INTRODUCTORY ADDRESS

ON THE

INTERVENTION OF THE STATE IN THE AFFAIRS OF THE MEDICAL PROFESSION.

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Hospital Medical College.*

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THE duty that I have just had the honour to perform, ladies and gentlemen, is an exceedingly pleasant and a very easy one, and, so far as I am concerned, I could wish that my duties this evening ended at the present point, because I am under orders to follow up the proceeding which has now taken place by an address, and that, at any rate so far as I am concerned, is not quite so easy or quite so pleasant. But, in turning over in my mind the topics upon which it might be expedient to address a few remarks to you, I imagined that my audience would be composed entirely of busy professional men, or of students who, as we know, are always immersed in the laborious acquisition of the knowledge which is required for their profession, or of those ladies who are devoting themselves to a familiarity with the not less important duties of attendance upon the sick bed. But I observe that my audience is not entirely composed of these purely professional elements. On the other hand, if I mistake not, there is a very large infusion of the general public, and therefore I count it as a fortunate circumstance that I happen to have hit upon a topic which has an enduring and very great interest for the profession, and yet, at the same time, concerns the general public more than they think. That topic is the question of the intervention of the State into the affairs of the medical profession.

Many of you may, perhaps, wonder why I should have chosen a topic of this kind, and I fear that a great many may suspect me of some presumption in meddling with a question with which it is notorious that I have had nothing practical to do for the last thirty odd years, namely, the practical duties of a medical man. And, indeed, it is that time since I had anything to do with the important duties which all those who are studying in this hospital are endeavouring to learn to perform. But although the course of my life turned me aside from the practical business of the medical profession at that remote date in the past, I may say that I have never failed to prize very highly the honour and the privilege of being a member of that which is, in my judgment, the noblest and the most useful of all professions. And if I had been disposed to forget that fact (Could I have been so ungrateful as to ignore that which was of infinite service to me as an introduction to my own special career?), yet circumstances have kept me in constant relation with the profession. For some dozen years I was an examiner in the University of London, and quite recently, within the last two years, I had to take part in the proceedings of a certain royal commission which had to deal with the so-called Medical Acts, and to advise Her Majesty as to the course which should be taken with regard to them, and I assure you that in this last business I think there was no question which had a bearing upon the practical interests of the medical profession which was not, somehow or other, brought under my notice at a very sufficient length—sometimes, perhaps, at a more than sufficient length. It occurred to me then, and it occurred to me still more when I learnt that it was my duty to address you to-night, that people's ideas about these matters are very often very vague, and that it might be useful, without pretending for a moment that the particular view of the matter which I have been led to take is right or wrong, without entering upon that question at all, yet to put before you as medical men, and as part of the general public, the way that the thing has struck a person who was obliged to give his mind to it pretty carefully.

Now, with respect to the intervention of the State in the profession of medicine, the first question that one is disposed to ask oneself is this, Why should the State interfere with medicine any more than it does with the profession of engineering? Anybody may be an engineer. The State confers no particular title upon an

engineer; it does not profess to tell everybody whether he is a qualified or an unqualified engineer. Why should not the like happen with respect to the medical profession? And when we deal with that question, supposing that we find any ground for intervention, there comes the further question as to what should be the extent of that intervention. What is the limit of it? But there remains still yet one more question following upon this, and that is: Supposing intervention up to a certain limit be proper and right and justifiable, what is the best mode of carrying it into effect? And I desire, as I say, if you will kindly be patient with me for such time as may be needful, to put before you the answers to these several questions as they strike me; and then you can settle for yourselves whether they are right or wrong.

With respect, in the first place, to this question of the intervention of the State—as to what is the justification of it—the views which people take upon that matter are extremely divergent; and a large number of persons seem to be of opinion that the State is bound, in these matters, to take care of the general public, and to see that it is protected against incompetent persons, and against quacks and impostors in general. I do not take that view of the case. I think that it is very much wholesomer for the public to take care of itself wherever it can do so, and to look out for itself in this as in all other matters; and, although I am not such a fanatic for the liberty of the subject as to plead that interfering with the way in which a man may choose to be killed is a violation of that liberty, yet I do think that it is far better to let everybody do as he likes. And, whether that be so or not, I am perfectly certain, as a matter of practice, that it is absolutely impossible to prohibit the practice of medicine by people who have no special qualification for it. It would surely be a monstrous thing that a man having the toothache should not go into the first druggist's shop and ask the man behind the counter to give him something that would do him good. And I would have you think of the terrible consequences of attempting to prohibit practice by persons who are not technically qualified. I am far from saying a word as to whether they are otherwise qualified or not. If you just picture to yourselves the sort of general *émeute* and rebellion that would take place among all the old ladies all over the country, if you forbid them from exercising their special pastime of prescribing for their neighbours in all sorts of domestic calamities, the thing is impracticable. But whether it can be done or not, it appears to me that the justification of the State in intervening in the affairs of the medical profession rests upon a totally different ground, and upon a ground so sound and so safe that it is entirely beyond contravention. It is for the interest of the community, and a very important interest of the community, that no person shall die without some official recognition of the ground of his death. It is a matter of the highest importance to the community that the law shall be able to have recourse, in civil and criminal causes, to persons who have the right to give evidence as experts in such cases; and there can be no doubt that, considering the enormous number of medical appointments, civil, military, and naval, it is of the utmost importance that the State shall be able to place in those appointments persons as to whom they have evidence that they are competent to perform the duties of their station. And it appears to me, that here lies the justification of the intervention of the State. It says, or, in my judgment it should say, "Practise medicine if you like; do as you please. Go to anybody you like. Let the medical practitioner have a qualification, or let him not have a qualification, if people do not mind it; but if the State is to receive your certificate of death, if it is to take your evidence as that of an expert, if it is to give you any kind of civil or military appointment, then we can call upon you to comply with our conditions, and to produce evidence that you are, in our sense of the word, 'qualified.' Without that, we will not place you in that position."

Now, as a matter of fact, that is the relation of the State to the medical profession in this country; and I, for my part, think it an extremely healthy relation, one which I should be very sorry even to see altered, except in so far that it would probably be better if greater facilities were given for the swift and sharp punishment of those who profess to have the State qualification, when, in point of fact, they do not possess it.

That, to my mind, enables us to put on one side the question of the justification of the State for intervention, and the question of the limit of the intervention. I do not think that there is much to be done in the way of improving the relations of the State to the profession in those respects. But, if we come to the mode of exercising intervention, then there is a great deal to be said. It is now, I am sorry to say, something over forty years since I began my

medical studies, and at that time the condition of affairs was extremely singular. I should think that it is hardly possible that it could have obtained in any country but such a country as England, which cherishes a fine old trusted abuse as much as it does its port wine. At that time, there were twenty-one licensing bodies, that is to say, bodies whose certificates were received as evidence that the persons who possessed those certificates were medical experts. How those bodies came into existence is a very curious chapter in history, on which I cannot dwell now. They were partly universities, partly medical guilds and corporations, and partly the Archbishop of Canterbury. Those were the three sources from which the licence to practise came in that day. There was no central authority. There was nothing to prevent any one of these licensing authorities licensing upon any conditions they thought fit. The examination might be a sham. The curriculum might be a sham. It might be bought and sold like anything in a shop; or, on the other hand, it might be very good. But there was not the smallest guarantee, except the personal character of the people who composed the administration of each of these licensing bodies, as to what might happen. It is really difficult to imagine such a state of things. It is still more difficult to depict the consequences of it, because they would appear now like a gross caricature. But it may be said that there never was a system, or want of a system, which was better calculated to ruin the students who came under it, or to degrade the profession as a whole. My memory goes back to a time when the Bob Sawyers of Dickens's caricatures had a very great many models from which they could be taken. That state of things lasted until the year 1858, when the so-called Medical Act was passed, which introduced two immense improvements. One of them was what is called the *Medical Register*, upon which the names of all persons recognised by the State are entered; and the second was a sort of power, rather more legal than moral, exerted by the body known as the Medical Council, which is a kind of Medical Parliament. Well, I will not say that they exerted that power in enforcing uniformity in the lowest standard of examination, for they have no power to do that; but, at any rate, there is a moral influence which has worked in that direction. And, partly for that reason, and partly through the general change in our ways of looking at things of late years, which are very much improved, there has been a steady, distinct, and, in some senses, marvellous improvement from that time onwards. One of my sons was commencing his medical career the other day, and I was perfectly astonished when I contrasted the course of instruction, and the requirements, and the kind of examination and of examinations, which are needed from him, with the very small and perfunctory necessities of my time. I confess that I very much rejoice in the improvement which has taken place. I do not think that anybody, at this present time, who is familiar practically with the requirements of the present licensing bodies, which are now reduced to nineteen—the Archbishop of Canterbury having retired, and one of the remaining licensing bodies having merged with another—I do not think that any candid person, cognisant with the facts, could doubt that the licence of the great majority of the licensing bodies, at the present day, is a very fair and good test of professional qualification. Unfortunately, it is equally certain that there remain two or three black sheep—licensing bodies which simply trade upon their privilege, and sell the cheapest wares they can, for shame's sake, supply to the bidder. And there is still another defect in the existing system, even where the examination has been greatly improved; and that is, that there are certain licensing bodies which give the qualification for an acquaintance with either medicine or surgery alone, whereas, in the present state of things, it is perfectly monstrous that anyone should be allowed to practise medicine who has not a thorough elementary knowledge, at any rate, of the three great divisions of medical knowledge—medicine, surgery, and midwifery. Hence the two great things that are wanted now are, in the first place, some means of enforcing such a degree of uniformity upon all the examining bodies that none shall present a disgracefully low minimum of pass-examination. That is the point. And the second point is that some body or other shall have the power of enforcing upon every candidate for the licence to practise the study of the three branches—the tripartite qualification. Leaving out minor matters, I think that I may say—and I think that those who are my colleagues on the Commission will say—that these were obviously the two great things that had to be done. But then, while there was a great agreement upon the two things that had to be done, the way of doing them was not so easily agreed upon. Leaving myself entirely out of consideration, I may say that it struck me as

being a remarkably good Commission, made up for the most part of clear-headed and strong-willed men. But, although that is a great advantage in many ways, it makes a difficult team to drive; and I used to think sometimes that our very admirable and patient and amiable chairman, Lord Camperdown, must have rather bad times of it, while his team were all turning their heads different ways as they constantly were doing. There were eleven commissioners, and the upshot of the deliberations of that body was that there were altogether, taking the long and the short, seven more or less different reports. There was a main report and there were six little ones which diverged from it. The majority of the commissioners recommended the adoption of a plan which is known as the conjoint scheme. Now, I have no intention of criticising the scheme; it would be quite out of place here to do so; but I am bound to tell you my opinion about it, because it was the foundation of my opposition to it. I think myself that it is a very elaborate, complex, and rather clumsy contrivance of superseding a number of institutions which up to this time have done their work exceedingly well, and are doing it better every day, without the least assurance, on the basis of experience, that the scheme can ever be got to work at all. Now, I dare say that opinion may be quite wrong—a great number of extremely competent persons think it is wrong, and therefore I beg you to take it simply as my view. My own notion of the matter was that all that is wanted might be done without any interference with vested interests, without any unjust interference with the *prestige* of institutions which have been and still are extremely valuable, without any question of compensation arising; and that everything needful might be achieved by simply adding a couple of clauses to the existing Medical Act to this effect: that, from and after such a date, no person shall be placed upon the *Medical Register* who has not the threefold qualification (that is Clause 1); and that, from and after this date, no examination shall be accepted as satisfactory from any licensing body except such as has been carried on in the one part by examiners appointed by the licensing body, and in the other part by coadjutor examiners of equal authority, appointed by the Medical Council or other central authority, and acting under their instructions. In laying down a rule of this kind, the State confiscates nothing, interferes with nothing, meddles with nobody, but simply acts within its definite right of laying down the conditions under which it will confer certain privileges upon certain medical practitioners. No one can say that the State has not the right to do this; no one can say that the State interferes with any private enterprise or corporate interest unjustly in laying down its own conditions for its own service, and those conditions which it will accept. And the plan would have the further advantage that all those corporate bodies which have obtained (as many of them have done) a great and noble *prestige* by the admirable way in which they have done their work would retain the effect of that in the thronging of students henceforward, as formerly, to obtain their qualification; while those who have neglected their duties, and in one or two cases, I am sorry to say, actually disgraced themselves, would sink into oblivion and come to a happy euthanasia, in which their misdeeds and themselves would be entirely forgotten. I have never been able to imagine yet what were the practical objections to this scheme. Several of my colleagues entirely agreed with it, and they were not those who had the least acquaintance with the practical administration of examinations.

As to the notion that there would be any difficulty in getting examiners, or working the thing, you have had the experience of Scotland, in which all universities appoint their coadjutor-examiners, who do their work just in the way proposed. However, I suppose this plan must have had some great fault about it, or its merits would have been recognised. But I must leave it now to your consideration; and, whether it is to take effect by the way I have just spoken of, or by the conjoint scheme, this is perfectly certain—the two things I have referred to have to be done. You must have a threefold qualification, you must have the limitation of the minimum qualification also; and any scheme for the improvement of the relation of the State to the profession which does not profess to do this thing thoroughly well has simply no chance of finality.

Let us suppose that all things have been done: that you have got in your Medical Council more real power now than you actually possess, that you have your minimum fixed, and your threefold qualification. Is there anything else that remains that any one seriously interested in the welfare of the medical profession—as I may conscientiously declare myself to be—would like to see done? I think there are three things. I am quite aware that examiners are considered to be a kind of *feræ naturæ*, a wild race of creatures who delight

in the destruction of the innocent. Well, it may be, but I beg to say that is not my character, and all the time that I was appointed an examiner for the medical faculty of the University of London, and since, I must confess that I have been filled with regret at the disadvantageous circumstances under which young men coming to study, especially in London, are placed. In the first place, even now, when a four years' curriculum is required, the time is all too short. A young man beginning at eighteen to study, is probably absolutely ignorant of the existence of such a thing as physical science, or of anatomy, or physiology, or anything else of the kind. He comes into an entirely new world; he addresses himself to a kind of work with which he has not the smallest experience. Up to that time his work has been with books, and he rushes suddenly into the work which is worked with things, and which is as different from books as anything can be; and I am quite sure a very considerable number of young men spend a large portion of their first session simply learning how to learn in a fashion that is entirely new to them. And yet, recollect, that in this period of four years they have to acquire a knowledge of surgical anatomy, of physiology, of pathology, of medicine, of surgery, of obstetrics, of medical jurisprudence, of general pathology, and so forth; and anybody who knows what these things are, and who knows what is the kind of work which is necessary to give a man the confidence which he requires to stand at the bedside, and say, to the satisfaction of his own conscience, what should be done and what should not be done, knows that to a man who has only four years to do all this in, it is a very serious and very embarrassing consideration. But it is not even that that state of things exists; but the young man comes absolutely ignorant, probably, of the existence of science. He has never heard of chemistry, of physics; he has not the smallest conception of the outlines of pathological science; all these things have to be learned and crammed into a space of time which in itself is barely sufficient to allow of the acquisition of a sound and fair knowledge of all that which is requisite for the satisfactory discharge of his professional duties. Therefore, it is quite clear to me that, somehow or other, the curriculum must be lightened. It is not that there is anything in it which ought not to be known; and, therefore, there is no alternative but to lengthen it. Now, I think everybody will agree with me that the practical necessities of life are such that, for the average medical practitioner, it is hopeless to extend the period of professional study beyond 22, at the outside. Taking the general run of practitioners, you cannot extend the period of study forwards. The only thing to be done, then, is to extend it backwards; and the question is, How can that be done. My own belief is that if the Medical Council, instead of insisting upon the general education examination—which I am sorry to say I believe to be entirely futile—if, instead of insisting upon that, they were to insist upon a knowledge of elementary physics, and chemistry, and pathology, they would be taking one of the greatest steps which at present could be made for the improvement of medical education. It is perfectly easy, for the great majority of young men who are going in for the profession have practically completed their education when they have arrived at 16 or 17. If the interval were employed in getting a practical acquaintance with elementary physics, and chemistry, and biology, in my judgment it would be as good as two years added to the course of medical study. And for two reasons: in the first place because the subject-matter of that which they would learn is germane to their future studies and is so much gained; and in the second place you might clear out of their professional study a great deal of that which at present occupies time and attention; and last but not least, they would then come to their medical studies prepared for the learning from nature, which is what they have to do in the course of the becoming skilled medical men, and for which at present they are not in the slightest degree prepared by their professional education. I have been crying in the wilderness this doctrine for some years, and I thought this might be an opportunity of crying it again. I hope something may come of it.

The next point concerns London especially, and I may speak of it briefly as the economical use of teaching power in the London schools. At this present time, every great hospital in London—and there are ten or eleven of them—has its complete medical school, in which not only branches of practical medicine are taught, but also those studies in general science, such as chemistry, elementary physics, and general anatomy, and a variety of other topics which are what used to be called—and the term was an extremely useful one—the “institutes of medicine.” Now that was all very well half a century ago; it is all very ill now, simply because these general branches of science, such as anatomy and physiology, and chemistry, and so forth

—physiological chemistry and physiological physics—have now become so large, the method of teaching them is so completely altered, that it is utterly impossible for any man to be a competent teacher of them, or for any student to be competently taught. When I say “competent,” I mean in relation to an ideal conception of competency, without the devotion of the whole time of the person who is engaged in the teaching business to these subjects. I will undertake to say it is hopelessly impossible for any man at the present time to keep abreast of the progress of physiology, unless he gives his whole mind to it, and the bigger the mind is, the more scope he will find for it; and, if he is to teach, then, inasmuch as the study has now become practical—and very properly so—this also will involve a large expenditure of time. Now the fact is, you cannot support people in frittering their power away among ten or a dozen places. If students in their first year were taught in two or three central institutions the “institutes of medicine,” it would be perfectly easy to have those subjects taught thoroughly and effectually by persons who gave their whole mind and their whole attention to them; while, at the same time, the medical schools and hospitals would remain what they ought to be, great institutions in which the largest possible opportunities are laid open for practical acquaintance with the phenomena of disease. So that the earlier half of the medical education would take place in the central institution, and the final half be devoted altogether to practical studies in the hospitals. I happen to know that this conception has been entertained not only by myself, but by a great number of persons who are most interested in the improvement of medical study, for a considerable number of years; but I do not know whether anything will come of it this half century or not; but the thing has to be done. It is not a speculative notion; it lies patent to everybody who is accustomed to teach, and who knows what the necessities of teaching are; and I should very much like to see, as a first step, people making up their minds that it has to be done somehow or other. And then, the last point to which I will advert is one which concerns the action of the profession itself more than anything else. We have arrangements for teaching, we have arrangements for testing of qualifications, we have marvellous aids and appliances for the treatment of disease in all sorts of ways; but I do not find in London at this present time—in this little place of four or five millions of inhabitants, which supports so many things—I do not find any organisation or arrangement for advancing the science of medicine, considered as a pure science. I am quite aware that there are medical societies of various kinds; I am quite aware that we have lectureships in the College of Physicians and the College of Surgeons; there is the Brown Institute; there is the Society for the Advancement of Medicine by Research; and I dare say some other bodies which do not at this present moment occur to me; but there is no means, so far as I know, by which any person who has the inborn gift of investigation and discovery of truth, and who desires to apply that to the improvement of medical science, can carry out his intention. In Paris, there is the University of Paris, which gives degrees; there are also the Sorbonne and the Collège de France—places in which professorships are established for the express purpose of enabling men who have the power of investigation, the power of advancing knowledge, to exercise their ability, and thereby reacting on the power of doing that which it is their special mission to do. I do not know of anything of the kind in London. I do not think there is anything of the kind; and if it should so happen that a Claude Bernard or a Ludwig should turn up in London among you gentlemen at the present time, I really do not know what we should do with him, I have not the simplest notion; I do not think we could turn him to account. I think we should have to export him to Germany or France. Whether that is a good or wise condition of things, I do not know. I do not think it is a condition of things which can exist for any great length of time, now that people are becoming more and more awake every day to the importance of investigation, to the importance of abstract science, and to the astounding and unexpected manner in which everywhere it reacts on practical pursuits. I should look upon the establishment of such an institution as a recognition, on the part of the medical profession in general, that, if their great and beneficent work is to be carried on, they must, like other people who have great and beneficent works to carry on, turn to the advancement of knowledge for the only way in which experience shows that it can be advanced, namely, by pure scientific investigation.

It remains only that I should thank you for the great kindness and attention with which you have listened to this rather long speech.