Dr. CHRISTINE MURRELL said that the scheme envisaged by the Consultative Council was likely to increase both the efficiency of the individual practitioner and the co-operative spirit among the practitioners in a locality. The health centres made for a more friendly and confidential relationship than had been possible in the past. The scheme would reduce to the lowest possible level that extremely un-British person, the bureaucrat, whereas under a purely State medical service he might flourish like the green bay tree. The great objection to a whole-time officer at a clinic—or more properly at a consultative centre—was that the work of such centres was very largely advisory, and persons whose entire function was to give advice did not perform good work. A whole-time clinic officer was a bad servant, not at all because of his defects as an individual, but because of the system under which he worked.

Dr. H. J. MACEVOY thought that the report of Lord Dawson's Council was both revolutionary and just, and only on questions of detail could it be differed from. He criticized the present multiplicity of services on the ground that under this system continuity of medical attention in the case of each person or family was so exceedingly difficult to ensure. There could be little preventive medicine without a proper inter-relation of the different services. The ideal, of course, would be for every family to have a medical practitioner.

Dr. J. A. GLOVER described what had been done in Hampstead, where, after the Local Medical War Committee had finished its labours, the whole profession was called together, and the Hampstead Medical Committee elected, with the medical officer of health for Hampstead in its chair. This committee had been sitting for a year, and had been considering whether it was possible to start a primary health centre in Hampstead on the lines of the report. They had not got so far yet, but it was hoped that the committee would be the means of uniting the whole profession in Hampstead, and that it would continue as a body available for consultation by the borough council or other authority.

Dr. G. F. BUCHAN (Medical Officer of Health for Willesden) said that he could not controvert any one of the general principles of the report, though Lord Dawson would be the first to admit that there were many difficulties in the way of carrying out his policy in full. But much could be done; for example, at present the Maternity Committee selected one doctor for a patient, the Infant Welfare Committee another, the Education Committee another, and so on, and some method must be found whereby the work of these various doctors could be co-ordinated, so that continuous medical treatment and prevention would be possible in relation to each individual. This piece of preliminary work they were setting about in Willesden with all the goodwill in the world, and it would not be his fault if they failed.

Dr. G. W. R. SKENE praised the report, and said that it would make the medical profession one into which at last without hesitation a father could put his son. Dr. WEIR asked whether it was really settled, as suggested by a reference in the *London Insurance Pharmacopoeia*, that national insurance was to be extended to families. Dr. KEMP thought that what was proposed might be reached by graduated stages, a better organization of methods now in existence, leading up gradually to the ideal result. Dr. TRAYLEN thought that it would be difficult to discriminate between the three classes: those who received free treatment, those who paid for the whole of their treatment, and those who paid part. Another speaker, who spoke as a taxpayer and not as a doctor, urged that this was not the time, when the country was on the verge of bankruptcy, to enter upon the vast financial responsibilities involved in this scheme.

After a hearty vote of thanks had been accorded to him, on the motion of Dr. C. F. T. SCOTT, seconded by Dr. MACEVOY, Lord DAWSON said, in reply to the discussion, that nobody imagined that the whole of the proposals could be carried into effect at once. Expenditure by the Exchequer on a large scale on any constructive medical scheme was out of the question for the present; but that did not alter the importance of getting to work on the scheme and at least laying the foundation on which there might be subsequent building; and the more united they were the more quickly would the building be erected. The financial aspects, so far as the profession was concerned, were exceedingly difficult to deal with, but he pointed out that in the report there was no proposal which would diminish the earnings of a single doctor. The report did not deal with finance too closely, though it entered a little into the question of payments by patients. The underlying principle of the report was the provision and endowment of fabric. There should be private wards in the municipal hospital, but there also the same

relation between doctor and patient should be maintained, and of course the standard of treatment (as distinct from additional comforts) would be absolutely the same in all the wards. As for the relation of this scheme to the Insurance Act, it must be remembered that it was much bigger than the insurance scheme; it presupposed that the Insurance Act, whose roots were now deep in the social life of the country, would continue to exist, but of the Act itself the report expressed neither approval nor disapproval. Some system of insurance must intervene in all their plans, but let this more comprehensive scheme be started and inevitably its virtues would penetrate into and mould the insurance system to the benefit of this latter. As for the extension of insurance, that was outside his purview, but he could not conceive that such extension would be made without consultation of the profession.

On the following day (November 3rd) Lord Dawson spoke at Leicester, where he laid before a meeting of medical practitioners similar considerations to those put forward in his address at Willesden.

THE VICARY LECTURE.*

BY

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(Abstract.)

THE EDUCATION OF A SURGEON UNDER THOMAS VICARY.

SIR D'ARCY POWER began his lecture by pointing out that the unsettled conditions throughout England resulting from the Wars of the Roses led to the same need for reconstruction in the medical profession as was now being felt after the recent war. Two bodies of surgeons had always existed in London. The one a Gild of Surgeons proper, the other a Gild of Barbers, many of whom practised surgery. The Gild of Surgeons was a small body of men, most of whom were attached to the suites of the higher nobility; the Gild of Barbers was a much larger body, whose members looked after the surgical needs of the citizens. In war time the surgeons served with their Lords, and during the fourteenth, fifteenth, and sixteenth centuries nearly every member of the gild must have seen military service. The barber-surgeons, on the other hand, remained at home, accumulated wealth, and became a flourishing company.

The crowning of Richmond on the field of Bosworth and his marriage a year later with the Lady Elizabeth of York brought a lasting peace to England and a very lean time to the surgeons. The old nobility had been destroyed and their lands distributed, whilst even the precarious livelihood of a military surgeon was no longer to be had. The fraternity of surgeons, therefore, had to cast about for some other way of living. They turned to the Company of Barbers and entered into an alliance with them in 1493, which was formally ratified by Act of Parliament in 1540, which constituted a United Company of Barber-Surgeons. Investigation shows that the Gild of Surgeons had always endeavoured to educate their members and to test their knowledge by examination. They appear to have co-opted the members, and were more concerned with their knowledge of surgery than with the means by which that knowledge had been obtained. The Barbers, on the other hand, worked on the ordinary lines of the City Companies and admitted persons to their freedom after a prolonged period of apprenticeship. By a combination of the two methods a new system of surgical education was introduced. Thomas Vicary, who held the post of serjeant surgeon to King Henry VIII, was elected the first Master of the United Company of Barbers and Surgeons, and during the next fifteen years the Company developed a comprehensive system of education. No person could practise surgery in the City of London or within seven miles unless with the licence of the Company, and this was only granted after examination. Power had also been obtained to take the bodies of four criminals every year for dissection. Anatomy was therefore made the basis of surgical examination, and to this was added surgery and such pathology as could be learnt from English translations of some of Galen's works. One of the first acts of the Company was to appoint a Lecturer on

* Delivered at the Royal College of Surgeons of England, November

Anatomy with four demonstrators under him. It seems probable that Vicary himself lectured during the first few years, but about 1546 Dr. John Caius was elected to the post, and no better man could have been found. A young Cambridge graduate, fresh from Padua, where he had been a fellow-lodger with Vesalius and a friend of Realdus Columbus—the two great anatomists of their age—the editor of a carefully selected text of Galen, a good disciplinarian, a bachelor and living in the immediate neighbourhood of the Barber-Surgeons' Hall, he could devote the necessary time to make his lectureship a success. He served for nearly twenty years, and so impressed his individuality on the lectureship that the Company's anatomical teaching remained the best in the kingdom for nearly two hundred years afterwards. The post was well paid, it was nearly always held by a young university graduate, and it was the foundation of many reputations in the medical profession.

The surgical and pathological teaching were less successful. Both were taught by lectures, at which the attendance of every surgical member of the Company was compulsory, and clinical teaching was discountenanced. The surgical lectures had always been a part of the teaching of the Guild of Surgeons, and it was undertaken by each member in turn, beginning with "the auncientist" surgeon. Each had to lecture, pay a fine or find a substitute. None of these lectures appear to have survived, so that there is no means of determining their character. Those of Ferris, Keble, and Balthrop are known from contemporary evidence to have done much to inspire their audience with a wish to raise the status of surgery, whilst those of Gale, Clowes, and Banester, with their unmitigated invective, must have been a pure joy to the apprentices who were obliged to listen to them. In the end, however, the Company decided to abolish this form of lecture and to establish a paid post like that which worked so well in anatomy, only they stipulated that the lecturer on surgery must be paid by the surgeons who ought to have lectured and out of their private pockets.

The teaching of pathology was even more unsatisfactory than the teaching of surgery. It was allotted sometimes to the lecturer on anatomy, and sometimes to the lecturer on surgery. In either case it consisted in the reading of Galen's *De Methodo Medendi* or the *Therapeuticum*, with some allusion to the hippocratic teaching. The existing records show it to have been extremely dull, and its only use seems to have been to provide some long words, which were found to impress the public afterwards.

The examination for the licence was conducted by specially appointed examiners, in the presence of the Master and Wardens of the Company, at the Barber-Surgeons' Hall in Monkwell Street. The examiners at first were eight in number, of whom four were present at each examination. They were freemen of the Company, but were not necessarily chosen from the Assistants or Council. They reported to the Master and Wardens, and their rejections were by no means infrequent. According to the knowledge displayed the candidate was granted a licence for a longer or shorter period, a permanent licence only being issued after a further examination. This, at least, was the intention in the early years of the United Company's existence, but the second examination was not insisted upon, and it was eventually replaced by "The Grand Diploma," which was rarely demanded, and was the equivalent of the present F.R.C.S., for it was taken by those who intended to devote themselves entirely to the practice of surgery.

An apprentice at the end of his indentures could claim the freedom of the Company, and if he were not going to practise in London or the immediate neighbourhood he was not obliged to undergo any examination; on the other hand, a surgeon who had been licensed elsewhere was examined before he could practise in the city. The licensing of these "foreign" surgeons, as they were called when they had not been apprenticed, often brought the Company into grave disrepute because the licence was granted on very easy terms when money was scarce or when it was necessary to pleasure some great man whose favour was worth acquiring. The licence granted after apprenticeship never seems to have been called in question.

The Company never lost sight of its members so long as they lived and practised in London. Attendance on lectures was compulsory, and there was an excellent

custom handed down from time immemorial known as "the presentation of those in peril of death or maim." If a surgeon had under his care a patient who was in danger of death or was likely to be permanently incapacitated, he was bound before the third dressing to call in the Master and Wardens of the United Company, or if they happened to be Barbers some one specially appointed to act for them. Failure to do so rendered the practitioner liable to punishment either by fine, imprisonment, or in extreme cases by revocation of his licence. The Master and Wardens, on the other hand, were sworn to perform this duty without fee, but if any reward was offered it was to be divided equally amongst them. The rule gradually fell into abeyance as the population increased in London, but it acted well and was in the interest of the surgeon as well as of the patient, whilst in a litigious age it prevented many actions for malpraxis.

But further tasks lay before the more far-seeing surgeons of the time. The general status of surgery was so low, owing to the ignorance of the profession, that quacks and irregular practitioners of all kinds competed on equal terms with those who had been licensed, and often with better success. Vicary, Gale, and Clowes in London, Halle at Maidstone, Banester at Nottingham, and Read in Gloucester, made a determined effort to oust the quacks by improving the surgeons. They acted by precept as well as by example, and their writings give such a lively picture of their actions that they can still be read with pleasure. Vicary and Gale were men of the old school who had perhaps hardly emancipated themselves from the pre-Reformation conditions in England. Clowes was a rough and somewhat overbearing person who loved to take the war into the enemy's camp, for he could rate a quack in language that he could understand. Halle and Banester were educated gentlemen with a mordant wit and possessed of sufficient authority to enforce the law against unlicensed persons practising surgery. Read, the youngest of the band, was showing himself an effective critic of the United Company when death seized him. It is remarkable that this school of reformers left no successors, with the exception of Woodall in London and Peter Lowe in Glasgow; and when the last of them died there was a long interval before surgery showed any signs of becoming more than a trade.

The lecture concluded with a tribute of praise to the Barbers' Company, the members of which had acted as the business partners of the surgeons when their fortunes were at a very low ebb. By their union with the Barbers the Surgeons were given time to educate themselves, and to extend their influence until they became an important profession. Left to themselves, as they were after the dissolution of the United Company in 1745, they soon became bankrupt, and thus showed how greatly they had relied upon the superior business capacity of the Barbers. In the course of the lecture Sir D'Arcy Power showed the books which a fairly well educated apprentice might be expected to have read before presenting himself for his examination at the Barbers' Hall in the middle of the sixteenth century. They were Realdus Columbus for Anatomy; Guydo's Questions, John of Vigo and Tagaultius for Surgery; Oribasius's Commentaries on the Aphorisms of Hippocrates, and Caius's edition of the books of Galen for Pathology; Gale's works, and a little later those of Clowes and Bullen, must often have been added, because they are now so scarce, whilst any student who liked to get his knowledge in a condensed form—such as we have anatomy in Cooke's tables—had only to buy the Tables of Horatius Morus, which has more sections, subsections, and members than Burton's *Anatomy* itself.

THOUGH a lazaret was provided in 1883, the notification of leprosy was first made compulsory in New South Wales, and the detention of lepers first provided for by law, towards the end of 1890. Since 1883, 69 white patients have been treated, of whom 40 were of Australasian origin, and 80 coloured patients (52 being natives of China, 3 of India, and 17 of the Pacific Islands). According to the twenty-ninth annual report the number of patients in 1920 were 24; 3 new patients were admitted, of whom one had lived in Australia for fifty years; the two others had been born, and until recently had lived, in Malta. During the year one patient died from pneumonia, one absconded, and one—a German—was repatriated, having no active symptoms of disease.