three out of a hundred, which is what happens where a large total mark is given, is quite another. Marking is nearly always done by a system of subtraction for faults, whether of omission or commission. In consequence of this, small totals inevitably mean unfairly low marking, because the examiner has either to take off nothing at all or an amount which is unfairly large.

We have said nothing here of the disastrous effect of the two parts of the First Examination—chemistry and elementary biology. Here we have dwelt upon the examinations alone, and in them we desire most emphatically to claim, first, that examiners are often unsatisfactory; secondly, that they set too high a standard, and, lastly, that the system of marking inevitably tends to raise this higher still. Improvement in the first is in the hands of the teachers, of the second in the hands of the examiners, and of the third in the hands of the Colleges. It is urgently needed in all three directions.

REMEDIES THAT HAVE BEEN PROPOSED.

There are so many different complaints that the remedies proposed must also vary. It is said by Mr. Teale and Dr. Pettigrew that the number of examinations prevents serious and steady work. We have already made this criticism on the examinations of the first year. One of them ought in our judgment to be abolished, and the other to be made preliminary to any actual medical study. The second examination is of course indispensable. After it is passed the student passes materia medica and pharmacy at some time or other, and with this exception is free from all examinations until he reaches the end of his course. Then he is examined separately in medicine, surgery, and midwifery, which he may take up singly or together. Pharmacy is a vexatious though a small subject. What a man wants in after-life, what he now never possesses when he qualifies, is a knowledge of how to prescribe and dispense. The examination, on the other hand, is almost entirely on the characters of drugs which he will never want to recognise again, and which if he does he will by that time have forgotten. It is, in other words, a "cram" examination. That the other three examinations must be kept separate is not seriously disputable. The only real blot upon them is the one question allotted to forensic medicine. If, as occasionally happens, the examiner chooses to make this a question in toxicology, then a student may have a thoroughly good knowledge of all the points which need ready action, but may be ploughed on a matter which no man would be required to deal with in a hurry, and which no man in his senses would carry out without consulting a book. He will be ploughed on what he cannot remember, not on what he has not studied and understood. This, again, reduces forensic medicine to a "cram" subject. This is the only criticism we have to make. As at present arranged a man must have two and may have three years between his Second and his Final—a time surely sufficient for serious study.

The Second Examination is attacked by Mr. Thomas Cooke. In his opinion it is a gross mistake to have divided anatomy and physiology. He would have the examiners, not specialists, but men of a general knowledge of both anatomy and physiology. This would result in a much sounder valuation of the details of both subjects, and would improve the character of the examination. Yet we are obliged to believe it an impossible idea. At present anatomical examiners are rarely specialists, for they are nearly always surgeons who teach anatomy. Physiologists, on the other hand, have specialised from dire necessity. A man in practice cannot teach physiology well now. Twenty years ago he could and did. And if the teachers are becoming specialists it is impossible to have practitioners for examiners. Their views and methods would be antiquated, their special knowledge would be inadequate: they would be laughed out of court.

Mr. Hutchinson, on the other hand, wishes for a great increase in the number of examinations. He wishes the student always to be working for some definite examination. When dressing in the eye wards he should prepare for an examination in ophthalmic surgery and pass it; when working in the *post-mortem* room he should prepare for an examination in pathology. He wishes also to import many allied sciences—botany, biology, geology, climatology, and

others, in all of which a student may, and as we read Mr. Hutchinson's views ought, to be examined. This is the antipodes of Mr. Teale, and it may well be urged that such a plan would make of the medical student, not a thoughtful, well-informed gentleman, but a man overburdened with information on every subject, and not necessarily thoughtful about a single one. Mr. Hutchinson himself is an extraordinary example of the wide scientific knowledge he advocates, and he is one of the most thoughtful of us all. But he is this because it is his nature so to be, and we do not agree that his system of education "*innumerabilibus sollicitudinibus*" would make one man like Mr. Hutchinson, whom Nature has not already so made.

CONCLUSION.

For an ordinary pass degree, such as is the licence of the Conjoint Board in England, it is wrong policy to add subjects for the sake of widening the mind; for any degree it is wrong to examine in such a way that the memory rather than the understanding is tested. Any such examination is a "cram" examination, which does harm rather than good, and a man's mind can be widened a great deal more by thorough knowledge of necessities than by a smattering of "accomplishments." Chemistry and physics are necessities, but they should not be allowed to interfere with the learning of anatomy and physiology; anatomy and physiology examinations should be conducted on broader lines. The examinations should not be increased, but the Final should remain a triple test. Lastly, examiners should be watched by the teachers, and resolutely attacked by formal methods when need arises, and the present very faulty system of marking should be altered.

A CORRECTION.

In the article published on February 27th, page 538, it should have been stated that the Preliminary Examination of the Faculty of Physicians and Surgeons of Glasgow was discontinued in October, 1892.

A SCHEME FOR THE ESTABLISHMENT OF PROVIDENT MEDICAL ASSOCIATIONS THROUGHOUT THE COUNTRY.

By FREDERICK PEARSE, M.D.,

Honorary Secretary Portsmouth Medical Union.

THE trend of affairs between the medical profession and the friendly societies seems to be in the direction of abolishing the existing club doctor. The societies are everywhere amalgamating and engaging the exclusive services of their medical officers, but inasmuch as these officers have so far been overworked, have been placed in a dependent position, and have been sweated out of their just monetary reward, this condition of things is not likely to be permanent. On the other hand, in a few places provident medical associations have been started under the exclusive management of the medical profession. The plan of the societies is to get the whip hand of the doctor; the plan of the doctors is to remedy the abuse of the medical club benefits by the well-to-do.

The societies may be said to have their organisation complete, but it is obvious that upon their scheme they will be unable to obtain either the best medical skill or the best professional attention. At present they do not recognise this, but seem actuated by the desire to be placed in the position of employer to the medical man, and to carry out a cheese-paring policy as to his remuneration.

What the medical profession must do is to get the control of the medical benefits belonging to all club organisations into their own hands. The working classes know full well how to arrange their sick pay and other benefits, and are very jealous when these are abused. The medical benefit can very easily be divorced from its present associations, and the members of all societies could then be free to select their own medical attendant. At present there is no one to look after the interests of the club doctor in any of these institutions. He is consequently much abused and badly paid.

To achieve the result indicated medical men in every town and district should combine and establish a provident medical association, with the object of controlling the administration of medical relief to the working classes. Such an association may be stated to have for its object:

To provide medical advice and physic for the working classes according to a sliding scale, and adjusted to their means, with the advantage of a selection of their medical attendant.

The working of such an association should be extremely simple. The acting medical officers should be the executive body, with the support of any or all of the other practitioners as honorary staff and members, of a general committee or council.

With regard to appointments on the medical staff several important questions arise. In order to combat the evils of private medical clubs and medical aid associations men must give these up before being allowed to join with their neighbours on the staff of this mutually benefiting organisation. Then, again, the council of practitioners in any district must have the power within certain limits to expel from the staff any member who has been guilty of conduct injurious to the interest of the association or of the local profession, or discreditable to the whole medical profession. Homeopaths must be excluded, simply because anything like joint work or consultation with homeopaths is impossible. Beyond these limits every practitioner should be free to join in this work.

So much for the constitution and the governing body. With regard to the members' payments, is there any scale capable of adaptation to various districts? The following graduated tariff seems to me the most just that has been constructed:

SCALE OF SUBSCRIPTIONS.

	Each member at the rate of
Single members:	
Earning 20s. a week and under	4s. per annum.
Earning from 20s. to 30s. a week	5s. "
Married members:	
Earnings of family 20s. a week and under	4s. "
Family tickets at the rate of 20s. per annum.	
Earnings of family from 20s. to 30s. a week	5s. "
Family tickets at the rate of 30s. per annum.	
Earnings of family from 30s. to 40s. a week	6s. "
Family tickets at the rate of 42s. per annum.	

Single persons earning over 30s. a week, and married persons where the income of the family exceeds 40s. a week are not admitted.

Persons renting houses over £20 a year will be assumed to be earning over £2 a week.

Candidates for membership are of course examined, and invalid or unsound lives are accepted at special rates.

The great advantage and the great attraction of this scheme is the option it gives members to select their own medical attendant. This is a privilege which has been almost denied to the poor hitherto. There are, of course, some of the rules common in all friendly societies with regard to the doctor to be added.

"One very important point requires further discussion. Every club doctor knows how some members unnecessarily send for their assistance, very often at inconvenient times to the doctor, merely to suit their own convenience. To obviate this and to prevent useless calls, except in cases of sudden urgency, some extra charge should be demanded for special visits. Probably the sum of 1s. would be suitable to all parties.

Another advantage which this scheme of co-operation of all the medical men in a town or district would afford is in giving facilities for consultations. Members of the acting staff might co-operate "with one another" in cases requiring additional assistance at the following rates:

	s.	d.
Consultation fees	10	6
Administration of chloroform, etc.	10	6
Assistance at midwifery case or at operation	10	6

A further development might go in the direction of appointing certain men who had devoted themselves specially to a subject as specialists to the Association. It would at any rate give opportunities for special work, even if there was not much pay to be made out of it.

The subscriptions of the members can be paid in weekly or monthly, and one or two or more persons may be appointed to receive and account for these payments. It is undesirable to appoint a collector, because he becomes immediately a canvasser, and is open to persuasion in favour of individual practitioners. If, however, a collector be found necessary he ought not to be paid on commission, and he ought to be bound by rigid instructions not to advocate one medical man in favour of others.

The expenses of such an Association are thus reduced to a minimum. No particular building is required, as the patients

go to the surgeries of the medical officers. Printing, stationery, and salary of clerk are alone taken out of the doctor's fund.

Such a scheme as this will give the poor all the advantages of an ordinary private patient. The scheme is sufficiently comprehensive to provide for the medical relief of all the working classes between those who are in receipt of parochial relief and those who are able to pay the lowest private fees in any district.

There are undoubtedly a large number of the struggling working classes in which the weekly payment of subscriptions to a medical benefit is the only method by which the doctor gets paid at all. A certain class of these people are not to be trusted for a private account of even a few shillings. The provident scheme is, therefore, favourable to the profession.

It is the well-to-do working man who has been trained up in the custom of getting the doctor's aid for next to nothing, and who has yet to be taught that he will be expected to contribute according to his means.

A comparatively simple organisation of easy supervision—with an attractive scheme—should enable the medical profession in each town and district to remedy the present abuses of the club system. It is necessary, however, for each section of the profession—be it in town or country—to show a united front, and make a determined stand, otherwise a few weak-kneed individuals might cause the whole profession to lose the advantages of combined action.

ARCHÆOLOGICA MEDICA.

XXVII.—"DOVER'S ANCIENT PHYSICIANS' LEGACY."

In the *Bulletin of the Johns Hopkins Hospital*, vol. vii, p. 1, Dr. Osler has given an interesting account of "Thomas Dover (of Dover's Powder), Physician and Buccaneer." In this paper Dr. Osler speaks of the confusion that exists as regards the various editions of *Dover's Ancient Physicians' Legacy*. The *Dictionary of National Biography* states that the first edition of this book was published in 1733. Dr. Osler points out that this is an error, and states "that it is due to the fact that in this year appeared an edition of the *Legacy* not stated on the title-page to be a second edition. This is the earliest copy in the library of the Royal Medical and Chirurgical Society and in the Radcliffe Library." Dr. Osler probably was unable to examine both these copies and so clear up the difficulty. The 1733 edition in the Royal Medical and Chirurgical Society's Library bears internal evidence that it is not the first edition, as on p. 181 there is a heading "Addenda: The substance of several letters sent to the Author since the publication of the last edition; with further remarks." There is a copy of this book also in the library of the Royal College of Surgeons. The Radcliffe 1733 book is different from that of the Royal Medical and Chirurgical Society, and is evidently the second edition, as it does not contain the addenda referred to above, but leaves off at the end of the "Hospital Surgeon." This clears up the chief difficulty as regards the early editions. The second and third have nothing on their title pages to show the edition; the fourth and fifth, also published in 1733, are so called on their titles.

Dover took his M.B. at Cambridge, but did not proceed to the degree of M.D. Dr. Osler states that "on the title page of the first edition, however, the letters M.D. occur after his name." This is a mistake; the 1732 edition has M.B., the second and third have Thomas Dover, M.D. The two last-named editions are both "printed for the relict of the late R. Bradly, F.R.S.," and the D is in all probability a misprint. From the fourth to the eighth editions the author's name is spelt Dover.

Although additional matter was incorporated in the later editions, Dover does not seem to have remodelled his book. In the first edition there is a postscript headed, "Having omitted the following letter from Anthony Balam Esq. in *Great Russell Street*, which I designed to have inserted when I was speaking of *Quicksilver*, I shall give it my Readers in this place." This matter appears in the same form in all the subsequent editions, and was never incorporated in its proper place.