Dublin is followed by the general body of licensing corporations, the provost and senior fellows of Trinity College are of opinion that defective general education will continue to be a characteristic of the medical profession.

(signed) *Samuel Haughton*,
Medical Registrar of Trinity College, Dublin.

W. J. C. Miller, Esq.,
Registrar of the General Medical Council.

XX.—REPORT by DR. HUMPHRY on the foregoing ANSWERS from MEDICAL LICENSING BODIES to the QUESTIONS proposed to them by the EXECUTIVE COMMITTEE.

IN accordance with the request of the Executive Committee at its last meeting,* I make to the Committee the following report on the answers from the licensing bodies to the questions on professional examinations and education, which were proposed to them by the committee in July last.

Answers, containing more or less valuable information and suggestions, have been received from the Universities of Oxford, Cambridge, Edinburgh, Glasgow, and Aberdeen; the Colleges of Physicians of London, Edinburgh, and Ireland; the Colleges of Surgeons of England, Edinburgh, and Ireland; the Apothecaries' Society of London, and the Apothecaries' Hall of Ireland; also recommendations from the conference of representatives of the Colleges of Physicians and Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow. The Faculty of Physicians and Surgeons of Glasgow "regret that they have not before them sufficient data to form a reliable judgment in regard to many points raised in these queries;" and "the experience of the faculty of the University" of St. Andrew's "is so very limited and exceptional that they do not deem it advisable to submit any opinion." From the letter sent by the medical registrar of the University of Dublin it is to be inferred that the questions have not been submitted to the authorities of the university, and that they have, therefore, not had an opportunity of giving to the council the benefit of their experience and opinion.

The subjects will be most conveniently considered under three heads: (1) preliminary education and examination; (2) professional examination; (3) professional education.

* See Minutes for 9th March 1877, Section 10, Resolution 2.

(1). PRELIMINARY EDUCATION AND EXAMINATIONS.

The deficiencies in preliminary education noticed by several of the bodies (Coll. Surg. of England, Edinburgh, and Ireland; Coll. Phys. of Edinburgh and Ireland, and the Faculty of Physicians and Surgeons of Glasgow*) demand the serious consideration of the Council. They are the more difficult to provide against, forasmuch as they point, as remarked by the College of Physicians of Edinburgh (Answers, p. 20), to "a very unsatisfactory state of secondary education throughout the country," which view is confirmed by the numerous rejections in the "Previous Examination" at Cambridge (p. 18), as well as in various other preliminary examinations recognised by the Council, even in those in which a very moderate standard of education is required. A good school training in classics, mathematics, or other subjects, is undoubtedly the best preparation for medical education; and the defects in professional knowledge shown in the examinations are, as stated by the College of Surgeons of England (p. 16), "evidently, in many cases, attributable to the candidate's having entered upon his professional studies at a time when his general knowledge was inadequate." This, indeed, may be regarded as the root of the evil which leads to insufficient professional knowledge and to rejection in the examinations. Unless a youth has acquired a fair amount of general knowledge, precision of thought, and habits of industry, at the period of commencing professional education, it is doubtful whether he will ever do so. At any rate, he starts at a great disadvantage, and is scarcely likely to master the details of the various professional subjects, and to acquire a sufficient knowledge of them to be able to pass the examinations at the expected time. The fault is often less in himself and in his professional teachers than in the early training which he has received.

The Medical Council can hope to bring about an improvement in this respect only through the medium of the preliminary examinations. It is an important step gained, in the first instance, that students should be required to pass an examination in general subjects before commencing their professional education. It now remains to provide that this examination fulfils the desired purpose of insuring the requisite amount of knowledge in those who pass it. A difficulty in this has always been felt to be caused by the fact that the examinations are conducted by so many different bodies, the requirements of which vary, and the standard is thereby lowered. The opinion was early enunciated in the Council, and never departed from, that "the examination in subjects of general education should ultimately be left to the national educational bodies" (Minutes VI., 251). This maxim was held strongly by the Committee on Preliminary Education in 1863, from the Report of which the above extract is taken, though the doubt was expressed "how far this would be expedient in the present state of education in the kingdom." A further Report of that Committee in the ensuing year was followed by a resolution of the Council "that the attention of the medical corporations be drawn to the recommendation 'that the examination in general education be eventually left entirely to the examining boards of the national educational bodies recognised by the Medical Council,' and that their opinion be asked whether the time has not now arrived when this recommendation should be carried into effect." Assenting to this recommendation of the Medical Council, the College of Physicians of London has discontinued to examine in the subjects of preliminary education.

In order to promote this end, and to effect a reduction in the number of examinations now held and recognised, it will be desirable to communicate further with the licensing bodies on the subject. This duty the Council may probably think fit to delegate to the executive committee. In the meantime certain steps may be advised.

In its last session (Minutes XIII., 244), the Medical Council passed a resolution directing "the attention of the licensing bodies to the important fact that from some of the reports of the visitations it appears that many candidates still enter upon their professional studies who are very deficient in preliminary education." This resolution did not call upon the licensing bodies to take any steps in the matter, or make any suggestions which might lead to an improvement. The answers now furnished, directing more especial attention to this serious evil, suggest a reconsideration of the resolution, proposed by Dr. Haldane, and seconded by Dr. Storrar (Minutes XIII., 243), the spirit of which is in accordance with the recommendation of the conference of representatives of the Colleges of Physicians and Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow (Answers, p. 20), viz., that the licensing bodies should report to the Council any case of ignorance in general education, together with the name of the board by which the candidate has been passed. Such a course might be expected to act as a healthy stimulus to promote a more careful scrutiny, and would therefore prove, to a certain extent, beneficial.

A letter might, with advantage, be addressed to each of the examining boards whose certificate is accepted as a test of preliminary education by this Council, directing attention to the complaints that have been made by several of the licensing bodies with regard to the insufficiency of the general education of many candidates presenting themselves for their examinations.

There does not appear to be any sufficient reason for altering or adding to the subjects required at the preliminary examination; and the suggestion of the College of Physicians of London that the elements of natural philosophy, of botany, of zoology, and of chemistry, should be made compulsory as a part of general education, in addition to the subjects already

* The last Body, in a letter dated 7th April 1877, calls particular attention to the "want of a knowledge of English, especially in the elementary matters of grammar and spelling," shown by the candidates.

Appendix, No. 11. already required in the preliminary education, is scarcely to be recommended, at any rate for the present, because it does not appear that those subjects are yet sufficiently well and generally taught at schools to admit of such a requirement. It may be apprehended that evil, rather than good, would result from the diversion to them of a part of the pupils' time and attention, which, under the existing circumstances, might more profitably be devoted to the ordinary school studies. Regard should be had, not so much to the particular subjects, or the number of the subjects, of the examination, as to the manner in which they have been learned; forasmuch as the real value of the education, as a preparation for medical, or any other study, consists, whatever the subjects taught, in the training being such as to enable the student to apply his mind well to the acquisition of fresh knowledge, and the appreciation of new facts and thoughts. Natural philosophy is, perhaps, more suitable for school education than any of the other subjects of natural science; and when it has been brought fairly within the school range, as it probably ere long will be, it may, perhaps, with advantage, be placed among the compulsory subjects of the preliminary examination.

(2). PROFESSIONAL EXAMINATIONS.

A careful analysis of the annual returns of the final examinations by the several licensing bodies, during 15 years, for which the Council is indebted to Dr. Aquilla Smith, shows that the number of rejections in that examination has steadily increased throughout the period of his investigation. Whereas in 1861 they were only 12·4 per cent., in 1875 they amounted to 23·2 per cent. The increasing ratio is observable in the examinations of each of the several licensing bodies, with one or two exceptions; and the table for 1876 shows that the proportion of rejections has by no means diminished during the past year. This growing proportionate number of rejections proves that the requirements in the examinations have increased in greater proportion,—in much greater proportion, in fact,—than the attainments of the candidates. The rejections are attributed by the licensing bodies, in their answers, to the imperfect knowledge of the candidates, resulting, in the main, from want of diligence. The recent visitations of the examinations by the Medical Council did not disclose any unfairness or undue severity on the part of the examiners, or give rise to any suggestions for lowering the standard of the examinations. It is clear, therefore, that the efforts of the Council must be directed, not to lower the standard of the examinations, but to raise the standard of the education of the candidates more nearly to a level with them.

The imperfection was found, according to the answers, in most instances, to be in two or more subjects of the examination; and those who failed in the written part, commonly failed also in the practical and the oral parts. The rejections do not, therefore, appear to be owing to especial difficulty in certain subjects, or in certain methods of conducting the examinations, but to the generally indifferent preparation of the candidates. Some students are unable, in a short time, to express themselves clearly in writing; and some have the same difficulty orally. Those who show the one deficiency commonly show the other; and either is usually combined with, or proceeds from, a want of clear apprehension of the subject.

In their answers to the third question, respecting any suggestions for alterations in the examinations, the Universities of Cambridge (Answers, p. 17), Aberdeen (p. 24), Glasgow (p. 25), and the Apothecaries' Hall of Ireland (p. 28), suggest the advisability of a limitation of the range of certain of the subjects by schedule, so as to direct the attention of the students to the more important parts of them. A similar recommendation was made to the Medical Teachers' Association, at page 21 of their Report, which was published by this Council, together with the report of the Committee on Professional Education in 1869; and limitations of this kind are to some extent made by certain of the licensing bodies. Having regard to the enlarging area of medical study, especially of late, in the direction of physiology and pathology, it is extremely desirable, if not absolutely necessary, that the range of the examination in certain of the subjects, such as physics, chemistry, and materia medica and pharmacy, should be limited, and that the limitation should be made known. The student will thus be able to direct his attention more definitely to the acquisition of those parts of the subjects which are of most importance, and time will not be lost, as it now too often is, in vague, desultory, superficial reading.

In the case of anatomy and the other subjects, the limitation of the examination by schedule is attended with greater difficulty. It may not, perhaps, be possible to do much more than carry out the opinion expressed by the University of Cambridge, that the examination should be such as will cause them to be "studied in more immediate connection with science and practice." The burdening of the memory with mere facts, which have no direct or obvious connection with science or practice; with facts, that is, unassociated with ideas or practical ability, is, on the whole, of little value, educationally or otherwise; and such facts make but a transient impression on the memory. Laboriously crammed together, with efforts worthy of a better purpose, they are with difficulty held till the examination crisis, and then, quickly escape with little regret at their departure. Indeed, the examination in each subject of professional study should be restricted to the general principles and the more important facts of the science, and should be of such a character as to induce students, in their preparation for it, to observe and think for themselves more than is now commonly the case. The examinations should be regarded from an educational point of view, with reference, that is, to the influence which they are likely to exert upon the character, the education, and the mental training of the students who are to come after, as well

well as with reference to their being a test of fitness for admission to the Medical Register. Herein, in accomplishing this double duty, lies the great difficulty in the task of the examiner, especially when the time allotted to the examination is so short, and the ground to be covered is so large. The limitation of the subjects will do something to meet the difficulty. It may be necessary to allow more time for the examination, the *visà voce* part more particularly, but much must rest with the examiners, whose labours become more and more responsible as examinations acquire a growing influence over education.

The evils of multiple rejections are referred to by the College of Surgeons of Ireland (p. 27). To avert this evil it is suggested that the candidate should be referred to his studies for an additional three months after each rejection; three months after a first, six months after a second, and so on. The data are not sufficient for an opinion to be formed on this point.

(3). PROFESSIONAL EDUCATION.

It is satisfactory to find that, although the rejections at the examinations are so numerous, there is a concurrence of opinion on the part of most of the Authorities that the attainments of the candidates have increased during the last 10 or 15 years. This is, in itself, a sufficient evidence that the growing disproportion between the requirements of the examinations and the attainments of the students indicated by the rejections, is not due to a diminution of efforts on the part of the teachers, or of diligence and ability on the part of the students, but to the increased stringency and widened area of the examinations.

An improvement has taken place in professional education, as well as in the examinations; but the examinations being the more easily modified, the improvement in them has outstripped that in the education; and the problem which presents itself is, by what means can an additional impulse be best given to the education, so as to bring it up to the level of the examinations.

The improvement in the examinations is, doubtless, to some extent, attributable to the visitations of examinations, which have been made under the direction of the Council; and a corresponding benefit might be expected to result from similar visitations of those medical schools in the United Kingdom, the certificates of which are received by any of the licensing bodies, so as to ascertain the opportunities afforded for instruction, and the method of instruction employed in each. The Medical Council, it is true, has no legal authority to institute such visitations of medical schools, but it may be assumed that its members, if appointed for this purpose, would be well received, and would have every opportunity afforded them of obtaining the required information.

Some of the licensing bodies (the Apothecaries' Society of London, the College of Surgeons of Edinburgh, and the Universities of Edinburgh and Glasgow) express, more or less strongly, the opinion that the period—four years—of professional study is insufficient. On the other hand, the College of Surgeons of England (p. 15) "is not prepared to say that students of average intelligence and fair industry cannot within the time now generally allowed qualify themselves to pass their examinations." The College of Physicians of Edinburgh (p. 19) "would not be prepared to make the extension of the period of study obligatory." The College of Surgeons of Ireland regards the four years to be amply sufficient. The University of Aberdeen, the College of Physicians, and the Apothecaries' Hall of Ireland, take the same view; and consider that the time allowed would be sufficient, if the full period of four years were well employed.

However desirable it may be, in many instances, that a longer period should be employed in professional study, it certainly seems only fair and reasonable that the opportunity should be offered to those who can accomplish it, to obtain their qualification to practise at the expiration of four years. If a longer period were rendered compulsory, there is too much reason to fear that the tendency to waste the early part of the time would be even stronger than it now is.

To insure the better employment of that early period is one of the great desiderata.

To this, nothing would contribute more effectually than an improvement in school training, the greater care in the conduct of the preliminary examinations, as suggested in the first part of this Report.

The end would be further attained by requiring the student at, or before, the end of his first year of professional study, to pass an examination in physics and chemistry, elementary anatomy, and pharmacy. This examination, in what may be called "first year's subjects," might be passed at any time during the first year. The opportunity of passing the examination at an early period would thus be afforded to those students who had included one or more of the subjects of it in their preliminary education; but the second year of professional study should not be computed till this examination has been passed.

An early, or "first," examination of this kind is held at the Universities of Cambridge, Edinburgh, Glasgow, and Aberdeen, and at the Queen's University in Ireland. At Glasgow and Aberdeen, elementary anatomy is one of the subjects; and this is found to work well in both instances, and to secure a better and more abiding knowledge of that subject which is of fundamental importance, and the acquaintance with which can only be obtained in a medical school. In the Report of the Medical Teachers' Association (pp. 18 and 23), such an examination, in chemistry, physics, and the anatomy of the bones, ligaments, and muscles, is recommended.

This should be followed, at some time during the second year of professional study, by the "second" professional examination, in anatomy, physiology, and *materia medica*;

Appendix, No. 11. and the third year of professional study should not be computed till this second examination has been passed.

The "third" examination in pathology, medicine, surgery, and midwifery, would not take place till after an interval of two years from the second examination, and till after the completion of the four years of medical study.

Such a plan must, sooner or later, be generally adopted. It would regulate the course of study, and insure application to it through the whole period of professional education, and especially in the first part of it, more than can at present be done, or than can be done in any other way. Moreover, the student would not be allowed to enter upon the later periods of his time till he had shown a proper acquaintance with the subjects which should be pursued in the earlier periods. Hence that accumulation of work and examination towards the end of the term of professional study which necessitates cramming, and which is a fertile source of rejections, and of indifferent professional education, would be prevented.

The University of Glasgow (p. 25) has gone even further in this direction than is here proposed, and "has taken steps to obtain an alteration in the ordinances, as a result of which the examinations will be conducted in four separate divisions, one at the end of each year of study. It is thus hoped to lessen the burden which falls upon candidates, especially at the final examination, and to lead to greater efficiency both of study and of examinations."

The College of Physicians of Edinburgh observes that "a system of class examinations should be universally established." The University of Aberdeen remarks, that "all teaching should be accompanied by a regular system of class examination, oral and written, and the results recorded." The College of Physicians of Ireland "approves occasional examinations of the students by the teachers," but entirely disapproves the regulation requiring a certificate that the candidate has satisfactorily attended such examination. In 1869, the Committee on Medical Education (Minutes, VII., 93) recommended "that the schools institute class examinations in all their subjects (the several subjects of professional education) and that the certificate of study shall attest that the student has undergone these examinations." In 1870 (Minutes VIII., 14) the committee appointed to confer with the licensing bodies recommended that the custom of class examination should be "put in force in all schools, and shall be certified by the teachers on the certificates of attendance." There can be no doubt of the importance of this recommendation. Examination, especially *viva voce* examination, is one of the very best methods of teaching, or adjuncts to teaching. Indeed, teaching cannot be properly and effectively conducted without it. Unquestionably, private tuition, whatever may be its evils, has won its way with students, and been successful, partly, in consequence of the opportunities for this method of teaching which it affords, and the close acquaintance with the mind and progress of the students which is so obtained. It is, and has long been, adopted by many teachers in medical schools, and invariably works well; and there seems no good reason why the certificate of the teacher should not in each instance, and this applies to clinical as well as to other teaching, attest that the student has, from time to time, undergone examination in the subject specified.

The more practical character which is now given to the examinations of the several licensing bodies, is the best means of insuring that extension of teaching in this direction, the need of which is expressed by the Apothecaries' Society of London (p. 16) and the College of Physicians of Edinburgh. It does, however, seem desirable that the suggestion made by Cambridge (p. 18) and the Apothecaries' Hall of Ireland (p. 28), which is in accordance with a recommendation forming an important feature in the Reports of the Education Committee (Minutes VII., 89, and VIII., 14), should be adopted by the Council, viz., "that every person admitted to the register should have had some practical experience in charge of patients, either in hospital or elsewhere, under the supervision of a competent medical practitioner." By good arrangements in the distribution of dresserships and clinical clerkships in the London and provincial hospitals, and by better utilisation of the out-patient department for teaching purposes, there need be no difficulty in providing means for carrying out such a recommendation efficiently. The compliance with a regulation of this kind is required by the College of Surgeons of England and some other bodies, and should be enforced in all cases.

The Apothecaries' Society of London and the University of Aberdeen express the opinion that the courses of systematic lectures should be reduced, in consideration of the greater amount of practical teaching which is instituted. This must, without question, be done. Systematic courses of lectures have their value, especially if associated with class examinations, in carrying the students through the several subjects, or certain parts of them, in an orderly manner, in directing his attention to the more important features of each, and, more especially, as a means of instructing him in the principles of the several sciences. But their number should be reduced. The handbooks and treatises on the various subjects render it quite unnecessary to attempt to cover the whole ground of any one in a course of lectures. In a good system of teaching, the three methods, by lectures, by practical work and by reading, must be combined and adjusted so that they balance and supplement one another. Some students learn best in one way, some in another; and some teachers are most successful in lecturing, some in the conduct of practical instruction. It does not, therefore, appear to be desirable to make any special recommendation under this head; but, in accordance with the recommendation of the committee on education (Minutes VII., 93), the exact order, number of lectures, and amount and kind of practical instruction, should be

be left to the schools, a guide being furnished to them by a definition of the area in each subject over which the examination will extend. Appendix, No. 11.

In accordance with these views, the following recommendations might be proposed for the sanction of the Council:—

1. That it is desirable that the examinations in subjects of general education should be now left to the national educational bodies, and that it be delegated to the executive committee to communicate with the licensing bodies on this subject, and to report to the Council at its next meeting.

2. That it be recommended to the various licensing bodies to instruct their examiners in professional subjects to report to them any cases of decided ignorance in general education displayed by the candidates, with the name of the board or boards before which the preliminary examinations have been passed; and that the licensing bodies be requested to transmit such reports to the registrar of the General Medical Council.

3. That a letter be addressed to each of the examining boards whose certificate is accepted as a test of preliminary education by this Council, directing attention to the complaints which have been made by several of the licensing bodies with regard to the insufficiency of the general education of many of the candidates presenting themselves for their examinations.

4. That it be a recommendation to the licensing bodies that there be in future three professional examinations; the "first" to be passed before the end of the first year of professional study; the "second" to be passed before the end of the second year; and the "third" to be passed after the completion of four years of professional study.

5. That the first examination be in physics and chemistry, elementary human anatomy, and practical pharmacy. That the second examination be in anatomy, physiology, and materia medica; and that the third examination be in the other subjects of medical study.

6. That a committee be appointed to consider the subjects of the professional examinations to be required, and the limitation of the range of the subjects by schedule; to draw up such schedules in the instances in which it may seem appropriate; and to make, with reference to the subjects of the examinations, such suggestions as may appear desirable.

7. That a visitation of the several medical schools, the certificates from which are received by any of the licensing bodies, be made during the ensuing year; and that the reports of such visitations be laid before the General Medical Council at its meeting next summer.

8. That two members of the Council be appointed visitors of the medical schools, and that their payment be the same as in the case of visitors of examinations.

9. That the appointment of the visitors, and the arrangements for the visitations, be left to the executive committee.

10. That certificates of study, attendance at lectures, and hospital practice, be accompanied by evidence of attendance at examinations, from time to time, in the several subjects.

11. That every candidate for the final professional examination be required to give evidence that he has had practical experience in charge of patients, during six months, in hospital or elsewhere, under the supervision of a competent medical practitioner.

G. M. HUMPHRY.

12 April 1877.

XXI. The foregoing answers and Report thereon having been debated by the General Medical Council at its Session on May 10 to 24, 1877, there resulted from the discussion the following amended edition of the Council's "Recommendations on Education and Examination."

PAPER 4.**RECOMMENDATIONS of the GENERAL MEDICAL COUNCIL ON EDUCATION
and EXAMINATION (Edition of 1879).****Chapter I.—PRELIMINARY EXAMINATION.**

1. THAT no person be allowed to be registered as a Medical Student unless he shall have previously passed a preliminary Examination in the subjects of General Education as hereinafter provided.

2. That it be delegated to the Executive Committee to prepare annually, and lay before the Council for recognition, a List of Examining Bodies, whose Examinations fulfil the conditions of the Medical Council as regards General Education.

3. That, for the present, Testimonials of Proficiency granted by Educational Bodies, according to the subjoined List (pp. 35—37), be accepted, the Council reserving the right to add to or take from the List.

A Degree in Arts of any University of the United Kingdom, or of the Colonies, or of such other Universities as may be specially recognised from time to time by the Medical Council, is considered a sufficient Testimonial of Proficiency.

**EXAMINING BODIES whose Examinations fulfil the Conditions of the MEDICAL
COUNCIL as regards PRELIMINARY EDUCATION.****1.—UNIVERSITIES of the UNITED KINGDOM.****University of Oxford:**

- (a.) Examination for a Degree in Arts.
- (b.) Responsions.
- (c.) Moderations.
- (d.) Local Examinations (Senior); Certificate to include Latin and Mathematics.
- (e.) Local Examinations (Junior); Certificate to include Latin and Mathematics, and also one of the following optional subjects: Greek, French, German, Natural Philosophy, including Mechanics, Hydrostatics, and Pneumatics.

University of Cambridge:

- (a.) Examination for a Degree in Arts.
- (b.) Previous Examination.
- (c.) Local Examinations (Senior); Certificate to include Latin and Mathematics.
- (d.) Local Examinations (Junior); Certificate to include Latin and Mathematics, and also one of the following optional subjects: Greek, French, German, Natural Philosophy, including the Elements of Statics and Hydrostatics.
- (e.) Higher Local Examinations.

University of Durham:

- (a.) Examination for a Degree in Arts.
- (b.) Examination for students in their 2nd and 1st years.
- (c.) Registration Examination for Medical Students.
- (d.) Local Examinations (Senior); Certificate to include Latin and Mathematics.
- (e.) Local Examinations (Junior); Certificate to include Latin and Mathematics, and also one of the following optional subjects: Greek, French, German, Natural Philosophy, including Mechanics, Hydrostatics, and Pneumatics.

University of London:

- (a.) Examination for a Degree in Arts or Science.
- (b.) Matriculation Examination.

Universities of Edinburgh, Aberdeen, Glasgow, St. Andrews:

- (a.) Examination for a Degree in Arts.
- (b.) Preliminary Examination for Graduation in Medicine or Surgery.

Universities of Edinburgh, Aberdeen, St. Andrews:

Honours Certificates granted under Local Examinations; Certificate to include English Literature, Arithmetic, Algebra, Geometry, Latin, and also one of the following optional subjects:—
Greek, French, German, Natural Philosophy.

University of Glasgow:

Senior Certificate of Local Examination Board; Certificate to include English Literature, Arithmetic, Algebra, Geometry, Latin, and also one of the following optional subjects:—
Greek, French, German, Natural Philosophy.

University of Dublin:

- (a.) Examination for a Degree in Arts.
- (b.) Public Entrance Examination.

Queen's University in Ireland :

- (a.) Examination for a Degree in Arts.
- (b.) Entrance Examination.
- (c.) Examination for the Diploma of Licentiate in Arts.
- (d.) Previous Examination for B.A. Degree.
- (e.) Local Examinations for Men and Women; Certificate to include all the subjects required by the General Medical Council, as set forth in Recommendation 4.

Oxford and Cambridge Schools' Examination Board :

•Certificate to include the following subjects:

- (1.) Arithmetic, including Vulgar and Decimal Fractions;
- (2.) Algebra, including Simple Equations;
- (3.) Geometry, First two books of Euclid;
- (4.) Latin, including Translation and Grammar;
- (5.) Also one of these optional subjects:
Greek; French; German; Mechanical Division of Natural Philosophy.

II.—OTHER BODIES named in SCHEDULE (A.) to the MEDICAL ACT.**Royal College of Surgeons of England :**

- (a.) Preliminary Examination for the Membership;
- (b.) Preliminary Examination for the Fellowship;
Conducted under the superintendence of the Royal College of Surgeons by the Board of Examiners of the College of Preceptors.

Apothecaries' Society of London :

Examination in Arts.

Royal College of Physicians of Edinburgh :**Royal College of Surgeons of Edinburgh :**

Preliminary Examination in General Education, conducted by a Board appointed by these two Colleges combined.

Faculty of Physicians and Surgeons of Glasgow :

Preliminary Examination in General Education.

Royal College of Surgeons in Ireland :

Preliminary Examination, Certificate to include Mathematics.

Apothecaries' Hall of Ireland :

Preliminary Examination in General Education.

III.—EXAMINING BODIES in the UNITED KINGDOM, not included in SCHEDULE (A.) to the MEDICAL ACT (1858).**College of Preceptors :**

Examination for a First Class Certificate.

Examiners for Commissions and Appointments in Her Majesty's Service, Military, Naval, and Civil:

Certificate to include all the subjects required by the General Medical Council, as set forth in Recommendation 4.

IV.—INDIAN, COLONIAL, and FOREIGN UNIVERSITIES and COLLEGES.**University of Calcutta :****University of Madras :****University of Bombay :****University of M'Gill College, Montreal :****University of Bishop's College, Montreal :****University of Toronto :****University of Trinity College, Toronto :****University of Queen's College, Kingston :****University of Victoria College, Upper Canada :****University of Fredericton, New Brunswick :****University of Melbourne :****University of Sydney :****University of the Cape of Good Hope :**

Matriculation Examination.

University of King's College, Nova Scotia :

(a.) Matriculation Examination;

(b.) Responsions.

University of Otago :

Preliminary Examination.

University of Adelaide :

(a.) Matriculation Examination;

(b.) Primary Examination, First Class Certificate, to contain all subjects required.

* The English is provided for by the following Resolution of the Executive Committee:—
"That, as every candidate for the certificate of the Oxford and Cambridge Schools Examination Board is required to answer questions in such a manner as to satisfy the Examiners that he has an adequate knowledge of English grammar and orthography, this shall be held as conforming to the requirements of the Medical Council in reference to English Language."

Appendix, No. 11. Medical College, Halifax, Nova Scotia:

Matriculation Examination.

Codrington College, Barbadoes:

English Certificate for Students of two years' standing, specifying the subjects of Examination, and Latin Certificate, or "Testamur."

Tasmanian Council of Education:

Examination for the Degree of Associate of Arts, Certificate to include Latin and Mathematics.

Christ's College, Canterbury, New Zealand:

Voluntary Examinations. Certificate to include all the subjects required.

4. That it be recommended to the Licensing Boards not to accept the Certificate of proficiency in general (preliminary) 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, First two books of Euclid, or the subjects thereof;
- (5.) Latin, including Translation and Grammar;
- (6.) Also one of these optional subjects:
Greek; French; German; Elementary Mechanics of Solids and Fluids—
meaning thereby Mechanics, Hydrostatics, Pneumatics, and Hydraulics.

5. That it is desirable 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 this Council; and that it be delegated to the executive committee to communicate with the licensing bodies on the subject.

6. That it be recommended to the various licensing bodies to instruct their examiners in professional subjects, to report to them any cases in which decided ignorance in the subjects of general education has been displayed by the candidates, with the name of the board or boards before which the preliminary examinations have been passed; and that the licensing bodies be requested to transmit such reports to the Registrar of the General Medical Council.

Chapter II.—REGISTRATION OF MEDICAL STUDENTS.

7. Every medical student shall be registered in the manner hereinafter prescribed by the General Medical Council.

8. No medical student shall be registered until he has passed a preliminary examination, as required by the General Medical Council, and has produced evidence that he has commenced medical study.

9. The commencement of the course of professional study recognised by any of the qualifying bodies, shall not be reckoned as dating earlier than 15 days before the date of registration.

10. The registration of medical students shall be placed under the charge of the branch registrars.

11. Each of the branch registrars shall keep a register of medical students according to the subjoined form:—

FORM for the REGISTRATION of MEDICAL STUDENTS.

NAME.	Preliminary Examination and Date.	Date of Registration.	Place and Date of commencement of Medical Study, as certified by a Master, or a Teacher, or an Official in a Medical School or Hospital.

* 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.

12. Every person desirous of being registered as a medical student shall apply to the branch registrar of the division of the United Kingdom in which he is residing, according to the annexed forms,* which may be had on application to the several qualifying bodies, medical schools, and hospitals; and shall produce or forward to the branch registrar a certificate of his having passed a preliminary Examination, as required by the General Medical Council, and evidence that he has commenced medical study. Appendix, No. 11.

FORM OF APPLICATION FOR REGISTRATION AS A MEDICAL STUDENT.

I hereby apply to be registered as a Student in Medicine, in conformity with the Regulations of the General Council of Medical Education and Registration of the United Kingdom, for which purpose I submit the following particulars:—

NAME OF APPLICANT (to be written in words at length).		Preliminary Examination.	Date of Preliminary Examination.	Place and Date of commencement of Medical Study, as certified by a Master, or a Teacher, or an Official in a Medical School or Hospital.
Surname.	Christian Name.			

Applicant's Signature _____

Address _____

Date of Application _____

Certificate of Commencement of Medical Study.

I hereby certify that Mr. _____
has commenced the study of Medicine in _____

Signature of Master Teacher, or
Official in a Medical School or
Hospital. } _____

Place and Date _____

† Here insert name
of School, or Hos-
pital, or place of Ap-
prenticeship, as the
case may be.

The Registrar of the Branch Council for _____

N.B.—The word master or teacher shall be held to include any registered practitioner whose pupil the applicant may be at the time.

The certificate of examination must testify that the student has been examined in (1) English Language, including Grammar and Composition; (2) Arithmetic, including Vulgar and Decimal Fractions, and Algebra, including Simple Equations; (3) Geometry, first two books of Euclid, or the subjects thereof; (4) Latin, including Translation and Grammar, and in one of the following optional subjects: Greek, French, German, Elementary Mechanics of Solids and Fluids, meaning thereby Mechanics, Hydrostatics, Pneumatics, and Hydraulics.

The above Form of Application*, duly and legibly filled up, must be forwarded to the registrar, post free, and be accompanied by a certificate that the applicant has passed a preliminary examination as required by the General Medical Council.

13. The branch registrar shall enter the applicant's name and other particulars in the Students' Register, and shall give him a certificate of such registration.

14. Each of the branch registrars shall supply to the several qualifying bodies, medical schools, and hospitals, in that part of the United Kingdom of which he is registrar, a sufficient number of blank forms of application for the registration of medical students.

15. The several branch Councils shall have power to admit special exceptions to the foregoing regulations as to registration for reasons which shall appear to them satisfactory.

16. A copy of the Register of Medical Students, prepared by each of the branch registrars, shall be transmitted, on or before the 31st of December in each year, to the registrar of the General Council, who shall, as soon as possible thereafter, prepare and print, under the direction of the executive committee, an alphabetical list of all students registered in the preceding year, and supply copies of such authorised list to each of the bodies enumerated in Schedule (A.) to the Medical Act, and through the branch registrars to the several medical schools and hospitals.

17. The several qualifying bodies are recommended not to admit to the final Examination for a qualification under the Medical Acts, any candidate (not exempted from registration) whose name has not been entered in the Medical Student's Register at least forty-five months previously. In the case of candidates from other than schools of the United Kingdom, the branch Councils shall have power to admit exceptions to this recommendation.

18. The branch Councils are desired to make these regulations known at the various medical schools.

* For convenience of signature and re-transmission, the Form of Application that must be signed and returned to the Registrar is supplied, in a larger size, on a separate leaf.

Appendix, No. 11.

Chapter III.—AGE for LICENSE to PRACTISE, &c.

19. That the age of 21 be the earliest age at which a candidate shall obtain a license to practise, and that the age shall, in all instances, be duly certified.

20. That no license be obtained at an earlier period than after the expiration of forty-five months subsequent to the registration of the candidate as a medical student.

Chapter IV.—PROFESSIONAL EDUCATION.

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.

22. That 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.

23. That the following are the subjects, without a knowledge of which no candidate should be allowed to obtain a qualification entitling him to be registered:—

1. Chemistry, including a knowledge of the principles of Chemistry, and of those details of the science which bear on the study of Medicine; and Chemical Physics, meaning thereby Heat, Light, and Electricity.
2. Anatomy.
3. Physiology.
4. Materia Medica and Pharmacy.
5. Pathology, including Morbid Anatomy.
6. Medicine, including Medical Anatomy, Clinical Medicine, and Therapeutics.
7. Surgery, including Surgical Anatomy and Clinical Surgery.
8. Midwifery.
9. Forensic Medicine.

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

25. That a certificate be required, by each licensing body, from every candidate for its degree, diploma, or license to practise medicine or surgery, that he has studied vaccination under a competent and recognised teacher; that he has himself performed the operation successfully under the teacher's inspection; that he is familiar with the different stages of the vaccine vesicle, and with the methods of preserving lymph, and that he is thoroughly informed in every necessary part of the subject.

26. That such a certificate should be received by any licensing body only from an institution where the appointed teacher of vaccination is recognised by the Local Government Board.

Chapter V.—PROFESSIONAL EXAMINATION.

27. That it is desirable that the different licensing bodies, whether singly or in combination, should frame their examinations 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, viz.:—

1. Chemistry, including a knowledge of the principles of Chemistry, and of those details of the science which bear on the study of Medicine; and Chemical Physics, meaning thereby Heat, Light, and Electricity.
2. Anatomy.
3. Physiology.
4. Materia Medica and Pharmacy.
5. Pathology, including Morbid Anatomy.
6. Medicine, including Medical Anatomy, Clinical Medicine, and Therapeutics.
7. Surgery, including Surgical Anatomy and Clinical Surgery.
8. Midwifery.
9. Forensic Medicine.

28. That there be in future three professional examinations.

29. That the professional examinations be arranged in two divisions; the first division to embrace the more elementary subjects. The first division may be completed at or before the close of the second year of professional study, but the second division not till the expiration of two years after the passing of the first division, nor before the completion of the fourth year of study. That the examinations, and the subjects included in each, be such, and in such order, as may insure, so far as possible, a due continuity and sequence of study.

30. That the first division of the examinations shall include the following subjects:—

1. Chemistry and Chemical Physics.
2. Anatomy.
3. Physiology.
4. Materia Medica and Pharmacy.

That

That the second division of the examinations shall include the following subjects:—

Appendix, No. 11.

1. Pathology, including Morbid Anatomy.
2. Medicine, including Medical Anatomy, Clinical Medicine, and Therapeutics.
3. Surgery, including Surgical Anatomy and Clinical Surgery.
4. Midwifery.
5. Forensic Medicine.

31. That it is desirable that an examination in the earlier subjects of professional study should take place before the end of the first year of professional study.

32. That the professional examinations be conducted both in writing and orally; and that they be practical in all branches in which they admit of being so.

33. That not less than two examiners shall take part in every oral and clinical examination.

34. That the questions to be answered in writing should be submitted to the whole body of examiners for consideration, and revision if desirable, before being proposed to the candidates.

35. That the written answers should be submitted to more than one of the examiners.

36. That excellence in one or more subjects should not be allowed to compensate for failure in others.

37. That the professional examinations be held by the several licensing bodies, except in special cases, at stated periods, to be publicly notified.

38. That returns from the licensing bodies in Schedule (A.) be made annually, on the 1st of January, and in the subjoined form, to the General Medical Council, stating the number of the candidates who have passed their first as well as their second and third examinations, and the number of those who have been rejected at the first and second and third examinations respectively; and that the registrar forward a sufficient number of forms, with a notice for their being returned in due time.

FORM for the Table of RETURNS of PROFESSIONAL EXAMINATIONS and their Results.

Licensing Bodies.	Degrees and Diplomas.	Number of Examinations to be Passed.	1st Examination.		2nd Examination.		Final Examination.	
			Number Rejected.	Number Passed.	Number Rejected.	Number Passed.	Number Rejected.	Number Passed.

39. That it is not desirable that any university of the United Kingdom should confer any degree in medicine or surgery, whether that of bachelor, doctor, or master, upon candidates who have not graduated in arts, or passed all the examinations required for the bachelorship in arts, or passed, after due course of education, examinations, such as are, *bonâ fide*, academically equivalent to those required for a degree in arts.

40. That, in the opinion of the Council, it would be desirable, as a general rule, that none of the higher degrees or qualifications in medicine or surgery should be conferred on persons who have not shown evidence of higher professional attainments.

41. That it is desirable that in the examinations on several of the subjects of the curriculum, such, for example, as chemistry, including chemical physics, physiology, and materia medica, the licensing bodies should limit and define by schedule the extent of examination.

42. That it be recommended that in no case should the examination of a candidate by any of the licensing bodies in any subject be conducted wholly by the lecturer or teacher in that subject in the school in which the candidate has been educated.

43. That it is desirable that observation with the microscope should form part of the examinations of candidates for a license.

44. That it be recommended that candidates 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.

45. That it is desirable that, in examinations in anatomy, candidates should understand that they may be called upon to perform actual dissections, and that candidates in examinations in surgery should understand that they may be called upon to perform one or more operations on the dead subject.

PAPER 5.

ANSWERS received in 1878 from MEDICAL LICENSING BODIES to a LETTER sent to them by the EXECUTIVE COMMITTEE of the GENERAL MEDICAL COUNCIL in regard to the PRELIMINARY EDUCATION and EXAMINATION of MEDICAL STUDENTS.

I.—LETTER sent to the LICENSING BODIES.

The Executive Committee, by a Resolution passed at its meeting on 26th of October 1877 (Minutes, Vol. XIV, p. 239), ordered "that there be addressed to each of the Medical Licensing Bodies a letter in the following terms":—

"The General Medical Council, during the last session, had under its serious consideration the very important subject of the preliminary education and examination of medical students, and came thereupon (Minutes, Vol. XIV, pp. 94, 95)* to the following Resolutions:—

(a) "That a letter be addressed to each of the examining boards whose certificate is accepted as a test of preliminary education by this council, directing attention to the complaints which have been made by several of the licensing bodies with regard to the insufficiency of the general education of many of the candidates presenting themselves for their examinations."

(b) "That it be recommended to the various licensing bodies to instruct their examiners in professional subjects to report to them any cases in which decided ignorance in general education has been displayed by the candidates, with the name of the board or boards before which the preliminary examinations have been passed; and that the licensing bodies be requested to transmit such reports to the registrar of the General Medical Council."

(c) "That it is desirable 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 this council, and that it be delegated to the executive committee to communicate with the licensing bodies on the subject."

"The complaints referred to in Resolution (a) will be found in the Answers from Medical Licensing Bodies to Questions proposed to them by the Executive Committee, printed on pages 23 to 63 of the General Medical Council's Minutes (Vol. XIV) for 10th May 1877.

"With regard to Resolution (c), it may be observed that it has always been the opinion of the council that the examinations in the subjects of general education should eventually be left to the national educational bodies, although it was, in the first instance, desirable, and indeed necessary, that special examinations for medical students should be instituted by some of the licensing bodies.

"During the last few years the opportunities afforded to students of presenting themselves for examination in general education have been largely increased, more especially through the local examinations of the several universities, which are now much resorted to. Thus the need of the examinations by the licensing bodies has been greatly diminished; and the council was thus led to think it desirable that these examinations should now be discontinued.

"Upon this point the executive committee would be glad to learn the opinion of your body, at as early a period as it can conveniently be given."

A copy of the foregoing letter was, accordingly, sent by the Registrar to each of the medical licensing bodies on 6th November 1877, and the following communications have been received in answer thereto.

II.—ANSWER from the ROYAL COLLEGE of PHYSICIANS of LONDON.

Dear Sir,

22 February 1878.

REFERRING to your letter of 6th November, addressed to this college, and enclosing a copy of a Resolution passed by the executive committee of the General Medical Council, on the subject of the preliminary education and examination of medical students, I am directed to state, for the information of the executive committee,—

I. That the recommendation to the various licensing bodies "to instruct their examiners in professional subjects to report to them any cases in which decided ignorance in general education has been displayed by the candidates," has been adopted by this college.

Form of notice sent to each examiner prior to each examination is enclosed.†

II. That this college has, for many years, discontinued conducting an examination on the subjects of general education, in compliance with the wish of the General Medical Council.

W. J. C. Miller, Esq.,

(signed) Henry A. Pitman, Registrar.

Registrar of the General Medical Council.

* See also Nos. 5 and 6 of the foregoing "Recommendations," in Chapter I. of PAPER 4.

† The above-mentioned Notice is as follows:

ROYAL COLLEGE of PHYSICIANS of LONDON.

Notice to Examiners.

The Examiners in professional subjects are requested to report to the college any cases in which decided ignorance in general education has been displayed by the candidates, with the name of the board or boards before which the preliminary examinations have been passed.

III.—ANSWER from the ROYAL COLLEGE of SURGEONS of ENGLAND.

Sir,

26 March 1878.

IN reply to your letter of the 6th of November last, transmitting to this college copies of three Resolutions adopted by the General Medical Council at their last session in relation to the preliminary education and examination of medical students, and requesting the opinion of this college thereon, I have to acquaint you that the council of this college, on the recommendation of the court of examiners, to whom your letter had been referred to report thereon, adopted on the 14th instant the following Resolution:—

"That with respect to Resolution (b) of the General Medical Council, as recommended by the court, the suggestion of that council be complied with, viz., that the examiners of the college in professional subjects be instructed to report to the council any cases in which decided ignorance in general education has been displayed by the candidates, with the name of the board or boards before which the preliminary examinations have been passed, with a view to such report being transmitted to the Registrar of the General Medical Council."

I am to add that the court of examiners, with the consent of the council, propose to defer their consideration of the question referred to in Resolution (c) of the General Medical Council until it shall have been determined by the several medical authorities whether or not it is expedient to hold a special examination in general education under the scheme for an examining board dated the 1st of May last agreed to by those authorities.

W. J. C. Miller, Esq., (signed) Edward Trimmer, Secretary.
Registrar of the General Medical Council.

IV.—ANSWER from the APOTHECARIES' SOCIETY of LONDON.

Sir,

26 March 1878.

YOUR letter of the 6th of November last to Mr. Upton has been fully and carefully considered by a court of assistants of this society. The decision at which they arrived was, that having regard to the origin of our examination in arts, the success which has attended it, and the esteem in which it is, and has always been held by members of the medical profession, this society should not discontinue it, at least for the present.

(signed) W. Clark,
Master of the Society of Apothecaries.
The President of the General Medical Council.

V.—ANSWER from the UNIVERSITY of OXFORD.

Sir,

New College, Oxford, 1 March 1878.

IN reply to the communication addressed to me on the 6th November last, on the part of the executive committee of the General Medical Council, with reference to the preliminary education and examination of medical students, I am requested to forward to you the following Resolutions of the committee to which that communication was referred by the Hebdomadal Council:—

1. That, as regards the Resolutions (a) and (b), we only examine our own candidates for the degree of bachelor of arts, and have therefore no observations to make upon those Resolutions.

2. That, as regards the question raised in the subsequent part of the letter of the executive committee, it is with much satisfaction that we note the confidence reposed by the General Medical Council in the trustworthiness of our local examinations, as well as our responsions, moderations, and final schools, or examinations for the degree of B.A.

We take the opportunity of observing that the continual increase in the spread of general education throughout the country, which the work of the university, both within and without her own precincts, enables us to witness to, renders the maintenance of a high standard of general education increasingly important to the medical profession, and to the country at large.

(signed) J. E. Sewell,
The Registrar of the General Medical Council. Vice Chancellor.

VI.—ANSWER from the UNIVERSITY of CAMBRIDGE.

My dear Sir,

Cambridge, 8 April 1878.

I AM authorised by the Vice Chancellor to forward to you the following Resolutions as the Answers of the University to the communication from the executive committee of the General Medical Council.

W. J. C. Miller, Esq. (signed) G. E. Paget.

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Dear Mr. Vice Chancellor,

Syndicate Room, 8 April 1878.

THE following Resolutions have this morning been passed by the Board of Medical Studies in reference to a communication from the executive committee of the Medical Council, enclosing resolutions of the council:—

With reference to Resolution (b), the answer of the board is—"That all students, before presenting themselves for the medical examinations in Cambridge, have passed the previous examination required by the University of candidates for a degree in arts, or one of the examinations accepted by the University in lieu thereof, and this test is found sufficient."

With respect to (c) the answer of the board is—"That it is desirable that the examinations 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 council."

At the wish of the board I transmit to you the above resolutions. Dr. Humphry has, I believe, given you a copy of the communication from the executive committee of the Medical Council. It is dated November 1877, but did not reach me until a few days ago.

(signed) G. E. Paget.

VII.—ANSWER from the UNIVERSITY of DURHAM.

Sir,

5 December 1877.

IN answer to your letter of 6th November, having reference to the preliminary education and examination of medical students, I am directed to inform you that at a meeting of senate yesterday, 4th December, it was decided to agree to the recommendation of the General Council of Medical Education and Registration, viz., that the examinations in the subjects of general education by the licensing bodies be discontinued.

The Registrar of the General Medical Council.

(signed) W. K. Hilton.

VIII.—ANSWER from the UNIVERSITY of LONDON.

Sir,

28 February 1878.

IN reply to your letter of the 6th November, I am directed to point out to you that the University of London has from the first insisted upon an adequate general education, tested by its matriculation examination, as the condition of admission to its curriculum of study for degrees in medicine. And as it examines for those degrees none but its own matriculated candidates, it has no experience of the deficiency referred to in Resolutions (a) and (b) of the General Medical Council.

I am further to point out that in view of the adoption of a uniform standard of professional qualification for admission to the medical register, it seems much to be desired that there should be, so far as may be found practicable, a uniform minimum of preliminary qualification, and that this should be tested by the national educational bodies, rather than by the medical licensing bodies.

(signed) William B. Carpenter,

The Registrar of the General Medical Council.

Registrar.

IX.—ANSWER from ROYAL COLLEGES of PHYSICIANS and SURGEONS of EDINBURGH.

Sir,

4 February 1878.

THE Royal Colleges of Physicians and Surgeons of Edinburgh, having had under their consideration the communication addressed to them by the General Medical Council in reference to the preliminary examination in general education, have agreed upon the following joint reply, viz.:—

1. In regard to the Resolutions (a) and (b), the colleges, by their representatives in the General Medical Council, had occasion, at meetings of the Council, to refer to the insufficient attainments in general education of not a few of the candidates who from time to time present themselves at the professional examinations of the colleges. They are glad, therefore, to find that the Council have taken measures calculated to abate the evil, and have made a recommendation (b., as above) of which they highly approve, and which they have already determined to carry into effect.

2. In regard to the Resolution (c), the colleges beg to state: That for years before the passing of the Medical Act the Royal College of Surgeons of Edinburgh had instituted for the candidates for their diploma a preliminary examination in general education; that soon after the Medical Act came into operation the two colleges, when constituting a conjoint board for their professional examinations, in accordance with Clause 19 of the Medical Act, and with the sanction of the Medical Council, instituted at the same time a conjoint board for conducting the examination in general education; that this examination was so constituted as to be in complete conformity with the recommendations of the Medical Council; that it has been inspected and approved by visitors deputed by the Medical Council; that it always has been, and is now conducted with all due stringency, as is amply testified by the

the large number of candidates who are rejected; that as a test of sufficiency the colleges believe it to be a more adequate one than that applied by many of the examining bodies in general education which are recognised by the Medical Council; and that the need of keeping up this examination is proved by the large and increasing number of candidates who at the several examinations held annually submit themselves to it.

In conclusion, the colleges beg to state: That they do not deem it either necessary or expedient to part with a privilege which they consider it important that they should continue to possess, and to abandon a duty which they have always endeavoured to fulfil conscientiously and efficiently.

(signed) *John Wyllie, M.D.,*
Secretary R. C. Physicians, Ed.
Joseph Bell,
Secretary R. C. Surgeons, Ed.

W. J. C. Miller, Esq.,
Registrar of the General Medical Council.

X.—ANSWER from the FACULTY of PHYSICIANS and SURGEONS of GLASGOW.

13 February 1878.

THE attention of the faculty having been directed to three Resolutions of the General Medical Council on the subject of the preliminary education and examination of students of medicine, and an expression of their opinion having been requested by the executive committee of the Council in regard to one of these Resolutions, the faculty have to offer on this subject the following observations:—

1. Though the executive committee do not appear to request any expression of opinion on Resolution (b), the fact of their pointedly drawing attention to it appears to imply that they attach considerable importance to this resolution.

On this resolution the faculty would remark that the procedure recommended in this resolution would, as regards the licensing body so reporting, be somewhat invidious; and as regards the Board so reported upon, it would be unfair, unless the papers on which the report was founded were also transmitted to the General Medical Council. Even if carried into effect, the resolution could be operative only in extreme cases, and therefore could have little influence in raising the standard of general education among medical students. Though somewhat anticipating the line of remark taken up in the observations on Resolution (c), the faculty would here suggest what they consider would be a better and more effective method of raising the general standard. They believe that a thorough and systematic inspection of the preliminary examinations under the control of the Medical Council, viz., those conducted by the universities and the other licensing bodies specially for medical students, would directly conduce to this end. As these examinations are entirely written, such inspection would be comparatively inexpensive, the personal presence of visiting inspectors not being necessary. Let the General Medical Council call for the production of the printed questions as well as the whole written papers of any examination (and not merely a selection from these papers), and submit these questions and papers to competent judges, either within or outside their own body. No doubt this plan would leave untested the examinations at present recognised of bodies over which the Council have no direct control. But the faculty presume that in recognising these examinations either in this country or abroad, the General Medical Council have taken care to inform themselves that the examinations so acknowledged are of a character sufficiently high to place them almost beyond suspicion. Besides, an analysis of the published list of registered students brings out the fact that the certificates presented from these bodies bear only a small proportion to those obtained from the licensing bodies. A systematic inspection of the preliminary examinations of the medical authorities in the way suggested would therefore at once be an adequate test of the quality of the various examinations and a means of gradually raising the standard.

2. On the Resolution (c), on which the executive committee specially desiderate an expression of opinion, the faculty have first to remark that outside the universities there are no bodies in Scotland of the kind referred to in the resolution. The abolition of the preliminary examinations at present conducted by the three bodies, the Royal Colleges of Physicians and of Surgeons of Edinburgh and this faculty, would therefore leave the entire preliminary examinations of medical students in Scotland in the hands of the universities. That they should be so left is an opinion in which the faculty are unable to concur.

The examinations of the Scottish universities available for intending medical students are of three kinds:—

1. The examinations for the degree of M.A.
2. The preliminary examinations intended for medical students only.
3. The local examinations.

In regard to the arts degree nothing need be said so long as the universities themselves decline to insist upon graduates in medicine being previously graduates in arts. The preliminary examinations of the universities intended for medical students do not differ,

Appendix, No. 11. unless in the number of extra subjects required by the university ordinances, from those conducted by the other licensing bodies. To whatever objection in point of principle the latter are liable, the former are equally subject. It may even be urged that the university examination is theoretically open to one objection from which the other is exempt. In the university there is an intimate connection between the examining body and the medical school. The university examination, if properly conducted, necessarily acts in the way of directly reducing, numerically, the university students. This faculty is not connected with, and therefore not liable to be biased by the presumed interests of any medical school.

So much on the point of principle. In regard to the actual working of the present system, the faculty have reason to know that in point of standard their examination, as regards the subjects embraced in it, is certainly not below the standard of the universities. On the clear ground, therefore, that the work is as well done by them as it is done by the universities, the faculty are not prepared to divest themselves, in favour of the latter, of a privilege which they have exercised from a period considerably anterior to the passing of the Medical Act. That they perform the duty carefully and honestly is shown by the comparatively small proportion of those who pass to those who enter for the examination.

But there is another reason why the universities should not be the sole examiners in arts subjects for those purposing to study medicine. The extra-mural schools in Scotland are, to a great extent, the rivals of the university schools. From this competition the most salutary results have flowed, and it is of great importance that it should continue. But it would tend to the disintegration of the extra academic medical schools to make it imperative on their students to pass their arts examination under the auspices of the universities. These extra-mural schools, though doing effective work, are already sufficiently weighted in the race. To increase their difficulties in the way suggested would certainly be to injure, probably to extinguish them.

With respect to the university local examinations established some years ago by the University of Edinburgh, and quite recently by that of Glasgow, these are not yet sufficiently known or appreciated in Scotland to enable them to take the place of the special preliminary examinations. Further it is at least doubtful whether the tests and pass standard at these examinations, as respects the junior or lower grade, is equal to that exacted by the licensing bodies.

These are the principal reasons which prevent the faculty from believing it to be desirable that the preliminary examinations of medical students should be left exclusively in the hands of the national educational bodies.

(signed) *Alexander Duncan*, Secretary.

XI.—ANSWER from the UNIVERSITY of EDINBURGH.

Sir,

11 February 1878.

THE medical faculty of this University have had under consideration your letter of 6th November 1877, in which you request their opinion on the resolutions of the General Medical Council bearing on the preliminary education and examination of medical students.

I am instructed to state, in reply, that the faculty approve of Resolution (c).

With regard to Resolution (b), the examination on general education conducted in this university is of such a character that candidates displaying decided ignorance are rejected, and are not admitted to the examinations on the subjects of professional education.

(signed) *Wm. Turner*,
Dean of the Faculty of Medicine.

W. J. C. Miller, Esq.,
Registrar of the General Medical Council.

XII.—ANSWER from the UNIVERSITY of ABERDEEN.

Sir,

26 March 1878.

IN reply to the inquiry contained in your letter of 6th November, the medical faculty of this university have very little to add to the reply which they made on 15th December 1876 (see Minutes, Vol. XIV., pp. 45-50), to the fourth query of the Medical Council of July 1876. The faculty has, on the whole, little ground to complain of defective general education, and is not aware of any complaints having been made by any of the licensing bodies of deficiency in the general education of candidates who had passed the examination in general education in this university.

The faculty is of opinion that the number of such examinations held by the various licensing bodies should be diminished, that it would be enough were there one such examination in Scotland, one in England, and one in Ireland, in addition to the examinations held by the universities.

With regard to the kind of examination in general education which the intending student of medicine should pass, the faculty thinks that intending students of medicine should be recommended first to take the "senior local examinations" now held by most of the English and Scotch universities as tests of the completion of school education, such certificates being accepted as sufficient in English, arithmetic, mathematics, Latin, and a modern

modern language; and thereafter to devote a session at the universities to the study of the physical and natural sciences before attempting to pass an examination on such of these sciences as may be required preparatory to entering on the more strictly professional studies.

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(signed) *Jas. S. Brazier,*
Secretary of Medical Faculty.

W. J. C. Miller, Esq.,
Registrar of the General Medical Council.

XIII.—ANSWER from the UNIVERSITY of GLASGOW.

Sir,

9 April 1878.

THE Senate of the University of Glasgow have received your letter, embodying a series of resolutions of the General Medical Council, regarding the subject of the preliminary education and examination of medical students, and requesting an expression of opinion from the Senate on the important subject.

The Senate are glad to be able to state that a marked improvement in the general education of candidates for the profession, both as tested by the preliminary examinations and as shown by the quality of the papers at the various degree examinations, has been observed from year to year; and they are of opinion that no good purpose will be served by disturbing the action of the various bodies at present in regard to this matter, in any of the ways indicated by the Resolutions.

They are also of opinion that it would not be desirable, on the part of this university, to undertake the criticism of, or direct attention to, what might appear to be a defective preliminary examination of any other university or licensing body. Whilst concurring in the desire of the Medical Council to do everything in their power to raise gradually the standard of the preliminary examinations, the Senate are of opinion that this object will be best served by allowing the present arrangements to continue without change.

(signed) *William Stewart,*
Clerk of Senate.

The Registrar
of the General Medical Council.

XIV.—ANSWER from the UNIVERSITY of ST. ANDREW'S.

Dear Sir,

9 April 1878.

IN reference to your letter of 6th November, I beg to state that at a meeting of the *Senatus Academicus*, held on 12th January last, "Professor Pettigrew reported on behalf of the medical faculty that they recommended that the *Senatus* should announce to the General Medical Council that they were of opinion that the preliminary examination in medicine should be continued. This was agreed to."

(signed) *James M. Anderson,* Secretary.

W. J. C. Miller, Esq.

XV.—ANSWER from the KING and QUEEN'S COLLEGE of PHYSICIANS in IRELAND.

Dear Sir,

2 March 1878.

I HAVE to inform you that at the meeting of this college yesterday, the subject of preliminary education and examination of medical students, and the observations of the executive committee of the General Medical Council thereon (forwarded to me last November), was considered by the college in connection with a Report of a committee of the college submitted at the same time.

I have further to inform you (1) that this College has for many years discontinued holding examinations in preliminary education; (2), that this college has given directions to their examiners to report to them the name of the licensing corporation at which any candidate who shall signally fail in general education passed his preliminary examination, and that such examining body shall be reported by the college to the General Medical Council; (3), that this college is highly in favour of leaving the examination in general education to the universities or such other bodies engaged in general education and examination as may from time to time be approved by the General Medical Council.

(signed) *J. Magee Finny,* Registrar.

W. J. C. Miller, Esq.,
Registrar of the General Medical Council.

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XVI.—ANSWER from the ROYAL COLLEGE of SURGEONS in IRELAND.

Sir,

7 December 1877.

I AM directed by the President and Council of this College to inform you, in reply to your communication of the 6th of November last, that the authorities of this college, from its foundation, have insisted upon satisfactory proof of sound preliminary knowledge on the part of candidates seeking their licence, and that with this object in view they long since established a court of special examiners, the members of which are selected solely with reference to their arts qualifications.

In deference to the Medical Council, this council has reluctantly accepted the certificates on preliminary education issued by other bodies than their own, the names of which appear to be approved of by the General Medical Council, but has done so with considerable hesitation, inasmuch as this council cannot learn that the General Medical Council has ever taken efficient means to ascertain the character of such examinations. Whether the deficiencies in preliminary education evidenced by candidates at the several professional examinations are displayed by parties who have passed such boards this council is not aware, but until assured of the efficient and searching character of such examinations, this council cannot see their way to adopt the recommendation of the General Medical Council to the effect that this college should renounce its right to test candidates for its licence as to their preliminary knowledge by its own special board of examiners.

With reference to the recommendation marked (b) in your letter, I am directed by the President and Council of this college to inform you that they must decline to impose so invidious a task upon their examiners in professional subjects.

(signed) *C. Stannus Hughes,*
Secretary of Council.

W. J. C. Miller, Esq.,
Registrar of the General Medical Council.

XVII.—ANSWER from the APOTHECARIES' HALL of IRELAND.

Dear Sir,

10 January 1878.

RELATIVE to the Resolution passed by the executive committee at its meeting on October 26th, a copy of which I beg to acknowledge, I am directed by the Council of the Apothecaries' Hall to inform the committee that they must respectfully decline to act upon the suggestions under the Recommendation marked (b); and I am further to state that they are not at present disposed to transfer their right of examining medical students in the subjects of preliminary education to "the National Educational Bodies," as suggested under the Recommendation (c), for as much as it would necessitate their lowering the standard of education and examination which they have required for the past 70 years.

(signed) *C. H. Leet,*
Registrar.

W. J. C. Miller, Esq.,
Registrar of the General Medical Council.

XVIII.—ANSWER from the UNIVERSITY of DUBLIN.

Sir,

15 November 1877.

I AM directed by the Board of Trinity College, Dublin, to inform you, in reply to your letter to the Medical Registrar, dated 6th November 1877, and referring to a Resolution passed on 26th October 1877 on the subject of the preliminary education and examination of medical students, that the board approves of the action of the council in this matter, and are prepared to co-operate in carrying it out.

(signed) *Thos. Stack,*
Registrar.

W. J. C. Miller, Esq.,
Registrar of the General Medical Council.

XIX.—ANSWER from the QUEEN'S UNIVERSITY in IRELAND.

Sir,

Queen's University, Dublin Castle, 17 June 1878.

THE Senate of the Queen's University has again had under their consideration your letter of the 6th November 1877, with your letter of the 20th April explaining the meaning in which the designation "National Educational Bodies" had been used therein.

I am directed to say that the Senate do not think it expedient to express an opinion on the question put to them by the Medical Council in your letter of the 6th November, viz., whether it is desirable that the examinations in general education held by the licensing bodies shall now be discontinued.

(signed) *G. Johnstone Stoney,*
Secretary to the University.

W. J. C. Miller, Esq.,
Registrar of the General Medical Council.

PAPER 6.

COMMUNICATIONS FROM MEDICAL LICENSING BODIES in regard to OBSTETRICS and OPHTHALMOLOGY.

I.—LETTER sent to the LICENSING BODIES.

(No. 268.)

Medical Council Office,
315, Oxford-street, London (W.),
March 31, 1879.

Sir,

PURSUANT to resolutions passed by the General Medical Council, at its meeting on the 26th instant, I transmit to you the two following memorials, to be submitted to the

“for observation and report thereon to the Medical Council.”

I am, &c.
(signed) *W. J. C. Miller,*
Registrar.

The Registrar of the _____

II.—MEMORIAL from OPHTHALMIC SURGEONS.

To the General Council of Medical Education:—

The Memorial of the undersigned Ophthalmic Surgeons,

Humbly sheweth,

THAT the study of ophthalmic surgery and medicine is at present greatly neglected in the ordinary course of medical education, candidates frequently obtaining their diploma with little or no knowledge of the diseases of the eye. The consequences of this, both to the public and to the practitioners themselves, are very serious, as your petitioners have ample opportunity of observing.

That in Continental examinations, as well as in those conducted in the Indian University, a sound knowledge of ophthalmology is required.

That your petitioners believe the advances made in ophthalmic surgery within the last 25 years render it advisable that it should be taught as a separate subject.

That the arrangements for its study exist already in most of the hospitals of Great Britain and Ireland, but are not taken advantage of by students because little or no evidence of acquaintance with the subject is required by the licensing bodies.

Your petitioners desire to draw the attention of the Medical Council to the advisability of making it compulsory upon all medical students to attend a three months' course of practical ophthalmology, either at the special eye department of a general hospital or at a special ophthalmic hospital, as well as a course of 20 lectures on ophthalmology at the least.

They also desire to press upon the Medical Council the importance of making ophthalmology form a distinct subject of examination at the pass examination for surgical diploma, or at the examination of a conjoint board.

(signed)	<i>W. White Cooper.</i>	<i>John Tweedy.</i>
	<i>W. Bowman.</i>	<i>G. Anderson Critchett.</i>
	<i>George Critchett.</i>	<i>Edward Nettleship.</i>
	<i>Jonathan Hutchinson.</i>	<i>M. McDonald McHardy.</i>
	<i>John C. Wordsworth.</i>	<i>J. F. Streatfeild.</i>
	<i>R. Brudenell Carter.</i>	<i>Charles Higgens.</i>
	<i>George Cowell.</i>	<i>John Couper.</i>
	<i>J. Soelberg Wells.</i>	<i>George Lawson.</i>
	<i>J. Sebastian Wilkinson.</i>	<i>G. Mackinlay.</i>
	<i>Bowater J. Vernon.</i>	<i>Charles Bader.</i>
	<i>Henry Power.</i>	<i>C. Macnamara.</i>
	<i>T. B. Archer.</i>	<i>H. R. Swanzy.</i>

III.—MEMORIAL from the OBSTETRICAL SOCIETY.

Gentlemen,

ON behalf of the Obstetrical Society of London, we beg to urge upon you the insufficiency of the time now allotted to the study of midwifery and the diseases of women at the English medical schools, in accordance with the regulations of the licensing bodies, and to press upon you the necessity of ensuring in any conjoint scheme of medical examination an adequate time for the study of these subjects. In the scheme now proposed by the English corporations the space allotted to these subjects is three months only, a time quite adequate to their extent and importance.

Evidence of this has been recently supplied by the Royal College of Physicians in a circular sent to the various medical schools, dated 30th January 1879, which contains the following resolution:—

"That the College represents to the various medical schools the defective knowledge concerning the use of obstetric instruments evinced by candidates who present themselves for the college licence, and ask their co-operation in promoting a more accurate knowledge of these subjects."

We are of opinion that the only means capable of rendering the teaching of obstetric medicine efficient is to make a longer study of the subject compulsory. This is the opinion of the teachers of midwifery generally. Moreover, a similar conclusion was arrived at by the committee of the Medical Council appointed on 26th June 1868, "to consider and report upon various subjects of medical education, &c.;" for, in their Report, the following passage occurs: "We are decidedly of opinion that the present space allotted to midwifery in the regulations of some of the licensing bodies is too short, and that, as was formerly the case, it should extend over one winter session; and that the instruction in practical midwifery should also be extended."

In the schools of Scotland and Ireland the recommendation of the committee is in force, and the subject is taught during winter session. The present, when a conjoint scheme of examination seems likely to become law, and when medical legislation occupies Parliament, appears to be a fitting time for effecting those changes which are necessary for the efficient teaching of the subjects in question; and we would respectfully beg the General Medical Council to approve of no scheme of medical examination which does not make provision for a six months' course of study of obstetric medicine.

We have, &c.

(signed) *W. S. Playfair, M.D.,* President.
John Williams, M.D., } Hon. Secs.
Clement Godson, M.D., }

To the General Medical Council.
 London, 18 March 1879.

IV.—ANSWERS from LICENSING BODIES to the foregoing OPHTHALMIC and OBSTETRIC MEMORIALS:—

(a.)—From the UNIVERSITY of DUBLIN.

School of Physic, Trinity College, Dublin,
 21 April 1879.

Sir,
 YOUR circular of March 31st has been laid before the Board of Trinity College, Dublin, and I am directed to inform you that the practice of this university is in conformity to the recommendation as to ophthalmic surgery and midwifery.

I am also to forward you the enclosed copy of the regulations of the School of Physic.

I am, &c.

The Registrar of the Medical Council.

(signed) *H. W. Mackintosh,*
 Medical Registrar.

(b.)—From the ROYAL COLLEGE of SURGEONS of EDINBURGH.

Sir,

16 May 1879.

YOUR letter of 31st March (No. 268), containing resolutions passed by the General Medical Council, to the effect that the enclosed memorials be submitted to the Royal College of Surgeons of Edinburgh, as one of the licensing bodies "for observation and report thereon to the Medical Council," has now been submitted to a meeting of the College held this day, and I am directed, in the name and by authority of the College, to report, for the information of the General Medical Council as follows:—

In regard to ophthalmology, this Royal College has been in no respect remiss in acknowledging its importance as a department of medicine deserving special attention, having for many years past, in the regulations to be observed by candidates for their diploma, "strongly recommended to students to avail themselves of any opportunities which they may possess of attending, in addition to the courses of instruction which are absolutely prescribed, lectures on ophthalmic diseases." They have at the same time seen that, while ophthalmic medicine

medicine and surgery is a most important department—a microcosm within itself of anatomy, physiology, pathology, and practice—it is after all only a department of medicine, and though a favourite field for ardent and successful specialists, not less a specialism than aural disease, mental disease, cutaneous disease, urinary disease, disease of the rectum and anus, and enthetic affections.

The Royal College recognises frankly how important it would be were all students who come up for examination to be thoroughly competent practitioners in every department of medicine, both general and special. They have, however, in laying down a curriculum for students, required to take into serious consideration not only what it is desirable a practitioner should ultimately know, but also how much instruction can advantageously be communicated to an ordinary intellect within a period of four years, the time allotted for the acquisition of the knowledge of those subjects absolutely enjoined upon the student before he can present himself for his final examination.

The College is impressed with the idea that any compulsory addition to the number of subjects requiring to be attended would only embarrass the observation and reflection of the ordinary student, and render accurate knowledge in any one subject less attainable. It has also appeared to the College that it is an error to regard any student who has obtained his diploma as having finished his medical education. By that time he has only passed the threshold of the profession; he has only entered upon that epoch of his student life when, with awakened attention, sharpened powers of observation, and time for comparison, he may be regarded as best fitted to dedicate himself to the careful study of either all or any of the special subjects to which allusion has been made. It is with a view to this working at special departments of pathology and practice that so many of our best students seek other schools, notably at the great seats of learning upon the Continent, where special departments, or even hospitals, afford opportunities not to be met with nearer home. It is at this period of study, too, that, relieved from the slavery of text-books, and the anxious anticipation of coming examinations, the young practitioner can devote himself advantageously to the study of monographs, and clear his ideas from the confusion created by the discrepancies of various teachers. The instruction thus spontaneously sought and attained, rather by private study than as the dogma of a teacher, must be regarded as one of the best mental exercises which can be afforded on the threshold of professional life.

To the College it has appeared in the past that these special studies should constitute the attractions of the post-examination period of professional life, and that this is the time when, with most advantage, the student may addict himself to their acquirement, rather than during his two last years of studentage, already well occupied by class attendances and general hospital work.

The College would also direct attention to the fact that there is no qualifying hospital in the kingdom which has not connected with it a special ophthalmic department, with appliances for the demonstration of ophthalmic diseases and treatment, open to all hospital students, and equipped with a surgical staff well fitted to render the visit and verbal explanations at the bedside equally valuable as that conveyed in the ordinary surgical wards. They would also point to the fact that ophthalmic surgery has constituted a usual part of every examination, and that there is upon the staff of their examining board no want of oculists well fitted to secure that in the conduct of the examinations justice may be done to the ophthalmic department.

This College, while it would desire to render the practical observation of every specialism as free as may be possible to all students, would shrink from laying any further burden upon the shoulders of young aspirants for a diploma in the form of further class attendance or in the creation of a special table of examiners to deal whether with ophthalmology exclusively, or in combination with any of the analogous specialities of diseases. All they can at present see their way to recommend, while the curriculum of study is limited to four years, is that the certificate for hospital attendance may be signed equally by a surgeon of the ophthalmic department as by any of the ordinary surgeons, and believe that in this way they may indicate the importance they attach to regular attendance upon the ophthalmic wards is not less than that with which they regard attendance upon ordinary surgical practice, of which, however, they would desire to have it regarded as constituting an essential part.

Upon the memorial of the Obstetrical Society, urging an extension of the period allotted to the study of midwifery and diseases of women to a six months' course and extension of the instruction afforded in practical midwifery, the Royal College of Surgeons would remark that, as the memorialists appear quite satisfied with the arrangements existing in Scotland with regard to the teaching of obstetric medicine, it may seem at first sight unnecessary to make any special remark upon the complaint of the memorial, but as the statement of the memorialists scarcely seems to accord with facts as coming within the knowledge of the College, it may be well to suggest that their meaning requires explanation.

The memorialists state: "In the schools of Scotland the recommendation of the committee is in force, and the subject is taught during a winter session." This is followed by the request that the General Medical Council approve of no scheme which does not make provision for a six months' course of study of obstetric medicine. In this all the force of the statement turns upon the signification of a three and a six months' course; for, strictly speaking, it is in the universities of Scotland alone that a winter six months' course, consisting of at least 100 lectures, is enjoined. In the requirements of this college of surgeons only three months is demanded, but then it has to be explained that this three months' course consists of 60 lectures at least, or of daily lectures on five days of each week during the summer session.

Appendix, No. 11.

If the Royal College of Surgeons of Edinburgh is rightly informed, in London and in some other schools the three months' course complained of by the Obstetric Society consists of only two systematic lectures a week, and a winter's course likewise of only two lectures a week. This being so, it is obvious that a six months' course in London is not equivalent to a three months' course of daily lectures in Scotland, and that a three months' course in London of two lectures a week would consist of only 25 lectures.

The Royal College of Surgeons of Edinburgh is of opinion, that while a single course of only 25 lectures upon obstetric medicine certainly does not afford sufficient time for dealing satisfactorily with so important a practical subject, that a six months' course of daily lectures devoted to obstetrics alone is an undue extension of the subject beyond the limits absolutely requisite as compared with other practical studies prescribed.

The College feels that the extension of instruction in practical midwifery beyond what is enjoined is surrounded with difficulties. The College has not seen its way to demand more than a certificate of having attended six cases of labour under the superintendence of a practitioner, who signs the certificate, and who must be a registered medical practitioner. It must be borne in mind, in considering this matter, that the proportion of medical students to the population and births renders it a difficult matter in some instances to afford opportunities of a more extended nature than that demanded by the College. In Edinburgh, for instance, there is a medical school consisting of considerably more than 1,000 students, while the whole births in Edinburgh, in every rank of life, amounted in 1878 to only 7,258, thus affording, in the class of patients upon whom students can well attend to obtain a knowledge of obstetric practice, a proportion certainly less than six cases to each.

Were those 1,000 students confined to the limits of Edinburgh alone for the field of observation from which their six cases apiece were derived, and were they all required to obtain their cases within one year, they could not obtain such a certificate.

That many students obtain their certificates from other parts of the country is undoubted, else several students would need to be present at each delivery, a condition of things which the College cannot regard without some repugnance; as, however well managed, even when under the supervision of an experienced practitioner, a number of students in the lying-in-room must be painful to delicacy of feeling on the part of the patient; and in the case of students engaged in the dissecting room, pathological department, or in surgical dressing, increase greatly the risk of communicating septic mischiefs to the parturient patient.

The College is therefore driven to the conclusion that the attendance upon obstetric lectures and practice which is at present prescribed by them in their regulations for candidates for their diploma, and as explained in the foregoing observations, is sufficient to secure that amount of knowledge which can alone be expected of an average student at the completion of a period of a four years' study, and that if more is to be required it can only be efficiently afforded by an extension of the period of study. Any such extension they would certainly deprecate for an examination which is intended only to secure an average minimum standard of attainment in those just entering upon the medical profession.

I am, &c.

W. J. C. Miller, Esq.,
Registrar of the Medical Council Office.

(signed) Patrick Heron Watson,
Praeses.

(c) From the UNIVERSITY of EDINBURGH.

Sir,

22 May 1879.

THE faculty of medicine of the University of Edinburgh have had under consideration the two memorials submitted to the university by the General Medical Council, and have to offer the following observations:—

As regards (a) the memorial from ophthalmic surgeons—

The faculty, whilst fully recognising the importance of a knowledge of ophthalmic diseases, can only regard it as a part of surgery, and cannot recommend its compulsory study as a speciality during the student's four years' curriculum, or special examination therein, on any other grounds than they could recommend the same course to be adopted in regard to diseases of the air passages, urinary organs, or rectum, &c. The faculty would strongly urge all students to avail themselves of the opportunities of studying ophthalmic diseases and their treatment which exist in all great hospitals; and would point out that at present these diseases, in common with other departments of surgery, form a part of the examinations conducted in this university.

As regards (b) the memorial from the Obstetrical Society—

The faculty heartily endorse the very reasonable request contained in the memorial.

They have to report that the recommendations of the memorialists are in full force in this university. For, (1) the subject of midwifery and the diseases of women and children has been treated here for about a century in a compulsory winter course of not less than 100 lectures; and, (2) voluntary summer classes for practical instruction in obstetrical and gynecological operations have been in existence for eight years, and have been attended by large numbers of students.

I am, &c.

W. J. C. Miller, Esq.,
Registrar of the General Medical Council.

(signed) Wm. Turner,
Dean of the Faculty of Medicine.

(d) From the ROYAL COLLEGE of PHYSICIANS of EDINBURGH.

OBSERVATIONS by the Royal College of Physicians of Edinburgh upon Memorials having reference to the teaching of Ophthalmology, and Midwifery and Diseases of Women at the Medical Schools.

The Royal College of Physicians of Edinburgh having had under their consideration a memorial from ophthalmic surgeons upon the teaching of ophthalmology, and a memorial from the Obstetrical Society of London upon the teaching of midwifery and the diseases of women, forwarded to them by the Registrar to the General Medical Council, with letter of date 31st March 1879, "for observation and report thereon to the General Medical Council," have the honour to report as follows:—

I. With regard to the memorial from ophthalmic surgeons:

The college have to report that at present they are not prepared to agree with the memorialists as to the advisability of making it compulsory upon all medical students to attend a three months' course of practical ophthalmology, either at the special eye department of a general hospital, or at a special ophthalmic hospital, as well as a course of 20 lectures on ophthalmology at the least; nor are they prepared to press on the General Medical Council the importance of making ophthalmology "a distinct subject of examination at the pass examination." The College fully recognise the importance of ophthalmology in its relation to medicine as well as to surgery, and would wish that every encouragement should be given to students of medicine to attend a course of practical instruction in that subject. They feel, however, that there are other subjects not at present compulsory, such as medical psychology, diseases of children, diseases of the ear, of the throat, of the skin, &c., some of which are not less important than ophthalmology in their relations to medical education, and they are of opinion that if ophthalmology should be rendered compulsory, it would be inconsistent not to include some of those others in the same category. Taking into account the extent of the medical curriculum, they think that, whilst every encouragement should be given to voluntary attendance upon these important extra classes, it would not be expedient at present to render attendance upon these classes, or special examination in these subjects, compulsory.

II. With regard to the memorial from the Obstetrical Society:

The college is of opinion that to teach efficiently the subjects of midwifery and the diseases of women, a more extended course than one of three months is required. They think that either attendance upon a course of 100 lectures on midwifery and the diseases of women should be required, or, as an equivalent, attendance upon two separate courses, one of midwifery, and the other of diseases of women, including together 100 lectures. They therefore join with the memorialists in respectfully recommending the General Medical Council to approve of no new scheme of medical education which does not make provision for such an extended study of the important subject of obstetric medicine.

In name and by authority of the College,
(signed) A. Peddie, President.

Royal College of Physicians of Edinburgh,
4 June 1879.

(e) From the ROYAL COLLEGE of SURGEONS of ENGLAND.

Sir,

13 June 1879.

In reference to your letter of the 31st of March last, transmitting two memorials, addressed to the General Medical Council, the one from ophthalmic surgeons, and the other from the Obstetrical Society, to be submitted to the council of this college "for observation and report thereon to the Medical Council," I am desired to acquaint you that the council, having referred the memorials to the court of examiners to report thereon, and having considered the report of the court, adopted, on the 8th ultimo, the following resolutions, and confirmed the same on the 12th instant, viz:—

"1. That in reference to the memorial from ophthalmic surgeons, addressed to the General Medical Council, and in pursuance of the opinion expressed by the court of examiners, Mr. Miller be informed, in reply to his letter of the 31st of March last, that in the college examinations, whether written or *visà voce*, ophthalmic surgery is, in proportion to other subjects, adequately represented; and that the council does not consider it desirable that any addition should be made to the extensive curricula of professional education for the diplomas of member and fellow of the college."

"2. That as regards the memorial from the Obstetrical Society, addressed to the General Medical Council, this council agrees in the opinion of the court of examiners, that it is not expedient that, at present, any addition should be made to the curricula of professional education now in force for the membership and fellowship of the college; and that an answer to that effect be sent to Mr. Miller, registrar of the General Medical Council, in reply to his letter on the 31st March last."

I am, &c.
(signed) Edward Trimmer,
Secretary.

W. J. C. Miller, Esq.,
Registrar of the General Medical Council.

Appendix, No. 11.

(f) From the APOTHECARIES' HALL of IRELAND.

Sir,

Dublin, 13 June 1879.

IN reference to your letter of the 31st of March, enclosing copies of memorials, one on the subject of midwifery and the other on ophthalmic diseases, I have the honour to inform you that they have been submitted to a meeting of court of the Apothecaries' Hall of Ireland held this day, and that I am instructed to state, for the information of the General Medical Council, that the practice of this hall as to midwifery is in accord with the recommendation of the memorialists; but that the court cannot at present advise that the existing curriculum of study should include a special and separate course on ophthalmic diseases.

I remain, &c.

(signed) C. H. Leet,
Secretary.

The Registrar of the General Medical Council.

(g) From the FACULTY of PHYSICIANS and SURGEONS of GLASGOW.

Glasgow, 19 June 1879.

THE faculty have considered two memorials transmitted by the registrar of the General Medical Council on the 31st day of March last; one being a memorial from ophthalmic surgeons suggesting the advisability of making a course of practical ophthalmology obligatory on medical students, and of making ophthalmology a distinct subject of examination; and the other a memorial from the Obstetrical Society of London, praying the General Medical Council to approve of no scheme of medical education which does not make provision for a six months' course of obstetric medicine.

In reference to these memorials, the faculty fully recognise that it is a matter of much importance that medical students should possess a knowledge of diseases of the eye, and they have done what they could, short of absolute compulsion, to encourage students to attend a course of instruction on the subject. They also believe that the importance to the student of a sound knowledge of midwifery can scarcely be over-estimated. In Scotland the minimum course of lectures on this subject embraces not less than 50 lectures; and they are not aware that either teachers or examiners in Scotland have complained of the inadequacy of such a course. On the whole, the faculty think that in a curriculum limited, as at present, to four years, it would be unwise to increase the already large extent of obligatory study, in the way of either adding thereto a new subject, or augmenting the duration of a course at present imperative.

(signed) Alexander Duncan, Secretary.

(h) From the ROYAL COLLEGE of SURGEONS in IRELAND.

Sir,

Dublin, 3 July 1879.

I AM directed by the President and Council of this College to acknowledge the receipt of your letter bearing date the 31st March 1879, in which were enclosed two memorials, one from the Obstetrical Society of London, bearing date 18th March 1879, and addressed to the General Medical Council; the other a memorial from certain ophthalmic surgeons, also addressed to the General Medical Council, but seemingly undated. In your letter a request was also contained that this Council should forward its "observations and report" upon these memorials to the General Medical Council.

With reference to the first of these Memorials, I have it in direction to inform you that this Council have long been impressed with the very great importance of a sound knowledge of obstetric medicine on the part of the general practitioner, and that they were gratified on reading the expression of opinion, so far as Ireland is concerned, of such a distinguished body as the Obstetrical Society of London.

With reference to the second Memorial, that from the ophthalmic surgeons, I have to inform you that the question therein referred to is at present under the anxious consideration of this Council.

I have, &c.

(signed) J. Stannus Hughes,
Secretary of Council.

To W. J. C. Miller, Esq.

(j) From the KING and QUEEN'S COLLEGE of PHYSICIANS in IRELAND.

Sir,

Dublin, 10 July 1879.

By direction of the President and Fellows of the King and Queen's College of Physicians in Ireland, I have to inform you that the circular issued by you 31st March 1879, and transmitting two Memorials, one from ophthalmic surgeons, and the other from the Obstetrical Society, "for observation and report thereon to the Medical Council," has been under the consideration of this College. The College referred the subject of the memorials to a committee.

This committee in due time reported to the College, and at the meeting of the College held in June, the following resolution was adopted:

"That in the opinion of the College the prayer and recommendations contained in the memorials to the General Medical Council from (1) The Ophthalmic Surgeons, and (2) The Obstetrical Society of London, are just and proper, and the College consider it would be desirable that the same should be adopted and carried out."

I have, &c.

(signed) *J. Magee Finny, M.D.,*
Registrar.To the Registrar of the General
Medical Council.

(k) From the APOTHECARIES' SOCIETY of LONDON.

Apothecaries' Hall, Blackfriars, London, E.C.

18 July 1879.

Sir,

REFERRING to the two memorials transmitted to the Registrar of the Society of Apothecaries, under date of 31st March 1879, "for observation and report thereon to the Medical Council," I am instructed by the Court of Examiners, by whom the questions have been duly considered, to hand you the following resolutions, marked A and B respectively:

(A) "That the examinations at this Court include the anatomy and physiology of the eye, and such diseases of that organ as come within the province of the physician. That the candidates are expected to exhibit a competent knowledge of these subjects, and the court have no reason to doubt, judging from the result of these examinations, that 'the eye and its diseases' have been properly taught and duly studied."

(B) "The court consider that candidates show a creditable general knowledge of midwifery, and that a further course of theoretical study will not give them the practical knowledge in which they are chiefly deficient."

I am, &c.,

(signed) *Thomas R. Wheeler, Secretary.*W. J. C. Miller, Esq., Registrar of the
General Medical Council.

(l) From the UNIVERSITY of OXFORD.

Registrar of the University's Office, Oxford,

23 July 1879.

Dear Sir,

In reply to your favour received this day, with a *second* copy of two memorials sent the first time on 31st March last, I have to inform you that the memorials were duly laid before the Hebdomadal Council, and were referred by that body to the Medical Committee.

I will call attention to the matter at the commencement of Michaelmas Term. At present the University has dispersed for the long vacation.

I am, &c.

(signed) *E. T. Turner.*

W. J. C. Miller, Esq.

Appendix, No. 11.

(m) From the UNIVERSITY of LONDON.

Burlington Gardens, W.,
25 July 1879.

Dear Sir,

I BEG to acknowledge the receipt of your note of yesterday, with copy of memorials enclosed. These memorials come now for the first time into my hands, and will be submitted to the Senate in due course. I regret, however, to say, in reference to your request for an early answer, that there will not be another meeting of the Senate previous to the vacation, and I am afraid, therefore, that the University will scarcely be in a position to forward any observations or report upon the memorials till towards the end of the year.

W. J. C. Miller, Esq.

I am, &c.
(signed) *Arthur Milman.*

(n) From the UNIVERSITY of ST. ANDREW'S.

Sir,

28 July 1879.

THE Medical Faculty of the University of St. Andrew's having carefully considered the two memorials submitted to the General Medical Council by the Obstetrical Society and the Ophthalmic Surgeons, beg to report as follows:

1. As regards the memorial from the Obstetrical Society.

The faculty are of opinion that the request contained in this memorial, considering the great importance of midwifery as a subject of medical education, is a fair and reasonable one, and they have pleasure in stating that the recommendations of the memorialists are in full force in this University, and that no one can be admitted to the M.B., C.M. degrees of St. Andrew's who has not attended a *six months' course* of "Midwifery and the Diseases peculiar to Women and Children," and likewise a *three months' course* of "Practical Midwifery."

2. As regards the memorial from the ophthalmic surgeons.

The faculty, while admitting and very fully recognising the growing importance of ophthalmology as a department of medicine and surgery, are nevertheless of opinion that in the present overcrowded state of the medical curriculum it would be inexpedient to recommend a three months' compulsory attendance on practical ophthalmology. They, however, think that in the event of any rearrangement of the medical curriculum, the ophthalmic surgeons have clearly a right to be heard, and that possibly some subjects at present included in the medical curriculum might be omitted to make room for a three months' course of ophthalmic surgery.

I am, &c.
(signed) *J. Bell Pettigrew,*
Dean of the Medical Faculty.

W. C. J. Miller, Esq.,
Registrar of the General Medical Council.

(o) From the UNIVERSITY of GLASGOW.

Dear Sir,

Glasgow College, 30 July 1879.

THE Medical Faculty have duly considered the two memorials submitted by you to the University of Glasgow, in accordance with resolutions passed by the General Medical Council on 26th March 1879. The Medical Faculty are fully alive to the importance of ample instruction in ophthalmology and obstetrics for all students of medicine; but they consider that the period now required for medical study is already more than fully occupied, and, pending an extension of that period, the Medical Faculty would not be inclined to favour any increase in the number of compulsory classes necessary for graduation in medicine. The Medical Faculty beg to state that in the University of Glasgow ample opportunities are afforded to students, should they desire it, for acquiring a practical knowledge of ophthalmology and obstetrics.

I am, &c.
(signed) *Thomas Moir,*
Assistant Clerk of Senate.

W. J. C. Miller, Esq.,
Registrar of the General Medical Council.

(p) From the ROYAL COLLEGE of PHYSICIANS of LONDON.

Sir,

31 July 1879.

REFERRING to your letter of the 31st of March last, accompanied by a "memorial from ophthalmic surgeons," and a "memorial from the Obstetrical Society" for observation and report thereon to the Medical Council, I am directed to state, for the information of the Medical Council:

(1.) With reference to the "memorial from ophthalmic surgeons," that the College considers ophthalmology is a subject which at present forms an integral part of the scheme of education in the medical schools, and that it does, as it should, form an integral part of the examination by the Examining Boards, and the College is not prepared to recommend that attendance on a distinct course of lectures on ophthalmology should be made compulsory, or that ophthalmology should form a distinct subject of examination.

(2.) With reference to the "memorial from the Obstetrical Society," the College is not prepared to extend the course of lectures on midwifery in view of the conjoint scheme (in which the College concurs) to reduce the courses of lectures on all subjects as much as possible, but the College is clearly of opinion that practical instruction, in addition to the attendance on cases of Midwifery, ought to be given to all medical students.

I am, &c.
(signed) Henry A. Pitman, Registrar.

To W. J. C. Miller, Esq.,
Registrar of the General Medical Council.

(q) From the UNIVERSITY of ABERDEEN.

Dear Sir,

2 August 1879.

IN answer to a letter of yours, addressed to the Registrar of this University, which has just fallen into my hands for reply, I have to forward you a copy of our rules and regulations in respect to medical degrees, and you will see, at page 7 of part iii., that no degree or diploma in *midwifery* is granted by this University.

W. J. C. Miller, Esq.

I am, &c.
(signed) Jas. S. Brazier,

PAPER 7.

OFFICIAL RETURN of the DEGREES, DIPLOMAS, and LICENSES granted by the MEDICAL LICENSING BODIES in the UNITED KINGDOM; the Nature and Extent of the QUALIFICATIONS conferred by such Diplomas (in reference to the Provisions of SECTION XXXI. of the "MEDICAL ACT (1858);" and the SUMS required to be Paid for them.

*. This Return has been obtained from the said Licensing Bodies, by a letter a copy whereof is appended to the Table, by the Registrar of the Medical Council, pursuant to directions from the House of Commons' Select Committee on the Medical Act (1858) Amendment Bills. In cases marked thus †, no information having been supplied by the Licensing Bodies, it has been added, according to the best data in the Registrar's hands.

LICENSING BODIES.	Degrees, Diplomas, and Licenses.	Nature and Extent of Qualification conferred.	Sum required to be Paid.	
			Fees, exclusive of Stamp.	Cost of Stamp where stated.
			£ s. d.	£ s. d.
Royal College of Physicians of London	Fellowship - - -	Medicine and Surgery -	31 10 -	25 - -
	Membership - - -	Medicine and Surgery -	31 10 -	nil.
	License - - -	Medicine and Surgery -	15 15 -	nil.
Royal College of Surgeons of England	Fellowship - - -	Surgery - - -	31 10 -	1 - -
	Membership - - -	Surgery - - -	10 10 -	nil.
	License in Midwifery -	Midwifery - - -	21 - -	1 - -
	License in Dental Surgery -	Dental Surgery - -	10 10 -	- -
Apothecaries' Society of London	License - - -	Medicine as Apothecary -	6 6 -	- -
University of Oxford	M.D. - - -	Medicine - - -	40 - -	- -
	M.B. - - -	Medicine - - -	15 10 -	- -
University of Cambridge	M.B. - - -	Medicine - - -	14 7 -	- -
	M.D. - - -	Medicine - - -	10 - -	- -
	M.C. - - -	Surgery - - -	In case of M.A. or M.D. -	- -
			In case of B.A. or M.B. -	- -
University of Durham	License in Medicine -	Medicine - - -	8 - -	- -
	License in Surgery -	Surgery - - -	8 - -	- -
	M.B. - - -	Medicine - - -	11 - -	- -
	M.D. - - -	Medicine - - -	11 - -	- -
	Mast. Surg. - - -	Surgery - - -	11 - -	- -
	M.D. - - -	- - -	- - -	- -
University of London	M.B. - - -	Medicine - - -	17 - -	- -
	M.D. - - -	Medicine - - -	5 - -	- -
	B.S. - - -	Surgery - - -	5 - -	- -
	M.S. - - -	Surgery - - -	5 - -	- -
Royal College of Physicians of Edinburgh	License - - -	Medicine - - -	15 15 -	- -
	Membership - - -	†Medicine - - -	15 15 -	- -
	Fellowship - - -	†Medicine - - -	31 10 -	25 - -
Royal College of Surgeons of Edinburgh	License - - -	Surgery - - -	15 15 -	- -
	Fellowship - - -	†Surgery - - -	25 - -	- -
Faculty of Physicians and Surgeons of Glasgow	License - - -	Surgery and Pharmacy -	15 15 -	- -
	Fellowship - - -	*Medicine or Surgery -	50 - -	- -
Royal College of Physicians of Edinburgh, and Royal College of Surgeons of Edinburgh	License - - -	Medicine and Surgery -	21 - -	- -
Royal College of Physicians of Edinburgh, and Faculty of Physicians and Surgeons of Glasgow	License - - -	Medicine and Surgery -	21 - -	- -
University of Edinburgh	M.B. - - -	Medicine - - -	15 15 -	- -
	Mast. Surg. - - -	Surgery - - -	5 5 -	- -
	M.D. - - -	Medicine - - -	5 5 -	10 - -
University of Aberdeen	M.B. - - -	Medicine - - -	15 15 -	- -
	C.M. - - -	Surgery - - -	5 5 -	- -
	M.D. - - -	Medicine - - -	5 5 -	10 - -
University of Glasgow	M.B. - - -	†Medicine and Surgery -	15 15 -	- -
	C.M. - - -	Surgery - - -	5 5 -	- -
	M.D. - - -	†Medicine and Surgery -	5 8 -	10 - -

* It is stated that, "agreeably to the terms of the charter, Fellows may be admitted either as Physicians or as Surgeons. In the former case they must be Doctors of Medicine; in the latter, they must be qualified as Surgeons."

† An accompanying letter states that the M.B. degree confers upon the holder thereof "the right to practise in all the branches of Medicine, Surgery, and Midwifery; but the holder may take in addition the degree of C.M. (Master in Surgery), though this latter degree confers no additional qualification for practice, but it is accepted as a special surgical qualification for appointments for which such a surgical qualification is required."

OFFICIAL RETURN of the Degrees, Diplomas, and Licenses granted by the Medical Licensing Bodies, &c.—continued.

LICENSING BODIES.	Degrees, Diplomas, and Licenses.	Nature and Extent of Qualification conferred.	Sum required to be Paid.	
			Fees, exclusive of Stamp.	Cost of Stamp where stated.
			£. s. d.	£. s. d.
University of St. Andrew's	M.B. - - - -	†Medicine - - - -	- - - -	15 15 -
	Mast. Surg. - - - -	Surgery - - - -	Additional - - - -	5 5 -
	M.D. - - - -	Medicine - - - -	Additional - - - -	15 5 -
	M.D. - - - -	†Medicine - - - -	- - - -	52 10 -
King and Queen's College of Physicians in Ireland	License - - - -	Medicine - - - -	- - - -	15 15 -
	Membership - - - -	Medicine - - - -	{ For Licentiates - - - -	21 - -
			{ For Non-Licentiates - - - -	31 10 -
	Fellowship - - - -	Medicine - - - -	{ For Graduates - - - -	30 - -
			{ For Non-Graduates - - - -	50 - -
	License in Midwifery - - - -	Midwifery - - - -	{ If taken without License - - - -	3 3 -
* Royal College of Surgeons in Ireland			{ " with License - - - -	1 1 -
	License - - - -	†Surgery - - - -	- - - -	27 6 -
			{ For Licentiates - - - -	21 - -
			{ For Pupils - - - -	36 15 -
			{ (Resident beyond 10 miles from Dublin.)	- - - -
			{ For Licentiates - - - -	31 10 -
Apothecaries' Hall of Ireland			{ For Pupils - - - -	47 5 -
			{ (Resident within 10 miles from Dublin.)	- - - -
	License in Midwifery - - - -	†Midwifery - - - -	- - - -	1 6 -
University of Dublin	License - - - -	Medicine and Pharmacy - - - -	- - - -	- 10 -
	License in Medicine - - - -	†Medicine - - - -	- - - -	10 - -
	License in Surgery - - - -	†Surgery - - - -	- - - -	10 - -
	M.B. - - - -	†Medicine - - - -	- - - -	16 - -
	Mast. Surg. - - - -	†Surgery - - - -	- - - -	21 - -
	M.D. - - - -	†Medicine - - - -	Additional - - - -	13 - -
Queen's University in Ireland	M.D. - - - -	Medicine - - - -	- - - -	5 - -
	Mast. Surg. - - - -	Surgery - - - -	- - - -	5 - -

* In addition to the Fees set forth in the fifth column, "a fee of one guinea is to be paid to the Registrar, on handing each Licentiate his Diploma."

COPY of LETTER sent to MEDICAL LICENSING BODIES.

(No. 306.)

General Council of Medical Education and Registration
of the United Kingdom,

315, Oxford Street, London, W., 3 July 1879.

Sir,

By order of the House of Commons' Select Committee on the Medical Act (1858) Amendment Bill, I am directed to request that you will be so good as to furnish me with full and exact details in regard to the following subjects:—

(a.) The sum required to be paid for each of the degrees, diplomas, or licenses in medicine, surgery, or midwifery, granted by your licensing body, whether separately or in conjunction with other licensing bodies;

(b.) The nature and extent of the qualification conferred by each of the said degrees, diplomas, or licenses, with respect to the provisions of Section XXXI. of the "Medical Act, (1858)."

And as it is desired that this information shall be laid, in a tabular form, before the Committee at the earliest possible date, I am further directed to request that you will be pleased to favour me with an immediate answer to this inquiry, in order that the data in question may be forthwith prepared for the use of the Committee.

I am, &c.

(signed) W. J. C. Miller,

Registrar of the General Medical Council.

The Registrar of the

PAPER 8.

TABLE containing a SUMMARY, by the REGISTRAR, of the Number and Per-centage of PERSONS Registered with One, Two, or more Qualifications, respectively, in the "MEDICAL REGISTER" for 1879.

Number of Qualifications Registered.	One Qualification.	Two Qualifications.	Three Qualifications.	Four Qualifications.	Five Qualifications.	Six Qualifications.	Seven Qualifications.	TOTAL.
Number of Persons registered with the qualifications specified above.	4,363	12,870	4,366	812	141	10	2	22,564
Per-centage of the Total Registered Number of 22,564.	19.33	57.04	19.35	3.59	.63	.05	.01	100

PAPER 8A.

SUMMARY, by the REGISTRAR, of the Number and Per-centage of PERSONS Registered in the "MEDICAL REGISTER" up to 5 January 1860, as "in Practice before 1815."

Number.	Per-centage of the Total of 16,490.
312	1.9

PAPER 9.

CORRESPONDENCE relating to certain alleged Irregularities in regard to
MEDICAL STUDENTS' REGISTRATION.

1. ON 12th March 1879, the following letter was laid before the Branch Medical Council for Scotland:—

"Dear Sir,

Glasgow Royal Infirmary, 19 February 1879.

"I BEG to request that you will be good enough to lay before the Medical Council the following, viz.:—

"According to the rules of the College of Surgeons, Ireland, a student gets credit for all professional studies prior to his passing an arts or preliminary examination, and the consequence of this is that the Irish students put off their registration, all that is required by the R.C.S.I. being that they should, upon presenting themselves for examination, have their necessary professional certificates, with certificate of having passed the preliminary at some date prior to going in for examination. I have been to see Dr. Bell upon this subject, and being in my fourth year of professional studies, and having all the necessary certificates required by the Ed. Board, with the exception of the full period of registration.

"I beg further to request that the Council will take into their kind consideration the rules of the Irish College as regards the period of registration, and grant me permission to present myself for examination (final) in April next, having passed the first half of R.C.S.I. last July. An early reply will much oblige, as the examination for letters testimonial at R.C.S.I. comes off about the same time in April, of which I must avail myself in the event of being refused permission to present myself for the Ed. Examination.

"Yours, &c.
(signed) "William Bunbury Eames,
"House Surgeon, G.R.I.

2. The Branch Medical Council for Scotland, at the above-cited meeting, resolved that the letter of application from Mr. William Bunbury Eames should be printed in the "Minutes," and that the consideration of the question therein raised should be referred, without comment, to the General Medical Council.

3. Accordingly the subject was taken into consideration by the General Medical Council at its meeting on 26th March 1879, whereupon it was moved by Dr. Andrew Wood, seconded by Mr. Macnamara, and agreed to:—

"That the Council send the foregoing communication to the Royal College of Surgeons in Ireland, for the consideration of that college, calling attention to the following recommendation by the General Council in regard to the registration of medical students (Minutes, Vol. XIV., p. 177, Recommendation 14):—

"The several Branch Councils shall have power to admit special exceptions to the foregoing regulations as to registration, for reasons which shall appear to them satisfactory."

4. In accordance with the foregoing resolution, a letter was, on 29th March 1879, sent by the Registrar to the Royal College of Surgeons in Ireland, in answer to which letter the following communication was received therefrom, about the end of April 1879:—

Royal College of Surgeons in Ireland,
Dublin, April 1879.

Gentlemen,
In reply to your communication of the 29th ultimo, the receipt of which I have already acknowledged, I am directed to inform you that the Council of the Royal College of Surgeons in Ireland have taken it into their serious consideration, and cannot agree to the recommendation of the General Medical Council to the effect that they should refer to the Branch Council for Ireland the decision as to the exceptions to be permitted in the case of students who may produce certificates of professional subjects antecedent to that of preliminary education.

Since the foundation of this college, evidence of having passed a preliminary examination has been a *sine quâ non* to enable candidates to present themselves for any of our professional examinations; and the vast majority of our students, as a matter of fact, do pass such examinations previous to commencing their professional studies. From time to time, however, exceptional cases crop up, and upon these cases this Council cannot consent to resign into other hands than their own the right of adjudication.

I have, &c.
(signed) J. Stannus Hughes,
Secretary of the Council.

To the President and Council of the
General Medical Council.

5. The foregoing letter was laid before the Executive Committee of the General Medical Council, at its meeting on 23rd May 1879, and the following resolution passed thereon:—

Resolved:—"That a copy of this letter be sent to the Branch Council for Ireland, together with a copy of the letter from Mr. Eames" [given above], "and that the Branch Council be requested to favour the Executive Committee with such observations thereon as they may think fit, in order that they may be submitted to the General Medical Council."

6. Pursuant to this resolution, a copy of the letter was sent by the Registrar to the Branch Council for Ireland, together with a copy of Mr. Eames's letter, and the Branch Council was requested to favour the Executive Committee with such observations thereon as they may think fit, in order that the subject may be brought before the General Medical Council at its next meeting.

7. In answer to this letter, the Branch Council for Ireland sent, under date 17th June 1879, the following Resolution:—

The Branch Council for Ireland having before them the letter of Dr. James Stannus Hughes, Secretary of the Council of the Royal College of Surgeons in Ireland, of April 1879, in which he informs the President and Members of the General Medical Council that the Council of the Royal College of Surgeons in Ireland cannot agree on the recommendation of the General Medical Council to refer to the Branch Council for Ireland, or to resign into other hands than their own their right of adjudication upon cases of students who may commence their professional studies antecedent to having passed their preliminary examination; and having also before them the resolution of the Executive Committee transmitting a copy of Dr. Hughes' letter, with a request that they would favour the Executive Committee with such observations thereon as the Branch Medical Council for Ireland should think fit; it was

"*Resolved*,—That the Branch Council for Ireland desire to observe that the question raised lies between the Council of the Royal College of Surgeons in Ireland and the General Medical Council itself, and therefore decline to make any further observations thereon."

8. The whole of this correspondence was submitted to the General Medical Council, at its meeting on the 17th of July 1879, whereupon the following motion was moved by Sir William Gull, seconded by Mr. Simon, and agreed to:

Appendix, No. 11. "That the Council of the Royal College of Surgeons in Ireland be informed that, in the opinion of this Council, the continued non-compliance with the recommendations of this Council in respect of the 'Preliminary Examination 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."

PAPER 10.

LIST of QUALIFICATIONS REGISTRABLE in the "Medical Register."

Fellow, Member, Licentiate, Extra Licentiate, of the Royal College of Physicians of London.
 Fellow, Member, Licentiate, of the Royal College of Physicians of Edinburgh.
 Fellow, Licentiate, Licentiate in Midwifery, of the King's and Queen's College of Physicians of Ireland.
 Fellow, Member, Licentiate in Midwifery, of the Royal College of Surgeons of England.
 Fellow, Licentiate, of the Royal College of Surgeons of Edinburgh.
 Fellow, Licentiate, of the Faculty of Physicians and Surgeons of Glasgow.
 Fellow, Licentiate, Licentiate in Midwifery, of the Royal College of Surgeons in Ireland.
 Licentiate of the Society of Apothecaries, London.
 Licentiate of the Apothecaries' Hall, Dublin.
 Doctor of Medicine, Bachelor of Medicine, Licentiate in Medicine, of the University of Oxford.
 Doctor of Medicine, Bachelor of Medicine, Licentiate in Medicine, Master in Surgery, of the University of Cambridge.
 Doctor of Medicine, Bachelor of Medicine, Licentiate in Medicine, Master in Surgery, of the University of Durham.
 Doctor of Medicine, Bachelor of Medicine, Bachelor of Surgery, Master in Surgery, of the University of London.
 Doctor of Medicine, Bachelor of Medicine, Master in Surgery, of the University of Edinburgh.
 Doctor of Medicine, Bachelor of Medicine, of the University and King's College, Aberdeen.
 Doctor of Medicine, Bachelor of Medicine, of Marischal College and University, Aberdeen.
 Doctor of Medicine, Bachelor of Medicine, Master in Surgery, of the University of Aberdeen.
 Doctor of Medicine, Bachelor of Medicine, Master in Surgery, of the University of Glasgow.
 Doctor of Medicine, Bachelor of Medicine, Master in Surgery, of the University of St. Andrew's.
 Doctor of Medicine, Bachelor of Medicine, Licentiate in Medicine, Master in Surgery, Bachelor in Surgery, Licentiate in Surgery, of the University of Dublin.
 Doctor of Medicine, Master in Surgery, Licentiate in Surgery, of the Queen's University in Ireland.

N.B.—The total number is 61 Qualifications.

PAPER 11.

RETURN, by the REGISTRAR, of RESULTS of PROFESSIONAL EXAMINATIONS for DEGREES, DIPLOMAS, and LICENSES granted in 1878 by the BODIES in SCHEDULE (A.) of the "MEDICAL ACT (1858)."

LICENSING BODIES.	Degrees and Diplomas.	Number of Examinations to be Passed.	First Examination.		Second Examination.		Final Examination.	
			Number Rejected.	Number Passed.	Number Rejected.	Number Passed.	Number Rejected.	Number Passed.
Royal College of Physicians of London	License - - - -	2	14	9	- -	- -	21	68
	Membership - - - -	3	- -	- -	- -	1	4	20
Royal College of Surgeons of England	Membership - - - -	2	276	451	- -	- -	144	353
	License in Midwifery - - - -	1	- -	- -	- -	- -	- -	- -
	Fellowship - - - -	2	55	43	- -	- -	12	26
Apothecaries' Society of London	License - - - -	2	78	147	- -	- -	58	204
	M.B. - - - -	2	2*	7	- -	- -	2	5
	M.D. - - - -	2	- -	- -	- -	- -	- -	1
University of Oxford	Examination in Preventive Medicine and Public Health.	-	-	-	-	-	-	-
	M.B. - - - -	3	35	48	4	23	6†	7‡
	M.D. - - - -	1	- -	- -	- -	- -	- -	4
	M.C. - - - -	1	- -	- -	- -	- -	- -	1
	L.M. - - - -	2	- -	- -	- -	- -	- -	- -
	M.B. - - - -	2	3	5	1	7	1	7
	M.D. - - - -	2	- -	- -	- -	- -	- -	- -
	M.C. - - - -	2	- -	- -	- -	- -	- -	- -
University of Durham	M.D. for Practitioners of fifteen years' standing.	1	- -	- -	- -	- -	1	3
	M.B. - - - -	3	71	92	36‡	§	20	25
	M.D. - - - -	1	- -	- -	- -	- -	4	6
	B.S. - - - -	1	- -	- -	- -	- -	1	6
	M.S. - - - -	1	- -	- -	- -	- -	- -	- -
Royal College of Physicians of Edinburgh	License - - - -	2	- -	14	- -	- -	38	115
Royal College of Surgeons of Edinburgh	License - - - -	2	10	19	- -	- -	5	43
Faculty of Physicians and Surgeons, Glasgow	License - - - -	2	14	31	- -	- -	11	34
Royal College of Physicians of Edinburgh, and Royal College of Surgeons of Edinburgh	License in Medicine and Surgery.	2	51	94	- -	- -	56	159
Royal College of Physicians of Edinburgh and Faculty of Physicians and Surgeons of Glasgow	License in Medicine and Surgery.	2	5	9	- -	- -	5	21
	M.B. - - - -	3	78	184	58	107	27	117‡
	M.B. and M.C. - - - -	3	- -	- -	- -	- -	5	30‡
	M.D. - - - -	1	- -	- -	- -	- -	- -	- -
University of Aberdeen	M.B. - - - -	-	- -	- -	- -	- -	- -	46
	M.D. - - - -	-	- -	- -	- -	- -	- -	33**
	M.B. and M.C. - - - -	3	36	89	45	49	15	58††
	M.B. and M.C. (Old) - - - -	3	67	57	36	59	12	- -
	M.B. and M.C. (New) - - - -	4	12	16	- -	8	- -	- -
	M.D. - - - -	2	- -	2	2	1‡‡	- -	- -
	M.D. - - - -	2	- -	- -	- -	- -	- -	14
	M.B. and M.C. - - - -	3	- -	- -	- -	- -	- -	2
	M.D. - - - -	1	- -	- -	- -	- -	- -	10
University of St. Andrew's	M.B. and M.C. - - - -	3	- -	- -	- -	- -	- -	- -
	M.D. - - - -	1	- -	- -	- -	- -	- -	- -
King and Queen's College of Physicians in Ireland	License in Medicine - - - -	2	3	5	- -	- -	29	78
	License in Midwifery - - - -	1	- -	- -	- -	- -	1	79
	License - - - -	2	34	120	- -	- -	29	101
	License in Midwifery - - - -	1	- -	- -	- -	- -	- -	8
	Fellowship - - - -	3	- -	3	- -	3	- -	3
Apothecaries' Hall of Ireland	License - - - -	2	18	19	- -	- -	6	23
	M.B. - - - -	2	- -	- -	- -	- -	7	41
	M.C. - - - -	3	- -	- -	- -	- -	3	28
	M.D. - - - -	1	- -	- -	- -	- -	- -	- -
University of Dublin	M.D. - - - -	3	48	139	61	100	30	47
	M.C. - - - -	1	- -	- -	- -	- -	30	35

* One also withdrew during the first examination.

† This is not, strictly speaking, the final examination, because every candidate has, subsequently to the third examination, to write a Thesis and keep an "Act," in which he is subjected to more or less of oral examination.

‡ Of these, seven were among the candidates who proposed to go through the examination with the exclusion of physiology, and one was among those who, having previously passed the examination with the exclusion of physiology, presented themselves to be examined in physiology only.

§ Of these, four availed themselves of the option of reserving their examination in physiology for a future year, and five who had previously exercised the same option passed in physiology only.

¶ Of these, 106 took M.B. and C.M., nine M.B. alone, and two did not graduate.

‡ There were 35 candidates for the degree of M.D. Of these, 30 passed and five were resituated in consequence of their Thesis not having been considered of sufficient merit.

** Of these, all took M.B. and C.M., and also one other candidate now of age.

†† Of these, 55 took M.B. and C.M., three M.B. only.

‡‡ Took M.D. only.

§§ Half M.B. Examinations.

Subjects.	Candidates.	Rejected.	Passed.
Anatomy (descriptive) - - - -	34	6	28
Botany and materia medica - - - -	43	13	30
Physics and chemistry - - - -	66	6	60

PAPER 12.

ANALYSIS of the ANNUAL RETURNS of FINAL EXAMINATIONS for Fifteen Years,
presented to the Executive Committee of the Medical Council on 22 December 1876,
by AQUILLA SMITH, M.D.

HAVING undertaken to make an analysis of the annual returns of the "Results of the Examinations for Degrees, Diplomas, and Licenses," I present to the Executive Committee the following introductory explanation of the plan I adopted, along with the series of Tables as a contribution towards drawing up the report to be presented at the next meeting of the Medical Council.

Seeing in the returns for the first six years (1861-66), that the qualifications obtained by the candidates are not specified, and that the gross numbers only are given of those who were examined, passed, and rejected, I constructed the following Table, with an additional column for the per-centage of rejection.

TABLE I.

Minutes of Council.	Examined.	Passed.	Rejected.	Rejected.
				<i>Per cent.</i>
1861 Vol. II., page 127 - - -	1,609	1,409	200	12·4
1862 " II. " 222 - - -	2,446	2,151	295	12·0
1863 " III. " 132 - - -	1,929	1,707	222	11·5
1864 " III. " 279 - - -	1,965	1,738	227	11·5
1865 " IV. " 281 - - -	1,762	1,531*	231	13·5
1866 " V. " 240 - - -	1,706	1,457*	249	14·5
	11,417	9,993†	1,424	75·4
Average - - -	1,902·8	1,665·5	237·3	12·5

In 1867 a great improvement was introduced by obtaining separate returns of the number passed, and rejected, of the candidates examined for the different degrees, licenses, memberships, and fellowships; and the same form of return has been continued up to the present time.

The following Table is a summary of the returns for nine years (1867-75) on the same plan as Table I.:-

TABLE II.

Minutes of Council.	Examined.	Passed.	Rejected.	Rejected.
				<i>Per cent.</i>
1867 Vol. VI., page 295 - - -	1,734	1,476	258	14·8
1868 " VII. " 119 - - -	1,705	1,409	296	17·3
1869 " VIII. " 104 - - -	1,518	1,272	246	16·2
1870 " IX. " 51 - - -	1,605	1,299	306	19·0
1871 " X. " 150 - - -	1,715	1,430	285	16·6
1872 " X. " 150 - - -	1,850	1,492	358	19·3
1873 " XI. " 66 - - -	1,782	1,428	354	19·8
1874 " XII. " 18 - - -	1,824	1,437	387	21·2
1875 " 1876 " 135 - - -	1,891	1,452	439	23·2
	15,624	12,695	2,929	167·4
Average - - -	1,736	1,410·5	325·4	18·6

In this Table, which is a summary of nine years, I have taken account only of the final examination in each of the licensing bodies, for a qualification which confers the right of being entered in the "Medical Register."

The next step was to construct nine Tables for the years 1867-75, in which I omitted the additional qualifications, fellowships, licenses in midwifery, and separate degrees in surgery, given by some of the universities, the number being so small in proportion to the primary qualifications

* The separate examinations for licenses in midwifery in these returns are not taken into account in this or in any subsequent Tables.

† This number includes the higher degrees, fellowships, &c., which were conferred after the candidates had obtained a qualification for registration.

qualification for registration conferred by the three Royal Colleges of Surgeons, it did not seem necessary to tabulate them. Appendix, No. 11.

The following Table for 1875 shows the qualifications taken account of, and the particulars as set forth in the other eight Tables, from which series the subsequent Tables IV. to X. have been constructed:—

TABLE III.

Licensing Bodies, 1875.	Qualification.	Examined.	Passed.	Rejected.	Rejected.
					<i>Per cent.</i>
Royal College of Physicians, England.	License - - -	107	86	21	19·6
Royal College of Physicians, Edinburgh.	- ditto - - -	158	98	60	37·9
King and Queen's College of Physicians, Ireland.	- ditto - - -	83	67	16	19·2
Royal College of Surgeons, England.	Member - - -	498	369	129	25·9
Royal College of Surgeons, Edinburgh.	License - - -	63	45	18	28·5
Royal College of Surgeons, Ireland.	- ditto - - -	159	122	37	23·2
Faculty of Glasgow - -	- ditto - - -	35	21	14	40·0
Apothecaries, London -	- ditto - - -	235	226	9	3·7
Ditto - Dublin - -	- ditto - - -	27	23	4	14·8
Royal College of Physicians and Royal College of Surgeons, Edinburgh.	Double license - -	111	71	40	36·0
Royal College of Physicians, Edinburgh, and Faculty of Glasgow.	- ditto - - -	30	20	10	33·3
University of Cambridge -	M.B. - - -	12	6	6	50·0
Ditto - Durham - -	M.B. - - -	2	2	—	—
Ditto - London - -	M.B. - - -	28	19	9	32·1
Ditto - Oxford - -	M.B. - - -	6	6	—	—
Ditto - Aberdeen - -	M.B., M.C. and M.D.	73	60	13	17·8
Ditto - Edinburgh - -	- ditto - ditto -	94	84	10	10·6
Ditto - Glasgow - -	- ditto - ditto -	51	42	9	17·6
Ditto - St. Andrew's -	M.B. and M.D. -	—	—	—	—
Ditto - Dublin - -	M.B. - - -	46	39	7	15·2
Queen's University, Ireland	M.B. - - -	73	46	27	36·9
		1,891	1,452	439	23·2

TABLE IV.

Y E A R.	Royal College of Physicians, England. License.		Royal College of Physicians, Edinburgh. License.		King and Queen's College of Physicians, Ireland. License.	
	Examined.	Rejected.	Examined.	Rejected.	Examined.	Rejected.
		<i>Per cent.</i>		<i>Per cent.</i>		<i>Per cent.</i>
1867 - - - -	80	11·2	165	15·7	78	11·5
1868 - - - -	95	13·6	299	26·7	112	10·7
1869 - - - -	85	18·8	160	20·6	105	8·5
1870 - - - -	64	20·3	137	21·8	108	10·1
1871 - - - -	85	9·4	174	22·9	108	10·1
1872 - - - -	72	11·1	181	30·9	99	26·2
1873 - - - -	88	13·6	180	26·6	91	19·7
1874 - - - -	99	14·1	171	24·5	105	14·2
1875 - - - -	107	19·6	158	37·9	83	19·2
	775	131·7	1,625	227·6	889	130·2
Average - - -	86·1	14·6	180·5	25·2	98·7	14·4

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TABLE V.

Y E A R.	Royal College of Surgeons, England. Member.		Royal College of Surgeons, Edinburgh. License.		Royal College of Surgeons, Ireland. License.	
	Examined.	Rejected.	Examined.	Rejected.	Examined.	Rejected.
		<i>Per cent.</i>		<i>Per cent.</i>		<i>Per cent.</i>
1867 - - - -	405	12.8	57	17.5	101	15.8
1868 - - - -	404	15.5	46	13.0	116	8.6
1869 - - - -	320	13.4	45	17.7	109	10.0
1870 - - - -	371	17.2	50	18.0	112	14.2
1871 - - - -	397	20.6	47	12.7	131	8.3
1872 - - - -	480	22.0	31	19.3	138	13.0
1873 - - - -	470	21.4	46	23.9	150	12.6
1874 - - - -	478	26.9	50	26.0	114	20.1
1875 - - - -	498	25.9	63	28.5	159	23.2
	3,823	175.7	435	176.6	1,130	125.8
Average - - -	424.7	19.5	48.3	19.6	125.5	13.9

TABLE VI.

Y E A R.	Faculty of Glasgow. License.		Apothecaries, London. License.		Apothecaries, Dublin. License.	
	Examined.	Rejected.	Examined.	Rejected.	Examined.	Rejected.
		<i>Per cent.</i>		<i>Per cent.</i>		<i>Per cent.</i>
1867 - - - -	50	44.0	284	10.5	33	18.1
1868 - - - -	54	33.3	78	—	33	24.2
1869 - - - -	50	48.0	199	8.5	23	13.0
1870 - - - -	50	52.0	250	18.4	19	—
1871 - - - -	30	40.0	262	12.9	20	—
1872 - - - -	52	38.4	258	13.9	36	16.6
1873 - - - -	26	34.6	204	12.2	36	16.6
1874 - - - -	25	40.0	205	7.3	30	9.9
1875 - - - -	35	40.0	235	3.7	27	14.8
	372	370.3	1,975	87.4	257	113.2
Average - - -	41.3	41.1	219.4	9.7	28.5	12.5

TABLE VII.

Y E A R.	Royal College of Physicians and Royal College of Surgeons, Edinburgh. Double License.		Royal College of Physicians and the Faculty of Glasgow. Double License.	
	Examined.	Rejected.	Examined.	Rejected.
		<i>Per cent.</i>		<i>Per cent.</i>
1867 - - - -	127	20.4	34	14.7
1868 - - - -	107	30.8	31	41.9
1869 - - - -	114	25.4	47	40.4
1870 - - - -	114	20.8	29	34.4
1871 - - - -	81	24.6	34	23.5
1872 - - - -	103	22.3	34	23.5
1873 - - - -	101	24.7	33	33.3
1874 - - - -	128	34.3	39	41.0
1875 - - - -	111	36.0	30	33.3
	986	239.3	311	286
Average - - -	109.5	26.5	34.5	31.7

TABLE VIII.

Y E A R.	OXFORD. M.B.		CAMBRIDGE. M.B.		DURHAM. M.B.		LONDON. M.B.	
	Examined.	Rejected.	Examined.	Rejected.	Examined.	Rejected.	Examined.	Rejected.
		<i>Per cent.</i>		<i>Per cent.</i>		<i>Per cent.</i>		<i>Per cent.</i>
1867 - - -	4	50	9	11	-	-	25	12
1868 - - -	3	-	5	20	-	-	23	8.6
1869 - - -	2	-	14	21.4	-	-	18	5.5
1870 - - -	2	-	16	31.2	1	-	24	-
1871 - - -	2	50	8	12.5	1	-	23	17.3
1872 - - -	2	-	13	7.6	-	-	28	10.7
1873 - - -	3	33.3	9	22.2	1	-	27	18.5
1874 - - -	1	-	13	-	2	-	25	24
1875 - - -	6	-	12	50	2	-	28	32.1
	25	133.3	99	175.9	7	-	221	128.7
Average - -	2.7	14.8	11	19.5	0.7	-	24.5	14.3

TABLE IX.

Y E A R.	ABERDEEN.		EDINBURGH.		GLASGOW.		ST. ANDREW'S.	
	Examined.	Rejected.	Examined.	Rejected.	Examined.	Rejected.	Examined.	Rejected.
	M.B.	<i>Per cent.</i>	M.B., M.C., M.D.	<i>Per cent.</i>	M.B., M.C., M.D.	<i>Per cent.</i>	M.D.	<i>Per cent.</i>
1867 - - -	46	10.8	99	11.1	34	14.7	10	-
1868 - - -	M.B., M.C., M.D. 76	5.2	M.B. 59	15.2	M.B. 44	13.6	9	-
1869 - - -	M.B., M.C. 39	12.8	M.B., M.C. 57	12.2	41	14.6	10	-
1870 - - -	38	15.7	73	20.3	54	20.3	10	-
1871 - - -	41	7.3	82	8.5	52	9.6	10	20
1872 - - -	56	14.2	79	6.3	45	8.8	10	-
1873 - - -	68	17.6	88	12.5	M.B., M.C. 51	15.6	M.B. 1	-
1874 - - -	63	14.2	102	13.7	57	17.5	-	-
1875 - - -	73	17.8	94	10.6	51	17.6	-	-
	500	115.6	733	110.6	429	132.3	60	20
Average - - -	55.5	12.8	81.4	12.2	47.6	14.7	6.6	2.2

TABLE X.

Y E A R.	UNIVERSITY OF DUBLIN. M.B.		QUEEN'S UNIVERSITY. M.D.	
	Examined.	Rejected.	Examined.	Rejected.
		<i>Per cent.</i>		<i>Per cent.</i>
1867 - - -	36	5.5	57	31.5
1868 - - -	44	-	67	26.8
1869 - - -	46	4.3	34	2.9
1870 - - -	33	6.0	50	16.0
1871 - - -	48	25.0	79	22.7
1872 - - -	47	10.6	86	22.0
1873 - - -	44	20.4	65	32.3
1874 - - -	53	7.5	64	31.2
1875 - - -	46	15.2	73	36.9
	397	94.5	575	222.3
Average - - -	44.1	10.5	63.8	24.7

Appendix, No. 11.

A summary of Tables IV. to X. is given in—

TABLE XI.

LICENSING BODIES.	Examined.	Average.	Sum of Rejections.	Average.	Rejected per Cent. in 1875.
Royal College of Physicians, England.	775	86.1	131.7	14.6	19.6
Royal College of Physicians, Edinburgh.	1,625	180.5	227.6	25.2	37.9
King and Queen's College of Physicians, Ireland.	889	98.7	130.2	14.4	19.2
Royal College of Surgeons, England.	3,823	424.7	175.7	19.5	25.9
Royal College of Surgeons, Edinburgh.	435	48.3	176.6	19.6	28.5
Royal College of Surgeons, Ireland	1,130	125.5	125.8	13.9	23.2
Faculty of Glasgow - - -	372	41.3	370.3	41.1	40.0
Apothecaries, London - - -	1,975	219.4	87.4	9.7	3.7
Ditto - Dublin - - -	257	28.5	113.2	12.5	14.8
Royal College of Physicians and Royal College of Surgeons, Edinburgh.	986	109.5	239.3	26.5	36.0
Royal College of Physicians, Edinburgh, and Faculty of Glasgow.	311	34.5	286.0	31.7	33.3
University of Cambridge - -	99	11.0	175.9	19.5	50.0
Ditto - Durham - - -	7	0.7	—	—	—
Ditto - London - - -	221	24.5	128.7	14.3	32.1
Ditto - Oxford - - -	25	2.7	133.3	14.8	—
Ditto - Aberdeen - - -	500	55.5	115.6	12.8	17.8
Ditto - Edinburgh - - -	733	81.4	110.6	12.2	10.6
Ditto - Glasgow - - -	429	47.6	132.3	14.7	17.6
Ditto - St. Andrew's - - -	60	6.6	20.0	2.2	—
Ditto - Dublin - - -	397	44.1	94.5	10.5	15.2
Queen's University, Ireland - -	575	63.8	223.3	24.7	36.9
	15,624				

This Table exhibits the gross number of candidates examined by each of the 21 licensing bodies in nine years, and the average for each year; it also shows the sum of the percentage of rejections in nine years, and the average for each year. The additional column from Table III. serves for comparing the high per-centage of rejections in 1875 with the averages of the nine years.

The most remarkable fact in this table is that the per-centage of rejections in 1875 by the Society of Apothecaries of London is so low as 3.7 compared with 9.7 the average of nine years, and on referring to Table VI. it will be seen that in 1870 the per-centage of rejections was 18.4, from which it has fallen from year to year to the minimum of 3.7.

Taking into account that 1,975 candidates were examined in nine years (*see* Tables VI. and XI.), that number is much greater than was examined by any other of the licensing bodies, except the Royal College of Surgeons, England (*see* Tables V. and XI.). The ratio of rejection is so small, it demands special inquiry, because the candidates must either have been exceptionally well prepared for the examinations, or the standard on which they were passed must be very low indeed.

Statistical tables are generally and often justly received with distrust; I therefore invite criticism as to the accuracy of my figures, and the correctness of the calculation of the averages and per-centages, carried to only one decimal, which is sufficiently precise for the object of this investigation.

From the summary in Table II. it appears that the ratio of rejections in 1867 was only 14.8 per cent., and that in 1875 it attained the maximum of 23.2 per cent. It becomes of great importance to inquire whether this remarkable increase has deterred candidates from presenting

presenting themselves for examination, or has caused a diminution of the entries in the Appendix, No. 11. "Medical Register."

Before entering more particularly into this inquiry, it is desirable to ascertain the number of practitioners in the United Kingdom at the passing of the Medical Act in 1858, registered at a fee of 2*l.* up to the end of 1875. The exact number is shown in—

TABLE XII.

Y E A R.	ENGLAND.	SCOTLAND.	IRELAND.	TOTAL.
1859 - - - - -	12,302	1,690	2,089	16,081
1860 - - - - -	333	30	56	419
1861 - - - - -	420	51	60	531
1862 - - - - -	183	15	27	225
1863 - - - - -	99	13	21	133
1864 - - - - -	96	7	21	124
1865 - - - - -	79	5	10	94
1866 - - - - -	46	5	4	55
1867 - - - - -	35	5	4	44
1868 - - - - -	37	—	3	40
1869 - - - - -	22	5	2	29
1870 - - - - -	33	5	2	40
1871 - - - - -	26	8	1	35
1872 - - - - -	25	7	—	32
1873 - - - - -	23	5	3	31
1874 - - - - -	23	4	2	29
1875 - - - - -	20	2	1	23
	13,802	1,857	2,306	17,965

In the first volume of the "Medical Register," 16,081 were enrolled, and the additional number of 1,884 in subsequent years, making a total of 17,965. The exact number of practitioners in the "Medical Register," published in February 1876, is 22,200, which shows an increase of 4,235 in 17 years.

The following Table shows the number of practitioners entered in the register, at a fee of 5*l.*, from the 1st October 1858, to the end of 1875:—

TABLE XIII.

Y E A R.	ENGLAND.	SCOTLAND.	IRELAND.	TOTAL.
1859 - - - - -	280	79	50	409
1860 - - - - -	256	95	72	423
1861 - - - - -	354	107	109	570
1862 - - - - -	413	104	127	644
1863 - - - - -	489	158	153	800
1864 - - - - -	498	162	177	837
1865 - - - - -	413	115	140	668
1866 - - - - -	425	119	150	694
1867 - - - - -	448	126	155	729
1868 - - - - -	471	150	164	785
1869 - - - - -	435	119	143	697
1870 - - - - -	447	140	205	792
1871 - - - - -	413	117	162	692
1872 - - - - -	626	139	209	974
1873 - - - - -	499	169	150	818
1874 - - - - -	523	164	186	873
1875 - - - - -	584	177	151	912
	7,574	2,240	2,503	12,317
Average - - -	445.5	131.7	147.2	724.5

This proves that there has been no reduction in the annual registration, for the average of 724.5 registered in 17 years is 213 higher than the average of the entries in the first four years (1859 to 1862), and it is 169.9 lower than the average of the entries in the last four years (1872 to 1875).

Appendix, No. 11.

Further important evidence is furnished by dividing the years in Table II. into triennial periods:—

TRIENNIAL PERIOD.	Examined.	Passed.	Rejected.	Rejected.
				<i>Per cent.</i>
1867, 1868, 1869 - - -	4,957	4,157	800	48·3
Average - - -	1,652·3	1,385·6	266·6	16·1
1870, 1871, 1872 - - -	5,170	4,221	949	54·9
Average - - -	1,723·3	1,407	316·3	18·3
1873, 1874, 1875 - - -	5,497	4,317	1,180	64·2
Average - - -	1,832·3	1,439	393·3	21·4

There has been a progressive increase in each period of the number examined and passed and a more remarkable increase in the ratio of rejections; the difference between the first and third periods being 5·3 per cent.

The preceding series of Tables will be useful as standards of comparison with future returns, and supply facts for the discussion of questions which must engage the attention of the Medical Council.

Aquilla Smith, M.D.

PAPER 13.

RETURN, by the REGISTRAR, of the NUMBERS Examined and the Rejections per Cent. at FINAL EXAMINATIONS for DEGREES, DIPLOMAS, and LICENSES by the BODIES in SCHEDULE (A.) of the MEDICAL ACT, for the Years 1875, 1876, 1877, and 1878.

No.	Medical Authorities.	Qualifications.	In 1875.		In 1876.		In 1877.		In 1878.	
			Number Examined.	Rejections per Cent.	Number Examined.	Rejections per Cent.	Number Examined.	Rejections per Cent.	Number Examined.	Rejections per Cent.
1	Royal College of Physicians of London.	License - -	107	19·6	106	15·0	116	16·4	89	23·6
2	Royal College of Physicians of Edinburgh.	License - -	158	37·9	180	36·6	141	18·4	153	24·8
3	King and Queen's College of Physicians in Ireland.	License - -	83	19·3	130	16·9	107	19·6	107	27·1
4	Royal College of Surgeons of England.	Member - -	498	25·9	546	25·3	546	24·4	497	28·9
5	Royal College of Surgeons of Edinburgh.	License - -	63	28·6	54	12·9	62	9·7	48	10·4
6	Royal College of Surgeons in Ireland.	License - -	159	23·3	109	11·0	133	25·6	130	22·6
7	Faculty of Physicians and Surgeons of Glasgow.	License - -	35	40·0	61	32·8	31	32·3	45	24·4
8	Apothecaries' Society of London	License - -	235	3·8	284	10·9	261	16·9	262	22·1
9	Apothecaries' Hall of Ireland	License - -	27	14·8	29	24·1	31	22·6	29	20·7
10	Royal College of Physicians and Royal College of Surgeons of Edinburgh.	Double License -	111	36·0	138	38·4	170	40·0	215	26·0
11	Royal College of Physicians of Edinburgh and Faculty of Physicians and Surgeons of Glasgow.	Double License -	30	33·3	35	37·1	17	23·5	26	19·2
12	University of Cambridge	M.B. - -	12	50·0	22	27·3	13	15·4	13	46·1
13	University of Durham	M.B. - -	2	-	-	-	2	-	8	12·5
14	University of London	M.B. - -	28	32·1	34	32·4	32	31·2	45	44·4
15	University of Oxford	M.B. - -	6	-	7	-	8	-	7	28·5
16	University of Aberdeen	M.B. and M.C. -	73	17·8	75	13·3	54	24·0	48	31·2
17	University of Edinburgh	M.B. and M.C. -	94	10·6	98	10·2	122	11·5	144	18·7
18	University of Glasgow	M.B. and M.C. -	51	17·6	68	16·2	78	19·2	70	17·1
19	University of St. Andrew's	M.B. and M.C. -	-	-	2	-	1	-	2	-
20	University of Dublin	M.B. - -	46	15·2	55	10·9	36	16·6	48	14·6
21	Queen's University in Ireland	M.D. - -	73	36·9	86	38·4	73	39·7	77	38·9
			1,891	22·0	2,119	19·5	2,034	19·2	2,063	23·8
			Total.	Average.	Total.	Average.	Total.	Average.	Total.	Average.

PAPER 14.

RETURN, by the REGISTRAR, of the PRESIDENT, MEMBERS, TREASURERS, and REGISTRARS of the GENERAL COUNCIL of MEDICAL EDUCATION and REGISTRATION of the UNITED KINGDOM, on 30th July 1879.

President.—Henry Wentworth Acland, M.D.

Henry Alfred Pitman, M.D.	-	-	-	Chosen by the Royal College of Physicians of London.
Sir James Paget, Bart.	-	-	-	„ Royal College of Surgeons of England.
Edward Bradford, Esq.	-	-	-	„ Apothecaries' Society of London.
George Rolleston, M.D.	-	-	-	„ University of Oxford.
George Murray Humphry, M.D.	-	-	-	„ University of Cambridge.
Thomas Thompson Pyle, M.D.	-	-	-	„ University of Durham.
John Storrar, M.D.	-	-	-	„ University of London.
Daniel Rutherford Haldane, M.D.	-	-	-	„ Royal College of Physicians of Edinburgh.
Andrew Wood, M.D.	-	-	-	„ Royal College of Surgeons of Edinburgh.
Robert Scott Orr, M.D.	-	-	-	„ Faculty of Physicians and Surgeons of Glasgow.
William Turner, M.B.	-	-	-	„ Universities of Edinburgh and Aberdeen.
James Bell Pettigrew, M.D.	-	-	-	„ Universities of Glasgow and St. Andrew's.
Aquilla Smith, M.D.	-	-	-	„ King and Queen's College of Physicians in Ireland.
Rawdon Macnamara, Esq.	-	-	-	„ Royal College of Surgeons in Ireland.
Charles Henry Leet, M.D.	-	-	-	„ Apothecaries' Hall of Ireland.
Rev. Samuel Haughton, M.D.	-	-	-	„ University of Dublin.
Sir Dominic Corrigan, Bart., M.D.	-	-	-	„ Queen's University in Ireland.
Richard Quain, M.D.	-	-	-	} Nominated by Her Majesty, with the advice of Her Privy Council.
Sir William Withey Gull, Bart., M.D.	-	-	-	
John Simon, C.B.	-	-	-	
Thomas Pridgin Teale, M.A.	-	-	-	
Andrew Fergus, M.D.	-	-	-	
Alfred Hudson, M.D.	-	-	-	

Treasurers of the General Council.

Richard Quain, M.D., and Henry Alfred Pitman, M.D.

Registrar of the General Council, and of the Branch Council for England.

William John Clarke Miller, B.A.

Registrar of the Branch Council for Scotland.

Archibald Inglis, M.D.

Registrar of the Branch Council for Ireland.

William Edward Steele, M.D.

PAPER 14A.

RETURN, by the REGISTRAR, of the PRESIDENTS, MEMBERS, TREASURERS, and REGISTRARS of the GENERAL MEDICAL COUNCIL from its Formation in 1858 to 30th July 1879.

PRESIDENTS.

NAMES.	Date of First Appointment.	Periods of Appointment, in Years.	Date of Termination of Office.	Reference to Vols. of Minutes.
Brodie, Sir Benjamin Collins, Bart.	23 Nov. 1858	5	21 June 1860, resigned	i. 2, 130, 147.
Green, Joseph Henry, Esq.	23 June 1860	5	13 Dec. 1863, deceased	i. 156, ii. 332, iii. 6.
Burrows, George, M.D.	13 Jan. 1864	5	6 July 1868, resigned (Re-elected, and held office till 9 July 1869.)	iii. 6, vi. 302, vii. 72.
Paget, George Edward, M.D.	9 July 1869	5	9 July 1874, resigned (Re-elected, and held office till 18 July 1874.)	vii. 73, xi. 13, 88.
Acland, Henry Wentworth, M.D.	18 July 1874	5, 5	In office on 30 July 1879	xi. 89, xvi. 246.

REPRESENTATIVES of the NINETEEN MEDICAL LICENSING BODIES and MEMBERS appointed by HER MAJESTY, with the Advice of HER PRIVY COUNCIL.

I. ROYAL COLLEGE OF PHYSICIANS OF LONDON:				
Watson, Thomas, M.D.	22 Oct. 1858	5	25 May 1860, resigned	i. 1.
Burrows, George, M.D.	9 June 1860	5	13 Jan. 1864, elected President	i. 79, iii. 6, vi. 302.
Alderson, James, M.D.	27 Jan. 1864	5	13 May 1867, resigned	iii. 396.
Bennett, James Risdon, M.D.	13 May 1867	5, 5	16 May 1876, resigned	v. 6, xiii.
Pitman, Henry Alfred, M.D.	15 May 1876	5	In Council on 30 July 1879	xiii. 2.
II. ROYAL COLLEGE OF SURGEONS OF ENGLAND:				
Green, Joseph Henry, Esq.	11 Nov. 1858	5	23 June 1860, elected President	i. 1, 156.
Arnott, James Moncrieff, Esq.	4 July 1860	5	4 July 1865	ii. 2, 332.
Hawkins, Caesar Henry, Esq.	4 July 1865	5	4 July 1870	iv. 3, 392.
Quain, Richard, Esq.	14 July 1870	5, 5	14 June 1876, resigned	viii. 6, ix. 2.
Paget, Sir James, Bart.	13 July 1876	5	In Council on 30 July 1879	xiii. 344, 73, xiv. 9.
III. THE APOTHECARIES' SOCIETY OF LONDON:				
Nussey, John, Esq.	29 Oct. 1858	5	21 Mar. 1862, resigned	i. 1.
Cooper, George, Esq.	19 April 1862	5, 5	14 Jan. 1872, resigned	ii. 80.
Bradford, Edward, Esq.	6 Feb. 1872	5, 5	In Council on 30 July 1879	x. 2, xiv. 213, 217.
IV. UNIVERSITY OF OXFORD:				
Acland, Henry Wentworth, M.D.	4 Nov. 1858	5, 5, 5	18 July 1874, elected President	i. 1, iii. 330, vii. 141.
Rolleston, George, M.D.	10 Dec. 1874	5	In Council on 30 July 1879	xii. 2.
V. UNIVERSITY OF CAMBRIDGE:				
Bond, Henry John Hales, M.D.	29 Oct. 1858	5	29 Oct. 1863	i. 1.
Paget, George Edward, M.D.	27 Nov. 1863	5, 5	9 July 1869, elected President	iii. 4, vi. 319, vii. 73.
Humphry, George Murray, M.D.	2 Nov. 1869	5, 5	In Council on 30 July 1879	viii. 2.
VI. UNIVERSITY OF DURHAM:				
Embleton, Denis, M.D.	2 Nov. 1858	5, 5, 5	18 Nov. 1872, resigned	i. 1, x. 14.
Pyle, Thomas Thompson, M.D.	10 Dec. 1872	5, 5	In Council on 30 July 1879	x. 74, xiv. 245.
VII. UNIVERSITY OF LONDON:				
Stottar, John, M.D.	3 Nov. 1858	5, 1, 1, 1, 1, &c.	In Council on 30 July 1879	i. 1, xv. 235.
VIII. ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH:				
Wood, Alexander, M.D.	12 Oct. 1858	5, 5, 5	3 Nov. 1873	i. 1.
Haldane, Dan. Rutherford, M.D.	4 Nov. 1873	5, 5	In Council on 30 July 1879	x. 76, xv. 235.
IX. ROYAL COLLEGE OF SURGEONS OF EDINBURGH:				
Wood, Andrew, M.D.	8 Oct. 1858	5, 5, 2, 3, 3, 3	In Council on 30 July 1879	i. 1, xii. 344.

NAMES.	Date of First Appointment.	Periods of Appointment, in Years.	Date of Termination of Office.	Reference to Vols. of Minutes.
X. FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW:				
Watson, James, M.D. - - - -	4 Oct. 1858	5	15 June 1860, resigned - -	i. 1, 84.
Watt, George, Esq. - - - -	15 June 1860	5	23 May 1863, resigned - -	i. 88, ii. 149.
Fleming, John Gibson, M.D. - - - -	23 May 1863	5, 5, 5	5 March 1878, resigned - -	ii. 146, 149.
Orr, Robert Scott, M.D. - - - -	1 April 1878	5	In Council on 30 July 1879 - -	xv. 9.
XI. UNIVERSITY OF EDINBURGH; AND XII. UNIVERSITY OF ABERDEEN:				
Syme, James, Esq. - - - -	8 Oct. 1858	5, 5	18 October 1868 - - - -	i. 1.
Macrobain, John, M.D. - - - -	19 Dec. 1868	5	19 October 1873 - - - -	vii. 4.
Turner, William, M.B. - - - -	1 Nov. 1873	5, 5	In Council on 30 July 1879 - -	x. (S. Br.) 24, 27. xv. 236, 254, xvi. 1.
XIII. UNIVERSITY OF GLASGOW; AND XIV. UNIVERSITY OF ST. ANDREW'S:				
Lawrie, James Adair, M.D. - - - -	30 Oct. 1858	5	23 November 1859, deceased - -	i. 2, 33.
Thomson, Allen, M.D. - - - -	10 Dec. 1859	5, 5, 5, 3	8 December 1877, resigned - -	i. 323, iii. 426, xiv. 244.
Pettigrew, James Bell, M.D. - - - -	8 Dec. 1877	5	In Council on 30 July 1879 - -	xiv. 244, xv. 10.
XV. KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND:				
Smith, Aquilla, M.D. - - - -	1 Oct. 1858	5, 1, 1, 1, &c.	In Council on 30 July 1879 - -	i. 2, xv. 230.
XVI. ROYAL COLLEGE OF SURGEONS IN IRELAND:				
Williams, Robert Carlisle, M.D. - - - -	10 Oct. 1858	5	18 June 1860, deceased - -	i. 2, 108.
Porter, William Henry, Esq. - - - -	13 July 1860	5	28 April 1861, deceased - -	ii. 380.
Hargrave, William, M.B. - - - -	10 May 1861	2, 1, 1, 4, 5	16 Feb. 1874, resigned - -	ii. 411, iii. 462.
Macnamara, Rawdon, Esq. - - - -	16 Feb. 1874	1, 1, 1, 1, 1	In Council on 30 July 1879 - -	xi. 3, xv. 887.
XVII. APOTHECARIES' HALL OF IRELAND:				
Leet, Charles Henry, M.D. - - - -	10 Oct. 1858	5, 1, 1, 1, &c.	In Council on 30 July 1879 - -	i. 2, xv. 230.
XVIII. UNIVERSITY OF DUBLIN:				
Apjohn, James, M.D. - - - -	9 Oct. 1858	5, 5, 5, 5	9 Oct. 1878, resigned - -	i. 2.
Haughton, Rev. Samuel, M.D. - - - -	10 Oct. 1878	5	In Council on 30 July 1879 - -	xv. 169.
XIX. QUEEN'S UNIVERSITY IN IRELAND:				
Corrigan, Sir Dominic, Bart., M.D. - - - -	10 Oct. 1858	5, 5, 1, 1, 1, &c.	In Council on 30 July 1879 - -	i. 2, xv. 169.
XX. MEMBERS APPOINTED BY HER MAJESTY, WITH THE ADVICE OF HER PRIVY COUNCIL:				
A. For England.				
Clark, Sir James, Bart., M.D. - - - -	13 Nov. 1858	5	28 June 1860, resigned - -	i. 2, ii. 332.
Baly, William, M.D. - - - -	1 Aug. 1860	5	28 January 1861, deceased - -	ii. 332.
Sharpey, William, M.D. - - - -	16 April 1861	5, 5, 5	16 May 1876, resigned - -	ii. 2.
Hastings, Sir Charles, Knt., M.D. - - - -	13 Nov. 1863	5	13 November 1863 - - - -	i. 2, iii. 5.
Parkes, Edmund Alexander, M.D. - - - -	17 Nov. 1863	5, 5, 5	15 March 1876, deceased - -	iii. 4.
Lawrence, William, Esq. - - - -	13 Nov. 1863	5	13 November 1863 - - - -	i. 2, iii. 5.
Quain, Richard, M.D. - - - -	17 Nov. 1863	5, 5, 5, 5	In Council on 30 July 1879 - -	iii. 4, xv. 258.
Teale, Thomas Pridgin, Esq. - - - -	13 Nov. 1863	5	13 November 1863 - - - -	i. 2.
Rumsey, Henry Wyldbore, Esq. - - - -	17 Nov. 1863	5, 5	27 April 1871, resigned - -	iii. 4.
Gull, Sir W. Withey, Bart., M.D. - - - -	29 June 1871	5, 5	In Council on 30 July 1879 - -	ix. 2.
Simon, John, C.B. - - - -	23 May 1876	5	In Council on 30 July 1879 - -	xiii. 2, 5.
Teale, Thomas Pridgin, M.A. - - - -	23 May 1876	5	In Council on 30 July 1879 - -	xiii. 2, 5.
B. For Scotland.				
Christison, Sir R., Bart., M.D. - - - -	13 Nov. 1858	5, 5, 5	17 November 1873, resigned - -	i. 2, iii. 5.
Begbie, James Warburton, M.D. - - - -	17 Nov. 1873	5	25 February 1876, deceased - -	x. (S. Br.) 24, 27.
Lister, Joseph, M.B. - - - -	24 Mar. 1876	5	3 August 1877, resigned - -	xiii. 2, xiv. 234.
Fergus, Andrew, M.D. - - - -	23 Oct. 1877	5	In Council on 30 July 1879 - -	xiv. 234.
C. For Ireland.				
Stokes, William, M.D. - - - -	13 Nov. 1858	5, 5, 5, 5	1 May 1877, resigned - -	i. 2, iii. 5, xiv. 108.
Hudson, Alfred, M.D. - - - -	14 May 1877	5	In Council on 30 July 1879 - -	xiv. 108.

TREASURERS.

Nussey, John, Esq. - - - -	25 Nov. 1858	- - - -	28 July 1860, resigned - -	i. 15, 155.
Green, Joseph Henry, Esq. - - - -	25 Nov. 1858	- - - -	4 July 1861, resigned - -	i. 15, ii. 49.
Burrows, George, M.D. - - - -	23 June 1860	- - - -	13 Jan. 1864, Elected President	i. 155, iii. 6.
Sharpey, William, M.D. - - - -	6 July 1861	- - - -	8 July 1871, resigned - -	ii. 72, ix. 35.
Quain, Richard, M.D. - - - -	13 Jan. 1864	- - - -	In Office on 30 July 1879 - -	iii. 7.
Bennett, James Risdon, M.D. - - - -	8 July 1871	- - - -	16 May 1876, resigned - -	ix. 35, xiii. 3.
Pitman, Henry Alfred, M.D. - - - -	24 May 1876	- - - -	In Office on 30 July 1879 - -	xiii. 17.

REGISTRARS.

Hawkins, Francis, M.D. - - - -	25 Nov. 1858	- - - -	22 December 1876, retired - -	i. 14, xiii. 326, 363.
Miller, William John Clarke, B.A. - - - -	27 Oct. 1876	- - - -	In Office on 30 July 1879 - -	xiii. 355, 363.

PAPER 14 B.

RETURN by the REGISTRAR of the MEETINGS of the GENERAL MEDICAL COUNCIL of the EXECUTIVE COMMITTEE, and of the THREE BRANCH COUNCILS, in each Year, from the passing of the MEDICAL ACT in 1858 to July 30th, 1879.

YEAR.	General Council.		Executive Committee.	English Branch Council.	Scottish Branch Council.	Irish Branch Council.
	Date of First Day of Session.	Number of Days of Session.	Number of Meetings.	Number of Meetings.	Number of Meetings.	Number of Meetings.
1858 - - -	23 Nov. -	5	3	2	2	2
1859 - - -	{ 25 Jan. - 3 Aug. -	{ 1 8	16	9	12	22
1860 - - -	14 June -	9				
1861 - - -	27 June -	9	5	2	4	5
1862 - - -	{ 14 May - 28 Oct. -	{ 7 1	12	-	2	4
1863 - - -	25 May -	9				
1864 - - -	{ 13 Jan. - 25 April -	{ 1 12	8	3	5	6
1865 - - -	4 April -	11				
1866 - - -	17 May -	11	7	3	5	2
1867 - - -	29 May -	10	4	3	7	4
1868 - - -	24 June -	11	4	2	4	1
1869 - - -	1 July -	10	8	2	3	2
1870 - - -	{ 24 Feb. - 28 April -	{ 5 6	9	2	3	4
1871 - - -	4 July -	6				
1872 - - -	29 Feb. -	5	4	1	6	2
1873 - - -	26 March -	9	8	1	4	2
1874 - - -	9 July -	9	9	3	5	9
1875 - - -	17 June -	9	5	-	2	2
1876 - - -	24 May -	11	8	3	3	5
1877 - - -	10 May -	13	6	1	2	4
1878 - - -	{ 10 April - 28 June - 17 Oct. -	{ 7 6 2	15	1	3	3
1879 - - -	{ 18 March - 17 July -	{ 8 3				
TOTAL Number of Meetings - -		214	164	51	88	105
AVERAGE Number of Meetings in each Year - - - - -		9.7	7.4	2.3	4.1	5

Appendix, No. 12.

PAPER handed in, on 25th July 1879, by Mr. *William John Clarke Miller*, B.A.,
Registrar of the Medical Council.

PROCEEDINGS of the EXECUTIVE COMMITTEE of the GENERAL MEDICAL COUNCIL in Appendix, No. 12.
regard to corrections of the "MEDICAL REGISTER."

- (a.) ABSTRACT of a REPORT by the REGISTRAR to the EXECUTIVE COMMITTEE, read on 26th October 1877, on the measures adopted and the difficulties encountered in the endeavour to secure the accuracy of the "MEDICAL REGISTER":—

Herein it was shown that the inaccuracies in the "Register" are due to errors of omission on the part of either (1) the registrars of deaths, or (2) registered medical practitioners, in failing to furnish the data, enjoined on them by the Medical Act to supply, which alone will enable the Registrar to keep the "Register" correct. The Report set forth that Section XLV. of the Medical Act explicitly enacts that every registrar of deaths in the United Kingdom, on receiving notice of the death of any medical practitioner, shall forthwith transmit to the Registrar of the General Medical Council a certificate of such death; that, by Section XIV. of the Act, all registered medical practitioners are bound, under liability of the erasure of their names from the "Register," to send the Registrar notice of whatever changes may take place in their addresses; and that these two provisions of the Act, if duly carried out, would respectively secure (1) that the "Register" should contain the names of no registered practitioners who had died in the United Kingdom; and (2) that all the addresses in the "Register" should be correct up to the date of publication. It was moreover shown that, although the attention of registered practitioners is especially called to the aforesaid requirements of Section XIV. of the Act, by an "important notice" printed on every certificate of registration that is sent out, and in every copy of the "Register" that is published, and also by advertisements inserted in the medical journals; and although it might have been assumed that no practitioner would ever, through neglect of so simple a precaution as sending notice of a change of address, incur the liability thereby entailed on him, yet that cases were of no infrequent occurrence where practitioners so dis-registered had, through this negligence on their own part, suffered serious inconvenience and loss.

The Report, furthermore, detailed the measures taken by the Registrar to supplement the before-mentioned omissions, and concluded by submitting to the Committee suggestions which, if adopted, would, it was hoped, tend to secure for the "Register" the degree of accuracy of which such a volume is susceptible.

- (b.) RESOLUTIONS passed by the EXECUTIVE COMMITTEE, in consequence of the Suggestions submitted in the foregoing REPORT:—

(1.) The Registrar of the General Medical Council having called the attention of the Executive Committee to the frequent neglect by Registrars of Deaths to conform to the directions of Section XLV. of the Medical Act, viz.:—

"Every Registrar of Deaths in the United Kingdom, on receiving notice of the death of any medical practitioner, shall forthwith transmit by post to the Registrar of the General Council and to the Registrar of the Branch Council a certificate under his own hand of such death, with the particulars of time and place of death, and may charge the cost of such certificate and transmission as an expense of his office, and on the receipt of such certificate the Medical Registrar shall erase the name of such deceased medical practitioner from the Register;"

and to the difficulty in maintaining the accuracy of the "Medical Register" which is caused by such neglect, it was thereupon—

(1.) *Resolved*, "That the Registrars General for the three divisions of the United Kingdom be requested to address letters to the local registrars of deaths, calling their attention to Section XLV. of the Medical Act (1858), and directing their compliance therewith, or to take such steps as they may think fit to secure a proper compliance with the law."

(2.) *Resolved*, "That letters be written to the Directors General of the Medical Departments of the Army and the Navy, requesting that, with a view to secure greater accuracy in

Appendix, No. 12. the 'Medical Register,' they will, within the first fortnight of the month of January in every year, cause the names and qualifications of the registered medical officers attached to their respective services on the first day of January to be corrected, by comparing the 'Medical Register' with the duly certified lists in their own offices, and will furnish a copy of a list so corrected to the Registrar of the General Medical Council."

(c.) COMMUNICATIONS received in answer to LETTERS sent by the REGISTRAR pursuant to the foregoing RESOLUTIONS by the EXECUTIVE COMMITTEE:—

(1.)

"Navy Medical Department, Admiralty,
"7 November 1877.

"Sir,

"I have to acknowledge the receipt of your letter of the 5th instant, with reference to the annual correction of the 'Medical Register,' so far as relates to naval medical officers, and to inform you that I shall be happy to give the necessary directions for compliance with the request of the General Medical Council.

(signed) "A. Armstrong,
"Director General.

"The Registrar of the
"General Medical Council."

(2.)

"General Register Office, Somerset House,
"21 November 1877.

"Sir,

"In reply to your letter of the 16th instant, I will thank you to state to the Executive Committee of the General Medical Council that I shall have much pleasure in taking an early opportunity of urging registration officers not to neglect their duty as to reporting specially, according to law, and in compliance with my instructions, the deaths of medical practitioners.

"Also, if you will have the goodness to transmit here a list of cases, as referred to in your communication of the 16th instant, I shall be most happy to cause searches to be made here, as far as the completion of the indexes will permit, and will forthwith communicate the result, happy to assist in making your register of names complete.

"As regards the question of postage, I will take the matter into consideration, but I am at present unable to issue upon that point fresh instructions to registration officers." *

(signed) "George Graham,
"Registrar General.

"The Registrar of the
"General Medical Council."

(3.)

"General Register Office, Charlemont House, Dublin,
"7 December 1877.

"Sir,

"With reference to your letter of the 17th ultimo, I beg to state that having made inquiry into the matter, I am prepared to issue a further special circular to the Registrars, in regard to the transmission of certificates of the deaths of medical practitioners.

"I shall be happy to aid the Medical Council in attaining their important object, and if you will send me a list of medical men supposed to be dead, I shall have searches made as far as the indexes permit, but as the annual index is not complete till after the publication of the 'Medical Register,' this would be insufficient, and I therefore propose that one of the clerks in this department should, after office hours, examine the records at the end of each year for the deaths of medical men, the Council allowing him fair remuneration for his trouble.

I have to add that Registrars are requested to prepay official letters, except those to this office, and they will be reminded of this duty in the cases to which you refer."

(signed) "W. M. Burke,
"Registrar General.

"W. J. C. Miller, Esq.,
"Registrar of the Medical Council."

* This question as to postages refers to the fact—brought under the notice of the Registrars General by the Registrar of the Medical Council—that the letters from Registrars of Deaths, communicating notices of deaths of medical practitioners, being sent with no pre-payment save the talismanic superscription, "On Her Majesty's Service," are always charged to the Medical Council with double postage.

- (d.) ABSTRACT of a REPORT by the REGISTRAR to the EXECUTIVE COMMITTEE read on 21 December 1877, in regard to corrections of the "Medical Register," and subjects connected therewith:—

The Report stated that a systematic and thorough collation of the "Register" had been made; that several thousand letters of inquiry had been sent out, and an almost equal number of corrections of addresses obtained thereby; that, with a view to eliminate from the "Register" the names of deceased medical practitioners, such letters as, failing altogether to find their owners, had been returned by the Dead Letter Office, would, after further inquiry, be dealt with according to the provisions of Section XIV. of the Medical Act, although, owing to the six months' interval prescribed by the said section, the names of most of these practitioners whose registered places of address know them no more, must, of necessity, appear in the next edition of the "Register"; that such letters as had been returned with the superscription "dead," written thereon by local postmasters, had been submitted for verification to the Registrar General for England, in consequence of the promise to deal therewith contained in his letter of 21st November (printed as the second letter of Part (c.) of this Paper); and that the searches hitherto made by the Registrar General's order, extending over the first list of names sent to him, had led to results set forth in the following letter:—

"General Register Office, Somerset House,
14 December 1877.

"Sir,
"I am directed by the Registrar General to acknowledge the receipt of your letter of the 5th instant, and to return the list therein enclosed of medical practitioners who are supposed to be dead. A careful search, extending over the years 1858-1877, has been made in the certified copies of the registers for the localities in which their last places of address are respectively situated, but in only 11 out of the 28 cases has any record of the death been found. In these 11 cases the date and place of death have been entered in the list opposite the name. In order to ascertain satisfactorily whether the deaths of the remaining 17 have been registered, some clue as to the year or place of death is required. For example, the entries of the deaths of 43 persons named Thomas Evans in the district of Neath have been examined, none of which related to the Thomas Evans referred to in the list.

"The packets of envelopes returned from places in Scotland and Ireland are herewith returned to you, as the registers of deaths occurring in Scotland and Ireland are under the control of the respective Registrars General of those countries.

"With respect to some of the more recent cases, the Registrars will be called upon to furnish an explanation as to their apparent neglect to transmit the Certificates.

(signed) "J. T. Hammick,
"Secretary.

"W. J. C. Miller, Esq."

It was further stated in the Report that the Board of Trade had, at the request of the Medical Council's Registrar, promised to send him periodical returns of such deaths of registered practitioners as come under the cognisance of the Registrar of Shipping and Seamen.

- (e.) ABSTRACT of a REPORT by the REGISTRAR to the EXECUTIVE COMMITTEE, read on 18th January 1878, in regard to certain further corrections and improvements of the "Medical Register."

(1.) The Report stated that the processes of correction set forth in former Reports had been incessantly carried on by the Registrar, and would be so continuously, till the numerous errors that had been allowed to accumulate in the "Register" had been all removed. Since the last summary of results was made, a very large number of additional corrections had been obtained, whereof some were changes in the addresses, and others the erasure of names of practitioners long since dead. In cases where the necessary evidence of death had been difficult to procure, valuable aid had been rendered by the Registrars General, the Board of Trade's Registrar of Shipping and Seamen, and the Director General of the Navy Medical Department, as detailed in the following correspondence.

(2.) Under date 2nd and 11th January, the Registrar General for England wrote to say that he was glad to have been so successful with the last lists sent to him; that he had taken a great deal of trouble in the matter, and that, in order to aid the Medical Council's Registrar to the utmost in his corrections, he had made 487 separate references to the indexes, and 154 separate references to the heavy volumes of his "Registers of Deaths."

Appendix, No. 12.

(3.)

"General Register Office, Somerset House,
"London, 1 January 1878.

"Sir,
"I am directed by the Registrar General to return the list of medical practitioners supposed to be dead, and the envelopes addressed to their last known places of residence, which were forwarded to this office with your letter of the 19th ultimo. In the last column of the list the date and place of death have been entered opposite the name in those cases in which an entry of the death has been found in the certified copies deposited at this office.

"W. J. C. Miller, Esq."

(signed) "J. T. Hammick,
"Secretary.

(4.) On 11th January a similar letter was received from the Registrar General's Office, with a subsequent list, the result whereof is set forth in the following memorandum:—

Of the 40 cases in the list sent under date 9th January 1878,

I have traced and verified (including one described as
not a Doctor but a "Gentleman") - - - - - 22 Cases.

I find no trace of - - - - - 14 "

And the remaining - - - - - 4 "

are in the December quarter, for which the certified copies are not yet received.

TOTAL - - - - - 40 Cases.

Thos. Geo. Austin.

(5.) The Committee directed the Registrar to convey to the Registrar General their best thanks for the great pains he had taken in his searches, and for the valuable aid thereby afforded to the Registrar in correcting the "Medical Register."

(6.)

"Registrar General's Office, Edinburgh,
"11 January 1878.

"Sir,
"The Registrar General has duly considered the matter referred to in your communication of the 5th instant. With every desire to carry out your wishes, he selected nine of the deceased medical practitioners specified in your list, and caused searches to be made in the Death Registers pertaining to the parishes or districts in which they appear to have resided from the year of their respective registrations to 1876, the duplicates for 1877 not having yet been transmitted to Edinburgh, and only in one of the nine cases was an entry found. The inference would seem to be either (1) that the deceased had changed their places of abode, or (2) that all the deaths had occurred since 31st December 1876, or (3), what is by no means probable, that the deaths have not been registered. Under these circumstances, the Registrar General is afraid that he cannot see his way to be of service to you in tracing the parties in question.

"W. J. C. Miller, Esq."

(signed) "George Seton,
"Secretary.

(7.)

"General Register Office, Dublin,
"14 January 1878.

"Sir,
"In reply to your letter of the 2nd instant, I beg to acquaint you that, as in England, the Registrar General did not propose to charge for the searches at present being made in the indexes to the records of this department for the deaths of medical practitioners returned to you as 'dead.'

"The charge mentioned in his letter of the 7th ultimo, related to the first proposition in yours of 17th November, viz., an annual general search in the records for the deaths of medical men.

"W. J. C. Miller, Esq."

(signed) "R. E. Matheson,
"Secretary.

(8.) The Board of Trade's Registrar of Shipping and Seamen wrote on 29th December to inquire what form of Returns would be most useful, stating that "he thinks he shall have to charge a small annual fee, dependent on the amount of the work;" and afterwards, in answer to the Registrar's letter stating that the amount of work required from him would not be much, he sent the following letter, with the Return completed as required:—

"General Register and Record Office of Shipping and Seamen,
82, Basinghall-street, London, 5 January 1878.

"Sir,
"I have to acknowledge the receipt of your letter of the 31st ultimo, and, in reply, to forward

forward a Return of the Deaths of Surgeons employed in the Mercantile Marine which have been reported to this Department from May 1875 to the 31st December 1877. Appendix, No. 12.

"With regard to the future transmission of these Returns, I beg to point out that they can be furnished monthly, quarterly, or half-yearly, as you may elect.

"The question of fees is under consideration, and can be settled when the amount of work is ascertained.

(signed) "Allen Stoneham,
"Registrar General.

"The Registrar of the Medical Council."

(3.)

"Sir,

"Admiralty, 10 January 1878.

"With reference to your letter of the 1st instant, I herewith return the copy of the 'Medical Register' for 1877, which has been corrected as far as it relates to Naval Medical Officers.

(signed) "A. Armstrong,
"Director General.

"The Registrar of the Medical Council."

(10.) For the further improvement of the "Medical Register," the Registrar requested the sanction of the Committee for the following alterations and additions:—

(1.) To prefix to the volume a copious table of contents, setting forth, besides other things, in summary by sections, an analysis of the 12 Medical Acts passed from 1858 to 1878, together with any others that might be passed hereafter, the full text of the said Acts being given in the introductory matter;

(2.) To insert in this introduction a complete list of data in regard to the appointments of Members and Officers of the General Medical Council, from its formation down to the present time, with an appended table showing all the meetings of the General Council, the Executive Committee, and the three Branch Councils;

(3.) To have the names and dates of registration *punctuated* throughout the volume—a thing hitherto omitted—thus correcting a slovenly style of printing, scarcely becoming in an official volume like the "Medical Register";

(4.) To print the "Returns to Parliament" of the Council's accounts in a paged form, easy to read and refer to, instead of, as heretofore, on a large sheet difficult to open and consult, and still more difficult to fold again and return to its proper place.

(5.) To remove the Names of Registered Practitioners from the *second* column of the page (the place they have hitherto occupied in the Register) to their proper place, the *first* column of each page.

(11.) The Registrar was directed to carry out all the improvements suggested by him for the "Medical Register" at the earliest possible date.

(f.) ABSTRACT of a REPORT by the REGISTRAR to the EXECUTIVE COMMITTEE, read on 16th July 1879, on the various REGISTERS kept in the Offices of the GENERAL MEDICAL COUNCIL:—

There are, in all, the following 10 Registers:—

(1.) The "Medical Students' Register" for England;

(2.) The "Medical Practitioners' Register" for England;

(3.) (4.) (5.) (6.) Similar branch or local Registers, as they are designated, for Scotland and Ireland;

(7.) The "General Register of Medical Students" for the whole of the United Kingdom;

(8.) The "General Register of Medical Practitioners" for the whole of the United Kingdom (now comprising 22 volumes);

and just a year ago there were added to the list the two following Registers:—

(9.) The "Dental Students' Register";

(10.) The "Dental Practitioners' Register" (which now requires a second volume).

Of these 10 Registers, the six marked (1), (2), (7), (8), (9), (10) above, are entirely in the hands of the Registrar of the General Medical Council.

The six branch or local Registers, which are for the three several divisions of the United Kingdom,

Appendix, No. 12. Kingdom, are kept in *numerical* order, as the certificates are issued; but the two general Registers, for the whole of the United Kingdom, which have to be compiled from the branch Registers, are kept in *alphabetical* order.

An edition of the three general Registers of (7) Medical Students, (8) Medical Practitioners, (9) Dental Students, (10) Dental Practitioners, is published at the beginning of every year; and a supplemental list of (8) and (10) is further issued half-yearly, at the beginning of July in each year.

Pursuant to resolutions thereon by the Executive Committee, the first edition (now ready for publication) of the "Dentists' Register" is to be issued as soon as possible after 1st August 1879, when the "Dentists' Act" comes into operation, and a list of the Dental Students registered up to that time is to appear at the end of the volume.

The Registers and Returns of Dentists, and of Dental Students, have been hitherto wholly in the hands of the Registrar of the General Medical Council.

As regards the accuracy of these Registers, it may be stated that, after many repetitions of the processes of correction described in former Reports on the subject, as set forth in Parts (a), (d), (e) of this Paper, there is good reason to believe that the *written* Registers in the General Registrar's hands are now, in all respects, substantially correct, and that when corrections obtained during the present year are all introduced into the *published* "Medical Register," that volume will, in its next edition, be as correct as it can possibly be made.

Appendix, No. 13.

PAPER handed in by the Rev. Dr. *Haughton*, M.D., D.C.L., F.R.S.

SCHOOL OF PHYSIC, TRINITY COLLEGE, DUBLIN.

Appendix, No. 13.

TABLES showing the Number of STUDENTS MATRICULATED in MEDICINE, and of LICENSES and DEGREES in MEDICINE, granted during the Years 1864 to 1878, inclusive.

TABLE (A).—Showing the Number of STUDENTS MATRICULATED in MEDICINE during the Years 1864 to 1878, inclusive.

Y E A R.	Number of Matriculations.	Y E A R.	Number of Matriculations.
1864 - - -	65	1873 - - -	58
1865 - - -	84	1874 - - -	59
1866 - - -	70	1875 - - -	62
1867 - - -	81	1876 - - -	80
1868 - - -	88	1877 - - -	79
1869 - - -	58	1878 - - -	67
1870 - - -	75		
1871 - - -	60		
1872 - - -	63	TOTAL - - -	1,049

TABLE (B).—Showing the LICENSES and LOWER DEGREES in MEDICINE and SURGERY granted during the Years 1864 to 1878, inclusive.

YEAR.	License in Medicine.	Bachelor in Medicine.	License in Surgery.	Bachelor* in Surgery.	YEAR.	License in Medicine.	Bachelor in Medicine.	License in Surgery.	Bachelor* in Surgery.
1864	1	26	-	-	1873	1	34	-	-
1865	8	19	2	-	1874	5	42	3	1
1866	3	32	3	-	1875	4	37	1	1
1867	3	34	-	-	1866	3	50	3	14
1868	3	35	2	-	1877	2	31	-	17
1869	2	41	-	-	1878	2	44	2	24
1870	2	37	2	-					
1871	3	35	2	-					
1872	2	42	-	-	TOTAL	14	539	20	57

* Instituted in 1874.

TABLE (C).—Showing the HIGHER DEGREES in MEDICINE, SURGERY, OBSTETRIC SCIENCE, and STATE MEDICINE, granted during the Years 1864 to 1878, inclusive.

YEAR.	Doctor in Medicine.	Master in Surgery.	Master† in Obstetric Science.	Diplomate‡ in State Medicine.	YEAR.	Doctor in Medicine.	Master in Surgery.	Master† in Obstetric Science.	Diplomate‡ in State Medicine.
1864	8	6	-	-	1873	15	7	-	1
1865	11	11	-	-	1874	15	15	-	3
1866	6	14	-	-	1875	25	25	-	2
1867	12	12	-	-	1876	15	7	-	1
1868	7	18	-	-	1877	21	7	3	1
1869	4	19	-	-	1878	17	7	1	1
1870	14	18	-	-					
1871	11	15	-	4					
1872	8	15	-	-	TOTAL	189	196	4	13

† Instituted October 1876.

‡ Instituted in the year 1871.

Average Number of Matriculations per annum - - - - 69.93
 " " Primary Qualifications conferred per annum - - 51.5
 " " Higher Degrees " " - - 29.4

Appendix, No. 14.

PAPER handed in by Dr. *Andrew Wood*, 25 July 1879.

TABLE of results of EXAMINATIONS for the QUALIFICATION of L.R.C.S.E. and the DOUBLE QUALIFICATION of L.R.C.P.E. and L.R.C.S.E., from 1st January 1859 to 1st January 1879.

YEAR.	I.—SINGLE QUALIFICATION.						II.—DOUBLE QUALIFICATION.					
	FIRST EXAMINATION.			SECOND EXAMINATION.			FIRST EXAMINATION.			SECOND EXAMINATION.		
	Number Examined.	Number Rejected.	Number Passed.	Number Examined.	Number Rejected.	Number Passed.	Number Examined.	Number Rejected.	Number Passed.	Number Examined.	Number Rejected.	Number Passed.
1859 -	84	14	70	122	25	97	3	0	3	5	0	5
1860 -	86	15	71	68	5	63	31	7	24	24	0	24
1861 -	101	10	91	89	6	83	23	5	18	13	2	11
1862 -	103	13	90	92	8	84	66	13	53	45	6	39
1863 -	99	17	82	80	1	79	78	18	60	51	9	42
1864 -	49	11	38	81	4	77	94	17	77	87	17	70
1865 -	8	4	4	63	9	54	87	20	67	91	21	70
1866 -	10	2	8	49	6	43	96	29	67	109	33	76
1867 -	10	4	6	57	10	47	80	24	56	127	26	101
1868 -	8	4	4	46	6	40	87	35	52	107	33	74
1869 -	9	4	5	45	8	37	67	21	46	114	29	85
1870 -	4	3	1	50	9	41	75	34	41	114	34	80
1871 -	7	3	4	47	6	41	60	27	33	81	20	61
1872 -	6	1	5	31	6	25	66	30	36	103	23	80
1873 -	11	4	7	46	11	35	66	39	36	101	25	76
1874 -	26	11	15	50	13	37	88	38	50	128	44	84
1875 -	35	12	23	63	18	45	95	45	50	111	40	71
1876 -	23	7	16	54	7	47	116	38	78	138	53	85
1877 -	21	8	13	62	6	56	153	52	101	170	68	102
1878 -	29	10	19	48	5	43	145	51	94	215	56	159
TOTAL -	729	157	572	1,243	169	1,074	1,576	534	1,042	1,934	539	1,395

Note.—The first examinations for the Double Qualification were held in October 1859. During the period embraced in the foregoing Table, 21 per cent. of the candidates examined for the First Professional Single Qualification, and 33 per cent. of those examined for the First Professional Double Qualification were rejected. For the Second Professional Single Qualification, 13 per cent., and for the Second Professional Double Qualification 27 per cent. of those examined were rejected.

Appendix, No. 15.

PAPERS handed in by Mr. W. J. C. Miller, B.A., Registrar of the General Medical Council, 29 July 1879.

PAPER (A).

RETURN, by the REGISTRAR, of the Several Single and Multiple REGISTERED QUALIFICATIONS of Persons added to the "MEDICAL REGISTER," from 1 January to 1 July 1879.

(a.) TABLE showing the Several Qualifications *in extenso*.

	Number Registered in England.	Number Registered in Scotland.	Number Registered in Ireland.	TOTAL.	
				Number.	Per centage.
Member of the College of Surgeons of England* - - - -	70	-	-	-	18.2
Licentiate of the Society of Apothecaries of London - - - -	39	-	-	39	10.2
Licentiate or Member of the College of Surgeons of Ireland - -	6	-	18	24	6.2
Licentiate of the Faculty of Physicians and Surgeons of Glasgow -	5	2	1	8	2.1
Licentiate of the College of Physicians of Ireland - - - -	5	-	1	6	1.5
Licentiate of the College of Physicians of Edinburgh - - - -	1	2	-	3	.8
Licentiate and Fellow of the College of Surgeons of Ireland - -	1	1	-	2	.5
Licentiate of the Apothecaries' Hall of Dublin - - - -	1	1	2	4	1.0
M.D., Queen's University of Ireland - - - - -	1	-	1	2	.5
M.B., University of Cambridge † - - - - -	1	-	-	1	.3
<hr/>					
Licentiate of the College of Physicians of London‡ - - - -	2	-	-	2	.5
Member of the College of Surgeons of England, and Licentiate of the Society of Apothecaries of London.	41	1	-	42	10.9
Licentiate of the College of Physicians and Surgeons of Edinburgh -	22	20	9	51	13.3
Member of the College of Surgeons of England, and Licentiate of the College of Physicians of Edinburgh.	17	-	-	17	4.4
Member of the College of Surgeons of England, and Licentiate of the College of Physicians of London.	12	-	-	12	3.1
Licentiate of the College of Physicians of Edinburgh, and Faculty of Physicians and Surgeons of Glasgow.	4	-	-	7	1.8
Fellow of the College of Surgeons of England, and M.B. of the University of Oxford.	1	3	-	1	.3
Member of the College of Surgeons of England, and M.B. of the University of London.	2	-	-	2	.5
M.B., and Master in Surgery of the University of Aberdeen - -	6	8	-	14	3.6
M.B., and Master in Surgery of the University of Edinburgh - -	1	8	-	9	2.3

* Throughout this Table, the epithets "Royal," "King's and Queen's," and their recognised abbreviations, are, for shortness sake, omitted.

† Here endeth the *first* section containing the *single* qualifications. As usually happens, some of these single qualifications will hereafter be supplemented by the addition of other qualifications, obtained subsequent to the date of the original registration.‡ Here beginneth the *second* section, which comprises the *multiple* qualifications. As set forth in the Answers to Questions 1039 to 1043, the License of the College of Physicians of London confers a Qualification in Medicine, Surgery, and Midwifery, by virtue of the following provisions of the 3rd section of an Act, intitled, "For Physicians and their Privilege," passed in the 32nd year of the reign of King Henry the Eighth (A.D. 1540):—"Forasmuch as the science of physic doth comprehend, include, and contain the knowledge of surgery as a special member and part of the same;" whereto is marginally added, as expository comment, the following rubric:—"Surgery a part of physic, and may be practised by any of the Company or Fellowship of Physicians throughout the realm."

	Number Registered in England.	Number Registered in Scotland.	Number Registered in Ireland.	TOTAL.	
				Number.	Per- centage.
M.B., and Master in Surgery of the University of Glasgow - -	-	7	-	7	1·8
M.B. or M.D., and Master in Surgery of the University of Dublin -	-	-	6	6	1·6
M.D., and Master in Surgery, Queen's University, of Ireland - -	2	-	2	4	1·0
Licentiate of the College of Surgeons of Ireland, and College of Physicians of Edinburgh.	1	-	4	5	1·3
Licentiate of the College of Physicians and Surgeons of Ireland -	-	-	3	3	·8
Licentiate of the College of Surgeons of Ireland, and M.B., University of Dublin.	-	-	3	3	·8
Licentiate of the College of Surgeons of Edinburgh, and Apothecaries' Hall of Dublin.	-	-	1	1	·3
Licentiate, and Licentiate of Midwifery, King's and Queen's College of Physicians of Ireland.	2	-	1	3	·8
Licentiate of the College of Physicians of London, Member of the College of Surgeons of England, and Licentiate of the Society of Apothecaries of London.	4	-	-	4	1·0
Licentiate of the College of Physicians of London, Member of the College of Surgeons of England, and M.D. of the University of Edinburgh.	1	-	-	1	·3
Member of the College of Surgeons of England, and M.B. and Master Surgeon of the University of London.	1	-	-	1	·3
Licentiate of the College of Surgeons of England, M.B. and Master Surgeon of the University of Durham.	1	-	-	1	·3
Member of the College of Surgeons of England, M.B. and Master Surgeon of the University of Edinburgh.	2	-	-	2	·5
Member of the College of Surgeons of England, M.B. and Master Surgeon of the University of Aberdeen.	2	-	-	2	·5
Licentiate of the College of Physicians and Surgeons of Edinburgh, and Society of Apothecaries of London.	7	-	-	7	1·8
Licentiate of the Faculty of Physicians and Surgeons of Glasgow, Licentiate, and Licentiate of Midwifery, King's and Queen's College of Physicians of Ireland.	1	-	-	1	·3
Licentiate of the College of Physicians and Surgeons of Ireland, and Licentiate of Midwifery, College of Physicians and Surgeons of Ireland.	-	-	11	11	2·8
Licentiate of the College of Physicians and Surgeons of Edinburgh and Apothecaries' Hall of Dublin.	-	-	1	1	·3
Member of the College of Surgeons of England, and Licentiate of the College of Physicians and Surgeons of Edinburgh.	1	-	-	1	·3
Member of the College of Surgeons of England, and Licentiate of the Society of Apothecaries of London, M.D. and Master in Surgery, Queen's University of Ireland.	1	-	-	1	·3
Member of the College of Surgeons of England, Licentiate of the Society of Apothecaries of London, M.B. and Master in Surgery of the University of Aberdeen.	1	-	-	-	·3
Licentiate of the College of Physicians and Surgeons of Edinburgh, M.D. and Master Surgeon of the University of Edinburgh.	1	-	-	1	·3
Fellow of the College of Surgeons of Edinburgh, Licentiate, and Licentiate of Midwifery, College of Physicians of Ireland, and M.D. of the University of St. Andrew.	1	-	-	1	·3

(b.) SUMMARY of the foregoing TABLE. *

QUALIFICATIONS.	No.	QUALIFICATIONS.	No.
College of Surgeons of England, separately - -	70	College of Surgeons of Ireland - - - -	24
College of Surgeons of England, and College of Physicians of London.	12	College of Surgeons of Ireland, and College of Physicians of Edinburgh.	5
College of Surgeons of England, College of Physicians of London, and Society of Apothecaries of London.	4	College of Surgeons of Ireland, and College of Physicians of Ireland.	3
College of Surgeons of England, College of Physicians of London, and Scotch University Degree.	1	College of Surgeons of Ireland, College of Physicians of Ireland, and Midwifery Physician or Surgeon of Ireland.	11
College of Surgeons of England, and Society of Apothecaries of London.	42	Irish University Degrees - - - -	3
College of Surgeons of England, Society of Apothecaries of London, and Scotch University Degree.	1	College of Physicians of London - - - -	2
College of Surgeons of England, Society of Apothecaries of London, and Irish University Degree.	1	College of Physicians of Edinburgh - - - -	3
College of Surgeons of England, and English University Degrees.	5	College of Physicians of Edinburgh, and Faculty of Physicians and Surgeons of Glasgow.	7
College of Surgeons of England, and College of Physicians of Edinburgh.	17	College of Physicians of Ireland - - - -	6
College of Surgeons of England, College of Physicians of Edinburgh, and College of Surgeons of Edinburgh.	1	College of Physicians of Ireland, and Midwifery College of Physicians of Ireland.	3
College of Surgeons of England, and Scotch University Degrees.	4	College of Physicians of Ireland, Midwifery College of Physicians of Ireland, and Faculty of Physicians and Surgeons, of Glasgow.	1
	158		68
College of Surgeons of Edinburgh - - - -	2	Faculty of Physicians and Surgeons of Glasgow -	8
College of Surgeons of Edinburgh, Society of Apothecaries of London, and College of Physicians of Edinburgh.	7	Society of Apothecaries of London - - - -	39
College of Surgeons of Edinburgh, and College of Physicians of Edinburgh.	51	Apothecaries Hall, Dublin - - - -	4
College of Surgeons of Edinburgh, College of Physicians of Edinburgh, and Scotch University Degree.	1	University of Cambridge - - - -	1
College of Surgeons of Edinburgh, College of Physicians of Ireland, and Scotch University Degree.	1	University of Edinburgh - - - -	9
College of Surgeons of Edinburgh, and Apothecaries' Hall of Dublin.	1	University of Glasgow - - - -	7
College of Surgeons of Edinburgh, Apothecaries' Hall of Dublin, and College of Physicians of Edinburgh.	1	University of Aberdeen - - - -	14
	64	University of Dublin - - - -	6
		University of Queen's, in Ireland - - - -	6
		TOTAL - - -	384

* A further summary is given in the REGISTRAR'S evidence in answer to Questions 3023, 3024.

PAPER (B.)

STATEMENT, in Detail, by the REGISTRAR, of the MEMBERS' FEES, and other EXPENSES, for ATTENDANCE at MEETINGS of the GENERAL COUNCIL, and of its EXECUTIVE COMMITTEE.

(a.)—STANDING ORDERS in regard to Fees for attending Councils.

1. For attendance on the General Council, the Executive Committee, and the Branch Councils, and for travelling and hotel expenses, the scale of fees adopted on the 3rd of August 1859, and approved of by the Commissioners of Her Majesty's Treasury, shall be adhered to until altered by the Council.

2. The rate of payment for attendance on the General Council shall be the same for all members of the Council.

3. The fees for attendance on the General Council shall be five guineas a day for each member attending.

4. Members of the General Council who reside more than 200 miles from London, shall receive five guineas a day for the day of their coming, and five guineas for the day of their return.

5. To members who do not reside in London, a guinea a day shall be allowed for hotel expenses; and the travelling expenses of all the members shall be on the following scale:—

	£.	s.	d.		£.	s.	d.
From Scotland	-	-	9 9	From Southampton	-	2 2	-
„ Ireland	-	-	8 8	„ Cambridge	-	2 2	-
„ Sunderland	-	-	6 6	„ Oxford	-	2 2	-
„ Leeds	-	-	4 4				

6. The fees for attendance at the meetings of the Executive Committee shall be five guineas to each member attending, his travelling and hotel expenses being also paid.

7. Members of the General Medical Council who do not reside in London shall be paid hotel expenses for every Sunday while they are in London on the business of the Council.

(b.)—COST of a Day's Meeting of the GENERAL MEDICAL COUNCIL.

	£.	s.	d.
Fees for attendance, in accordance with "Standing Order" 6 above; 24 at five guineas each	126	-	-
Additional fees, in accordance with "Standing Order" 5 above; 14 at ten guineas each	147	-	-
Hotel expenses, in accordance with "Standing Order" 4 above; 17 at one guinea each	17	17	-
Travelling expenses, in accordance with "Standing Order" 5 above, as follows:—			
	£.	s.	d.
Six from Scotland at nine guineas each	56	14	-
Six from Ireland at eight guineas each	50	8	-
One from Sunderland at six guineas each	6	6	-
One from Leeds at four guineas each	4	4	-
Two from Oxford at two guineas each	4	4	-
One from Cambridge at two guineas each	2	2	-
TOTAL	414	15	-

(c)—TOTAL COST of three specified Sessions of the GENERAL MEDICAL COUNCIL.

		£.	s.	d.
(1). Session of 13 days ending 24th May 1877	- -	2,204	4	11
(2). Session of 3 days ending 19th July 1870	- -	640	-	-
(3). Session of 1 day (on various occasions)	- -	414	15	-

(d).—AVERAGE COST, deduced from (c), of each Day's Meeting of the GENERAL MEDICAL COUNCIL.

		£.	s.	d.
Cost per day, on an average	- - - - -	191	14	-
Cost per minute, on an average	- - - - -	-	16	-

(e).—COST of a Day's Meeting of the EXECUTIVE COMMITTEE.

		£.	s.	d.
Fees for attendance, according to "Standing Order" 6 above; seven at five guineas each	- - - - -	36	15	-
Additional fees, according to "Standing Order" 4 above; two at 10 guineas each	- - - - -	21	-	-
Hotel expenses, according to "Standing Order" 5 above; four at one guinea each	- - - - -	4	4	-
Travelling expenses, in accordance with "Standing Order" 5 above, as follows:—				
	£. s. d.			
One from Scotland	- - - - - 9 9 -	22	1	-
One from Ireland	- - - - - 8 8 -			
One from Oxford	- - - - - 2 2 -			
One from Cambridge	- - - - - 2 2 -			
TOTAL	- - - £.	84	-	-

(f).—TABLE showing Fees and other Expenses for Attendance at Meetings of the General Council, of the Executive Committee, and of the Branch Councils for *England, Scotland, and Ireland*, for the Year ending 5th January 1879.

NAMES of MEMBERS of COUNCIL.	GENERAL COUNCIL.				EXECUTIVE COMMITTEE.				ENGLISH BRANCH COUNCIL.			SCOTTISH BRANCH COUNCIL.			IRISH BRANCH COUNCIL.
	Fees.	Additional Fees.	Travelling Expenses.	Hotel Expenses.	TOTAL.	Fees.	Additional Fees.	Travelling Expenses.	Hotel Expenses.	TOTAL.	Fees.	Travelling Expenses.	TOTAL.	Fees.	
The PRESIDENT -	78 15	-	6 6	17 17	102 18	31 10	-	14 14	14 14	60 18	2 2	2 2	4 4	-	£. s.
Dr. PITMAN -	78 15	-	-	-	78 15	21 -	-	-	-	21 -	-	-	-	-	-
Sir JAMES PAGET -	68 5	-	-	-	68 5	25 4	-	-	-	25 4	2 2	-	2 2	-	-
Mr. BRADFORD -	78 15	-	-	-	78 15	-	-	-	-	-	2 2	-	2 2	-	-
Dr. ROLLESTON -	78 15	-	6 6	17 17	102 18	-	-	-	-	-	-	-	-	-	-
Dr. HUMPHREY -	78 15	-	6 6	17 17	102 8	31 10	-	14 14	14 14	60 18	2 2	2 2	4 4	-	-
Dr. PYLE -	78 15	31 10	18 18	17 17	147 -	-	-	-	-	-	-	-	-	-	-
Dr. STORMAR -	78 15	-	-	-	78 15	-	-	-	-	-	2 2	-	2 2	-	-
Dr. HALDANE -	78 15	31 10	28 7	17 17	156 9	-	-	-	-	-	-	-	-	6 6	-
Dr. ANDREW WOOD -	78 15	31 10	28 7	17 17	156 9	27 6	21 -	47 5	11 11	107 2	-	-	-	6 6	-
Dr. SCOTT ORR -	78 15	31 10	28 7	17 17	156 9	-	-	-	-	-	-	2 2	2 2	6 6	-
Mr. TURNER -	78 15	31 10	28 7	17 17	156 9	-	-	-	-	-	-	-	-	6 6	-
Dr. FETTERGREW -	73 10	31 10	28 7	16 16	150 3	-	-	-	-	-	-	3 3	3 3	9 9	-
Dr. AQUILLA SMITH -	78 15	31 10	25 4	17 17	153 6	31 10	29 8	58 16	14 14	134 8	-	-	-	-	10 10
Mr. MACNAMARA -	78 15	31 10	25 4	17 17	153 6	-	-	-	-	-	-	-	-	-	10 10
Dr. LEET -	78 15	31 10	25 4	17 17	153 6	-	-	-	-	-	-	-	-	-	10 10
Dr. ARJOHN -	68 5	21 -	16 16	15 15	121 16	-	-	-	-	-	-	-	-	-	10 10
Rev. Dr. HAUGHTON -	10 10	10 10	8 8	2 2	31 10	-	-	-	-	-	-	-	-	-	-
Sir D. CORRIGAN -	78 15	31 10	4	17 17	153 6	-	-	-	-	-	-	-	-	-	10 10
Dr. QUAIN -	78 15	-	-	-	78 15	33 12	-	-	-	33 12	2 2	-	2 2	-	-
Sir WILLIAM GULL -	73 10	-	-	-	73 10	-	-	-	-	-	2 2	-	2 2	-	-
Mr. SIMON -	78 15	-	-	-	78 15	12 12	-	-	-	12 12	2 2	-	2 2	-	-
Mr. TEALE -	73 10	31 -	16 16	16 16	128 2	-	-	-	-	-	2 2	4 4	6 6	-	-
Dr. FERGUS -	78 15	31 10	28 7	17 17	156 9	-	-	-	-	-	-	-	-	6 6	-
Dr. HUDSON -	57 15	21 -	16 16	13 13	109 4	-	-	-	-	-	-	-	-	-	4 4
Dr. FLEMING -	-	-	-	-	-	-	-	-	-	-	-	-	-	2 2	-
£.	1,842 15	420 -	367 10	207 3	2,027 8*	214 4	50 8	135 9	53 13	455 14†	18 18	8 8	27 6	37 16	56 14

* Of this total, 2,476 l. 8 s. 6 d. has been paid out of the Medical Registration Fund, and 450 l. 19 s. 6 d. out of the Dental Registration Fund.

† Of this total, 416 l. 17 s. has been paid out of the Medical Registration Fund, and 38 l. 17 s. out of the Dental Registration Fund.

Vouched for General Council, Executive Committee, and English Branch Council,
Quiller, Ball, Crobble, Glegg, and Welton.

Appendix, No. 16.

PAPER handed in by Mr. *Ernest Hart*, M.R.C.S., and referred to in his Evidence,
Q. 3841.

MEDICAL REFORM COMMITTEE of the BRITISH MEDICAL ASSOCIATION.

Appendix, No. 16.

Committee appointed in 1867; and re-appointed Annually with Additions.

- Thomas Nunneley, Esq., F.R.C.S., Surgeon to the Leeds Infirmary, and Lecturer in the Medical School; Ex-President of the Yorkshire Branch of the Association.
- Francis Sibson, M.D., F.R.C.P., D.C.L., F.R.S., President of Council of the British Medical Association, 1866-69; Physician to St. Mary's Hospital, and Lecturer in the Medical School; Examiner in the University of London.
- George Southam, Esq., F.R.C.S., Member of Council of the College of Surgeons; Surgeon to the Royal Infirmary, Manchester; President of Council of the Association, 1872-75.
- Henry Simpson, M.D., Physician to the Manchester Royal Infirmary; Lecturer on Pathology, Manchester School of Medicine.
- T. P. Heslop, M.D., F.R.C.P., Physician to the Queen's College, Birmingham; late Professor of Practice of Physic in Queen's College.
- James Russell, M.D., F.R.C.P., Senior Physician to the Birmingham General Hospital; formerly Professor of Medicine, Queen's College; Ex-President of the Birmingham and Midland Counties Branch.
- Sir J. Cordy Burrows, Brighton.
- J. G. Davey, M.D., Northwoods, Bristol.
- J. Sampson Gamgee, Esq., M.R.C.S., F.R.S. Edin., Surgeon to the Queen's Hospital, Birmingham; Ex-President of the Birmingham and Midland Counties Branch of the Association.
- Charles Chadwick, M.D., F.R.C.P., D.C.L., President of the British Medical Association, 1869-70; late Physician to the Leeds Infirmary, and Lecturer on the Practice of Physic in the Leeds School of Medicine.
- A. P. Stewart, M.D., F.R.C.P., Consulting Physician to the Middlesex Hospital; late Lecturer on Medicine.
- W. D. Husband, Esq., F.R.C.S., Surgeon to the York County Hospital; President of Council of the Association, 1869-72; Treasurer, 1875-79.
- J. Hughes Bennett, M.D., F.R.C.P. Edin., F.R.S. Edin., Professor of the Institutes of Medicine in the University of Edinburgh; Lecturer on Clinical Medicine, &c.
- T. Heckstall Smith, Esq., F.R.C.S., formerly President of the South-Eastern and Metropolitan Counties Branches of the Association.
- Edward Charlton, M.D., F.R.C.P., late Physician to the Newcastle-on-Tyne Infirmary; Professor of Medicine in the University of Durham College of Medicine; President of the British Medical Association, 1870-71.
- Alfred Baker, Esq., F.R.C.S., Senior Surgeon to the Birmingham General Hospital; President of the Association, 1872-73.
- Edward Copeman, M.D., F.R.C.P., Physician to the Norfolk and Norwich Hospital; President of the British Medical Association, 1874-75.
- Willoughby Francis Wade, B.A. Dub., M.B., F.R.C.P.; Physician of the Birmingham General Hospital; Professor of Practice of Physic and Clinical Medicine, Queen's College; late President of the Birmingham and Midland Counties Branch of the Association.
- Alfred Carpenter, M.D., J.P., Croydon; President of Council of the Association.
- C. G. Wheelhouse, Esq., F.R.C.S., Member of Council of the Royal College of Surgeons; Senior Surgeon to the General Infirmary, Leeds; Ex-President of the Yorkshire Branch of the Association.
- Balthazar Foster, M.D., F.R.C.P.; Physician General Hospital, Birmingham; Professor of Principles and Practice of Physic in Queen's College; President of the Irish Graduates' Association.
- W. H. Michael, Esq., Q.C., 1, Park Prospect, S.W.
- M. Martin De Bartolomé, M.D., Physician Sheffield General Hospital, and Lecturer on Medicine; President of the British Medical Association, 1876-77.

- Appendix, No. 16. Eason Wilkinson, M.D., F.R.C.P., late Physician Royal Infirmary, Manchester; President British Medical Association, 1877-78.
- F. E. Manby, Esq., F.R.C.S., Surgeon to Infirmary, Wolverhampton.
- R. H. B. Nicholson, Esq., M.R.C.S. Eng., L.S.A., Assistant Surgeon to the Infirmary, Hull.
- H. Nelson Hardy, Esq., F.R.C.S. Edin., M.R.C.S. Eng., L.R.C.P. Edin., London.
- D. J. Leech, M.D., Physician to the Royal Infirmary, Manchester.
- Rev. Samuel Haughton, M.D., F.R.Q.C.P. Ireland, D.C.L. Oxon., F.R.S.; Professor in Trinity College, Dublin; Member of the General Medical Council.
- Randle Wilbraham Falconer, D.C.L., M.D. Edin., F.R.C.P. Lond., F.R.Q.C.P. Ireland (Hon.); President of the British Medical Association, 1878-79; Treasurer, 1866-75; President of Council, 1875-78; Consulting Physician to the Royal United Hospital, Bath.
- Edward Waters, M.D., F.R.C.P. Edin., F.R.Q.C.P. Ireland (Hon.); Consulting Physician to the Chester Infirmary; President of the British Medical Association, 1866-67; Chairman and Convener of the Medical Reform Committee.
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