

Thoughts on medical reform / By a retired practitioner [i.e. John Allen].

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THOUGHTS
ON
MEDICAL REFORM.

BY A
RETIRED PRACTITIONER.

(John Allen)

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THOUGHTS

ON

MEDICAL REFORM.

It is a just, though trite observation, that persons invested with privileges for the public good are apt to forget the conditions on which they were granted, and to act as if the prerogatives they enjoy were given to them for their own pleasure and advantage, and not for the use or benefit of the community. Governments are too much disposed to regard the delegated authority they hold as their inherent right, and where their interests or prejudices are at variance with those of their subjects, to employ the power they possess as an instrument of tyranny instead of being a shield of protection to the governed. Divines raise a cry of sacrilege, if possessions once dedicated to the Church are alienated or invaded, or even touched by the rude hands of Laymen, though these possessions be no longer available, or even applicable to the purposes for which they were destined

originally. There are Lawyers who resist every innovation in the administration of justice, that disturbs the ancient abuses they have been bred up to venerate, and exert all the astuteness of their profession to defeat every scheme of improvement that tends to lessen the expense, or to shorten the forms and get rid of the useless technicalities of established practice. Universities contend with an odious, narrow, and illiberal pertinacity for the preservation of the exclusive privileges they have been vested with, though unable or unwilling to employ them for any useful purpose. The medical faculty are not more exempt than others from this infirmity. Some members of the profession appear to consider the sick as their exclusive property, and to regard irregular practitioners as so many poachers or interlopers on their manor. Others maintain, at the expense of their brethren, invidious privileges and distinctions useless to the public and of little benefit to themselves, though galling to those who are excluded from them. Against this spirit of monopoly it is the purpose of the following pages to contend. The suggestions of the Author may be founded on a mistaken or imperfect view of the subject; but, whatever be their faults, they are dictated by no desire to uphold the interests of the medical profession against the public, or to give to any one class of medical men an advantage over the others that is not manifestly conducive to the

general benefit of society. His observations may be thought crude and superficial, and those actually engaged in teaching or practising physic may discern objections to his plans of reform, which, on examination, will be found insurmountable. But his object will be obtained if he draws attention to the subject. The time is arrived when our medical, like our other establishments, must undergo a thorough and complete revision. Whether this be effected by the House of Commons or by a Royal Commission, much previous discussion is wanting, before those invested with authority to reform, can have sufficient means of information to direct them, safely and wisely, in that difficult and important work.

As individuals, who have not studied medicine must be unable to judge of the professional attainments of those who undertake the treatment and cure of diseases, they have a right to expect from the State some means of distinguishing persons qualified to practise physic from ignorant pretenders to that art. From the duty thus imposed on the State, arises the obligation of instituting medical degrees or diplomas, attainable by none who have not received a sufficient education in medicine, and procured a certificate of their qualifications from those competent and authorized to grant it.

That such certificates may be satisfactory testimonials of merit, it is necessary, that the persons who obtain them should have completed the

course of education, and undergone the examination prescribed by law, and that the Boards or other public bodies, authorized to grant them, should be competent to discharge the office of examiners, and be composed of persons as far removed as possible from the influence of local prejudice or private interest.

More cannot be expected, nor should more be attempted by the State. If an individual chooses to confide his health to an ignorant quack, instead of employing a well-informed physician, after the difference has been pointed out to him by public authority, it is his own concern. Let him have full liberty to select his medical adviser, as he is at liberty to select his spiritual guide. If he errs in either case, he will be himself the sufferer. To interfere with his choice, on pretence of consulting his advantage, would be an infringement of individual liberty—a species of bondage or tutelage—as presumptuous and uncalled for, as to compel him to entrust to a particular banker the care of his money, or to purchase his beef and mutton from a particular butcher. What individuals can do for themselves, without hazard or mischief to others, no government should attempt to do for them. The utmost that can be required from the State, in favour of those who have obtained from the public authorities it has established certificates of their proficiency in medicine, is to employ no other persons in its immediate service, or in the hospi-

tals and other public institutions placed under its superintendence.

Attempts have been often made to exclude from the practice of physic, all persons who had not been regularly educated in certain schools of medicine, and obtained certificates of their qualifications from the public bodies constituted and appointed for that purpose by the government. But such attempts have uniformly failed. The prohibitory law is evaded, and falls into disuse; or it leads, when enforced, to vexatious, vindictive and protracted litigation, ending, as it not unfrequently happens, in the escape and triumph of the culprit. Irregular practitioners may be prevented from recovering their demands in a court of justice, but no law can prevent them from being paid before-hand. They may be prohibited from dispensing their drugs for money, but in what manner effectually prohibit them from receiving money for their advice? Not only is the attempt fruitless, but if it could be carried into complete effect, the result would be injurious to society. If partial and questionable evils have here and there crept in from the inefficacy of exclusive laws, they are not to be compared with those which must have inevitably resulted from their success. If no one were permitted to relieve the bodily sufferings of his fellow-creatures, unless he had a medical diploma in his pocket, consequences must follow that would be equally mischievous

and absurd. An accident may happen—an illness may surprise—where no medical practitioner is at hand. Is no one to lend assistance but the person authorised by government to afford relief? If a man breaks his leg, or dislocates his shoulder, must no one re-place the fractured bones, or reduce the dislocation—but a regular surgeon? If a man has a sudden attack of pleurisy, or falls from his chair in a fit of apoplexy, must no one bleed him till the surgeon arrives? If a man has swallowed laudanum, must no one administer an emetic, or use the stomach-pump for his relief, till the apothecary is sent for, and makes his appearance? If a child suffers from indigestion, must its mother or its nurse delay giving it an emetic or a purgative, till some licensed practitioner has sanctioned the prescription? Is no benevolent clergyman or Lady Bountiful to intercept the gains of the village-doctor by substituting their gratuitous drugs in the place of his? Districts there are many, so poor and so thinly peopled, that they cannot afford to a regular practitioner the means of decent subsistence, much less a suitable remuneration for the labour and expense he has bestowed in the study of his profession. Are such districts to be deprived of the possibility of having medical assistance? Are the inhabitants to sicken and die without aid, because none but an old nurse or self-taught practitioner is at hand to prescribe for their maladies.

Degrees in Medicine should confer distinction, but give no monopoly. No one should be permitted to assume the title conferred by a medical diploma, unless he had acquired a right to the appellation, according to the forms, and in the manner prescribed by law. But there the privilege of the licensed practitioner ought to terminate. While availing himself of the advantages which his rank and superior education afford, let him have no power to molest or impede his unlicensed or inferior rivals in their progress to the same goal. He might be allowed, and even encouraged to associate with his fellows in the same colleges or companies, for their mutual improvement, convenience, and instruction; and regulations might be made by themselves, or, if it was thought of sufficient importance, by the public authorities of the State, to settle the terms of admission into such bodies. But they ought to have no monopoly of Medical practice secured to them by law. As every one is allowed to preach the Gospel who can procure hearers, so every one should have liberty to practise physic who can obtain patients. If any one suffered from the ignorance, incapacity or negligence of his medical attendant, he should have redress, as at present, by an action for damages in a court of law. But no complaint should be received from a rival practitioner, on the ground that the person complained of had not been regularly educated to his profession.

The advantage of medical degrees being admitted, it has been a question, whether it would be better for the public to exact the same qualifications from all persons who obtain such diplomas, or to require different qualifications from different members of the profession with corresponding differences of rank. The latter has been the system universally adopted, and there seem to be good reasons for the preference given to it.

If the same education and attainments were required from all persons who applied for medical diplomas, one of two consequences must follow. If a long and expensive education were necessary for every medical degree, the number of graduates would be small, and the bulk of mankind must be compelled, in sickness and in suffering, to confide the care of their health to persons who had no certificate to produce of their fitness to practise physic, in which case, as far as the public is concerned, there might as well be no degrees at all.

If, on the other hand, the standard of qualification were made so low as to admit a sufficient number of graduates to meet the demands of society for medical assistance, few physicians would be found thoroughly instructed in all the branches of knowledge necessary for the advancement of their profession. Medicine, whether considered as a liberal science, or as a practical art for the relief and cure of human sufferings, would improve slowly, if at all. We must therefore either abandon all

hope of a steady and progressive improvement in medicine, or establish different classes of medical practitioners, the one qualified to advance as well as practise their art, the other chiefly destined to practise it. The most numerous class would naturally consist of persons, who had sufficient knowledge of medicine and surgery to manage ordinary complaints on ordinary occasions. The higher and less numerous class would be composed of persons who had studied with minuteness and care all that was known of the structure and functions of the body in health and disease, and who possessed, in addition to that knowledge, an extensive acquaintance with every branch of science that could throw light upon their own. Such men would be equally qualified with the others for the ordinary exercise of their profession; and they would be enabled, besides, by their superior attainments and habits of reflection, to detect the origin of obscure and direct the management of dangerous diseases, which had baffled the skill and embarrassed the judgment of common practitioners. Possessing a wider range of knowledge and more enlarged views of science; and accustomed, by the place they held in the medical profession and by the nature of the practice in which they were engaged, to judge of difficult, complicated and extraordinary cases, they would be qualified to supply the deficiencies that must be expected in those members of the faculty, whose field of observation is more limited

and confined chiefly to ordinary practise. Consulted in all emergencies, the most intricate, obscure and dangerous cases would be precisely those with which they were most familiar, and on which they were most frequently called upon to exercise their judgment.

To this class of graduates the care of instruction, in most branches of medical science, ought exclusively to be committed. No one should be prevented from giving lectures or instructions in medicine. But, unless the qualifications of the teacher were attested by a diploma of the first class, attendance on his lectures should be no passport to examination for medical degrees. Some few exceptions from this rule, and but few, it would be necessary to make. The art of preparing and compounding medicines can be learned only from a retail druggist or an apothecary, or in a public dispensary conducted by some practitioner of an inferior class. The demonstrators in dissecting rooms and the superintendents of chemical laboratories are, not unfrequently, either persons of a like description, or young men who have not finished their studies. With these and perhaps, no other exceptions, attendance on lectures purely medical or surgical ought to give no qualification for a medical or surgical degree, unless delivered by a physician or surgeon of the highest class. The multiplication of lecturers who teach in order to learn, and who must therefore

give inadequate instructions to their pupils, ought to make this rule quite imperative.

There is still room for a third class of medical practitioners. No one will deny that those who prepare medical prescriptions ought to be versed in pharmacy; and that those who vend medicines in retail ought to know the proper doses and usual effects of the preparations they dispense. But, if this be admitted, it is clear that persons who undertake that branch of the medical profession, ought to have some definite course of education prescribed for them, and, an opportunity afforded them of proving, by examination before a competent tribunal, that they are duly qualified to exercise the art which they profess. It is unnecessary to add, that the persons who prepare and vend medicines in retail, are not bound at present to follow any course of study whatever, or to produce any test, however small of their sufficiency; and that the public has, of course, no means of distinguishing those who understand their business from those who understand it not. Many retail druggists have been bred to physic, and are quite competent to act as ordinary practitioners. Others are without medical education. Ought there not to be a line of separation drawn between them? Should there not be diplomas for this, as well as for the higher branches of the medical profession? Persons in want of medical assistance have as good a right to know who are

qualified to compound and prepare drugs for their use, as to know who are qualified to write prescriptions for their maladies. After such notice, if they suffer from the ignorance of the medicine-venders they employ, they will have themselves only to blame for it.

There seems to have been at one time some intention of applying a legislative remedy to this defect. In the preamble to the Apothecaries' Act (55 Geo. 3. c. 194, § 7.) it is stated, that "much mischief and inconvenience had arisen from great numbers of persons in many parts of England and Wales *exercising the functions of an apothecary, who are wholly ignorant and utterly incompetent to the exercise of such functions, whereby the health and lives of the community are greatly endangered;*" for which reason "it is become necessary that provision should be made for remedying such evils"—a statement from which we should naturally expect some enactment to follow, securing "the health and lives of the community" from "persons wholly ignorant and utterly incompetent," who presumed "to exercise the functions of a apothecary;" those functions, in their strict and legitimate exercise, being reducible to the art of preparing, compounding, and dispensing medicines under the direction of a physician. But, if such was the intention of the original projectors of the Act, they were forced to abandon it in the

progress of their Bill through Parliament. The 28th section of the Apothecaries' Act contains a proviso, "that nothing in this act contained shall extend, or be construed to extend to pre-judice, or in any way affect *the trade or business* of a Chemist or Druggist, in the buying, *preparing, compounding, dispensing*, and vending drugs, *medicines*, and *medicinable compounds*, wholesale and *retail*;" and secures to those persons, and to all such persons in future, "the use and exercise" of their "trade or business"—"as fully and amply, to all intents and purposes, as before the passing of this act." In short, the proviso defeats the professed object of the Bill.

It is difficult to imagine what justification, or even plausible excuse can be offered, for this contradiction between the preamble of the act and a proviso, nullifying, in a point of such importance, its intended operation. It was apparently the result of a compromise between two trading companies, in which the public was sacrificed to their mutual jealousies and interests. It was (comparing great things to small) like the Empress Queen taking up arms for the protection of the Polish Confederates against Russia, and ending with a share of Poland for herself, and the sacrifice to Russia and Prussia of the remainder. The Chemists and Druggists, who *may be* persons "wholly ignorant and utterly incompetent to exer-

“cise the functions of an apothecary,” were maintained in their ancient right, of “preparing, compounding, and dispensing medicines,” though it *may* greatly endanger the health and lives of the community.” The Apothecaries’ Company obtained, on pretence of preventing “such evils,” the new and lucrative privilege of being the sole dispensers of certificates, qualifying persons to act as apothecaries, that is, as general practitioners, in England and Wales; with authority to prosecute every one, not then actually engaged in practice, who should exercise in future the functions of an apothecary without procuring such a certificate. In other words, the humblest and lowest branch of the medical profession, were constituted the sole judges of the qualifications required from nine-tenths of the medical practitioners in England; and were armed, besides, with full powers to prevent and punish, by legal process, all persons, though graduates of Oxford or Cambridge, who presumed, without undergoing an examination before them, to prepare, compound, or dispense medicines, saving always and excepting Chemists and Druggists, who might exercise, as before, “the trade or business,” they had been accustomed to “use.” Not only was this extraordinary power conferred on the Apothecaries’ Company, but such was the confidence of the Legislature in the members of this newly erected tribunal, that no limit was set to their discretion,

except the obligation imposed on every candidate of a five years' apprenticeship to one of themselves. It was, in short, an act to serve the Apothecaries and save the Chemists, without any advantage to the public, and with injurious consequences to every Surgeon and Physician, who does not submit to be examined by the members of an inferior branch of his own profession.

To return from this digression to the immediate subject of these pages, we have thus arrived at three different classes of medical practitioners, distinguished by their education, their attainments and the rank they hold in the medical profession:—

1. The highest class, qualified not only to practise but to teach the different branches of medicine required in examinations for medical diplomas.

2. The second and most numerous class, usually termed General Practitioners, qualified to practise medicine in all its branches, but not authorised to give lectures that entitle to examination for degrees.

3. Approved Druggists, who have received an education and obtained a diploma testifying their knowledge of pharmacy and materia medica and their fitness to compound and prepare medicines and sell them in retail.

It is not necessary that the first class should be numerous. There can be no reason why the highest honours in medicine should be lavished on hundreds who never aspire beyond the condi-

tion of general practitioners. It is to be lamented, that the Scotch Universities have inundated the Island with Doctors of physic, which has been hitherto the highest designation in the medical profession. Many graduates from Scotland have been eminently qualified to sustain the rank they had acquired. But others, and, it is feared a great majority of these gentlemen, are inferior to the graduates from Oxford and Cambridge, not perhaps in medical knowledge, but certainly in literary attainments, general education and acquaintance with the collateral branches of science. As a natural consequence of this disparity the whole body is lowered in public estimation. The coinage from the Scotch mint, though it contains many specimens of sterling value, is depreciated by the admixture of inferior pieces, with the same stamp, from the same authority, affixed to each. Individuals of superior talents and attainments surmount this difficulty; but a large proportion, throwing aside the diplomas they have earned, are content to take at once the station and silently assume the more humble place of general practitioners. This evil requires a remedy; and, as it would be harsh and unjust to take from any one a title he had legally acquired, there seems no alternative but to invent some other designation than that of Doctor of physic for the highest rank in the medical profession.

But if it is not necessary that the first class of

medical practitioners should be numerous, it is most essential that they should be well educated and well informed. It is chiefly from the exertions of this class of persons that improvements in medical science are to be expected; and to them should be exclusively entrusted the instruction of young men, who mean to qualify themselves for medical degrees.

While the general superiority of the Oxford and Cambridge graduates, in many attainments useful and ornamental to a physician, is freely admitted, it must not be concealed, that neither of these Universities afford sufficient means of medical instruction, or can by possibility be converted into a medical school of even second rate eminence. The want of great hospitals and the difficulties of anatomical dissection must render the attempt for ever hopeless. It is not the medical instruction received at the English universities that gives any advantage to their graduates, but the number of years they must devote to academical studies before they can obtain the honors to which they aspire. The young men are permitted, during that interval, to seek at a distance from the University the medical knowledge which they cannot acquire within its walls; and, as the period of probation is long, nothing but incorrigible idleness or invincible stupidity can prevent them from being well-informed physicians before its completion.

The education that ought to be required from candidates for the highest honours in medicine, may be divided into three heads, preliminary, collateral and professional.

The preliminary education should be a competent knowledge of the Greek and Latin, and of the French and German languages, with such proficiency in Geometry and Algebra, as to enable the student to follow the fundamental demonstrations of mechanical philosophy.

The collateral branches of science that ought to be required from a physician of the first class, are numerous and multifarious. It would be too much to exact from medical practitioners a minute acquaintance with all the branches of natural philosophy. There is not one, however, with the elementary principles and general results of which he ought not to be familiar. There is not a department of physics that is not useful or necessary to a medical enquirer in the study and exercise of his profession. Without a knowledge of mechanics, it is impossible for him to comprehend the combined actions of the muscles, the use and adaptation of the joints, the various admirable contrivances employed by nature in the construction of animal bodies, or the inventions of art for the relief of their defects and infirmities. The vital functions cannot be understood without an acquaintance with hydrostatics, hydraulics and pneumatics, nor the natural func-

tions without chemistry, electricity and other cognate sciences. The phenomena of vision are inexplicable without reference to optics and attention to the laws of perception. Nor can the mental aberrations, which fall under the cognizance of physicians, and which, in slighter shades and in various degrees, facilitate or obstruct their efforts for the cure of other diseases, receive a suitable treatment at their hands, unless they are instructed in those branches of knowledge that have our moral and intellectual nature for their object. All these departments of science are necessary for an accomplished physician, who proposes to improve his art, and undertakes to instruct others in his profession; and a competent knowledge in all of them ought to be required from every student who aspires to be a physician of the highest class.

There are other collateral branches of knowledge still more intimately connected with medical science. Nothing throws so much light on the human constitution as the structure and functions of animals, minutely studied and carefully observed. Many important questions cannot be solved, many doubts cannot be dissipated, many obscurities cannot be removed, except by experiments on living animals. Much of our knowledge in physiology and pathology is derived from that source; and it is only by perseverance in the same plan that our efforts for the

improvement of either can be crowned with success. Zoology and comparative Anatomy are, therefore, branches of science essential to a well-informed physician ; and for the same purpose, though in a less degree, a knowledge of botany and of vegetable physiology is required. Botany has been hitherto one of the studies imposed on Candidates for Medical Degrees on account of its connection with *Materia Medica* ; but, like Chemistry, it ought to be placed among the collateral branches of education. Both sciences have outgrown the purposes for which they were originally included in the course of study required from Medical Students ; and, by detaching them from the branches strictly medical, an opportunity will be afforded of appointing persons, who are not Physicians, though excellent Chemists and Botanists, to fill those chairs in Universities that confer Medical Degrees.

That the elements at least of these sciences may be acquired before the regular commencement of medical education, no candidate should begin his course of professional study with a view to graduation, till he had attained his eighteenth year. No one should be prevented from applying to medicine before he arrived at that age but the lectures he had attended, the instructions he had received at an earlier period, should not be taken into account as qualifications for a medical degree. From the commencement of his

professional education, five years applications to study should be required from every candidate before he could present himself for examination. But, if in that interval he chose to mingle with his medical pursuits any of the collateral sciences, it ought to be no impediment to his graduation, the object of the regulation not being to tie down the student to an invariable course of study, but to require from him such a length of education as with ordinary parts and attention must fit him for the exercise of his profession. A particular course of study might be recommended in medicine, as the most conducive to improvement, but a servile adherence to it should not be exacted. It may be sufficient to require that certain branches of study should precede others; as for instance, that Anatomy and Chemistry should go before Physiology and Pathology, that Physiology and Pathology should be studied before the Practice of Physic and Surgery and that the Practice of Physic and Surgery should take precedence of clinical lectures in these branches. If any one inverted that order he should be obliged to attend a second time the course of lectures which he had followed before he was qualified to benefit by them.

A course of medical education conducted on the preceding plan would comprehend the following branches of study, Chemistry and Botany, being placed among the collateral sciences.

1. Anatomy; with practical dissection.
2. Physiology and Pathology, taught by separate lecturers, or included in the same course, under the name of Institutes or Theory of Physic.
3. Practice of Physic.
4. Surgery and Surgical diseases.
5. Midwifery, with Diseases of Women and Children.
6. Clinical Lectures on Medicine.
7. Clinical Lectures on Surgery.
8. Materia Medica, and Pharmaceutical Chemistry.
9. Medical Jurisprudence.

With these lectures should be combined attendance on hospitals and dispensaries; and, at least six months practical application to the art of compounding and preparing medicines for use.

To enlarge on the necessity of a sedulous attendance on hospitals would be superfluous, as every one engaged in the study of physic is fully aware that familiarity with the appearances of disease is the only mode of impressing its features on his mind. It is of no less importance for his professional improvement, that, as soon as he is qualified for the charge, he should endeavour, by connecting himself with some dispensary or by his gratuitous services to the poor, to have patients under his immediate care. It is only in early life that he can acquire that prompt-

ness and decision of judgment on critical occasions which are as essential to a good physician as to the general of an army. A rapid induction from a multitude of minute and ever changing particulars—an instant decision, resembling instinct more than reason—must be the guides to both in the sudden and unexpected emergencies in which they are placed; and to both no quality is so fatal as an unsteady and vacillating turn of mind, which foresees all that may possibly happen, but cannot decide on what is best to be done.

No physician ought ever to write a prescription which he is not able to prepare with his own hands.

When a student has completed his five years course of professional education, he should be admissible to examination for a degree of the highest class. But to secure a proper knowledge of the preliminary and collateral branches of study, he ought to be examined on these subjects before he is admitted to his medical trials; and, if it suited his convenience, he might undergo this preliminary examination before the commencement, or at any time during the course of his medical studies.

It is of little importance by what name physicians of the first class are distinguished from the inferior members of the profession. The titles of doctor of physic has been hitherto the

highest appellation in medicine. But it has been bestowed with so lavish a hand by the Scotch Universities that some change is unavoidable. Some new nomenclature must be invented. This being the case, why should not all persons, who obtain the highest diploma in medicine, bear the same designation? As they must all have studied the branches of education prescribed by law, and must all have undergone the same examination, and ought all to have the same rank and privileges; why should they not be considered as Members of the same College or Faculty? Let their appellation be Fellow of the Royal College of medicine, with the addition of London, Edinburgh or Dublin, if they belong to the Royal Colleges established in any of these places, or with no addition at all, if they belong to none of them.

For a Surgical diploma of the first class, the same preliminary and collateral education should be required as for the same rank in medicine; nor should there be much difference in the professional education of Surgeons and Physicians. A well-informed Physician ought to understand surgery in all its branches, and a well-educated surgeon should be able to practise physic. If any difference is made in their education it should be slight. A Physician might be compelled to attend two courses of lectures on the Practice of Physic and on clinical medi-

cine, and only one course of lectures on Surgery and on clinical Surgery. A Surgeon, on the other hand, might be required to attend two courses on Surgery and on Clinical Surgery, and only one course on the Practice of Physic and on Clinical Medicine. A Physician ought to be practically conversant with Anatomical Dissection. A Surgeon ought, besides, to have performed on the dead body all the more important and difficult operations of Surgery. In other respects their education should be the same. Surgeons of the highest class, like Physicians of the same rank, should be considered members of the same College or Faculty, and have the title of Fellow of the Royal College of Surgeons, with a similar addition, or with no addition at all, as the case might happen.

Surgeons of the first class, like Physicians of the same rank, should have the exclusive privilege of giving lectures on professional subjects that qualified for graduation.

It is for the improvement of Medical Science, for the instruction of youth in Medical knowledge, and for the encouragement of a laudable ambition in Medical Students—that a class of Medical men is proposed above the rank of general practitioners. But let no one imagine that the highest diploma will ensure to him success in his profession. Many requisites, besides a Medical degree, are necessary to introduce a

Physician into extensive practice. Good sense and good conduct, discernment of character, attention to his patients, experience in his art, accuracy in his diagnosis of disease, foresight in his prognoses of its termination, firmness and decision of judgment, are qualities as essential to the success of a Medical Practitioner as knowledge and professional acquirements. Medicine is a practical art, and those who are esteemed, whether justly or not, the most skilful practitioners will obtain the largest share of practice. A young Physician may be mortified, but he ought not to be discouraged, when a general practitioner of many years standing is preferred before him. Time and assiduity will acquire for him the same reputation, after years passed in useful, though in the first instance unprofitable labour.

General practitioners form a variegated and multifarious class—from the Scottish graduate, who may attain the highest place in his profession, to the humble Apothecary who received five years ago, from Apothecaries' Hall, his certificate of possessing the scanty attainments then required from Candidates for general practice in England and Wales—from the skilful Surgeon of a provincial hospital to the village doctor, who never ventures further than to breathe a vein or open an abscess. They constitute nevertheless a most important part of the Medical Profession, and comprehend at least nine-tenths of the whole.

The greater part of them, from choice or necessity, prepare Medicines for their own patients; but in great cities many have abandoned that practice, and, like the Surgeon and Physician, send their prescriptions to be made up at some Chemist's or Apothecary's shop. Some decline operations in Surgery, unless of the simplest kind. Others undertake important operations. Most of them practise Midwifery and in large towns some confine themselves entirely to that branch of Practice. In many situations they are the only Medical Assistants that can be procured, and in slight and incipient complaints they are the usual attendants on all classes of society; and on the judgment and foresight they evince at the commencement of serious maladies the fate of the patient in a great measure depends. It is, therefore, indispensably necessary that a suitable education should be exacted from them and examining bodies appointed, fully qualified to judge of their attainments.

What extent of education ought to be required from general practitioners, is a problem difficult to solve. If it be made too high, there is danger that the supply may be deficient, and that numbers of persons may be thereby compelled to entrust the care of their health to individuals who have no certificate of their medical qualifications to produce. If it were made too low, those who had received a good education would be con-

founded with the less informed, and reduced in public estimation to the same level. We have some experience, however, on the subject. Various public bodies have a right to examine and grant certificates to general practitioners, with powers to regulate from time to time, at their discretion, the qualifications of the Candidates that appear before them. For the last twenty or thirty years, these examining bodies have been gradually raising the qualifications they exact from Candidates, and in the same proportion have the number of Candidates encreased, and the number of persons who merited and received diplomas. No public body has exerted itself more steadily and judiciously in improving the education of general practitioners than the Royal College of Surgeons at Edinburgh; and, in every instance where they have increased their demands for education, there has been a corresponding increase in the number of applicants for their degrees. The scale they have adopted is not, therefore, too high. Let it be extended to other medical schools, and taken as the general standard of qualifications for practitioners of the second class. Let all who have received this education and obtained a certificate of their proficiency, whether from England, Scotland or Ireland, be considered as general practitioners in Medicine, Surgery, Pharmacy and Midwifery; and let them follow, as they are inclined, all or any of these

branches of the medical art. If any university persists in making doctors of physic, who are not of the highest rank, let them be aggregated to the class of general practitioners: provided their medical diploma contains a certificate of their qualifications to practise Surgery.

It may happen that one who was prevented at the outset of life by the narrowness of his circumstances, or by other fortuitous causes, from obtaining the highest rank in medicine, finds afterwards the means of acquiring that general as well as professional knowledge which would fit him to earn and to do honour to the station he was originally unable to attain. It would be unjust both to him and to the public if, when qualified, he were excluded from it. Medical degrees like other distinctions were instituted for the benefit of the Community, and, if withheld by pride or prejudice, means should be taken to correct the evil. They were intended not to gratify the vanity or to promote the private interest of individuals, but to hold out to the deserving an honourable distinction, and afford to the public a test of the merits of those who are soliciting its patronage. If there is a bye-law or custom in any College or Corporation, that inflicts a ban of perpetual exclusion on all who have ever exercised, or who continue to exercise a lower branch of the profession, it ought to be annulled without hesitation. If a general

practitioner has acquired by his own exertions the knowledge which in early life he was unable to obtain, and after several years application to practice offers himself as a candidate for the highest honours in his profession, let him be admitted to examination, though he has not followed the regular course of education required from younger students; and, if qualified, let him be received into the first class, on a par with the other members. There are said to be bye-laws in some Colleges still more reprehensible, which prohibit Fellows of the College from meeting in consultation with persons of inferior rank in medicine. Such regulations cannot be too severely reprobated. They are incompatible with the first duty of a Physician, which is to omit no means in his power for the relief of the unhappy patient, who has confided to him the care of his life. In practice, it is to be hoped, they are violated. In principle they are indefensible.

For the third class of the medical profession, one years' attendance at lectures on *Materia Medica*, Chemistry and Pharmacy, and one years' application to the art of compounding and preparing medicines, might be a sufficient course of education to entitle candidates to be examined in Pharmacy and *Materia Medica*; and, if qualified in these branches, they might be distinguished from persons having no such qualification by the name of approved druggists. If any

one after his introduction into the profession of Physic in this its lowest department, should afterwards qualify himself to be a general practitioner, he ought to be admitted to examination, and obtain, if he deserves it, a diploma testifying his ability to practise Physic.

Of existing colleges, companies and corporations connected with Medicine or Surgery, a few words will suffice. Where they possess any exclusive privilege to practise Physic or Surgery, the monopoly they enjoy ought to be abolished. If public duties are imposed on them, they ought to receive an adequate remuneration for the services they perform. But, as all physicians and Surgeons of the same class will have the same privileges and the same rank in the profession, whether aggregated or not to particular Colleges, it comes to be a question of minor importance, on what terms individuals may claim admission into existing corporations, so as to share in their property or participate in the administration of their affairs. If interference became necessary, it is in the competence of the legislature to interpose, but with that caution and forbearance which should ever be exercised, where the rights of individuals are concerned. It will perhaps be sufficient, if no bye-law is tolerated in such corporations, which stigmatizes any members of the profession as unworthy of admission, not on account of their inferiority in

medical rank, but on pretence that they are occasionally, or habitually, employed in some inferior department of the profession.

It would be premature at present to discuss in what manner the existing members of the profession should be classified, what persons should be left in the second class, and what number elevated at once to the highest rank. Whatever reform be adopted, these questions must ultimately force themselves upon us: but to draw the line at present could have no other effect than to awaken jealousies and bring into action envious and selfish passions, when the general good ought to be the sole object of our consideration.

It would be equally premature to consider what should be the number and composition of the boards or public bodies appointed to examine the future Candidates for diplomas. It might be expedient, perhaps, to institute a board of Examiners in every City of the United Kingdom, where *all* the branches of Medicine are adequately taught. The capacity of every Student would be tried in the place where he had been educated, without unnecessary trouble and expense, and without the apprehension of being exposed to a harassing examination and unjust rejection by the rival teachers of a different school. Regard to their own reputation, and a desire to maintain the character of the school to which they belonged, would prevent any Board

of Examiners from granting undue facilities to the ignorant and idle.

It is almost unnecessary to add, that a suitable remuneration should be made to those who discharge the duty of Examiners, by the persons who obtain from them diplomas. But there can be no reason why any additional fees should be exacted. It would be most unjust to impose a tax on Graduates, in order to relieve the wants, or repair the fortunes, of any Corporate body.

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