

A letter to the Rt. Hon. Viscount Palmerston on the present state of the medical profession / by a fellow of the College of Physicians, London.

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A LETTER

TO THE

RT. HON. VISCOUNT PALMERSTON,

ON THE

PRESENT STATE OF THE MEDICAL
PROFESSION.

BY

A FELLOW OF THE COLLEGE OF PHYSICIANS,
LONDON.

LONDON:

JOHN W. PARKER AND SON, WEST STRAND.

MDCCCLIV.

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RT. HON. VISCOUNT PALMERSTON

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PRESENT STATE OF THE MEDICAL
PROFESSION

A FELLOW OF THE COLLEGE OF PHYSICIANS

LONDON

JOHN W. PARKER AND SON, WEST STRAND

A LETTER,

ETC.

MY LORD,

Your Lordship's speech on the Registration Bill, for the medical profession, contained a passage which I take the liberty of quoting as my apology for addressing you. You said that 'the majority of the medical body did not aid those who had for their object the improvement of the profession.' This statement is most true. The men best acquainted with the details of our profession do not come forward to give that information without which the acutest non-professional judgment cannot form a correct decision; whilst, on the other hand, there are many eager enough to perplex the subject with narrow or selfish views. There are certain facts and principles which I have never seen as yet plainly and simply stated, which ought, I conceive to be submitted to your lordship. I

venture, therefore, as shortly as possible to lay them before you, having implicit confidence that your lordship will seize the true bearings of the case and devise legislative enactments, calculated to avert the impending evil of total anarchy in the medical profession.

The chief object to be attained by legislation is correctly stated by your lordship to be 'uniformity.' Your own expression having been, 'what is wanted, is some uniform system of education, some uniform test of qualification.' It is desirable, however, to define what this uniformity is to be: for if the inquiry be pursued without reference to the constitution of the profession itself, that is to its present actual division into three classes in England; and also without reference to the different circumstances of the profession generally in the three kingdoms, uniformity can never be arrived at without sacrifices, involving not only the interests of the most important members, but the efficiency of the whole body for the public service. I apprehend that your lordship has not yet had this sufficiently laid before you, inasmuch as the one great difficulty in the case is assumed by your lordship to arise from the twenty-two bodies entitled to give diplomas, and you seem to have considered the difference between them to relate only

to their relative efficiency. Now these twenty-two bodies have two separate powers, one to grant degrees, the other to grant a licence to practise. Some of the twenty-two possess both, some the first *only*, and some the second *only*. Again, the local extent of the power to license differs in nearly every instance: that of some of the Scotch bodies being very limited, even as regards Scotland. These differences render the work of reducing these twenty-two bodies to a uniform standard almost impossible. Were it suggested for that purpose to make the degree of itself carry the licence in all cases and localities, even that could never produce uniformity, so long as the object of the licence and the nature of the education required by each body remain so unequal. Uniformity, therefore, can only be attained either by a sweeping disfranchisement of most of the degree-granting bodies, or by the establishment of licensing bodies, wholly irrespective of the degree. Again, of these twenty-two bodies there is but one only—viz. the College of Physicians of London, which has the power to grant licences to practise as physicians throughout all England. Two more, the Universities of Oxford and Cambridge, grant licences for England, but with the exception of London and seven miles round. Only one, the Apothecaries' Company can

grant licences to practice as apothecaries throughout England. The holders of degrees (or diplomas, as they are called in Scotland,) from the other eighteen bodies, proceed in violation of the law, when they practise in England as physicians; but the greater part call themselves 'doctors,' and act as general practitioners, having provided themselves with a licence for the latter calling *only* from the Apothecaries' Company of London. From this, in truth, all the existing anomalies and discontent have proceeded, and the great clamourers for reform come from this class, having themselves first introduced all the irregularities of which they complain.

In inquiring into the best possible system of granting licences, it will therefore be advisable first to describe shortly the actual state of the profession. The different circumstances applicable to each of the three kingdoms, require that the state of the profession in each be noticed separately: in *England* it is divided into three classes—the Physician, the Surgeon, and the General Practitioner (or Apothecary).

The general practitioner (or apothecary, according to older designation) practises in medicine, surgery, midwifery, and pharmacy. He is at hand in all daily emergencies, attending on terms within the means of every class. His multifarious

avocations require an early and very varied education; including besides the study of the principles of medicine and surgery, numerous manual operations and details of business. Men with this honourable, but modest, career before them are of course in circumstances requiring an early return for the value of their preparation, and at the age of twenty-two years they obtain their licence to practise. The union or parish surgeon is always taken from this most useful class of practitioner.

The surgeon takes up only one branch of the mixed duties of the general practitioner. His exclusive devotion to surgical cases enlarges his experience in his own department, while his constant practice of graver operations perfects his dexterity. He is resorted to to judge in obscurer cases, and to act where highest skill is required, or where the means of the employers enable them to afford a higher remuneration. The accomplished surgeon should go through a long course of especial education, including every branch of collateral science. He is not admitted to the Fellowship of the College of Surgeons until the age of twenty-five years. His scientific education throughout will not have been ~~an~~ interrupted by the acquirement of midwifery, pharmacy, and other details of business requisite for the general practitioner. The

surgeons of the metropolitan hospitals are chosen from men thus prepared.

The physician confines his active duties to the treatment of diseases—continually observing and deciding on obscure cases, he gains superior judgment and knowledge. He is the authority referred to on all important occasions. He has, moreover, to be ever adding to the improvement of medical science. As he has no manual duties to prepare for, his course of professional education is purely intellectual, except in acquiring his knowledge of anatomy and chemistry.

The fully accomplished physician ought to bring to his professional studies a mind prepared by a course of preliminary training. Hitherto the most effectual method has been to compete with his contemporaries at the two ancient universities of England, striving for academic distinctions for the sake of that maturity of mental power which can be gained only by the study of abstract science, or the exercise of memory and the inventive powers in classical learning. To give time for this, the beginning of his professional studies is postponed to the age when the general practitioner is commencing active life. His licence to practice is granted at the age of twenty-six. Hospitals throughout England accept the services of none but pure

physicians. The great majority of the *provincial* physicians are, however, unprovided with the *licence* of the College of Physicians of London to practise.

These three classes have been, as you will perceive, created by the united wants and means of a wealthy and concentrated population. I have no doubt that you will also consider it desirable to preserve them in their integrity. The licensing bodies in England, at present, hold these distinctions quite clear. To obtain uniformity of licence, therefore, in England, it is only requisite that the degree-granting bodies of Oxford and Cambridge should abandon, as to physicians, their privilege of granting licences to practise in the provinces, and that separate licensing bodies should be created for the examination of surgeons and general practitioners. Attempts have, however, been made to alter the system of licensing by amalgamating the three classes, and by forming a joint board of physicians, and surgeons, and general practitioners (abolishing the Apothecaries' Company), and compelling all to pass through the same examination successively as they may wish to proceed higher—thus compelling the physician to pass an initiatory examination at the age of twenty-two years, identical with that by which the apothecary or general practitioner now gains his licence to practise.

Your lordship will perceive, from the sketch I have made of the duties and character of each class, that to assimilate the course of preparation in the three would essentially damage all. Were the physician, in particular, to be compelled at the age of twenty-two years, to have acquired all the knowledge useful for the general practitioner, no time would be allowed for that preliminary training, without which the essential character of a physician would be lost. Were the distasteful details, some practical, some of mere business, unnecessary for this future course, to be forced upon them, most youths of high ability and refined habits would turn from such a portal, and all would lose the opportunity of taking the degree in arts at Oxford or Cambridge, and with it the power of competing for fellowships,—those wisely-appointed means of enabling meritorious students in all the liberal professions to postpone the period for reaping the fruits of active industry. The physician in such a case could no longer be the compeer, as the Graduates in Medicine of Oxford and Cambridge are, at present, with the Doctors of Divinity and Law of those universities. The three classes of the medical profession might, by a common portal, be amalgamated, but the effect would be, not to alter the present position of the general practitioner, or

to enlarge his usefulness, but simply to exterminate the class of highly educated physicians.

I trust it will be your lordship's opinion, that, in order to preserve the characteristics of the three bodies, thereby duly to meet the wants of society, the preparation must be kept distinct, and the examination made by each class for themselves.

I have now to speak of Scotland and Ireland, in regard to which legislation is more especially required, because it is the introduction into England of cheaply-educated practitioners from those countries, especially from Scotland, bringing easily obtained degrees to stand in the place of legal licence to practise, which has caused all the existing confusion. The necessity of taking the licence to practise out of the hands of universities, and placing it in bodies constituted for the purpose, is especially obvious in Scotland from the existing multiplicity of small degree or diploma granting institutions ; some of which do not even attempt to educate, some have very limited local districts over which their licence extends, and others usurp powers which they do not possess.* The medical profession in

* As regards Ireland, additional disparity in degrees as tests of qualification is at this moment threatened by what have been called "the Godless Colleges." Those institutions, fostered by Sir Robert Peel in the hope of providing education for the middle classes, have been turned into cheap, and of course ineffi-

Scotland and in Ireland has not been so developed by the wants and means of society into three classes, as in England. In those countries, there is neither the concentration of inhabitants nor the amount of wealth to support the physician and the pure surgeon in any numbers.

The general rule in Scotland is to allow but a short time for professional education, none for preliminary training; the University of Dublin affords better facilities for perfect education, but it is yet far behind the ancient universities of England in this respect. In Scotland and in Ireland the physician's studies are always encumbered with mixed acquirements. Whilst this state of things lasts, uniformity of qualification amongst the licensed physicians of the three kingdoms is impossible, and a single licensing body for the three could only perpetuate existing anomalies.

Thus uniformity in each kingdom will require a separate licensing body to be established for each, giving the privilege to practice in that country only for which the licence is granted. If a licentiate of the English board should require to reside in either of the sister kingdoms, he should submit

cient, means of obtaining the degree of M.D.; no less than sixty-one candidates having been entered in the present year at Cork.

to the examination in that country, and *vice versâ*. If at any time Scotland and Ireland should allow equal time with England for preliminary education, should postpone the period for admitting physicians to the licence to the same age—viz. twenty-six years,—and should bring up the test of qualification to the same point; then it would be just to admit an *ad eundem* licence from the board of one kingdom to that of another.

Were this *ad eundem* privilege granted before this uniformity in point of education and qualification were established, it is plain that numbers would obtain their easier and shorter admission to the licence in Scotland or Ireland, and real uniformity of qualification be as distant as ever. I beg to repeat, that uniformity can only be looked for by separating the licence to practice in all cases from the degree, and by placing the power of granting licences in the hands of boards of each existing class of the medical profession severally,—the boards being composed of practical men, the most eminent in their several departments.

The three classes of Physician, Surgeon, and General Practitioner are, separately, fully competent to provide for their own efficiency. As regards the General Practitioner, to ensure a due supply for attendance on all general occasions and the conve-

nience of the mass whose means are limited, they must be recruited from a class in which lengthened education could not be afforded. They, like the attorney, must have a sure and early means of support, and, like him, they can at once form partnerships which give a business character to their vocation. Philosophic study having been in a great measure dispensed with, their few years of preparation are divided between the acquirement of general principles and a certain degree of manual dexterity. There can be no danger in leaving the test of qualification in the judgment of the leading members of their own body. For their own honour they are not likely to place the standard below the point which would meet public requirements; for their own interest they will not place it too high, and so raise it above the reach of a sufficient number of applicants. In the latter case, their ranks would not be filled, and an inferior class would spring up from the druggists corresponding with the apothecary of old.

It is obvious that the Physician and Surgeon can alone be entrusted with fixing the standard for their own class qualifications. They are certain not to make it low—they cannot make it higher than it ought to be.

I would express the hope, that in conformity

with the admirable system of reform lately adopted in regard to the Corporation of the City of London, the old licensing bodies in England might for this country be reconstructed, and improvement, not destruction, be the course pursued.

Referring to the incorporation of the College of Physicians, it will be seen that, when the charter was first granted by Henry the Eighth, all the men of merit then practising as Physicians in London, were included in the Fellowship. A fresh modification of the chartered body might be made on the same principle. The whole body of Licentiates might form a constituency to elect future Fellows. The Fellows, again, might appoint the President, Vice-President, Examining Boards, and other officers.

The College of Surgeons have already a charter based on most liberal principles. Their system of examination is excellent, and any reconstruction in their case would probably only be influenced by the improved constitution of the body of General Practitioners.

It is proper to acknowledge the great and meritorious advance in the acquirements of the General Practitioner of the present day, compared with those of the Apothecary in former times, an advance for which much credit is due to the existing Apothe-

caries' Company. Although from dislike to the name there are many who wish to disconnect themselves from that Corporation, I conceive that it is quite competent to form a licensing body. There is no reason why, under a new charter, the unpleasant style of 'Company' should not be changed to 'College;' and 'Apothecary' might give way to the more acceptable and suitable designation of 'General Practitioner;' the whole system of admission and examination being formed on the same principle as that of the Colleges of Physicians and Surgeons.

Registration would, of course, come out of the licence, and Licentiates in each body would be entitled to designate themselves Physician, Surgeon, or General Practitioner. They should be defended, if possible, from assuming any other designation than that for which they are registered.* It would

* It is to be regretted that unless some stringent penalty could be enforced to prevent the assumption of the title of 'Doctor' by any but licensed physicians, the present confusion as to designation must remain without a remedy. At present, as holders of degrees from all the small Scotch and German institutions—many of which may be cheaply procured without even personal application—call themselves 'Doctors': gentlemen cannot but feel the name the reverse of an honourable distinction. At present, most English physicians would be thankful to disuse it altogether, and they will probably be forced to do so, if no other remedy can be afforded.

not follow that distinguished merit or altered circumstances should preclude the general practitioner from proposing himself as a candidate for examination by either of the other classes. It would, however, be requisite to devise regulations to prevent the abuse of such a privilege, and to provide that the anomaly of one person practising in a twofold character should not again creep in. In regard to the latter abuse, I have only to cite the example of the legal profession, in which a combination of the practice of barrister and attorney would be at once repudiated. The solicitor may become a barrister; but the efficiency and dignity of the legal profession is, with them, kept up by separating the two branches.

To prevent the road to the bar, as a common rule, being through the profession of attorney, an interval from practice of a certain number of years is required before an attorney can be called.

A power similar to that of dis-barring an unworthy member held by the legal profession might properly be confided to the different medical licensing bodies.

I may also cite the example of the legal profession in their appreciation of the value of preliminary education. So much importance is attached by them to degrees in Arts obtained at the English

universities, that an English graduate is called to the bar two years earlier than one who has not had the advantage of that course of education. Every possible inducement is thus offered for such preparation. The popular attempt in some ranks of the medical profession at this time is to discourage degrees in Arts preceding those in Medicine. No one will more justly appreciate than your lordship the wisdom of the one and the folly of the other.

Courts of Appeal might be instituted for the benefit of the examined, analogous to that which exists in the legal profession, in which the appeal is to the judges.

In the Medical Colleges, the Courts of Appeal might be composed of the President and Vice-Presidents of each respectively.

Similar machinery for reformatory legislation to that applied in the case of the Corporation of the City of London, might also be the most expedient in reconstructing the Medical Colleges. A commission of men of talent not belonging to the medical profession would work better than one composed of men in actual practice in it.

The one important question—viz., the relation which the constitution of the Medical Profession bears to the requirements of the present social state—can be fully apprehended by accomplished

statesmen or great law authorities; and wise measures would be far more easily devised by them than by men who are bound by the interests and trammels of active life in the profession for which legislation is required.

I have the honour to be,

My Lord,

Your obedient, humble Servant,

A FELLOW OF THE COLLEGE OF PHYSICIANS,
LONDON.

statesmen or great law authorities; and wise men
 would be far more easily deceived by them
 than by men who are bound by the interests and
 trammels of active life in the profession for which
 legislation is required.

I have the honour to be,

My Lord,

Your obedient, humble servant,

A FELLOW OF THE COLLEGE OF PHYSICIANS
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