PRESIDENTIAL ADDRESS ON SOME POINTS IN CONNECTION WITH MEDICAL REFORM.

Delivered before the Dublin Branch of the British Medical Association on January 31st.

BY SIR CHRISTOPHER JOHN NIXON, F.R.C.P.I., M.D.,
LL.D.,

Physician in Ordinary to the Lord-Lieutenant, Senior Physician to
the Mater Misericordiae Hospital, and Representative
of the Royal University of Ireland on the
General Medical Council.

THE President, having thanked the members of the Association for the honour which they had conferred upon him, said :

PRESENT CONDITIONS OF GENERAL PRACTICE.

The subject which I have chosen to bring under your consideration is one which of late may be said to have had an increasing amount of interest centred in it—namely, the subject of medical reform. The profession, naturally, is anxiously concerned in any measures or changes which will promote its well-being and lead to an advancement of its tone and status. It can scarcely continue to be oblivious of the condition of general practice in the large towns and generally throughout the kingdom, especially in England, and it is bound, in the interests of our brethren, and still more in the interests of the public, to organise and support a movement which will alter for the better the conditions of such practice. The public mind is not apparently sufficiently educated to appreciate the fact that in most instances the type of practice which, under the guise of a spurious philanthropy, supplies advice and medicine for the modest fee of 6d., is a degrading sham. I am far from suggesting that all cheap medical practice is an object of suspicion. The great majority of general practitioners in every large city and town who are brought into intimate contact with the people, and become familiar with the ordinary diseases which are prevalent, and which they treat with skill and sympathetic care for moderate fees, are in their way as important, in a utilitarian aspect, as the consultant or hospital physician and surgeon. They represent a large body of earnest and conscientious workers who for moderate gain render good and honest services to those who need their aid. This class has nothing in common with the Medical Aid or such like practitioner which the existing state of the profession, the defects in our system of examination, tending as it does to overcrowd its ranks, and the unfair and unsympathetic action of the State in ignoring the privileges and rights of those who serve under it, are responsible for creating.

THE EVIL INFLUENCE OF COMPETITION AMONGST THE VARIOUS EXAMINING BOARDS.

To remedy these defects and get rid of the evil influence of competition amongst the various examining Boards is the problem which has to be solved. The end desired may be attained in two ways—by professional unionism and by legislation. I do not purpose entering here on the debatable ground of professional unionism, or to advance any arguments against those dangers of anything like trade unionism, which the *Times* more than a quarter of a century ago warned the profession against. I will merely content myself by disclaiming any analogy between professional unionism and those trade unions which involve the most grinding form of tyranny and the most complete abolition of individual freedom of action. Professional unionism, as I understand it, is a combination to enforce the principles and duties of medical ethics, and secure that degree of legitimate independence which an honourable profession should claim and maintain. I am afraid, however, professional unionism is not a potent machine in a political struggle. It is only by legislation that the reforms that are needed will be effected, and, happily, as the interests of the public and the profession are equally involved in the change, the end is likely to be attained. That which will raise the status of the profession, and lighten the bitter struggle for existence amongst its

members, will secure for the public a more competent type of practitioners, and one more keenly alive to the onerous and responsible nature of his calling.

THE DIRECTION IN WHICH REFORMS SHOULD BE MADE.

If I were permitted to outline the direction in which reforms should be made, I would indicate them as follows: (1) A uniform standard of preliminary examination; (2) a uniform standard of professional examination; (3) a more efficient and more extended exercise of the disciplinary powers of the General Medical Council—these changes to be effected by amendments of the Medical Acts.

With regard to the preliminary examination, it is scarcely necessary at this time of day that I should labour the point that its standard should be raised, and that it should be made uniform throughout the kingdom. It is mainly to defective preliminary training and culture that we can connect as cause and effect at least one result—the introduction of a class of student who is utterly unfitted to appreciate or profit by the training which the present curriculum of study entails. Such students are either deficient in mental capacity, or so poorly furnished with the instruments of thought that they find it almost impossible to follow or comprehend the problems which are presented to them in the various branches of scientific study. It is, unfortunately, true that in the competition which exists between the various rival corporations many such individuals ultimately get their names upon the *Register*, and are thus entitled, without let or hindrance, watch or ward, to prey upon their fellow man. They succeed in degrading their calling; they largely contribute to the misery and hardships of their deserving brethren. They help to swell the seemingly ever-increasing multitude which the university and corporation mills grind with neither slowness nor fineness, being in this way to a large extent responsible for that disturbance of the economic balance of demand and supply which so disastrously affects the profession. The matter of preliminary education has, as you know, occupied the serious attention of the General Medical Council, and no one could doubt its desire to raise considerably the standard. Its action has, with one exception, eliminated from the list of recognised examinations those held by the licensing corporations, and by a recent order the Council requires a higher grade of examination from some of the bodies recognised by it. This is, however, but a step in the right direction.

THE OBJECTIONABLE FEATURE IN THE PRESENT REGULATIONS.

What is objectionable in the present regulations is that a number of examinations in general education held in different divisions of the kingdom are recognised without any security as to uniformity of standard, and without any supervision or inspection by the Council. Moreover, the Council is satisfied with the matriculation examinations of the Universities without any regard to the standard of pass. This is obviously open to objection, as in many cases the test of a university entrance examination is applied merely to ascertain if the candidate have sufficient ability to profit by a university course, and it does not necessarily imply the possession of any high degree of mental culture. At the last session of the General Medical Council I proposed, and Mr. Horsley seconded, a motion asking that the Education Committee should inquire as to what steps it was necessary to take in order that a preliminary examination wholly conducted by the Council should be established.

AN EXAMINATION IN GENERAL EDUCATION.

The motion was moved mainly with the object of ascertaining what course would have to be taken to accomplish the end suggested, but the majority of the members either thought it was not the business of the Council to hold an examination in general education, or that it was objectionable to have a one-portal preliminary examination. Perhaps, too, the members felt that the Council has not statutory powers to deal with the question, a view borne out by the contention of the *Medical Press*, which in a recent article stoutly maintains that the Council has no power to insist upon an examination in general education at all, and that under the 15th clause of the Medical Act of 1858, any person possessed of one or more of the qualifications

described in the schedule of the Act shall be entitled upon payment of a fee to be registered upon producing to the registrar the document conferring such a qualification. I shall merely content myself with saying that under Clause 20 the Council has, in my opinion, power without limitation to lay down the course of study and examinations to be gone through to obtain the various qualifications, and in virtue of this power it is enabled to require evidence of general culture.

THE "ONE-PORTAL" EXAMINATION.

The second reform to which I desire to allude is the securing of a uniform standard in the professional examination; in other words, what is known as the "one-portal" examination. Prior to 1858 the various examining boards, 19 in number, conferred privileges to practise over limited areas. Thus a person holding a degree from an Irish or Scotch body could only practise in Ireland or Scotland, and even those persons who obtained qualifications in England could only practise within certain defined areas. Out of the existing chaos the Act of 1858 secured two things, registration and reciprocity of practice amongst holders of the various diplomas. It made no attempt to secure uniformity of examination, and left untouched the competition between the licensing bodies, a competition certainly not tending to elevate the standard, but in many instances, after the manner of a Dutch auction, merely attracting candidates to the examinations and fees to the College exchequers. The succeeding Act of 1886 is signalled by the establishment of a registrable qualification embracing the three branches of the profession, and for the incentive which it gave to the combination of medical corporations in the holding of conjoint examinations.

THE INSTITUTION OF CONJOINT EXAMINATIONS.

This has no doubt led to some good results, both as regards education and examination, but the results have not been all that were anticipated. Those who are disinterestedly anxious for the well-being of the profession, and that it should minister in the most effective way to the public need, felt that a system of examination which involved a keen competition between a number of rival corporations, without there being any adequate means available to secure a moderately high minimum standard, or a standard uniform in character, was open to grave objections. Examining Boards should be, like Caesar's wife, above suspicion. It is idle to mince words. If one Conjoint Board maintains a high standard, its doing so serves to promote the pecuniary interests of its rival, the increase being in proportion to the number of candidates who are passed. This state of things tends not towards elevation, but towards depreciation, of the standard; hence the development of an agitation within the profession, which resulted in the Duke of Richmond's Bill establishing a one-portal examination for each division of the kingdom being passed by the House of Lords in 1878. The only bodies which opposed its passing through the Upper House were the Scotch universities, whilst the English and Irish universities and colleges were supporters of the measure. Although the Bill was subsequently withdrawn amidst the slaughter of the innocents, a result for which the imprudent action of the Marquis of Ripon was mainly responsible, still a great step was gained in pledging the State to the principle of the one-portal examination—a principle which I have not the least doubt will be, sooner or later, put into practice. The single Conjoint Board of the Duke of Richmond's Bill is not, however, the ideal settlement.

WHAT IS WANTED.

An examination is wanted for each division of the kingdom, conducted independently of the universities and corporate bodies, having no connection with any existing institution, ensuring a uniform standard of professional knowledge, and qualifying for a registrable licence to practise medicine, surgery, and midwifery. It might be supposed that the colleges and universities would lose financially by the establishment of such an examination. I do not believe that they would sustain any such loss. The expense of conducting a single examination would be very much less than that attendant upon the multiple number of examinations now held, whilst the balance accruing from fees after the payment of examiners would be paid in a proportionate rate to the universities and the colleges. Both institutions would still derive an income

from the granting of degrees, or in connection with membership, fellowship, or such like distinctions. If it could be shown that any financial loss would result from the change, the State should be responsible for such loss, as it would be the gainer in having secured for the public a more highly-trained and competent type of practitioner. On the other hand, it may be argued that, whilst levelling up as regards the corporation, the State examination would mean levelling down as regards the universities. A little consideration will dispose of this assumed danger. The State examination would provide in the best way for the type of practitioner who would be most efficient in the work of general practice, and many students, no doubt, would be satisfied with merely passing through the portal. Those who had a higher ambition, and whose attainments were above the ordinary level, would affiliate themselves to the various colleges or universities in which they receive their training. The latter will always maintain or even raise its standard, as its degrees, instead of being mere registrable qualifications, become distinctions of greatly increased value and importance, and in proportion to their worth will be their attractiveness to the class who aspire to possess them.

THE DISCIPLINARY POWERS OF THE GENERAL MEDICAL COUNCIL,

With regard to the disciplinary powers of the General Medical Council or, to give it its correct title, "the General Council of Medical Education and Registration," even at the present time strangely divergent views are held and maintained. No one denies that in passing the Act of 1858 the intention of the Legislature was to serve the interests of the public, not those of the profession. In the preamble of the Act it is stated that its purpose was to enable persons requiring medical aid to distinguish between qualified and unqualified practitioners. But if anyone will take the trouble of following the history of legislation in connection with the medical profession, and will read the Parliamentary debates in connection with the various Bills introduced, he will have to admit that registration was only a part of the reform which the Legislature desired to effect. When Dr. Lyon Playfair (now Lord Playfair) introduced, in 1886, the Bill to amend the Act of 1858 he stated that within a few years no fewer than twenty medical Bills had been introduced, all wrecked through various conflicting interests, jealousies, and distrust, influencing the public on the one hand; the profession on the other. In some of the Bills the question of increased powers being given to the General Medical Council was provided for—a point which gave rise to animated debates. The intention of both Medical Acts was undoubtedly to give more extensive powers to the General Medical Council than the obscure wording of the Acts implies. Probably they belong to the class of measures which pass through Parliament in a spirit of compromise. In those early morning hours, when our weary legislators have exhausted the forms of debate,

When the deep of night is crept upon our talk
And Nature must obey necessity,

clause after clause is rapidly passed, and it is intended, doubtless, that the whole draft of a Bill should have a clear and specific meaning. But, unfortunately, in proportion as any measure is debatable and contentious, so often is the obscurity of the phraseology of the Act that deals with it, affording to the sister profession an opportunity of discussing before various tribunals what were the specific intentions of the weary legislators in respect of the various clauses of a Bill at the time they passed them. The 40th section of the Land Act of 1896 is a case in point. This uncertainty and obscurity as to the meaning of certain clauses in the Medical Acts of 1858 and 1886 affords grounds for the opinion held by men who are entitled to our respect, that the sole duty of the General Medical Council is to put fit and proper persons upon the *Register*, and remove improper persons therefrom, and that it has no power over the internal discipline of the profession. But I may point out that even their own contention refutes the position which they take. Upon what grounds are improper persons removed from the *Register*? Who is it that investigates and decides the course of action to be taken?

THE POWERS OF THE COUNCIL.

The powers of the Council are, I consider, specifically laid down in Clause 20 of the Act of 1858, which gives to it control over professional study and examination, whilst Clauses 28, 29, and 40 lay the foundation for the exercise of those penal powers which the Council has so frequently put in force for the protection of the public and for the maintenance of professional ethics. So that not alone does the Act confer the power of interference with the internal discipline of the profession, but the procedure of the Council shows how freely that power has been exercised.

In connection with the ambiguous wording of some of the clauses of the Act of 1856, I may briefly allude to a point raised by Mr. Horsley in one of those addresses which he has delivered on the construction of the Medical Acts, addresses so creditable to him not alone for the cogency of their reasoning, but for the disinterested zeal which they display. Mr. Horsley points out that the Act specifically refers to members of the profession who are registered as "qualified practitioners," and declares that they should be distinguished from unqualified practitioners. He maintains, therefore, that the Act protects the individual, not the title he possesses. It confers upon the individual the right to practise, as well as certain other rights and privileges laid down in Clauses 31, 32, 35, 36, and 37 relating to recovery of fees, etc., immunity from serving on juries or in the militia, holding public medical appointments, and signing certificates, etc. That Mr. Horsley is correct in his reading of the meaning of the Act is made manifest by the fact that removal of the name from the *Register* does not remove the title, which the person still continues to hold until the body from which he obtained it strikes the name off its list of licentiates or graduates as case may be. Lord Justice Lopes, in his judgment given in the appeal case of Allbutt against the General Medical Council, lays down that by Section xxxiv of the Act of 1858 a "legally qualified practitioner" is to be construed to mean a person registered under the Act, which to any ordinary mind endowed with normal, not forensic, intelligence would indicate a person alone privileged by law to practise.

But whilst fully recognising that those only who are registered are entitled to practise, it must, I think, be admitted that the wording of the Act is too vague to permit of prosecution in all cases where persons practise without being registered. The Act states that "any person who shall wilfully or falsely pretend to be or take or use the title of Physician, Doctor of Medicine, Licentiate of Medicine or Surgery, Bachelor of Medicine, Surgeon, General Practitioner, or Apothecary, or any name, title, addition, or description implying that he is registered under the Act.....shall, upon a summary conviction for any such offence, pay a sum not exceeding twenty pounds." Take, however, the case of a person who was a *bona-fide* "Doctor" or "Surgeon," and who practised as such without being registered, could it be held that such a person "wilfully and falsely" assumed the title which he had legitimately obtained? Furthermore, it would be contended, in the absence of any direction making registration obligatory, that he was sufficiently penalised by deprivation of the rights and privileges laid down in the clauses already referred to. The extraordinary contention of Lord Justice Lopes in the case cited, that the General Medical Council should publish the grounds upon which a name was erased from the *Register* to enable former patients to decide whether or not they might employ the practitioner who had ceased to be legally qualified, seems not alone to be at variance with the spirit and meaning of the Act, but contradictions of the construction put upon Section xxxiv by the learned judge himself.

AMENDMENTS DESIRABLE IN THE MEDICAL ACTS.

If I might venture to enumerate the amendments which it might be desirable to make in the Medical Acts, I would tabulate them as follows: 1. No person should be allowed to practise medicine, surgery, or midwifery unless he was registered. Any breach of this regulation to be punishable by fine or imprisonment. 2. One licensing Board to be established in each division of the kingdom for the purpose of holding an examination of a uniform standard, and granting a registrable qualification in medicine, surgery, and midwifery. The Board should have no connection with the exist-

ing universities or licensing bodies. Its members to be appointed by the General Medical Council, which should have full powers given to it to regulate the scope and character of the examination. 3. Power to be given to the General Medical Council, in dealing with penal cases, to examine witnesses upon oath, and to inflict in certain cases a less grave form of punishment than that of erasure of the name from the *Register*. 4. That all criminal prosecutions under the Medical Acts should be undertaken by the police, and the fines obtained by convictions remitted to the Council.

THE SUGGESTED ONE-PORTAL EXAMINATION.

It may, doubtless, be considered by some that the suggested change is too sweeping and radical in its nature, and that due regard has not been paid to the position and interests of those bodies which at the present time grant the registrable qualification. To such persons a one-portal system, which would represent a combination of the universities and licensing bodies in the formation of a conjoint board of examination for each division of the kingdom, would be the best solution of the difficulty. Such a scheme would, it is admitted, be preferable to the existing state of things, under which, for example, we have here in Dublin four different bodies in competition for the purpose of granting a registrable qualification. But we must bear in mind that our claim for reform gains strength not in relation to professional interests, but in direct proportion to its public utility. I regret to have to admit that neither the public nor the State is very much concerned with the privileges or status of our profession, and as yet we are too weak, politically, to secure those rights to which we are justly entitled. It is only when a reform appeals to the selfish instincts of the community at large that it is likely to be carried; hence I hold that the principle of a State examination, securing as it would a minimum uniform standard free from the taint of anything that would suggest corporate competition, is the one which in the end would command most sympathy and support. I personally entertain no doubt as to its effects upon the profession and upon the future of the various colleges. To the profession it would bring higher status in proportion to the standard which was created, and less storm and stress in the battle of life. To the colleges it would mean the removal of the lowering if not degrading influence of a monetary competition, leaving them the source of those grades of professional honour which they could make attractive in proportion as they gave them in recognition of high attainments and distinguished merit. In most earnest loyalty to the College of which I am a humble member, and in whose hall we meet here to-night, I venture to express a hope that I will live to see the principle for which I have just contended realised.

A FURTHER NOTE ON THE TECHNIQUE OF
SERUM DIAGNOSIS.

By A. E. WRIGHT, M.D. DUBL.,
Professor of Pathology, Army Medical School, Netley.

THE method of employing capillary sedimentation tubes for the purposes of serum diagnosis may be claimed to possess certain advantages over all other methods. In the first place, it enables us to dispense with prolonged microscopic observations. In the second place, it is a method which may, where necessity arises, be employed even in the absence of a microscope. In the third place, it is a method which lends itself better than any other method to the quantitative determination of the intensity of the serum reaction. The following note deals with certain improvements that have been introduced into this method. These improvements relate first, to the method of collecting blood from the finger, and, secondly, to the method of diluting the serum.

THE METHOD OF COLLECTING BLOOD FROM THE FINGER.

The form of blood capsule which on the whole appears to present the greatest advantages is the form which is illustrated in Figs. 6 and 7.²

These capsules are readily made by heating a piece of glass tubing in two places in succession and drawing it out there into capillary tubes,