

**Report of the Parliamentary Committee of the Loyal National Repeal Association on the Bill for regulating the profession of physic & surgery [proposed by Sir James Graham], with observations on medical education / [Sir John Gray].**

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Graham, James, Sir, 1792-1861.

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GRAY, Sir J.

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# REPORT

OF THE

## PARLIAMENTARY COMMITTEE

OF THE

### LOYAL NATIONAL REPEAL ASSOCIATION

ON THE BILL FOR REGULATING THE

## PROFESSION OF PHYSIC & SURGERY,

WITH

OBSERVATIONS ON MEDICAL EDUCATION.

DUBLIN:

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*Freeman's Journal Office,*  
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SIR,

Although no longer a Member of the Repeal Association, I have, in compliance with the request of the Committee, prepared the following observations on the provisions of the Bill introduced by Sir James Graham, for "regulating the profession of Physic and Surgery," and beg leave, through you, respectfully to submit them for their consideration.

I have the honour to be, sir,

Your obedient servant,

JOHN GRAY.

*To the Chairman of the Parliamentary Committee  
of the Repeal Association.*

GRAY, Sir John





REPORT OF THE PARLIAMENTARY COMMITTEE  
OF THE  
LOYAL NATIONAL REPEAL ASSOCIATION  
ON THE BILL FOR REGULATING THE  
PROFESSION OF PHYSIC & SURGERY.

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[Resolved—"That that the following communication from Dr. GRAY, relative to the '*Bill for regulating the Profession of Physic and Surgery*,' recently introduced into the House of Commons by Sir James Graham, be adopted as the Report of this Committee."]

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IN examining the provisions of a bill such as that now under consideration, purporting to regulate the practice of Physic and Surgery, and to legislate definitively for a numerous and important profession, the bearing of its several clauses should be investigated with the utmost deliberation. It will be admitted that the medical profession includes a large proportion of the intellect and education of these kingdoms, and that the efficient discharge of the duties connected with it, are of the deepest interest to the public. Before any of the provisions of this bill, therefore, would receive the approval or disapproval of a body representing the public mind of the kingdom, their operation upon the profession as a whole—upon the several



classes of its members, and upon society at large, should be thoroughly and impartially investigated. The present position of the medical profession\*—distracted as it is by internal division—and its numerous relations to society—many of them of the most delicate, *all* of them of the most important character—alike demand that no bill affecting to re-organize that profession, should receive the sanction of a deliberative body, unless it be distinctly ascertained that it will affect—

—*the profession generally*, by elevating its *rank*—

—*the several sections or classes of its members*, by securing vested *rights*—and

—*society*, by securing for the public *properly educated practitioners*.

In passing under review the several clauses of the proposed act, it will be found difficult to keep the relation of any given clause to each of these three objects perfectly distinct; the provisions of one clause may be calculated favourably to affect one section of the profession, to the injury of another, or of the public, or they may affect for good or for ill the profession throughout its several classes, as well as the whole community. The following observations, however, being necessarily limited to a mere outline sketch, it would be impracticable as it is unnecessary for my purpose, rigidly to test each clause by the above standard. I do not, therefore, propose to do more than

\* In the following pages the word "practitioner" is used to indicate every class of the profession. The term "medical" is constantly used in the same extensive sense; and not unfrequently I have found it convenient to make the word "physician" serve where surgeon and apothecary are equally included in the observations. Of late it has been the habit with the profession to talk of "pure surgeon," "pure physician," and "apothecary," omitting the word "pure" before the latter, as if its applicability were dubious. But the expletive is equally inapplicable to the surgeon, for a surgeon cannot, and in point of fact does not, confine himself to mere manual operations; the effect of his treatment as often depends upon the medical and moral remedies used as upon the mechanical. It is remarkable that while this nominal distinction between physician and surgeon is so rigidly adhered to, the course of study prescribed by the several corporations for the candidates for the respective degrees, is nearly identical. I however thus use these terms rather to avoid needless repetition than from any other motive.



direct the attention of the Committee to the operation of the more important provisions of the bill in relation to each of the objects above indicated, as proper to be kept in view in a judiciously contrived reform.

It will be readily conceded, that in the re-organization of a profession, whose members, be their qualifications what they may, must necessarily enjoy the private confidence of all classes of the community—who must be entrusted with family secrets often kept concealed from the nearest relatives and from the most valued friends—upon whose honour and integrity must depend the peace, and happiness, and future prospects of whole families—nothing should be left undone that may tend to give to that profession intellectual rank. Such a position, by engendering in the practitioner self-respect and self-reliance, will impart a moral elevation, which constitutes the best and surest guarantee society can have, that strict honour will be observed in all professional communications. This should be done, however, in such a manner as to provide every security for the vested rights of existing members, that may consort with the public welfare. It will be also admitted, that if the medical profession, as a profession, has so far failed in meeting the public exigencies as to call for extensive reformation, nothing should be left to chance; there should be no patching, and mending, and half-altering—the changes should be perfect and complete in all their parts, so that as far as legislation can effect it, none of those who may enter the profession, under the new order of things, shall be found wanting in any requisite for a good and successful practitioner.

Before entering into an examination of the details of the bill, it may be stated, that the general scheme of the measure is to abolish the monopolies possessed by some of the medical corporations—to establish a uniform system of licensing the several grades of the medical profession, and to bring all the licensing bodies more directly under the control of the executive government. This is proposed to be effected by repealing old statutes, annulling royal charters, and by creating a “Council of Health,” with power to revise, alter, and amend any and every regulation



of the several medical and surgical corporations and colleges, and such by-laws of all the universities, as relate to the granting of medical licenses, whether they refer to the fees or to the education and examination of candidates. This power is to be rendered practically operative by making *registration by the registrar of the council*, the legal, and the *only* legal proof of the qualification of the medical practitioner, by empowering the Council to refuse to recognize as qualifications for registration, degrees in medicine or surgery given by any corporation which does not adopt the prescribed rules, and, by enabling every "*registered*" practitioner, whether physician or surgeon, or licentiate in medicine and surgery, to practise in all parts of the United Kingdom, all previous charters and statutes notwithstanding. The universities of Oxford and Cambridge are alone exempted from these provisions: by them all the other licensing corporations, amounting to *sixteen*, including the Irish university, the five Scotch universities, and all the colleges of physicians and surgeons in the three kingdoms, will, should this bill pass, be *virtually*, though not in words, deprived of what they heretofore accounted amongst their highest privileges,—the power of conferring the *right* to practise the healing art. These several corporations may indeed continue to grant degrees and diplomas as heretofore; but no degree, save those issued by one of the two *English* universities, will empower the holder of it to practise, if it be not granted in conformity with the directions of the new Council, and if the holder be not duly registered on their books. Even should these requisites be complied with, the Irish or Scotch graduate in medicine will be entitled to practise, not because of his having a degree from the Dublin or from the Edinburgh university, but because of his name being found upon the register of the London Council of Health. The *principle* on which this change is proposed, is one, the application of which seems to have been demanded. And I am disposed to think, that the Committee, if called upon to legislate under similar circumstances, would adopt a scheme substantially agreeing with the principle of that proposed. No doubt they would carry out its details with



less of partiality, and treat the English, Irish, and Scotch universities alike, equally stripping all of privileges which have been in too many instances abused, and the unrestricted recognition of which could no longer be continued with credit to the profession, or with safety to the public. But the framer of this bill, in thus saving the vested rights of the English universities, has not only indulged in that partiality towards English institutions, which has ever characterized the proceedings of the Imperial cabinet and legislature, but he has done so to the manifest detriment of the public. A comparison of the curricula\* for students enjoined by the favoured, with those of the doomed corporations, shews that there was little in the rules of graduation prescribed by the respective bodies, to warrant a preference no less arbitrary and unjust on the part of the minister, than insulting to the two nations whose revered and time-honoured institutions are treated with such marked indignity.

To be in a position properly to estimate the necessity for, and the good or evil effects of the great changes about to be introduced, the immediate circumstances which led to their proposal, and the causes out of which those circumstances arose, should be clearly understood. There exist, at present, no less than *eighteen* medical or surgical corporations, empowered either by statute or by charter, to confer licences to practise the medical profession; and of the eighteen no two require the same course of study, the same period of pupillage, or apply an exactly similar test to ascertain the capabilities of those who offer themselves as candidates for licences!

Another anomaly has long existed, which, though not popularly known, frequently produced the most serious annoyance to the practitioner. Some of these licensing bodies claim a sort of manorial jurisdiction over certain districts, and seek to prohibit persons not possessing their license from practising within the claimed territory. The College of Physicians of London claims the cities of Lon-

\* *Curriculum* is the technical term used to denote the course of study prescribed for candidates for the medical licence. Any person wishing to examine the *curricula* of the different medical corporations, will find them set forth in "The Medical Students' Guide."



don and Westminster, and a circuit of seven miles, as its manor, trespassing on which, all "physicians" who cannot produce the college licence, have been treated as poachers, and exposed to rigorous prosecutions. The Company of Apothecaries in London claim the exclusive right to grant permission to the same practitioner to prescribe, compound, and vend medicine in England, and Wales, and Berwick-upon-Tweed, while the Apothecaries' Hall of Ireland claims the sole right of licensing for the compounding and selling of medicine throughout this kingdom. The faculty of physicians and surgeons of Glasgow claim four counties as their hereditary preserve; and though the university of the same city claims an enabling power—"per orbem terrarum," the student who intends to locate himself within the claimed heritage of the "faculty," usually seeks permission to practise the healing art over the *whole* world, and the four counties round Glasgow. Others might be added to the list here given—the London College of Surgeons, the Dublin College, the Edinburgh College, each and all in fact claim some pre-eminence or exclusive right, as attached to their respective licences. But it is unnecessary to dwell further on this topic, than to notice the existence of these monopolies, (all of which, absurd though they be, are guaranteed by statute or by charter,) as among the causes that combined to render reform inevitable, and to the intolerable abuse of which is owing much of the discord that has so long convulsed the profession. Within the past few years, 'tis true, but few of the corporations sought to enforce their territorial rights; but the records of our law courts furnish too many, and still recent testimonies, of the evil that has resulted from leaving unrepealed those remnants of a barbarous code which place the licentiate of one college at the mercy of another, if he dares to extricate from the jaws of death his fellow-man, who chances to reside within the corporate cordon.

Between these rival corporations, as was natural to expect, much jealousy has existed; and had their rivalry taken a proper direction, aiming at the improvement of the science over which they presided, it would have, doubtless, produced the most beneficial results to the profession and to society. But unfortunately the emulation that existed



was for corporate and personal advantages, not for the elevation of the profession, and instead of seeking to be distinguished by the high attainments of those on whom their degrees were conferred, many of these bodies thought only of devising means for increasing the number of candidates for their licence, and were induced to give such facilities for the attainment of degrees as rendered the final examination of the candidate, not to use a harsher phrase, anything but a test of medical knowledge. *Curricula* were lowered and increased in the most whimsical manner, the governing councils regulating their changes rather by the compacts formed with other corporations, than by the educational effect upon the pupils. One year the lectures delivered at a given school, were recognised, and the next rejected as valueless, though delivered by the same professors,\* if any private dispute chanced to arise between the lecturers of the respective corporations. These capricious changes seriously affected the interests of the pupils; their complaints became loud, the absurd conduct of the corporations was made public, and crimination and recrimination was the result. The multitude of medical periodicals that sprang into existence during the agitation to which these things gave rise, afforded ample opportunity for having the weak points of each corporation laid bare, and while the contending bodies respectively rejoiced at the unmerciful castigations given to their rivals, the public became convinced of the delinquencies of all—confidence in the licensed practitioner was shaken; “quackery” was exalted; the number of medical students fell off to one-third the usual amount; and it was not until the professors found their lecture-lists dwindled down, and the practitioner whose personal status had not been secured by a long and successful ca-

\* To such a ludicrous degree was this carried, that the lectures of Professor Harrison—(a man whose book on the anatomy of the arteries is to be found in every dissecting room in the three kingdoms)—delivered at the Royal College of Surgeons in Ireland, were not recognised at the Dublin University—and Professor M’Cartney’s lectures at the University School were not recognised at the College of Surgeons. The peculiar absurdity of this proceeding was made more manifest by the fact, that M’Cartney had been lecturer at the College of Surgeons, and that when his resignation left a vacancy at the university, Harrison was elected to supply his place.



reer, found his influence on the wane, that there was a partial truce to the mutual recriminations that so sensibly lowered the entire profession. In part to these recriminations, and the enquiries to which they led—in part to the disputes that from time to time arose between apothecaries, surgeons, and physicians, each of whom contended that the other infringed on his rights—and, in charity I would add, in part to the necessity for reformation—is due the introduction of the proposed measure of medical reform.

I will now proceed briefly to examine the leading provisions of the bill. By the first clause, it is proposed to repeal nine enumerated, and many other unenumerated statutes, some relating to the monopolies of the several medical corporations, and their members, and others to the mode of licensing practitioners. The first of the enumerated acts, the 3rd Henry VIII., chap. 11, is a remarkable one, as shewing to how late a period the connexion between the science of medicine and the clerical office continued to be recognized. This act confers the power of licensing physicians and surgeons for the metropolis of England and its suburbs, on the *Bishop* of London, and in his absence, the Dean of St. Paul's. A few of its provisions are worth extracting. The preamble recites, that "Forasmuch as the science and cunning of physick and surgery, to the perfect knowledge whereof be requisite both great learning and *ripe experience*," was practised by ignorant persons, "common artificers, as smiths, weavers, and women"\*—who use "sorcery" and "noious medicines," "to the high displeasure of God, great infamy of the faculty, and grievous hurt" of the "King's liege people," and enacts that no person within the city of London, or within seven miles of the same, shall "exercise or occupy as a physician or surgeon, except he be first examined, approved, and admitted by the Bishop of London, or by the Dean of St. Paul's for the time being, calling to him or them four doctors of physick, and for surgery other expert persons in that faculty." It also enacts, that for all places outside of London, persons wishing to practise must be licensed by the

\* The Barbers are not enumerated, they being *chartered* practitioners.



bishop of the diocese or his vicar-general, they calling to their aid, for the purpose of examination, such persons "as their discretion shall think convenient." Medical graduates of the Universities of Oxford and Cambridge were exempted from the operations of this act. Among the other acts enumerated, is that which gave the superintendence of the surgical profession in England to the barbers, an act of Henry VIII., which permitted unlicensed persons to practise in certain cases, and those which exempted surgeons, physicians, and apothecaries from serving on juries. The freedom of physicians, surgeons, and "licentiates in medicine and surgery" from such services is provided for by a subsequent clause of the bill; no provision is however made for the exemption of apothecaries, whose professional duties are quite as imperative as those of the other members of the profession.

The 2nd clause proposes to form a council of health; and sets forth the intended constitution of that body. The creation of this council, and the functions proposed to be entrusted to it, form the principal features of the bill—all its other provisions having reference to proceedings directly connected with the council. The constitution of this body is, therefore, a matter of much importance; it cannot be more concisely given than by quoting the clause in full:—

"And be it enacted that a council shall be established which shall be styled '*The Council of Health*,' and that one of her Majesty's principal Secretaries of State shall be a member of the said council, in right of his office as Secretary of State; and that the *Regius Professor of Medicine* in the University of Oxford, the *Regius Professor of Physic* in the University of Cambridge, the *Regius Professor of Physic* in the University of Dublin, the *Regius Professor of Clinical Surgery* in the University of Edinburgh, and the *Regius Professor of Surgery* in the University of Glasgow, shall be Members of the said Council in right of their several professorships; and that the other Members of the said Council shall be *One Physician* and *One Surgeon*, to be chosen by the Colleges of Physicians and Surgeons of England respectively; *One Physician* and *One Surgeon* to be chosen by the Colleges of Physicians and Surgeons of Scotland respectively; *One Physician* and *One Surgeon* to be chosen by the Colleges of Physicians and



Surgeons of Ireland respectively; and *Six* other persons whom her Majesty, with the advice of her Privy Council, shall deem fit to be Members of the said Council."

By this clause it is proposed to establish *one* council of health, which, subsequent clauses tell us, is to serve for the *three* kingdoms. The medical reform bills introduced by Mr. Warburton and by Mr. Hayes in 1840, suggested an *elective* medical council for each of the three kingdoms, and a *federal* "senate," elected from out these councils for the general supervision of the professional and sanitary arrangements of the empire. In the policy of these suggestions I perfectly concur. There should be separate councils for Ireland, for Scotland, and for England. The three boards ought to act in harmony, if not in concert; but they should be distinct and independent. The formation of a council of health in each kingdom, to superintend the concerns of the profession, to direct the education, and control the licensing of medical practitioners, and thus protect the public from the evils of having unqualified men permitted to experiment with disease, and sport with human life, would confer incalculable benefits on the profession, and on society. In addition to these functions, there are others of hardly less importance, which such boards could alone adequately discharge. Questions affecting medical police—the sanitary regulations for the promotion of public health—and others which it would be tedious to recount—constantly arise, and are as constantly neglected, owing to the non-existence of such bodies. On public then, as well as on professional grounds, the committee should seek to have a council of health for Ireland. If this bill should pass in its present form, not only will our professional men have to submit to have their "customs" altered, so as to accord with the notions of a board, the majority of whom will not be Irish, but all questions affecting public health in Ireland will be either altogether neglected, as they are at present, or submitted to a board unacquainted with our climate, save by the report of others, and utterly ignorant of the habits and mode of life prevalent among our people. Such a council must necessarily be incapable of directing the most efficient means to be adopted in a given emergency, with the same



certainly, as would a council located amongst us, and practically acquainted with our climate, habits, and the many minor details which so much influence health. But, above all, such a body, to be effective for public purposes, should be always on the spot, to suggest and originate improvements, which I take to be the most useful function of a well-constituted board of health. Without entering into any further discussion on this subject, I would suggest to the Committee, that instead of one council of health for the three kingdoms, there should be one for each of the three; and that the councils should be selected from amongst the most eminent in the *practice* of their profession. Such men—the Cramptons, the Graves's, the Cusacks, the Marshes—would not accept seats in a council located in London. If no other reasons existed for having the Irish council sit in Dublin, this one—the necessity of having it composed of first-rate *practitioners*, not of fourth and fifth rate *theorists*—would be in itself, I apprehend, an unanswerable argument. I would suggest also that a clause should be inserted requiring every surgeon and physician, and other practitioner entitled to hold, and holding a public office, to communicate with, and from time to time report to, the central board of the kingdom on the sanatory condition of his locality. By means of the inexpensive machinery created by such provisions, a fund of information would gradually accumulate, a careful digest of which would produce the most valuable results to medical science, and would necessarily lead to practical improvements in the treatment of epidemics and of those imperfectly understood forms which disease occasionally assumes, when influenced by local causes.

The proposed constitution of the one central board is no less objectionable than the proposition itself. There are to be *two ex-officio* members for *England*, *two* for *Scotland*, and but *one* for *Ireland*.—Two from each of the other kingdoms and only ONE from Ireland! Are our medical corporations, our college of physicians, our college of surgeons, our university—are our practitioners so inferior to the Scotch and English, that they are allowed but half the number of *ex-officio* representatives given to the sister



kingdoms? If not, why this inequality? Another just ground of objection is the amount of patronage conferred on the executive. The proposed council is to consist of 18 members, *five* ex-officio members, *six* elected members, one respectively from the colleges of physicians and surgeons in London, Dublin, and Edinburgh, *six* members nominated by the executive, and *one*, who is to be the president, one of the Secretaries of State for the time being.

Clause 3 gives the crown the appointment of all the members of the first council, except the *five* ex-officios, all of whom are to remain in office for three years; and clause 5 gives a *veto* on the election of all subsequent members, thus giving to the government the appointment of *thirteen* out of the eighteen members of the first council, and *virtually* continuing the same amount of patronage while the law is in force.

Clauses 4 to 12 have reference to the mode of appointing members to fill up such vacancies as may arise and of arranging the future proceedings of the council. They contain the usual provisions for payment of salaries, appointment of secretaries, clerks, &c.

Clause 13 directs the proposed council to keep a registry, which is to be published annually, setting forth the names and places of abode of every licensed practitioner in the three kingdoms. There are many and obvious advantages from this proposed registry. The public will be at once informed by its publication who are *legally* qualified practitioners, and if the bill but provided that the parties registered should be *duly* as well as “legally” qualified, this provision would confer great benefits on the community, by pointing out the parties to whose skill and judgment they might, without risk, entrust the treatment of their maladies. The proposed register is to contain a separate column for each of the three classes of practitioners into which it is designed to divide the profession—the “Physicians,” the “Surgeons,” and the “Licentiates in Medicine and Surgery.” This division is analogous to that which practically exists at present in the three kingdoms, and corresponds with the pure physician—the pure surgeon—and the general practitioner, the latter being in England, indifferently



styled "Surgeon Apothecary" and "Apothecary," and in Ireland "Apothecary."

A few observations on the origin of these divisions, may enable the Committee the better to comprehend the nature of the distinctions about to be established under the new organization. The existence of three classes of practitioners has been of long standing, though of very gradual growth. Originally the practice of medicine, in all its branches, was principally confined to the Regular Clergy. These ecclesiastics were, during the middle ages, the depositories of science and of learning, and their lives being devoted to the practice of benevolence, it was but natural that they should, in "visiting the sick," seek to bring healing to the body as well as to the mind. They possessed a knowledge of medicine and surgery, and were well versed in the "culling of simples;" they were, in fact, general practitioners. Occasionally they employed *barbers* to shave, foment, bathe, and anoint their patients, but they themselves performed all the nicer feats of operative medicine. About the 12th century, such rules were prescribed by the canons of some of the councils, as led the clergy to give up the practice of surgery, and confine themselves to the prescribing of remedies to be applied and administered by their assistants, on whom thence devolved all the operative departments of medicine. This was the first severance of the prescribing physicians from the operative physicians or surgeons.

The barbers and other assistants of the clergy now took upon themselves the practice of surgery, at first indeed under the direction of their old masters, but afterwards they became a distinct faculty, and if we trace them onwards, we will find that so early as the 1st Edward IV., a number of the London practitioners were incorporated by royal charter, as a Guild of *Barbers*, practising the mystery of surgery, "*utentes mystera sive facultate sirurgicorum.*" They were endowed with ample powers to correct and punish such barber-surgeons as, being unskilled in the said mystery, practised it to the hurt of the liege subjects—" *correctionis et punitionis hujusmodi barbitonsonum et sirurgicorum minus sufficienter in eisdem mysteris sive facultatibus.*" They were authorised to inspect the



instruments, plaisters, and other medicines—" *Necnon supervisum, et scrutinium omni modorum, instrumentorum emplastrorum et aliarum medicinarum*" used by the faculty, to admit into their body persons skilled in the art, and to prohibit all barbers using the mystery of surgery, "*utens dicta mystera sirurgica*;" and all foreign surgeons, "*aut alius sirurgicus forensicus*," from practising surgery within the city of London and its suburbs, unless approved of by the masters and governors of the guild, as sufficiently skilled therein—" *nisi primitus per dictos magistros sive gubernatores vel eorum successores adhoc habiles et sufficientes in mystera illa eruditus approbetur*." This charter, which dates 1461, in effect established a faculty of surgeon-apothecaries in London.

Several subsequent charters confirmed to the London barbers all the rights and privileges, conferred by the charter of Edward, and continued to them the absolute control over the science of surgery, within the limits assigned by the old charter. In the 32nd of Henry VIII. we find a statute enacted for the union into one company of these barbers, and an unchartered company called the Surgeons of London, in which the following remarkable passage occurs:—"Forasmuch as within the said city of London there be now two several and distinct *companies of surgeons*, occupying and exercising the said science and faculty of surgery, the one company being called the *Barbers of London*, and the other company being called the *Surgeons of London*." After reciting that the barbers were incorporated and privileged as surgeons, and that the so-called surgeons were not, a clause was added, uniting the two bodies into one corporation, to be called the "Masters or Governors of the mystery and commonalty of Barbers and Surgeons of London." This incorporating act, while it gave precedence to the barbers, extended to the *illegitimate* practitioners—the "surgeons"—all the rights, immunities, and privileges theretofore possessed by the *chartered* professors of the mystery—and granted to "the mystery and commonalty of Barbers and Surgeons \* \* \* four persons condemned, adjudged, and put to death for felony, by due order of the king's law of this realm, for *anatomies*, \* \* \* \* *to make*



*incisions on the same dead bodies*, or otherwise to order the same after their said discretion or pleasures for their further and better knowledge, instruction, insight, learning, and experience, in the said science or faculty of surgery." This is the first act I am acquainted with which legalizes the opening of a school of anatomy; and it is remarkable, that while so important a privilege was conferred on the "*barbers*," about the year 1540, it was not conferred on the "*physicians*" for a quarter of a century afterwards.

This act, which thus so unjustly, as would be said by the diplomatic practitioner of the present day, admitted the *unlicensed surgeons* of London to a participation in the medical privileges of the *barbers*, further enacted—that forasmuch as such persons, using the "mystery or faculty of surgery," took into their houses "such sick and diseased persons as have been infected with the pestilence, great pock, and such other contagious infirmities, do use or exercise *barbery, as washing or shaving*, and other feats thereunto belonging, which is very perilous for infecting the King's liege subjects resorting to their shops and houses, there being washed or shaven," no surgeon or barber should thenceforth follow *both* crafts at the same time. The policy of this clause was more perfectly carried out by the 13th George II., chap. 15, (one of the acts about to be repealed,) which repeals the union between the "*barbers*" and the "*surgeons of London*;" and creates two distinct corporations, one of *barbers*, and another of *surgeons*—the latter to be called "*The masters, governors, and commonalty of the art and science of surgeons in London*." From this time the professions of "*barbery*" and "*surgery*" became separate and distinct. The *barbers* ceased to give public lectures on the art of surgery, to "*examine*" students, and to grant "*letters testimonial*"\* for the kingdom, and the *surgeons* ceased to

\* These powers were conferred on the corporation by the charter of Charles the 1st. It may be alleged that the clause in 32 Henry VIII, c. 42, which directs the members of the body to confine themselves to one branch of the combined arts, proves that though the corporations were united, the professions were distinct. The second clause of the act puts the matter beyond controversy. It enacts that "by their *union* and often *assembling together* the good and due order, exercise, and knowledge of the said science and faculty of surgery, as well in speculation as in practice, both to



interfere with the washing and shaving of his majesty's liege subjects. The new corporate guild, from the dissolution of the partnership, and until the formation of the Royal College of Surgeons of England, about forty-five years ago, continued to discharge all the educational functions theretofore discharged by them in conjunction with the barbers. Thus by degrees did the unlicensed and intruding "surgeons of London," having first obtained an alliance with the legitimate professors of the art, gradually undermine the legalized practitioner, then assume a superiority, and finally monopolize, to the utter exclusion of the anciently chartered professors, the sole right and title to practise, and give licenses to others to practise, the mystery of surgery in England.

In Ireland a nearly similar process of change may be traced. The barber-surgeons of Dublin can, however, boast a more ancient charter than can those of London. The former were chartered in the 25 of Henry VI.,\* while the latter did not obtain their charter till the first of the succeeding reign, or 12 years later. Like the London practitioners, they were incorporated for the practice of "feats in barbery," as well as feats in "surgery." We find the Guild of "Barber Surgeons" ranking high among our corporate guilds—occupying the fourth place in the order of precedence—up to the passing of the Corporate Reform Act in 1840. The proverbial carelessness with which records are kept in a provincialized country, especially where the desire for resuscitation is not in active operation, holds good in Ireland. There are no records that I am aware of, to shew either at what time the surgeons of Dublin freed themselves from the corporate connexion, or whether there did not always exist an unrecognised body of surgeons who were never linked to the barbers, and who never claimed the honour. I am disposed to think that there

themselves and all their said servants and apprentices, now and hereafter to be brought up under them, and by their learning and diligent and ripe informations, more diligent, speedy, and effectual remedy should be, than it hath been, or should be, if the said two companies of Barbers and Surgeons should continue severed asunder." The barbers and surgeons of those days had their *conversaciones* recognized by law as efficacious means of advancing the science.

\* Corporation Report.



continued to be what we would now call *illegitimate* practitioners, during the whole period included between the granting of the charter to the "barber-surgeons" in 1447, and the formation of the Royal College of Surgeons in Ireland, two years after the declaration of legislative independence. We have positive evidence of the existence of this class of practitioners in Ireland at a very early date; and in 1765, we find a court of examiners, selected from amongst them, instituted by the Irish parliament, without whose certificate of capacity no person could be appointed surgeon to the county infirmaries, then in course of erection. This court consisted of "the surgeon-general, the visiting surgeon, the two assistant-surgeons, and the resident surgeon (or doctor) of Stevens' hospital, and the five senior surgeons of Mercer's hospital"\*

I might multiply evidence from the statute book to shew that prior to 1784, (the date of the charter granted to the Dublin College of Surgeons) there existed an unincorporated faculty of Surgeons, whose skill in the science was recognized by the Irish Parliament. It is a curious fact too that there is not extant any act of the Irish parliament recognising the barbers as the heads of the surgical profession in this kingdom. Yet there can be no doubt but that the two crafts, barbers and surgeons, were at one period more or less perfectly united in Ireland as they were in England, and as they continue to this day in Austria.†

\* See 5th George III, ch. 20.

This act required that the persons offering themselves for examination should have "served a regular apprenticeship of five years to a regular surgeon." The paucity of practitioners who had served a regular apprenticeship to a regular surgeon, may be judged of by the fact, that the 17th Geo. III, c. 8, enacts, that Thomas Wilkins, though precluded by the letter of the statute from being elected surgeon to the Galway Infirmary, being "an experienced surgeon," should be eligible; and that—"John Murphy of Tralee, county Kerry, surgeon," who was also disabled by the act, but who having "served several years on board his Majesty's fleet, and is from experience and practice, the fittest and most able in the said county to attend and take care of the infirmary and hospital," should be eligible on the certificate of the Surgeon-General.

† "With the education of those two classes of practitioners described in the last chapter, our commendation ceases; for that of the lower grades the Magisters or Partons of Surgery is of a very inferior description, and the disabilities under which this class labour in the position which they occupy



Having briefly traced the barber-assistants of the regular clergy in England, till we found them chartered as the instructors and masters of surgery, and finally driven from their professional chairs by the "self-dubbed" surgeons of the city of London, I will endeavour to state, with similar brevity, the origin of the College of Physicians in London, upon the model of which the College of Physicians in Ireland was framed in 1667.

The London College of Physicians can boast a more ancient lineage than can the London College of Surgeons. It was found that neither the barbers nor the "surgeons' company" could keep their ground against the quacks, and the act before recited, 3rd Henry VIII., was enacted which prohibited all persons from practising the science of physic and surgery, unless licensed thereto by the bishops of the several dioceses. There is a clause exempting the medical graduates of Oxford and Cambridge from the operation of the act. Surgeons are brought under its provisions by a special clause—"for like mischief of ignorant persons presuming to practise surgery," but from the fact of Henry's having confirmed the charter of the "barbers" in the same year in which this act was passed, I conclude that these latter practitioners were not affected by it. Thus arose a legalized order of practitioners, who were not barbers, nor surgeons, nor yet "Doctors"\* of physic—they were "physicians." In the tenth year of his reign Henry VIII. gave them a charter, and it is remarkable that of the six doctors named in the charter, no less than two had taken holy orders. The first president of the college, Thomas Linacre, physician to Henry, was in priest's orders.

in the caste-maintaining system of Austria, is such as degrades surgeons, not only in letter but in spirit, to the mere barbers and dressers of wounds. Every *Wundartz* (one of the class of whom I write) is obliged by the law of the land to shave for a couple of *kreutzers*, exhibit the basin and striped pole, and keep open a barber's shop. And although many of these surgeons in the larger cities do not themselves manipulate upon the chins of the inhabitants, yet they are obliged to keep a servant or an *apprentice*, to do so as hairdressers or any other class of the community, except that the *Wundartze* are not permitted to perform this operation" (*i.e.* hair-dressing). *Wylde's Austria*. p. 59, 60.

\* The title *Doctor*, though of courtesy given to all physicians, strictly applies to those only who have received a Doctor's degree from a University.



In the 14th year of the same reign, an act was passed transferring from the bishops to the new college, the power of examining and licensing physicians ; and in the 32d of the same, physicians were empowered to practise surgery without the permission of the barbers, "for as much as the science of physic doth comprehend, include, and contain the knowledge of surgery, as a special member and part of the same." Thus were physic and surgery once more united and recognized by statute law as portions of one whole science. They were again, however, gradually disunited, but it is unnecessary to trace the several steps which led to that severance. The foundation of the college of physicians was laid by this charter and these statutes. Subsequent acts and charters extended its powers and enlarged its sphere of action, but these subsequent changes are mere matters of detail irrelevant to my present object.

The origin of the "apothecary," is nearly analogous to that of the physician and surgeon, though the incorporation of apothecaries is of much more recent date. The name apothecary is used at a very early date by English writers, and it is stated by Paris, in his book on Medical Jurisprudence, on the authority of the *Fœdera*, that Edward III. settled a pension of six-pence a day on a London apothecary, who attended him during his illness in *Scotland*. Could he have been travelling physician to the king? The act 34—35 of Henry VIII., c. 8, which enables any skilled person, not being a surgeon or physician, to administer medicine, charters and former statutes notwithstanding, in all probability, specially applied to apothecaries. In this act the generous charity of the unlicensed "pretender" is honourably contrasted with the griping cupidity of the chartered bodies. It is evident from the records we possess, that the apothecaries were at first herbalists who "culled simples," and retailed them to the more skilled practitioners. In the course of time they began to apply as well as to collect the remedies, and so low were their pretensions, as a body, in 1606, that we find them seeking and obtaining an incorporation with the London grocers ! Having, however, obtained a corporate rank, they almost immediately sought a separate recognition ; and eleven years after their junction with the grocers,



we find them severed from the unprofessional union, and incorporated as the pharmacopolists of London. Even at this early period we find them "encroaching" on the surgeons and physicians, and the latter body opening a shop in London for the sale of medicine for the purpose of retaliating on the apothecaries. The London apothecaries continued to control the sale of compound medicines in London, and its suburbs, as a corporation-guild, and practised as general practitioners up to 1815, when they obtained an act of parliament, giving them power to regulate the apothecary profession throughout England and Wales. Since the passing of this act, they have had a perfect monopoly, no person being permitted to act as apothecary in those countries without their licence.

In Scotland the union of the grocer and surgeon-apothecary is not yet repealed. There is even a little of "barbery" retained; and in the city of Glasgow you can have in some of the back streets, at the same counter, senna, sugar, salts, castor oil, coffee, and cosmeticks! The system is, however, falling rapidly into disuse, and these composite emporiums of filth and ignorance are now principally confined to the smaller towns.

In Ireland the apothecaries formed a separate guild of the Dublin Corporation, having been incorporated about 1746. They however existed as an unincorporated profession for a long time previously. The professional *status* of the Irish apothecary at this period may be deduced from the statute book. By the 3rd George III, c. 28, we find them ranked among the medical attendants of our county jails. The 5th section of this act says, "and if any person appears affected with sickness, or to stand in need of medicines, the said minister or curate is hereby empowered to employ a physician, apothecary, or surgeon, and to pay for such medicines as shall be by them, or either of them, *prescribed* and made use of." The 17th and 18th George III. c. 28, which is entitled an "act for preserving the health of prisoners in jail, and preventing the jail distemper," after stating the prevalence of a "malignant fever," known by the name of the "jail distemper," empowers the inspectors of the several prisons in Ireland "to appoint an *experienced* surgeon or apothecary, at a stated salary," to attend to the



health of the inmates. The person so appointed is required "to report the state of the health of the prisoners under his care" at each quarter sessions. The 26th George III., c. 14, views the apothecary as a general practitioner, and directs a specific presentment for his salary "*for attending the prisoners and providing medicine for them.*" Several other statutes might be adduced, but the above are sufficient to shew that the Irish legislature viewed the apothecary as a general medical practitioner, and legislated for him as such. In the year 1791, nearly a quarter of a century before the English apothecaries ceased to be a trading guild, an act was passed by the Irish parliament, incorporating, under the title of the Apothecaries' Hall, such of the apothecaries as had advanced £100 towards the creation of a common corporate fund. It empowered them to regulate the profession of pharmacy in Ireland, and set forth certain rules to be observed in licensing persons to act as apothecaries. Among these was one that reflects the highest credit on the Irish parliament, whether we consider it in the abstract or in reference to the then low state of education in the several medical corporations of Great Britain. I allude to the specific requirement, that no person should be received as an apprentice till he had first submitted to an examination, and proved that he had obtained such an elementary education as capacitated him for the study of the difficult profession he was about to embrace. Several members of the apothecary profession came forward, and advanced the required sum, giving another proof of the spirit of the times, and thus was formed the present Apothecaries' Hall of Ireland, by whom all the Irish apothecaries must be examined, and licensed, before they can practise the profession of apothecary in this kingdom.

I have entered into these details of the history and legal status of the several branches of the profession, for the purpose of enabling the committee to estimate of the justness of the claim put forward by each of the three branches, to a recognition of their alleged rights, in the system about to be introduced. The bitter contention for pre-eminence in some matters, and for exclusive recognition in others, that has existed between these three classes, tempted me to run into this, perhaps, too lengthened sketch of their respective



origins, that I might shew how trifling are the claims that either physician, or surgeon, or apothecary can put forward on the ground of *antiquity* as compared with those of the now discarded barbers. The only plea on which pre-eminence should be given to any grade is *superior education*. The barber can produce more ancient charters than any of the three, but they can avail him nothing; for while the others have, as a body, risen in education and intelligence, some of their members keeping pace with, and outstripping the advance of, society, the barbers—those on whom the mantle of the sacred practitioners directly descended—have, as a body, and as individuals, fallen to the rank of mere operative mechanics. The bandaged sign-pole, which was wont to indicate the place where surgery was performed, still, indeed, attracts the notice of the unshorn artizan and the unpowdered lackey; but the wildest enthusiast of the craft does not dream of reviving the claim to superintend the practice, and educate the faculty of surgery.

We may now come to consider the classification of the profession sought to be introduced by Sir James Graham's Bill. It will be seen from the foregoing remarks, that at no period were the several grades now recognized, *perfectly* distinct, save when the clergy devolved on their servants, and the barbers, the operative department of medicine. Even at present, it is not an uncommon thing for a practitioner to hold the degrees of doctor, surgeon, and apothecary; it is still more common for a practitioner, holding but one, to practise, as if he held *all three*. The framers of the present bill wisely take cognizance of this fact, and though there is a *nominal* distinction made between the "licentiate in medicine and surgery" and the surgeon, an examination of clauses 14 and 15, wherein the mode of licensing these practitioners is set forth, will shew that the object is rather to create *gradations* in one and the same profession, than to sever the science of medicine and surgery into two distinct and separate professions.

By clause 14 the "licentiate in medicine and surgery" is required to be "*twenty one*" years of age, and to produce when claiming to be registered separate certificates from the College of Physicians *and* College of Surgeons, that he has been examined by them, and is "duly qualified to practise as such licentiate." This is the rule applicable



in Ireland and in Scotland. In England the candidate must have the certificate of examination by the College of Surgeons and the College of Physicians, "*assisted by the examiners of the Society of Apothecaries of the City of London.*" The necessity for instituting a special examination in pharmacy will be obvious, when it is seen that the 31st section gives the "licentiate" power to prescribe, compound, and administer his own medicine. To do this with advantage to his patients, he should have a competent knowledge of pharmacy, and this is provided for in England by the constitution of the board of examiners, but there is no provision for it either in Ireland or in Scotland. I am not aware of the existence of a pharmaceutical corporation in Scotland; in Ireland we have the board of examiners of the Apothecaries' Hall, and in so far as the 14th clause relates to this kingdom, I would suggest that it ought to be so altered as to constitute the examiners of the Apothecaries' Hall a part of the Court, whose certificate will enable the practitioner in Ireland to receive such license as will warrant his practising pharmacy.

Clause 15 requires that the candidate for registration as a *Surgeon* shall shew that he applied himself to surgical studies during five years; that he is *twenty-five* years of age; that he is a "licentiate in medicine and surgery;" that he must produce from the college a certificate that since he attained the prescribed age he was "again examined;" and that he is "duly qualified to practise as a surgeon."

Clause 16 regulates the registration of physicians. The candidate is admissible to register at the age of *twenty-six*, if he shall have taken the degree of bachelor or doctor of medicine at a university, or, at the goodly age of "*forty years*," if he have not graduated in a university. This is, perhaps the most preposterous proposition that ever emanated from the brain of a sane man. Interpreted by the 14th clause, this provision in effect says, "a man may be duly qualified to practise physic, surgery, and pharmacy—all three—at one-and-twenty, but he cannot be duly qualified to practice *physic alone* at nine-and-thirty, unless he shall have received an university education!"

In both cases, as well as in others provided for, the



physician must receive a certificate of due qualification from a royal college of physicians.

Clause 17 enables the council to make arrangements "for instituting special examinations in midwifery, of *all persons who shall offer themselves*," and to distinguish in the published register the names of the persons so examined.

These four clauses are exceedingly objectionable. The latter as indicating that a knowledge of midwifery will not be required from the *general (!)* practitioner—the others as not establishing a proper standard of education.

Clause 18 repeals so much of the English apothecaries' act as provides that no person shall be appointed on the court of examiners of the apothecaries society save "a member of the society of apothecaries," and makes the "licentiate in medicine and surgery" of ten years standing eligible. This clause is important as an aid to the interpretation of other clauses. It replaces the apothecary by the licentiate in this case, and shews that the intention of the act is to make the licentiate occupy the professional position occupied now by the apothecary. Until there shall be licentiates ten years registered, the apothecary who is registered, and has been ten years in practice, will be eligible; but after the expiration of ten years from the passing of the act, no person but a licentiate who has been examined by the College of Physicians and College of Surgeons, as provided for by clause 14, can be placed on the court.

Clause 19 requires *that all surgeons and physicians* shall become associates or fellows of the College of Physicians, or Surgeons, in the kingdom in which they intend to practise, and enacts that an Irish, Scotch, or English physician or surgeon, removing from one kingdom to another, shall be admitted, *without* examination, to the respective colleges, on payment of the fees payable by persons who are admitted on examination.

Clause 20 provides that "licentiates in medicine and surgery" shall after registry be admitted as licentiates of the *College of Surgeons*, from which they have received their letters testimonials, and enacts that on removing from one kingdom to another, they shall become licentiates of the



college in that kingdom to which they may have removed, on payment of the usual fees, and without examination.

These provisions are calculated in some measure to protect the profession in one kingdom from the undue competition of the members of the colleges of another.

Clause 21 enacts that the council shall have power to equalize the fees and *curricula* in the different colleges, for the purposes of uniformity, "as far as is practicable and convenient," with a view to equalize the qualifications.

Clause 22 prohibits universities from granting degrees to those who have not *matriculated* in the university and attended lectures for two years at the university school, or at some school in connexion with it. It also prohibits them from granting degrees "*without examination!*" The former provision is intended to prevent the extensive emigration of students to the Scotch Universities. The latter is intended to prevent the renewal of the now obsolete practice of some of these same universities, of granting degrees to absent candidates, known to the examiners only by their punctual remittances.\*

Clause 23 is intended to enable universities to grant a new degree, that of "inceptor in the faculty of medicine," to students of the age of twenty, who have matriculated, and empowers the council to register such graduates under such titles. The same privileges are given to the "inceptor" as to the licentiate.

Clause 24 gives the council the power to disallow bye-laws to be made by the colleges of surgeons and physicians, if not approved of.

Clause 25 requires that all students at the several medical schools, be registered annually, and entitles the secretary of the council to receive a fee of 2*s.* 6*d.* for each registered pupil. Students who are not registered, will not be admitted to examination. This is a useful provision as affording some test of the authenticity of the certificates for attendance on lectures, produced on applying for examination.

\* It is not many years since one of the Scotch Universities adopted and published a bye-law to the effect, that a degree would not thenceforth be conferred on "*an absent candidate.*" This bye-law has not been republished since the question of reform began to be discussed.



Clause 27 enables the council to refuse to recognise the testimonials of any body which transgresses the rules prescribed by them for the examination, and grant of letter testimonials, and empowers the members of the council and its secretaries to be present at examinations.

Clause 28 provides that none but those who are registered by the registrar of the council can be appointed to public situations—a most salutary provision.

Clause 29 exempts *registered* practitioners from being summoned on juries and inquests, and from serving all parochial, ward, and other offices; but *excludes* from these privileges, which were granted by former statutes to apothecaries, physicians, and surgeons, all *unregistered* practitioners, and declares null and void, for all legal purposes, the certificate of an unregistered practitioner.

Clause 30 exempts all registered physicians from the operation of an act (14, 15 Henry VIII.,) which prohibits all persons, save licentiates of the London College of Physicians, from acting as physicians in London, or within seven miles of it; and it annuls and repeals, so far as *registered* practitioners may be affected by them, the several charters and statutes which conferred similar monopolies on other corporations.

Clause 31 enables registered *licentiates* to act as general practitioners, to prescribe, administer, compound, and sell medicine, and repeals such clauses of the Irish and English apothecaries' acts as prohibit all persons, save licensed apothecaries, from acting in the capacity of apothecary.

The 32nd, 33rd, 34th, and 29th clauses, are of that class which must be viewed in reference to their operation on the vested rights of the members of the several grades of the profession.

The 32nd clause provides that certain of those practitioners who are now in practice, may register immediately after the passing of the act, and thereby secure to themselves all the benefits of the new law. But here again, as in the formation of the council of health, a grievous wrong is sought to be done towards Ireland. For while it enables all physicians and surgeons now practising in any part of the united kingdom of Great Britain and Ireland, and *all apothecaries practising in England*, to



register under the act, without further study or examination, the *Irish* apothecary is excluded.

The 33rd clause prohibits the *Irish* apothecary, under a penalty of £20, from taking any public medical office, should the trustees, acting in accordance with the practice of the country, offer it for his acceptance. He is not excluded 'tis true, by name, but no provision being made for his registration, he is included in the penal provisions which affect all unrecognized practitioners.

The 34th clause disentitles all persons from recovering any charge in any court of law for any medicine prescribed or administered by them, unless they shall prove *their registry*, or that they were previously entitled to recover same by law.

The 29th clause I have already analyzed. The *Irish* apothecary being prevented from *registering*, by his exclusion from the list in clause 31, will, by this clause, be deprived of the freedom from service on juries, inquests, &c., &c., which has been "from the time that no mind is to the contrary,"\* found requisite for the due exercise of the medical profession. His "certificate," too, will be no longer recognized in a court of justice as it heretofore has been, and as it was recognized and enacted so to be by a recent act, the 1st Vic. c. 27.

These several clauses will operate as a penal law against the *Irish* apothecaries. They will exclude that large section of the medical profession in Ireland from the practice of their profession, as they heretofore practised it, while Englishmen of the same class, and in all respects in the same position, will have extended to them the benefits of registration, and all the other advantages to be secured by this bill. I have in vain endeavoured to discover some plausible pretext for this preference. The distinction is made for no other reason that I can see, than that the favored body are English, and have their rights protected by the English home-secretary.

The *Irish* apothecary will indeed be *permitted* to stand behind his counter and compound drugs. A few proprietors of Medical Halls will enjoy some benefit from the

\* 5th and 6th Henry VIII. chap. 6, English act.



continuence of this *privelege*. But the vast body of apothecaries depend mainly upon their prescribing practice, and the operation of clauses (31 & 34) will be, to deprive the *Irish* apothecary of a great portion of his compounding practice, and of the *entire* of his general and prescribing practice. Their effect will be even more disastrous to the *Irish* apothecary, who may reside in a rural district. His practice, because of his isolated position, is necessarily confined altogether to prescribing and the compounding of his *own* prescriptions; and should these clauses become law, he will be *totally* deprived of his professional subsistence. I would here remark, that by the provisions of the bill brought in last session, by Sir James Graham, it was proposed to place the *Irish* apothecary on that equality, as regards registration, with the *English* apothecary, to which his education and professional skill entitle him. But the registration provisions of the present bill, appear to be based on the principle that while the peculiar rights of the *English* apothecary should be secured to as large an extent as is consistent with the general scheme of the measure, and new legal rights added, to compensate for the privileges withdrawn, the rights of the *Irish* apothecary should be totally annihilated.

If we look to the history of the three classes of the profession, we will see no grounds existing why in so comprehensive a measure as that now introduced, having for its object the re-organization and consolidation of the profession—the *Irish* apothecaries should be excluded from all participation in the proposed benefits, and driven without the professional pale. Their act of incorporation dates farther back by nine years than does the charter of the Royal College of Surgeons in England, and is four and twenty years more ancient than is the act which requires that the apothecaries of England should be men of education. For nearly a century the *Irish* apothecaries have been recognised by the *Irish statute* law as medical practitioners, and legislated for as such. Within the last few years a statute of the Imperial parliament has recognized their qualifications to decide definitively in questions involving the nicest points of medical jurisprudence—in questions of lunacy. Shall they now be degraded from the position they



so long and so honourably filled? Again, if we examine the curriculum prescribed for the Irish apothecary student, though far from being what it should be, we will find it to be infinitely superior to that which was a few years since prescribed for the English surgeon. The Irish apothecary cannot now become an apprentice if have not by examination proved himself versed in the Latin, Greek, and French languages, and the elements of Euclid and Algebra, while the English apothecaries and surgeons may, and often are, apprenticed without knowing much more than the rudiments of their own tongue. The professional studies enjoined subsequent to apprenticeship are not inferior to that prescribed by some of the universities. Why then is it that the Irish apothecary should be professionally excommunicated? I confess I know not, if it be not to give us another illustration of the curse of provincialism.

If the Irish apothecaries were preserved by this bill, the sole right of compounding prescriptions, and selling drugs, as is the case in some of the continental countries, there might appear to be some plea for excluding them from medical practice. But this is not the case. All "licentiates" to be now admitted to the register, and all "licentiates" and "inceptors" to be hereafter admitted, are to have the privilege of compounding and selling medicine. Thus the Irish apothecary is not only *driven* from medical practice, but his pharmaceutical privileges are divided with others.

By the 32nd clause there is another injustice inflicted on the Irish profession *generally*. It provides for the registration of certain specified classes now in practice, and enables the council, on the application of any person now "*entitled* to practise, at the end of this session of parliament as a physician or surgeon, in any part of the united kingdom of Great Britain and Ireland, *or* as an *apothecary in England*, to cause the name of such person to be registered as a physician, surgeon, *or* licentiate in medicine and surgery, *as the case may be.*" The physician may register as physician, the surgeon may register as surgeon, and the English apothecary—but *no other*—may register as *licentiate* in medicine and surgery. The words of the clause say, they may respectively register, "*as the case may be;*" and if we refer to clause 18, we find that this is the policy



of the act; to substitute the "licentiates" for the present apothecaries, the *licentiates* being made, in the case there provided for to replace the *English apothecaries*, the only persons recognised by this act as being at present general practitioners. The junior physicians and surgeons of Ireland who fancy that they can register as *general practitioners* under this clause, will, I apprehend, find themselves much mistaken. They may register 'tis true, but, if I interpret the clause aright, they *must* register as physicians or surgeons, or, *if entitled to practise in England* as apothecaries, *i. e.* if members of the English apothecaries' society, as "*licentiates*." The operation of this provision will be to prevent *any* person now practising in Ireland, unless he be an *English apothecary*, or hold the degree of surgeon, or physician, and apothecary, from acting as general practitioners, and to open the whole field of *general practice* in Ireland to English apothecaries. The Irish surgeon or physician, who may be also a licentiate of the Apothecaries Hall, may register as physician and surgeon, and prescribe as such, while he may compound as an apothecary, under the act of 1791, but I believe there are not very many Irish surgeons or physicians who hold the licence of the hall.

Clause 35 provides penalties for persons falsely assuming the titles given under this act.

Clause 36 provides that the name of any person found guilty of felony, shall be erased from the register.

Clause 37 saves the existing rights of Oxford and Cambridge graduates, but continues to exclude them (under the act of Henry VIII.) from practising within London, or seven miles of it, unless they be registered.

Having now gone through the clauses, chiefly with a view to show their bearing upon the Irish and British practitioners, and upon the existing classes of the profession I would suggest that means be taken to have clause 31 so altered as to admit of the registry of the Irish apothecary, as a licentiate. His exclusion is manifestly an act of the grossest injustice.

Clause 19 should be so altered as to ensure an examination in pharmacy, by adding some members of the apothecaries' hall to the court of examiners for "*licentiates*," in Ireland.



Clause 37 should be altogether erased. If it be right to have the Irish and Scotch university degrees sanctioned by a re-examination of the persons to whom they are granted, the principle is doubly applicable to Oxford and Cambridge, which are, and ever have been, notoriously the worst medical schools in the united kingdoms.

With respect to the formation of the council of health, and the necessity of an alteration in its proposed constitution, I have already expressed my opinion. The intended constitution is unjust to Ireland—imperfect for the more important functions, which such a council should discharge—and most unconstitutional, as placing the entire control and patronage in the hands of the executive.

An important question remains yet to be asked.

Does this proposed bill give a guarantee to the public, that henceforth there shall be no person licensed to practice medicine and surgery who has not sufficient skill in his profession?

I unhesitatingly answer it does not.

Medicine and surgery are emphatically *practical* sciences. They must be learned by *experience*, or they cannot be learned *at all*. The great evils of the present system, and those which call most loudly for reform are, the mode of education adopted by the several bodies which confounds the accessory sciences with the science of the phenomena of disease, and the character of the *examinations* which substitutes a knowledge of *words* for an intimate acquaintance with *things*. These evils the present bill does not even propose to remedy.

This bill makes no further alteration in the mode of educating and licensing practitioners, than that of lessening the number of licensing bodies, and empowering a council under the control of the executive, to supervise the bye-laws, and reduce the fees and *curricula* of those retained to something approaching to uniformity. The Colleges of Physicians and Surgeons respectively of the three kingdoms, (aided in England by the Apothecaries Society) are henceforth to be *practically* the only licensing bodies in the respective kingdoms, with the exceptions of the two *English* Universities. The other six universities may indeed grant degrees, but they will confer no *rights*; they will be mere



*honorary* distinctions until the possessors undergo an examination before the Colleges of Physicians and Surgeons. This arrangement is in principle right—it recognizes the necessity for *more than one* examination, but it is miserably imperfect in its details, and will be found in practice to affect but one of the three classes—the physicians. Were the principle of separate examinations rendered necessary for all branches, and judiciously carried out—the first to be in the *accessory* sciences—the last to be in the *practice* of the special science of the physician, a great and salutary reform would be effected. But the concoctors of this bill seem not to have contemplated such a measure. They propose to give, 'tis true, an incentive to university education by conferring special privileges on those who avail themselves of it; but they more than counterbalance if they do not nullify that partial good by conferring an *absolute monopoly* on the Colleges of Physicians and Surgeons, requiring that graduates who have paid for their university degrees, shall also pay for enrollment in one of the two colleges. Thus by this increase of expense will they prevent men from taking university degrees. By the provisions of the bill the number of licensing bodies will be virtually reduced from *eighteen* to *eight*. But it matters little to the public what, or how many, bodies may grant licenses, provided only that the licensing bodies give sufficient guarantees that no man *can* receive a license who does not possess a sound *practical* knowledge of the profession. Whether practitioners be called by the old names of physician, surgeon, apothecary; or whether these give place to the more voluminous titles of “licentiate in medicine and surgery,” or “inceptor in the faculty of medicine,” matters just as little. That they should be educated men—soundly educated in the principles and *practice* of their profession, is however of the last importance to the community; and for this there is no guarantee in the provisions of the present bill.

The education of the medical man, under the present system, is most defective, and no reform should be looked upon as satisfactory which does strike at the root of the existing evil by instituting efficient education. This it is and not the mere distinctions of grades and classes, that



interests the general public, and to this should the Committee of the Repeal Association, as the recognized guardian of the Irish public, direct its special attention.

There are, as I before observed, no less than eighteen different *curricula* presented for the medical student, any one of which he may select, as best suits his purse and his leisure. There is something so ludicrously absurd in this one, rather, these *eighteen facts*, that they are in themselves an argument for reform. But when I state to the committee that *none* of these eighteen require either *practice* or personal *experience* to form a part of the preparation of the embryo practitioner, they will feel that "imperfect" is a mild phrase indeed wherewith to designate the shortcomings of the educational system, now in operation. Yet such is the fact, and so little regard is paid to *practical experience*, as a preparation for practising on the community, that a man may become a licensed surgeon, who never opened a vein—or a titled physician who never felt a patient's pulse. I do not affirm that these things *do* occur, but I assert that they *may* occur—and that there is nothing in the system to prevent their constant recurrence.

The education of the medical practitioner is a subject of too great extent to be fully discussed within the space to which I must necessarily confine my observations. Yet it seems to me to be so intimately connected with the question of medical reform—so inseparable from the public welfare, that I cannot omit all reference to it.

Nearly all the corporations require the student to undergo a preliminary examination in the greek and latin languages. In some of them this examination is tolerably strict, and the pupil must know something of the languages in order to pass through the ordeal. In most of them it is little better than a farce; some bodies however require no preliminary examination at all. The pupil having passed the classical ordeal, his medical studies commence: these I would divide into the collateral and professional. Under the former I would class lectures on botany, natural history, and, perhaps, I might add, chemistry. The latter includes surgery, the practice of physic, *materia medica*, anatomy, physiology, obstetricity, \*clinical

\* Clinical—bedside lectures—are lectures delivered by the physicians at the hospital lecture room, on cases under treatment in the hospital.



lectures, and hospital attendance. The non-professional will be tempted to exclaim on looking at this array, that there is too much education. But let him remember that when the physician is called to the bed side to treat disease, his knowledge of natural history, botany, anatomy, and all those other valuable sciences, will avail him little, if he be not *practically familiar* with *disease*, acquainted with its various phases and forms, able to predicate what new symptoms may be developed in the the course of its progress, and conscious from past experience what remedy it is which will be effective to check, to combat, or ward off, the threatened complications. A man may be an accomplished chemist, a profound phisiologist, a dexterous anatomist, able to trace, and name, and assign its proper function to each nervous filament, to describe the course and destination of the most minute vein and artery, by which the vital fluid permeates, and yet be no physician. All these are distant springs, tributary to, and feeding the physicians knowledge; without them he cannot be an accomplished *scholar* in his science; knowing them he has become conversant with the scientific elements of his art; but he has still to learn to consummate with other acquirements and to make useful to human infirmities the knowledge he has gained—he has to learn the *practice* of medicine.

All the colleges require attendance upon a sufficient number of lectures on these several subjects. I object to their *curricula*, not for deficiency in these matters, but for that they not only confuse but confound these elementary acquirements with professional knowledge. The physicians' profession is *acquaintance with disease and its remedies*. It is not botany, it is not chemistry, it is not anatomy, it is not physic, it is not physiology, IT IS DISEASE. Let us then see how much of his time the student is required to devote to the *study of disease*.

For this purpose I deem it better to take the latest published *curricula*, though I am aware that in more cases than one the requirements from students have been altered to meet the reform agitation, and give claims to special recognition. In doing so I will first give a column shewing the time required for pupilage, and then one shewing the portion of that time required to be directed to the acquisition of practical knowledge.



## ENGLISH SCHOOL.

Name of Corporation.	Period of Pupilage in years.	No. of Months Hospital Attendance prescribed.
University of London, .. ..	4	30
University of Oxford, .. ..	3	36
University of Cambridge, .. ..	5	36
Royal College of Physicians, London,	5	36
Royal College of Surgeons, London,	4	(was 12) 27
Society of Apothecaries, London, ..	5	18

## IRISH SCHOOL.

University of Dublin, .. ..	4	9
Royal College Physicians, Dublin,	4	24
Royal College Surgeons, Dublin, ..	(was 7) 4	36
Apothecaries Hall, Dublin, ..	7	12

## SCOTCH SCHOOL.

University of Edinburgh, ..	4	(was 6) 12
Royal College Physicians, Edinburgh,	4	12
Royal College Surgeons, Edinburgh,	4	(was 18) 21
University of Glasgow, .. ..	4	(was 12) 24
Faculty of Physicians & Sur. Glasgow,	3	18
University & Kings College Aberdeen,	4	24
Marischal Col. and University, do.,	4	18
University of St. Andrew, ..	4	18

The regulations here given, vary as much from those published some eight or ten years ago by the respective bodies, as do these from each other. We must look at most of these periods as extended, because of the discussions connected with the subject of reform. However, as we have to deal with existing, not reformed abuses, we must judge of these *curricula* as they are. It will be seen that the entire period of pupilage varies from three to seven years, and that the period *nominally* devoted to the acquisition of practical knowledge, varies from *nine* to *thirty-six* months. Surely it will not be contended for, that men who undergo such dissimilar preparation, can be equally skilled in their profession. Men of the most or-



dinary capacity will see that there must be something essentially wrong in a system where such dissimilarity could be tolerated. I will not say that the man whose only opportunity of becoming familiar with the symptoms and treatment of disease, consists of nine months hospital attendance, cannot be a "Doctor;" the assertion would be in opposition to fact, such men being constantly invested with the title; but I will affirm that it is impossible such a man could be a skilful practitioner. As a graduate of an university he may have the "great learning," but nine months hospital attendance cannot give him the "*ripe experience*" which the ancient law recognized as essential to the Physician. Medicine is essentially a science of *observation* and experience, "to the perfect knowledge whereof," to use the words of the statute, "be requisite *both* great knowledge and ripe experience,"\* and to become versed in its mysteries, time, ample time† must be devoted to its study. The greater proportion of the colleges require four years pupilage, but these *four* years in many cases mean *two*. The uninitiated will be surprised at the assertion that *four* are but equivalent to *two*, but let the last published regulations of the university of Edinburgh solve the riddle.

"No one will be admitted to the examination for the degree of Doctor of Medicine who has not been engaged in the medical study for four years, during at least six months of each year, either in the university of Edinburgh, or in some other university where the degree of M. D. is given; *unless in addition to three anni medici in a university*, he has attended during *at least six winter months* the medical or surgical practice of a general hospital, which accommodates at least eighty patients, and during the same period a course of practical

\* 3 Henry VIII. chap. 11.

† "The human mind is so constituted, that in *practical* knowledge its improvements must be gradual. Some become masters of mathematics and of other abstract sciences with such facility that in one year they outstrip those who have laboured during many. It is so likewise in the *theoretical* parts of medicine; but the very notion of practical knowledge implies *observation of nature*: nature requires time for her operations; and he who wishes to observe their development, will in vain endeavour to substitute *genius or industry* for *TIME*."—Graves's *Clinical Medicine*.



anatomy, in which case three years of university study will be admitted.”\*

Two years study! How preposterous. Were even these two years exclusively devoted to the actual study of disease, a man might know *something* of its treatment; but during these four and twenty months, he must study a multitude of other things. He must, before being admitted to examinations, give evidence, (I again quote the statute) that “he has studied”—

1. Anatomy.
2. Chemistry.
3. Materia Medica, and Pharmacy.
4. Institutes of Medicine.
5. Practice of Medicine.
6. Surgery.
7. Midwifery and the diseases peculiar to women and children.
8. General Pathology.
9. Practical Anatomy.
10. Clinical Medicine.
11. Clinical Surgery.
12. Medical Jurisprudence.
13. Botany.
14. Natural History, including zoology.
15. The Art of compounding and dispensing Drugs.
16. Hospital and Dispensary practice.

Eleven of these subjects are set forth as the topics of examination, and of all of them the candidate is expected to possess a competent knowledge! The very confusion and distraction of having such a multiplicity of subjects to talk or think of—I cannot say learn—is in itself more than enough to mar all progress, even in these accessory sciences. But it is absolutely *impossible* that a man could acquire within the period, no matter what his capacity

\* Statute on Medical Degree, sec. 1. I have quoted the whole section lest I should appear to have garbled an extract. Nothing can be more explicit; four *anni medici* in an university, or three together, with *one* at a recognized school. The *annus medicus* is here distinctly stated to be six months, and four *such* years constitute the period of pupilage required by the Edinburgh university—*three* such years being accounted sufficient in certain cases!



might be, a competent knowledge of all these difficult sciences, together with an acquaintance with disease.

Let us, however, try what is meant by "hospital attendance." The Edinburgh college requires twelve months' hospital attendance from one class of candidates, and *six* months from those who come under the "old" regulations. From the list of studies given in the previous paragraph, it will be perceived that much time cannot be each day devoted to the hospital. Such is the fact. The visit of the physician usually occupies from one and a half to two hours each day. He goes round from bed to bed, accompanied by his clinical clerk or the apothecary, followed by some thirty or forty students, of whom not more than ten can see the patient, and many of whom do not try to even hear the treatment prescribed. But it is not to be supposed that the thirty who "walk" the wards at the close of the morning visit, are the same thirty who met the physician on his entrance to the hospital hall. By no means. The majority of students come there to *shew themselves*, not to *see disease*. After remaining some few minutes, one goes to his botany—another to be "ground"\* on anatomy—ano-

\* "*Ground.*" The mode of examination adopted by the several colleges produced a class of teachers technically called "*grinders.*" The most efficient of these gentlemen attend the Examination Hall, if within reach, or get their pupils after being examined, to note for them the questions put by the several examiners. A first-rate grinder, and there are many such in the metropolitan cities, can predicate with almost absolute certainty the questions that will be put to the candidate, by looking to the names of the members of the court of examiners. Few men dream of offering themselves for examination without undergoing the "*grinding*" process. These gentlemen, whose abilities and talent I hold in the highest esteem, will grind a class in the minute anatomy of the brain—the *relative* anatomy of the sympathetic nerve—or any other equally complex portion of the system, without either *book* or *subject*. Next hour they will grind another class on surgical anatomy, the diagnosis of disease, *practical* chemistry, &c. &c., in the same manner. Their pupils after some months exercise, are prepared for a searching *talkification*, (it cannot be called *examination*,) in all these matters and can tell, with the greatest precision, the chemical actions of the several reagents, the precipitates, solutions, gasses, and flames which they produce under certain circumstances, one of which they *never saw*, but all of which were well ground into their memories by the grinder. These gentlemen usually require stated fees for stated colleges, for which fees they will undertake to have the student "*passed.*" What is more, they will *fulfil* their undertaking to an almost certainty. These fees form a very accurate criterion of the character of the examinations at the several colleges. When the writer of these observations was a student (1834) the



ther to undergo the same process on *materia medica*, and so on, fresh batches supplying their places, till by the time the visit ends, a dozen of those who first came are not forthcoming. This is no exaggerated picture of what is so ludicrously termed hospital attendance. I speak of what I have seen at the first hospitals in Dublin. I have known men who thus walked the hospitals day after day, and month after month—I have seen them lounge along the corridors, reading the anatomists *vade mecum*, in preparation for their “grind,” more frequently engaged in idle gossip, watching for an opportunity of being recognised by the physician as he as he passed from one ward to another, and having succeeded, scamper off to the grinder. I have known some such men who could produce twelve months hospital certificates, yet who never dressed a wound—opened a vein—or prescribed for suffering humanity! But these reckless men are not to have laid to their charge the entire blame. The absurd and perplexing,\* I would say the monstrous system of education prescribed by the colleges, is chiefly to be reprehended.

Dr. Graves, whose genius has shed a lustre not only on the Dublin School, but on Medical Science, says, in a recent work, that “*five years*”<sup>\*</sup> hospital attendance is necessary to give a man such knowledge of his profession as

fee for “engaging to pass” a man at the *London College of Surgeons*, was *ten guineas*—the fee for the *Dublin College of Surgeons*, was *twenty guineas*. A knowledge of this grinding system gives a clue to the whole process of education and examination, I will therefore state an incident, the authenticity of which I can myself vouch for, that may serve to illustrate its working. In the course of conversation with the late Sir Francis McDonnell, I casually observed that I had been some years engaged in surgical studies. “Going into the army,” said my friend. I replied that I was preparing for the civil service; and the conversation closed by Sir Francis offering to have my name placed on the army medical list, giving me time to consider the proposal. I waited on an eminent grinder the following morning. He asked me a few questions, and said, if you determine on going into the army, I will undertake to prepare you for the *London College* in three months, or if you prefer it, in *six weeks*, on condition that the time you now spend in the hospital and dissecting room be spent with me. I determined not to become a licensed practitioner within the prescribed time, and continued my attendance at the hospital.

\* “Five or six years attendance on an hospital will be little enough to qualify you to enter with *propriety* and confidence on the discharge of your professional duties.”—*Introductory Clinical Lecture*.



will fit him for the discharge of his duties. In this, the common experience of every-day life, fully bears him out. The ordinary mechanic is not supposed to acquire a knowledge of his craft in less than five or seven years. Even then he must work as journeyman for some years before he is accounted a master of his art, though he has spent twelve hours a day at the *practice* of his trade. Yet some of our colleges tell us that an hour a day during nine or twelve months is sufficient to give a student a *practical* knowledge of the working of the human mechanism—and to enable him to rectify all its abnormal actions! This distinguished Irishman, to whom humanity is indebted for the labour and toil, aye, and *jeers* too, to which he cheerfully submitted for the purpose of instituting a sound system of clinical instruction for such pupils as chose to take advantage of it, says, when speaking of the practitioners, produced by the present system of education—

“At the end of his studies he is *perhaps* well ground in the accessory sciences—is a perfect medical logician—able to arrange the names of diseases in their classes, orders, and subdivisions; he may be master of the difficult theories of modern physiologists; he may have heard, seen and if a member of the medical society, he may have talked a great deal; but at the end of all this, what is he when he becomes a full doctor? *A practitioner who has never practised.* Often have I regretted that under the present system experience is only to be acquired *at a considerable expense of human life*, there is indeed no concealing the melancholy truth that numbers of lives are annually lost in consequence of maltreatment. The victims selected for this *sacrafice at the shrine of experience*, generally belong to the poorer classes of society. The rich however do not always escape. This charge of inexperience is not necessarily confined to the beginner. It applies equally to many an old practitioner whose errors have grown and have increased in strength during a long succession of years, because of the defect in his original education. Why then is society so infected? Many circumstances concur to produce this effect; but the most influential is indoubtably that which now occupies our attention; I mean a system of clinical *instruction radically wrong*, because it does not teach *actual practice* of medicine. Is there any other profession or art, or even calling, in which any but



a madman would embark unprovided with a store of *practical* knowledge."\*

This being the present state of the profession, can anything be done to put an end to the horrid "sacrifice" here spoken of? There is, I apprehend, a plain, simple, and efficacious remedy. It would be little better than quackery to suggest changes of detail in the *curricula*. The reform to be effective must begin where education ends—it must begin with the final examination. Let there be a searching, a *practical* examination, of the candidate, and there will be no more "victims at the shrine of experience." Let the examination be transferred from the College Hall to the *Hospital*. Let the candidate for a degree entitling him to tamper with human life, and the complex diseases to which our frame is liable, be taken to the *bedside* of a suffering patient: call on him to diagnose the disease—to point out the signs and symptoms on which his diagnosis is formed—the treatment he would adopt—the indications for that treatment—the effect he would expect from it—and the probable course of the malady. Conduct him from bed to bed—bring him to patients suffering under different forms of the same disease—in different stages—with different complications. Test the quality and amount of his education by ascertaining his power to discriminate between the several forms and phases which disease presents, and to select proper remedies for each. This is what he

\* The lecture from which the above extract is taken, was published in 1821. In 1842 Dr. Graves appended the following note to a reprint of the lecture—"One-and-twenty years have elapsed since the preceding lecture was delivered in the old Meath Hospital, and my subsequent experience has amply verified the opinions therein expressed. I regret to say that, however influential these opinions may have proved in this city, their promulgation has produced little benefit in causing any alteration in the mode of instruction pursued in the medical schools of the united kingdom. So far, indeed, from the mode of conducting medical education being improved, *it has decidedly been altered for the worse.* \* \* \* If we carefully examine into the instructions given, and the qualifications required, in the first and most recently organized medical school of the day—viz. that of the London university, it would readily appear that a very small part of the student's time and attention is directed to acquire a knowledge of how *disease is to be actually treated and cured.*"

[The London University at this time, required the candidate to produce certificates of having attended the practice of an hospital for 24 months, and a dispensary for 6 months.]



will have to do as a practitioner, and before he be licensed to try his skill upon the public—his capacity to combat disease, should be tested in the *only* way in which it can be tested—the way in which in these countries it *never is tested*.

At present examinations are conducted in the College Halls. The candidate is asked a number of questions, all of which, if well crammed by his grinder, he answers with fluency. He classifies diseases; tells of their symptoms and complexities; discriminates with the utmost nicety between the normal and abnormal respiratory sounds, talks learnedly of the heart's rhythm; describes the varying vibrations of the pulse, the sharp, the full, the hard, the soft, the quick, the laboured, the thready, the intermittent, and will tell with precision the malady in which each may be expected to prevail. But remove that man from the chair, conduct him to the hospital, and place him by the bedside where these things exist *in nature* not *in books*, and it will be too often found that he cannot recognise any one of the symptoms with which he affected such familiarity.

Yet this man will pass the ordeal, not only with credit but with *eclat*. I speak advisedly when I say this; and put forward these opinions, not as the result of reasoning founded on probabilities, but as the necessary and obvious deductions from what I have myself *known* to occur. While I write many instances are present to my mind of persons having obtained legal qualifications as practitioners who, though men of much general information, knew nothing of the *practical* details of their profession. I will state one. I know a physician residing in Dublin, *now* a good stethoscopist, who, on graduating, put in a most successful examination on the anatomy and diseases of the lungs. He was examined in succession by three members of the court on the use of the stethoscope in pulmonary complaints, and on the indications furnished by the respiratory sounds. His answers were such that he was complimented by the court on his accurate knowledge of the use of the stethoscope. Yet this man never used a stethoscope *till after* his graduation; and though he described the several rales, from the slightly rough of incipient pneumonia, to the cavernous of advanced phtysis, he never heard one of them, and it took



"*The Doctor*" months of clinical instruction before he was able to recognize any of them. Will any sane man say that a system of examination where such things could occur ought to be continued?

The success of a candidate ignorant of the practical details of his profession is not to be classed among the accidents arising out of the imperfection of all human systems. It is almost the *necessary result* of the present system, and so long as this system of examining candidates by testing their *memory of words*, instead of their *knowledge of things* is persevered in, so long will ignorant practitioners continue to be licenced to trifle with the health and lives of the community. I am conscious that in thus giving free expression to my opinions I hazard the displeasure of those whose gross neglect of the duties committed to them lead them to desire the concealment of these unpalatable truths. But I feel that I would grossly betray the confidence placed in me by the committee, were I to conceal the terrible truth that there is at present no adequate guarantee for the capacity of the licensed physician. In the Dublin School, and no doubt, in many of the others, students are, 'tis true, afforded every facility for acquiring a competent knowledge of their profession. But it is not enough that men should be given opportunities for learning; the public should be assured that they have availed themselves of those opportunities—that *they have learned*.\* The present system

\* "The student (in British schools) is at perfect liberty to choose what lectures, and how many, he will first attend; the object not being how he can best prepare his mind, by initiatory degrees, for the more mature branches of study, but how he can soonest, easiest, and cheapest become possessed of the *certificates of attendance* upon these lectures, a large majority of which said lectures he has never heard, nay, he may never have seen the lecturer till he comes to purchase from him the necessary certificate. There being no tests required, as to his knowledge of any of the subjects he is *supposed* to study, till the hour of his examination, (still some years distant,) a great number of them have never cost him an hour's thought or reading; and when this examination does arrive, the chances that he is never asked a question except upon anatomy and surgery, and a little physiology, are, in the chief licensing institutions in Great Britain, so great as almost to amount to certainty.

"Here (i. e. British Schools,) the pupil really *walks* the hospital without acquiring a definite knowledge of any one thing. He witnesses operations of which he neither understands the rationale nor the cause, except by his grinder, during a few hard months study prior to his examination, the



tests a man's memory, but it does no more, and I would strongly urge upon the committee to remember that the part of the physician is, not to *talk* but to *act*, and that disease will not be affrighted from its hold on the human frame by the pronouncing of hard words or by muttering over the names of the organism affected. Disease must be combatted by appropriate remedies : and an examination as to medical competency, purporting to be other than a solemn farce, should test a man's capacity to select and apply these remedies.

Let practical examinations at the bedside then be substituted for the mnemonical examinations in the Hall, and students will cease the committing of names to memory, and endeavour to form an acquaintance with disease its symptoms and its cure. At present they have no inducement to do this. No amount of practical knowledge will secure a man his degree; the student knows this, and instead of devoting his time to the observation of disease, he spends it in being crammed for examination.

I know that notwithstanding the evils of the present system, the profession has furnished many bright and shining lights. But this was *in spite* of the system. The Dublin School of Surgery can boast of a Colles, whose name will live so long as the Dublin School exists. It gave us a Crampton too, and a Carmichael, to whose genius the world owes a revolution in the treatment of the most hideous disease which affects erring man—a revolution that has saved the lives of thousands. The School of Physic can boast of a Graves, a Marsh, a Corrigan, a Stokes, of European fame. Dr. Stokes is a glorious example of the

result of which more frequently depends upon his memory than his practical knowledge. *He is never once called upon* to test or exercise his acquirements until the hour before he receives a licence to practice, and too frequently he finds at the conclusion of his studies, that he has begun at the wrong end. As matters now stand in this country, this is not the student's fault, but the fault of those who have or ought to have the direction of his studies and pursuits.

“The contrast with Austria, and the medical schools of the continent generally, may be learned by an examination of the programme of the different lectures. Moreover, as in the cliniques, so also at the lectures, *the students are examined by the professor* at the end of each semester, twelve at a time, *as to their proficiency in the subject of each course of lectures they have attended, before they are permitted to pass to a higher class.*”—*Wilde's Austria*, 42, 43.



benefits of *practical* education. He was one of the *two* pupils who, despite of jests and ridicule, attended the bedside clinique of Graves; and *his* book on the diseases of the chest is now one of the standard works in the schools of Europe and America. In chemistry we can boast a Kane and an Apjohn. The former was educated at the school of the now threatened apothecaries. Will his fame afford no protection to the class amongst which he commenced his career, and over whose studies he still presides? In midwifery we have the first school in the world; and the names of now living Irishmen will be connected with the science while it lasts. Montgomery and Churchill have furnished text-books to the the German, English, and American schools. Their still recent writings have already gone through several English and American editions.

But all these men owe their greatness to their having deviated from the present system. Stokes was one of the two practising pupils who studied the profession at the bedside when Graves first introduced the system of practical instruction. Doctor Richard Townsend of Cork was the second. The brilliant career of these two men ought, one would imagine, to have secured the recognition of the superiority of *practical* study over *theoretical* teaching. But it has not, and I have seen the practical clinique of Stokes attended by not over half a dozen pupils. Why was this?

THERE IS NOT A PRATICAL EXAMINATION.

I look upon Sir James Graham's bill then as defective in the great requisite of providing guarantees of competency. The age at which the general practitioner is allowed to be licensed (21) hardly permits of his being well educated; yet were a proper system of study and examination adopted, competency might be attained even at that early age.

I would suggest that examinations of the candidates should be instituted *at least* at two separate periods—and that this should be provided for by the bill. That at the first examination the student's knowledge of the *accessory* sciences should be tested by *practical* and *demonstrative* examinations in the laboratory, the dead-room, &c. &c. That having proved his efficiency in these matters he should devote a period of years principally to the study of



disease in hospitals and dispensaries, and then undergo a final examination *at the bedside*.

This might be carried out efficiently as regards the public interests, and at the same time equitably as regards the existing medical corporations, by enacting that they be all continued not as licencing bodies but as *primary schools* under the supervision of the councils of health in the respective kingdoms in which they are situated. These corporations should examine, as they do now, such students as had passed through a course of study of not less than three years, and confine their examination to the accessory sciences as practical chemistry, botany, natural history, &c., to the theoretic departments of the profession, as the theory of physic and surgery, to anatomy, physiology, materia medica, and those collateral and elementary branches of knowledge which form so essential a portion of the acquirements of the educated physician. Having passed through the primary school the student should apply himself to the practical study of disease for a period of years—not less than three—and be then finally examined by the council of health. This council should be selected from the heads of the profession. Some members ought to be appointed by the executive, but two thirds, at least, ought to be elected by the profession, and should include physicians, surgeons, and general practitioners. A council so constituted would fairly represent the several sections of the profession, and one third being appointed by the executive, would give to the public sufficient check upon its conduct without rendering it subservient to the minister of the day.

I refrain from entering into details, not placing much reliance upon any technical formalities. I am anxious only to impress upon the Committee the advantages to be derived from separate examinations—practical examinations in the accessory theoretic, and preliminary departments of knowledge, (I care not how many so they be *practical*), and practical examinations in the *practice of the healing art*.

The principle of separate examinations was adopted by the Royal College of Surgeons in Ireland in 1833. Four preliminary examinations were instituted, and no man was allowed to be examined for his diploma who had not previously acquitted himself in each of the four. Half a year



*at least* was required to intervene between each of the examinations. I was myself a pupil of the College at the time these rules were in force, and can bear testimony to the great value they proved to pupils by enabling them to direct their attention to special studies at special periods. The London University has adopted this system from the Dublin College of Surgeons—a marked evidence of its utility.

The distinction drawn between the periods of study assigned to the four classes, sought to be instituted by the present bill, is most exceptionable. No man should be allowed to practise without *sufficient* knowledge—*no more* should be required from any.

It would be unjust to the Dublin College of Surgeons not to bear testimony to the vast service it has rendered to society by creating a high standard of education. The examination to be sure was never practical—but then it was strict and searching, and no man could become a licentiate without being an accomplished anatomist a sound physiologist, and being well versed in the *theory* of surgery. The licentiates of this college were in many cases good practical surgeons—in *all* they were well prepared rapidly to acquire practical knowledge. This College has been, I regret, lately induced to lower its *curriculum* to meet competition, but before it did so, it fulfilled its mission—it raised the standard of professional education.

If in the foregoing observations I may seem to have too strongly urged the necessity of practical examination, it was not done with a view to lessen the confidence in the licensed practitioner; on the contrary, I want to re-establish that which has been lost; but I would do so upon honest grounds, I would lead the public to confide in the practitioner, by instituting such a test of knowledge as would *prove* him to be *worthy of confidence*.

It may be objected that in the case of other professions there is no examination at all. The barrister eats his dinners and assumes the wig and gown forthwith. True, but he does not get with the wig and gown the briefs and fees: his being known to come to the profession ignorant of the details of law practice leaves him for years briefless and unconsulted. So is it now not unfrequently with the young physician. In the country, where there is no alternative, the man who feels bowed down by disease, calls upon him,



but in the cities and large towns, he is like the barrister, feeless. I wish to put an end to this. Far better would it be for the physician to spend one or two or three years more at practical study, than be sent out on the world in the vain expectation of at once earning a professional livelihood, and find his spirits droop and his energy flag under disappointed hopes. But I want above all things to have the public secured against the "experimental" victimising to which Doctor Graves alludes. In the case of the lawyer, the public have the protection afforded by the interposition of the attorney, and by the publicity of the proceedings which enables them to judge of his capacity. Young barristers are beginning to understand this, and the majority of them now devote some years to the conducting of another lawyer's business—to *practice*—before they look for business of their own. The lawyer's client, too, has the benefit of time for consultation and reflection. Not so with the patient who struggles with an acute disease, one false step may prove fatal to *him*; there is no time for consultation—often little for reflection—and if any malpractice should give *Death* a verdict, there is no court of error by which the judgment can be set aside.

In Prussia the practitioner is always subjected to a *practical* examination of the most rigid character. He is allowed to take the honorary degree of Doctor after an examination more perfect than that adopted in these countries, but if he wish to *practice* the profession, he must undergo an examination which lasts *several months*. This examination is a trial of his skill, and during the period of probation he is required to perform operations, and treat cases through the different stages of the disease. In fact, the licensing body must *see him practice*, and be satisfied that he can practice with effect before it will grant a license. It is a curious fact that in many of the hospitals of Dublin the value of a practical examination is fully appreciated. A student is rarely elected to the office of resident pupil who has not undergone a *practical* examination, and it is in no small degree confirmatory of the doctrine I have endeavoured to impress upon the Committee, that the first practitioners in our city have been nearly all of them, "re-



sident pupils.”\* Mr. Cusack, who is reputedly one of the most safe operators in Dublin, while he is at the same time the most dauntless, was a resident pupil. But it is unnecessary to multiply instances—the fact of the superiority of the class is notorious.

A careful consideration of this bill has convinced me that the scheme on which its provisions are based is sound in principle. The details, however, present us with but the imperfect rudiments of the reform which is required. The framers of the bill pay too much regard to corporate interests—too little to public interests. I feel confident, too,

\* To a paper which I some years since printed in the Dublin Monthly Magazine on the subject of medical education, I appended a note descriptive of the manner in which the resident pupil is elected in the Meath Hospital—it may not be out of place to copy it here.

“The annual election of the clinical clerk, at the Meath hospital, affords a good illustration of what is meant by a practical examination. The duties of the clerk are in all respects similar to those of a resident physician. He is chosen from among the members of the senior practising class; and, to be admissible as a candidate, he must have devoted a considerable period to the actual study of disease. No person is allowed to become a candidate, who has not had a certain amount of experience, in the practical details of the duties he would be called upon to perform, if elected. He must have had the charge of a certain number of patients, and show, by his case-book, that he possesses a competent knowledge of the method of diagnosing disease, and is capable of prescribing for its relief. The candidates are usually men who have, during twelve months at least, devoted from four to six hours per day to the investigation of disease at the bedside; and having satisfied the physicians that they are eligible, they are permitted to compete for the office. The examination is thus conducted. Instead of retiring to the hospital lecture room, and there testing the amount of book-knowledge possessed by each aspirant, the physicians (Drs. Graves and Stokes) carefully examine some half-dozen or more patients, upon whose cases no diagnosis had been previously pronounced, and having, by repeated investigation, satisfied themselves of the nature of the affections under which each labours, and of the treatment indicated, they call on each candidate to examine, diagnose and prescribe for the disease of each of the selected patients. Each candidate is taken separately through the wards, and, having given in his report and the treatment he would recommend, he is minutely questioned as to the grounds on which he formed his opinions, and the result he expected from the remedies prescribed. In this way his book-knowledge is tested by its practical application, while his acquaintance with disease is proved by actual demonstration. Each candidate having been thus singly examined, a correct estimate as to their respective qualifications is necessarily arrived at by the examiners. The precedent has been long set by the eminent physicians above named. In many other hospitals a more or less perfect practical examination, is instituted for the election to similar offices; but, by none of the colleges or licensing bodies, has it been acted on, though many of the members of the several courts of examiners are in the yearly habit of acting on it in the hospitals over which they preside.



that by legislating in such a manner as to secure the public welfare, parliament would best secure the real interests of the profession. I shall not, I trust, be accused of over partiality to the medical profession if I add that it has peculiar claims on the public. Its members of every grade are the untiring friends of the poor—their time—their skill—their labour is ever gratuitously at the service of the indigent; and it ought to be the duty of a public body to exert itself to procure for such men an education that will enable them the better to gratify their benevolent intentions by affording more effective aid to afflicted humanity.

JOHN GRAY.