AN ADDRESS

DELIVERED TO THE FELLOWS OF THE ROYAL
COLLEGE OF PHYSICIANS OF LONDON,*March 22nd, 1875.*By SIR GEORGE BURROWS, BART., M.D., F.R.S.,
Physician in Ordinary to the Queen; President of the College; etc.

GENTLEMEN,—One of my most distinguished predecessors in the office I have the honour to hold—Sir Thomas Watson—instituted the practice of giving a summary of the occurrences which had transpired during the official year; and, feeling convinced of the value of the precedent established by him, I shall venture upon this, as upon former occasions, to detain you with a few remarks.

The events of the past year have been fewer than usual, and many of them related to mere matters of routine, and are hardly worthy of being adverted to, while others are of more or less importance and of interest to the Fellows, and deserving of some further notice. Some of these, then, I shall touch upon very lightly, while upon others I shall deem it my duty to offer you more or less extended remarks, in order that they may not so immediately pass from your consideration and remembrance.

We may regard the occurrences of the past year from two points of view, according as they affect us in relation to the world around us, or as they concern our own material interests and reputation.

Our communications with the different Public Departments of the Government have been fewer than in any preceding year in which I have had the honour of holding office. We have received two communications from the Secretary of State for India respecting the treatment of leprosy with Gurjun oil; and, if the reports of the efficacy of this remedy be confirmed by subsequent investigations, an important step will have been gained in the treatment of this horrible and intractable disease. Another letter from the India Office related to the fevers and other diseases which might be expected to become epidemic after the failure of the rice crop in Bengal and during the subsequent famine, the horrors of which were so greatly mitigated and controlled by the untiring energy and perseverance of the Governor-General, Lord Northbrook, and the officials of the Government at Calcutta. All these documents were laid before the Fellows, and suitable replies were transmitted to Lord Salisbury, the Secretary of State for India.

A letter was received from the Registrar-General's office, submitting for the consideration and approval of your President a new form of certificate of the cause of death, to be filled up by all legally qualified medical practitioners who have been in attendance upon patients whose illnesses have terminated fatally. The new certificate does not materially differ from that which has long been in use. While it imposes some increased responsibility upon the medical attendant, it also allows him to make qualified statements upon points on which he has had no certain personal knowledge.

The more complete and accurate registration of the causes of death is of such essential interest and value in a densely populated and highly civilised nation like our own, that the members of the medical profession, with their usual disinterestedness, would hardly offer any captious objections to an improved form of certificate of the causes of death, although it might occasion some additional trouble.

Her Majesty's Commissioners of the International Exhibitions held in this country have presented to the College a medal, in acknowledgment of the services rendered by the Fellows towards the arrangement and enriching of certain departments of these exhibitions.

Ever since I have been connected with the College, and long before, it has been the established practice at our general meetings not to travel from that which relates to medical science and our profession generally into the wide field of politics and general legislation. Any subject which concerns the government or improvement of the education of the profession, or which affects the status or interests of certain branches of the profession, has always been considered a legitimate and proper subject for the consideration, discussion, and active interference on the part of the College, so as to procure for it proper attention by the Executive Government or the legislature.

A subject of deep and pressing social interest—one affecting the health and moral tone of a large portion of our fellow-countrymen—was introduced to the notice of the Fellows, at a general meeting, by

our late much lamented colleague Dr. Anstie. I advert to the unwholesome state of the dwellings of the labouring population from overcrowding in London and many other large towns.

I know that by many Fellows of the College it was felt that, in entering upon this subject, and presenting a memorial to the Government, inviting them to take this matter into their early consideration for legislation, we were transgressing the course of action usually pursued by the College. Admitting the correctness of this criticism, I confess to have warmly sympathised with Dr. Anstie and others upon that occasion, and to have given him my countenance and support in the resolution the College eventually adopted.

Considering how highly the College Memorial was approved by the principal organs of public opinion, and how much it has strengthened the Home Secretary in his attempted legislation to remove this great social scandal, and cause of disease and immorality, I hope the dissentient Fellows on that occasion may have become more reconciled to the somewhat unusual course then adopted.

At the close of the last year, a communication was received from the Shropshire Ethical Branch of the British Medical Association, enclosing a proposed tariff regulating the fees in that locality of surgeon-apothecaries, or general practitioners, as they are familiarly called. This document did not require any particular notice by this College, because it related exclusively to the pecuniary recompense for medical and surgical services rendered by members of a different order in the profession than our own. But this document, and others similar to it which have emanated from other sources, are indications that the profession, as a body, are becoming dissatisfied with the present arrangements for remuneration of services rendered to the public.

Several Fellows of the College have called my attention to the present unsatisfactory scale of remuneration to physicians practising in this metropolis, and have forcibly pointed out that the fee which was deemed a sufficient honorarium a century ago by no means adequately compensates the modern physician for the additional time and skill devoted to patients residing in distant parts of this vast town. In former times, it was seldom that a physician's practice extended beyond a circle of which the radius was a mile, the centre being his own home; and, if patients resided beyond that circle, the physician was almost sure to receive an extra fee. Now, it is well known that, from the enormous distance to which the town has extended in all directions, the London physician may be called to patients residing in fashionable regions, at a distance of two miles or more from his home-centre; and yet, unless some previous arrangement have been made, no extra fee is offered by patients, and can rarely be asked for without giving rise to unpleasant explanations. All who have given any attentive thought to this subject must be aware that it is not only the greater distances which the physician is compelled to traverse, but also the diminished value of money, which renders the long established conventional fee a much smaller remuneration to physicians of the present day than that always obtained by physicians of one or two generations before our own.

The greatly advanced rent of houses in suitable localities, the increased expense of carriage and horses, the rise in the wages of servants, and the augmentation in the other expenses of living, place the physician of the present day at a great pecuniary disadvantage compared with his predecessors of a past generation. While the price in money of nearly all that is required in the establishment of a metropolitan physician has steadily and greatly advanced, his services are still estimated by the same fee that was offered him when that money was worth far beyond its present value. How is this anomaly and social hardship to be remedied? I have long and frequently thought over this perplexing question, but I confess have not been able to lay down any principle which can be strictly carried out in the solution of the difficulty.

The long-established customary fee to the physician is an honorarium, and long may it continue to be so. The College have never laid down any fixed regulations as to the amount of honorarium to be expected by the consulting physician; and I would not presume to advise the Fellows to deviate from that principle. But I think I have brought under your consideration many reasons why the senior and leading members of our order should endeavour to impress upon the community the reasonable expectations of physicians to be more liberally treated in the recognition of their professional services, when distance or other circumstances cause an extra demand on their time. It has appeared to me right in the interests of our order that this delicate question should be ventilated, although I cannot presume to indicate the best course to be pursued to remedy this increasing injustice.

Just before the last autumnal vacation, a letter was received from the Society of Apothecaries, informing the College that they had obtained an Act of Parliament enabling the Society to confer with and co-

operate with the other medical authorities of the kingdom in the formation of a Conjoint Board of Examination for medical and surgical diplomas in England and Wales. Soon after the receipt of this letter, our College passed a resolution expressive of a desire that the Society should take part in the completion of the scheme already prepared, and should appoint four representatives to act with representatives of the other medical authorities in the committee called the Committee of Reference.

I feel that it must have appeared strange, and taken the Fellows by surprise, when it was announced to them that one of the medical corporations has only recently signified that it is willing and able to take part in the formation of a Conjoint Board for the examination of all who desire to be registered in England and Wales as legally qualified medical practitioners under the Medical Act of 1858. Considering how frequently this question has been brought under your consideration during the past six years, and how you have at successive periods given your sanction to the proposed scheme, as well as to the regulations for the preliminary and professional examinations under the scheme, you may reasonably require some explanation of what is implied at this advanced period of the negotiations by this last communication from the Society of Apothecaries.

I must now apologise for trespassing further upon your time and patience in bringing under your notice certain events, in order that I may vindicate your representatives in the Committee of Reference, and others who have been engaged in carrying out your various resolutions in reference to the formation of a Conjoint Examining Board, from any misrepresentations in statements, or remissness in the performance of the onerous duties assigned to them.

So long ago as October, 1869, the College received a communication from the General Medical Council, inviting the College to consider whether the time had not arrived for establishing a Conjoint Examining Board in each of the three kingdoms; whereupon, after due deliberation, this College resolved that a Committee of Fellows be appointed to confer with the Universities and Medical Corporations of England, and, if deemed advisable, with those of Scotland and Ireland, for the purpose of framing a scheme to carry into effect the suggestion of the General Medical Council.

Letters of invitation to the four English Universities, to the Royal College of Surgeons and Society of Apothecaries, to confer with our College, were then issued. As a result, several conferences were held at this College and at the College of Surgeons between deputations of the three medical corporations, and a draft scheme was prepared. To parts of this scheme the Society of Apothecaries objected, upon the ground of the proposed plan of appointing the examiners; but the draft scheme was nevertheless laid before the two Colleges, and circulated among the English Universities.

For some months in the spring and summer of 1870 all meetings to promote the conjoint examination scheme were suspended, in consequence of the introduction of a Bill into Parliament by the Lord President of the Privy Council; but, when it was made known that this Bill was withdrawn, this College again invited the College of Surgeons to a renewal of the conferences to carry out the conjoint scheme already agreed upon, or any other plan which might seem more desirable for the formation of a Conjoint Board for the examination of all candidates for licenses to practise medicine, surgery, and midwifery.

Numerous meetings of deputations from the College of Surgeons, the Society of Apothecaries, and from this College, took place in the winter of 1870-71, and in the ensuing spring. About this latter period, the delegates from the Society of Apothecaries intimated that their legal advisers had informed them that the provisions of the Act of 1815 (commonly called the Apothecaries' Act) debarred them from taking part in the scheme propounded by the two Royal Colleges, and they withdrew from all further conference.

This scheme, drawn up by the representatives of the two Royal Colleges, was laid before their respective governing bodies, and approved by them, and was then forwarded for the acceptance of the four English Universities. All the Universities intimated their assent and concurrence in the scheme.

This scheme for the formation of a Conjoint Examining Board was then transmitted to the General Medical Council in the spring of 1872, and obtained the sanction of that body, as required by the nineteenth clause of the Medical Act of 1858. Everything seemed to promise that this important national measure would now be carried into operation under suitable regulations drawn up by a committee for approval by the several co-operating medical authorities of the kingdom.

Unfortunately, an unexpected difficulty arose to interfere with the carrying out this scheme to completion. The University of London discovered that their Senate had exceeded the powers granted under charter of incorporation, in giving their unrestricted assent to all parts

of this scheme of conjoint examination. But the Senate, having been fully convinced that this plan for a conjoint examination by all the medical authorities promised to be highly beneficial to the public, although it placed some restrictions upon their own powers, sought for and obtained an Act of Parliament which enabled them loyally to act up to their previous decision, and to take their share in the formation of the Board for a conjoint examination. A committee, called the Committee of Reference, composed of delegates from the four English Universities, and the Royal Colleges of Surgeons and Physicians, now assembled and during the years 1872, 1873, and 1874, met many times (in all, I believe, thirty-five times), and drew up regulations to carry into effect the principles of the conjoint scheme.

The Committee of Reference made four successive reports upon preliminary and professional education, drawn up with the most scrupulous care, and submitted them to the co-operating medical authorities. These reports were laid before you and approved by the College, and notice was given that all candidates must, after a certain specified date, conform to such regulations.

All formidable obstacles to the formation of a Conjoint Board of Examination for England and Wales appeared to have been surmounted, and there was a fair prospect that all the protracted discussions and deliberations had been brought to a favourable issue. A fresh difficulty, however, one so utterly unexpected that no one who had been engaged in this anxious and tedious business could have anticipated it, now presented itself. The Council of the Royal College of Surgeons, which had, with our College, originated, elaborated, and promulgated for acceptance by other medical bodies this scheme for the conjoint examination, now discovered that they had agreed to proposals which their present charter would not allow them to carry into operation. Although many eminent members of the Council of the College of Surgeons had, during a period of five years, been engaged with Fellows of this College and others in preparing this measure, and had, I believe, fortified themselves by legal opinions, still this fundamental objection to their concurrence in the conjoint scheme had not been foreseen by them.

The further progress, therefore, of this great national measure in the preparation of which so much thought, labour, and time had been generously bestowed, is now suspended, and the issue is dependent upon the course which may be adopted by the Council of the Royal College of Surgeons. Following the examples of the University of London and the Society of Apothecaries, which bodies found themselves embarrassed by analogous difficulties, the Council of the College of Surgeons are seeking an enabling Act of Parliament which will give them the power to carry out, if they may think fit, the scheme which they originated and prepared in conjunction with the Universities and ourselves.

Should the Council of the College of Surgeons find themselves unable to surmount their present difficulty, there is every probability that any scheme for the formation of a Conjoint Examining Board by the voluntary co-operation of the Royal Colleges and other medical authorities will be impracticable, and that this long expected and much required modification of the existing system must be brought about by some enactment of the legislature. This latter course is, I need hardly say, most undesirable, as it will impair the prestige of the medical authorities and interfere with the independence and self-government of the profession. Although the medical profession, as a profession, may suffer from this failure of co-operation on the part of the recognised authorities, the public would still obtain by enactment of the legislature a guarantee that every legally qualified medical practitioner (come from wheresoever he may) had passed a full, sufficient, and impartial examination into his professional attainments.

I now turn from an account of the intercourse we have held with the Government and other public bodies, and invite you to a review of the state of affairs in our own College.

The statistics of the College, small in numbers as compared with the other two medical corporations, are nevertheless interesting to ourselves; and I hope my statement may appear encouraging and satisfactory to you.

We have elected during the past year fourteen new Fellows, and have lost five by death, viz., Dr. Anstie, Dr. McLennan, Dr. H. Sandwith, Dr. Edward Smith, and Dr. Beattie. Our present number of Fellows amounts to 289.

Twenty-two new members have been admitted, and nine have died, viz., Dr. F. Bird, Dr. Downing, Dr. C. J. Fox, Dr. Alexander Halley, Dr. Lankester, Sir Alexander Nisbett, Dr. J. H. Simpson, Dr. F. B. White, and Dr. W. B. Wilmot. There are now 497 members on the list. No less than 85 licentiates have been admitted; and taking into account those gentlemen who have not been able to satisfy the examiners, there have been nearly 100 candidates for admission into this

order. Seven licentiates have died during the year, and the number of licentiates actually on the list amounts to no less than 921.

This steadily increasing number of licentiates manifests how highly the College license is estimated, and how wisely the College acted some years since in extending their connection and influence through such a large section of the profession.

In addition to the classes on the College roll, which I have already enumerated, there still remain 147 names in the old orders of licentiates and extra licentiates.

I may thus, then, sum up the total number, more or less closely connected with our body, and who are affiliated to the College :—

Fellows	...	...	...	...	...	289
Members	...	...	...	...	...	497
Licentiates	...	...	...	...	...	921
Extra licentiates and old licentiates	...	...	...	...	...	147
Grand total	...	...	...	...	...	1,854

If, then, we have so largely increased the numbers attached to this College, and who afford us a broader basis of support, we must also remember that we have multiplied our responsibilities and obligations towards the profession. We can never again attempt to wrap ourselves up in proud isolation, and rest contented with the prestige of former days. The Fellows of the College must, by their learning, their scientific attainments, and their honourable bearing, uphold the social status of the profession, and march forward in the van of those who are labouring to extend the boundaries of medical science, and to sustain our art upon more stable foundations.

I must no longer refrain from reminding you of an occurrence connected with the internal affairs of the College during the past year, which will become part, and a gratifying part, of the history of our institution. The treasurer reported to us, at one of our general meetings, that the fabric of the College was in a rapid state of decay, from the disintegrating effects of the London atmosphere upon the stonework of the building, and that there was a necessity for immediate repairs. This serious intelligence was accompanied by the information that he had no collegiate funds available for the required repairs.

Some spirited Fellows of the College, I mean Fellows having a strong *esprit de corps*, worthy successors of those who so largely contributed out of their private means to the building of the College about half a century since, proposed that the required funds should be raised by voluntary subscriptions among the Fellows. This proposal was cheerfully adopted, and in the course of a short time a subscription was announced, amounting to a sum between eleven and twelve hundred pounds. This amount has proved more than adequate for the requisite repairs. A small committee was appointed to co-operate with the treasurer in superintending the restoration of the College, and I think all must admit that a most satisfactory result has been obtained.

The handsome and much improved external appearance of the building will, I think, be further enhanced by glazing the College windows with plate-glass; and I trust that funds may yet be forthcoming to add to the ornaments of the northern façade by placing in the niches on each side and under the portico statues of three of our most illustrious predecessors.

The College have extended their hospitality more largely this year than is their wont. Nearly ten years had elapsed since the Fellows had given a public entertainment in their College Hall, and invited to their table men distinguished in the Legislature, in the Church, in the law, in science, literature, and art. The day selected for the banquet—Midsummer day—was unfortunate, inasmuch as several other great public entertainments were given on the same day, and we were thus deprived of the presence of many distinguished persons, who would otherwise have been among the number of our guests. Her Majesty's ball at Buckingham Palace on the same evening also broke up our party earlier than we could have desired. I have reason to believe that our guests were hospitably and handsomely entertained, and that the banquet gave general satisfaction.

The evening *conversazione* given by the Fellows enabled us to receive within our College a much more numerous and diversified company, composed of members of our own profession and of many other learned and scientific societies. Our thanks are largely due to the Committee of Fellows who undertook the onerous task of arranging everything for our *soirée*, and I trust we may congratulate ourselves that our efforts to render the evening meeting both sociable and entertaining were attended with success.

I will not repeat, what I have upon former occasions expressed to you more in detail, my reasons for believing that the position of this College in relation to the surrounding world is much improved by these acts of hospitality and social intercourse.

The usual series of lectures have been delivered, and I think nobody could have listened to the discourses of the Croonian and Lumslean lecturers without feeling that most valuable and original additions to medical knowledge were made known to us, and that the reputation of the College was honourably sustained by our lecturers.

The office of Harveian orator was last year held by Dr. West, who gratified his numerous audience, composed of the Fellows and a large number of visitors, by the delivery of an oration composed in pure and classical English, and containing, as the result of extended research, most interesting details of the inner life of Harvey and his fellow-students at Padua.

I have, as your President, attended nearly all the meetings of the Trusts, in which I hold a place *ex officio*. At the meetings of the trustees of the British Museum, of the Hunterian Museum, and of the Tancred Charities, nothing has transpired worthy of being brought under your especial notice. Neither have I been called upon to exercise the privilege of the President of the Royal College of Physicians of voting for the appointment of certain professors at the Universities of Oxford and Cambridge, no vacancies having occurred during the past year.

Our treasurer, at the appointed time, submitted the books containing the College accounts to the inspection of the Fellows, and he had the satisfaction of assuring them that their financial affairs were in a more prosperous state than they have been upon some former occasions.

It is well known to you that the income of this College is small, considering the position it holds among the national institutions of the country. We may hope and expect that, if it should be called upon to perform yet more extended duties towards the profession, the performance of those duties may place increased means at the disposal of the College. This additional income would give the College the power of doing what is greatly required; first, to add largely to our library, and make it at least an useful library of reference for all classes connected with the College; and, secondly, to enable us to offer some more suitable stipends to our lecturers, and, if possible, devote some sum annually to the encouragement of original researches in medical science.

If we look to our steadily increasing numbers, and to a more satisfactory pecuniary balance, and if we regard the loyalty and *esprit de corps* prevailing among the Fellows, we may confidently trust that, as we are willing, so we shall be able to render additional services to the public and the profession, and to maintain the reputation and high character which this College has enjoyed for more than three centuries.

INTERNAL ADMINISTRATION OF TAR IN PSORIASIS.

IN the BRITISH MEDICAL JOURNAL of April 10th, 1875, I observe, under the above heading, the results of Mr. Balmanno Squire's trials of tar internally in cases of psoriasis; and the conclusion to which he has arrived is summed up in the following sentence: "I can only offer my experiment to him (Dr. Ringer), in the hope that he may think it worth while to repeat it, and report whether or not I am correct in my conclusion that tar taken internally has no effect in curing psoriasis." Having given this medicine very extensively in cases of psoriasis for a good many years, I am bound to say that the results of my experience are strangely at variance with those of Mr. Squire; indeed, I have come to regard it in the light of one of the most valuable remedies we possess in the treatment of that disease. And it is not merely in mild cases that it does good, for it has, in my hands, frequently yielded the most satisfactory results in very obstinate cases after long courses of arsenic and many other orthodox remedies had been tried in vain. Perhaps it may be that the dose and mode of administration of the tar may have something to do with the difference in the results obtained by Mr. Squire and myself; and, therefore, it may be well to state that I generally begin with two minims three times a day in a teaspoonful of treacle, and gradually increase the dose, if necessary, to half a teaspoonful, or even more. The small dose is advisable at first, as in some persons the medicine cannot be tolerated, and produces derangement of the digestive organs, fever, and a bright red rash upon the skin.

I can testify also to the virtues of this remedy in catarrh of the bronchial tubes, as pointed out by Dr. Ringer, and in chronic affections of the mucous membranes generally; and I conclude with the remark that it is very singular how such a valuable remedy, which seems in earlier days to have been highly esteemed, should, as an internal medicine, have fallen into such disrepute in our own time.

T. M'CALL ANDERSON, M.D., Glasgow.