Neither wishing to lengthen these observations unnecessarily, nor desirous of entering too deeply into a question which requires a more comprehensive view than I feel myself capable of taking, I propose to offer only a few more remarks on the present subject; which, however, I offer with some confidence, because I know them to be in accordance with the views of several members of the profession, who, though among the warmest advocates for Medical Reform, are most desirous of respecting existing institutions to the utmost possible extent compatible with the alterations essentially requisite.

The most prominent and most general object of the advocates of Medical Reform appears to be a uniformity of qualification, to be tested by a public examination, in all the candidates for a license to practise medicine. The desire of this uniformity has naturally resulted from the consideration of the fact, that scarcely two of the numerous existing boards of examination exact the same kind or the same degree of qualification; and that each medical school determines, independently of all the rest, the character and the period of its annual courses of professional study, whether in the form of lectures or clinical observation. But it is here fair to state, that in almost every instance these annual courses are, with reference both to character and length, sufficient for the due instruction of the pupils; the average annual period of study being from six to eight months; the annual average number of lectures being from 110 to 140. It is also fair to state, that although not half the same number of professional lectures could be delivered in Oxford, consistently with the existing system of that university, and it may be presumed that no one would be desirous of unnecessarily disturbing that system, yet, as every candidate for even the earliest of the two degrees in medicine must first have resided four years in the university, for the purpose of studying the classics, &c., and must afterwards have passed three whole years in an accredited school of medicine, London being usually that school, Oxford may be considered as virtually upon a par with the other medical schools of this kingdom: and what has been affirmed of Oxford may, in every essential point, be applied to Cambridge.

It can hardly be denied that a change is desirable in that part of the existing system above described, which refers to the inequality of the standard of qualification expected by the different boards of examination for license to practise. But since such change would require the establishment of one national board of examination, which should alone have the power of granting license to practise, it is in the highest degree probable that to such a change every existing board would be at first disposed to object, as annihilative of its own power. And yet, if in the proposed new national board, each existing board were to be represented by one or more of its members, among others chosen from the profession at large; and if a certain proportion of the whole were in succession delegated to act as examiners in each session; the objection might probably be removed.

With respect to the future condition of existing institutions, there appears nothing in the least derogatory to their dignity; nor, which is of much more consequence, to their professional utility and efficiency, in considering them henceforth as independent scientific societies; which, retaining all their present members and internal laws, might henceforward admit new members by the same mode as new members are customarily admitted to the Royal, Linnean, and other scientific societies. Each of the existing institutions might still have its own library and museum, and its own lectures; each might have its own meetings, and publish its own transactions; and all, vying with each other in the spirit of a liberal emulation, might continue to benefit both individuals and the public, quite as effectually as under the present system.

And, on the same principle, the several universities which have the right of conferring medical degrees, might still exact a previous public examination of the candidates for those degrees.

To the demand that of every candidate for a medical license, such an examination should be required as might show a due qualification to practise either as a 'physician,' or a 'surgeon,' or as a 'general practitioner,' there does not seem any reasonable objection; nay, it is quite expedient that every candidate for a medical license should be so qualified. For, although it is true, as is observed in a very judicious and candid article on Medical Reform in the 'Quarterly Review' of December, 1840, that very few physicians practise surgery in this country; yet, as might have been justly added, had it occurred to the writer of that article, it is also true that every physician ought to be acquainted with the principles of surgical practice. And it is equally true, as is indeed implied in the same article, that, even in London, all surgeons must necessarily act as physicians in very many of the cases of their specific practice; while, out of London, except in the very largest provincial towns, no surgeon could gain a competence were he to confine himself to a practice purely surgical. Hence, therefore, it follows that every candidate should be qualified for all the three branches of medical practice; since this being granted in the case of the 'physician' and 'surgeon,' it must necessarily be granted in the case of the 'general practitioner,' inasmuch as he combines in his own practice the practice of the other two.

I know not whether I am correct in supposing that there are some among the advocates of Medical Reform who are desirous of making the proposed national board the source not only of medical licenses, but of medical titles also; nor do I know how such a regulation would be regarded by the members of the profession at large. The obvious objection to the measure is its apparent inutility: for, provided the board can give a license to practise in any and in all the three branches, into which the profession is actually and always must be divided, it would appear that the essential point is gained, as far as individuals are concerned: and, on the other hand, no corporate bodies or universities need be jealous that the power of granting titles or degrees should be extended to one additional source of such titles, further than from the motive of a consequent diminution of their pecuniary revenues—a motive, which at the present day can hardly be supposed to influence the members of a liberal institution in their collective capacity.

The preceding observations having been made with the desire of suggesting a few leading topics of inquiry to individuals not belonging to the medical profession, on the subject of Medical Reform, it is not intended to enter into the consideration of the various details of the proposed measure; information on which points will be more readily and more satisfactorily obtained from other sources.

It need only be added that, although these observations have been confined to England, they are applicable to similar alterations in Scotland and Ireland. Thus, for instance, there might be an appointment of one general board of examination in Edinburgh and Dublin, as well as in London; each board acting independently, but regulated by the same principles: by which means the great difficulty would be obviated of compelling the members of the Scotch and Irish boards to meet the members of the English board periodically in London; the palpable inconvenience of which plan, not to say the moral impossibility of putting it into execution, must be evident on a moment's consideration."

ON MEDICAL REFORM AND THE REMODELLING THE PROFESSION.

BY JAMES MACARTNEY, M.D. F.R.S., &c.

My attention has been long directed to the subject of Medical Reform, and being at present placed in a position in which I can have no other interest than the public good, and the respectability of the medical profession, I take the liberty of proposing (through the medium of your Journal) such measures as appear to me to be proper and necessary

for the consideration of those who are to take a share in framing a bill for the reorganization of the medical profession.

The subject is beset with numerous difficulties, not so much belonging to itself as created by the conflicting interests and opinions which have grown out of the incoherent and contradictory state that has so long prevailed in the medical affairs of this country. When opposing interests exist, I have always found that the simplest and safest mode for determining not only what is just, but ultimately expedient to do, is first to ascertain the rights of the different parties.

First, then, the public have a right to demand, that those to whom their health and lives may be entrusted should be fully instructed in the science of medicine and surgery, and that they should be protected from the ignorance and imposition of disqualified and unprincipled persons.

Secondly. The practitioners of medicine and surgery, when competently educated, will have a right to exact all the respect and consideration which are due to the most enlightened and humane of the professions.

Thirdly. Those who have been the governing bodies of the profession, claim what are called vested rights to continue in the possession of their exclusive privileges. Now it appears to me that all vested rights are subordinate to natural rights, and that the investment is, or ought to be, for attaining some general good or benefit; in fact, a power held in trust, which can be recalled when it is found not to produce the effects intended. I suppose none of the medical corporations will openly assume that they have a divine right to govern wrong; and if they do not, they ought not merely to acquiesce, but take a leading part, in the reform of the profession.

If all those who are engaged with the subject of Medical Reform at present, would agree with respect to the rights of the parties concerned, there would not, I should expect, be much diversity of opinion with regard to the measures calculated to restore and maintain those rights.

I shall now proceed to the consideration of the means of carrying into effect the preceding views, under the following heads:—*Registries; Medical Education; Qualification of Teachers; Examination for License to Practice; Constitution of the Governing Bodies; Suppression of Empiricism; Regulations respecting Apothecaries, Chemists, and Druggists; the Power of Expulsion; proposed Graduation in the Qualifications of the Members of the Profession; Fund for supporting the Expense of the reformed Medical Constitution.*

Registries.

Two registries would be necessary; the first, a preliminary one, to obtain a record of those to whom the power of electing the councils should be confided. I should propose that the electoral body should be composed of those practitioners who have been in practice ten years, and who have taken the following education: viz. two courses of anatomy, two courses of dissections, and one course of chemistry, surgery, practice of medicine, and materia medica; and for those who were to be the electoral body for the Colleges of Physicians, one year's attendance of the medical practice of an hospital, and the possession either of a medical degree or a license to practise medicine; and those who were to elect that part of the councils furnished from the Colleges of Surgeons, to possess a diploma, and an attendance in a surgical hospital during a year. Those who are to be electors should not keep shops for selling drugs.

The second registry should include all those who may be considered qualified to practise according to a bye-law to be passed by the senate; but I think to register any disqualified persons would cause danger and confusion.

Regulations for Medical Education under the new Act.

Medical knowledge, before it deserved the name of a science, was acquired by reading the works of old authors

in the dead languages, which at best contained only description of symptoms, and empirical precepts; and surgery, being a handicraft trade, was taught by apprenticeship. It would be impossible to conceive any two modes of education more likely to engender ignorance of the worst kind, that is, ignorance combined with pedantry, bigotry, and presumption. It was the slavish reverence of authority, which so long retarded the progress of medical knowledge, and which continues to retard it, even with the advantage of the instruction of teachers who have particularly directed their attention to separate branches of the science, and the opportunity of seeing disease in all its forms within our great public hospitals. Apprenticeships are not now made an indispensable part of medical education, except by the Apothecaries' Company, but are still permitted by the Colleges of Surgeons. Their insufficiency for supplying a proper degree of medical knowledge, is tacitly admitted even by the Apothecaries' Company, by their requiring also attendance on lectures. The education of medical men may be divided into three parts—the *preliminary*, the *essential*, and the *accessory*. The first might be left to the direction of the senate, as it would probably be increased in proportion as the profession attained a higher rank in public estimation; but I think the bill ought to lay down the curriculum for the indispensable courses; for instance, those on *anatomy, physiology, dissections, pathology, practice of medicine, practice of surgery, midwifery, medical jurisprudence, and practical pharmacy*. The accessory or collateral branches I should consider to be *chemistry, comparative anatomy, botany, and psychology*; for each of these last perhaps one course might at first be considered sufficient. I think that three years' attendance on hospital practice should be required. For those who proposed to practise medicine, two of those years to be given to the medical practice, and one to the surgical; and for those who were to practise operative surgery, two years of attendance should be given in a surgical hospital, and one to the medical practice. The latter class should also be taught to operate on the dead body. I think that the whole period of medical education should embrace five years. All extra education should be recorded in the new registry, and also stated in the licenses to practise for the purpose of encouragement.

All persons registered as possessing competent medical knowledge under the new constitution, should be allowed to supply their patients with medicines, but not to charge for them.

The education of *apothecaries, chemists, and druggists*, might be accomplished in three years, and should include a practical knowledge of chemistry and botany, besides lectures on these subjects, and the compounding of medicines either in a shop or public hospital for at least one year.

The pharmacopœia and all prescriptions should be written in the vulgar tongue, as they are, I believe, all over the continent.

Qualification of Teachers.

This is a subject of the very first importance, which appears to have been hitherto almost altogether overlooked. Teachers should be selected on account of their knowledge of the subject, and their materials for communicating that knowledge to their pupils; they should be men distinguished by zeal for the improvement of science, and persons of acknowledged probity, as their example has a powerful influence on the minds of those they instruct, and consequently on the character of the whole profession. In order to secure proper persons for the business of instruction, I should propose that none should be authorized to undertake so important a duty without a license from the senate, which should be granted only to those who had given three or five years' notice of their intention to teach some particular branch of medical science. Before receiving a license, the teacher should also submit to the inspection of the senate, or to a certain number of one of

the councils deputed by the senate, the materials he had accumulated for the purpose of teaching; such as preparations of natural or morbid anatomy, chemical apparatus, specimens of the materia medica, plates, drawings, &c.; and further, that he should, in the presence of the senate, give a proof of his capacity, by delivering one or more lectures on a prescribed subject. One of the duties of a teacher should be to make a faithful return of all the pupils attending, at the commencement, the middle, and the end of his course; also, to keep a muster roll of his class, and to ascertain the attendance of each pupil every day, and state in a certificate at the end of the course the actual number of lectures that each pupil had attended; and it should be enacted that, if any teacher, or hospital physician, or surgeon, be convicted by a summary process, of having given wilfully a false certificate, or made a false return, he should pay for the first offence a fine of fifty pounds; for the second, a fine of one hundred pounds; and for the third offence, be struck off the list of authorised teachers.

Examinations for License to practise Medicine or Surgery.

From having been many years an examiner myself, I am quite satisfied, that a mere verbal examination furnishes no evidence of the candidate's real or practical knowledge. It is not merely an insufficient test, but its existence is highly detrimental to the student, by leading him to spend the time in preparing for it which ought to be employed in the acquisition of useful knowledge. Students have often told me, "Now that the examination is over, I mean to apply myself closely to my proper business." Oral examinations also give birth to the system of what is called *grinding*, which is equally dishonest in all the parties concerned. If examinations be deemed essential, they should be made as practical or demonstrative as possible; for example, dissections might be made, in the presence of the board of examiners, by some candidates, and explained by others. The cavities of the body might be opened by some, and described by others. The morbid appearances would present a most useful subject for examination. Operations might be performed on the dead body. I think one dead body would be sufficient to test the knowledge of twenty candidates on anatomy, pathology, and operative surgery. On other subjects it would be still more easy to make the examinations practical; as, for instance, drugs might be shown, chemical operations performed, prescriptions made up, the treatment written on cases furnished, or, still better, the sick prescribed for, in a public hospital.

The board of examiners should be composed of either those who have been, or are teachers, as they are most competent for the duty; but, to avoid partiality, the approbation or rejection of the candidate should belong to the members of the senate, a quorum of whom should be present during the examinations.

The examiners should be paid a certain sum per diem, during the time they are engaged, whether the candidates be passed or rejected.

Constitution of the Governing Bodies.

In each of the three divisions of the United Kingdom there should be a council, consisting of twenty-four members, one half of whom to be appointed by the electoral body of the Colleges of Physicians, and the other half to be chosen by the electoral body of the Colleges of Surgeons. The members of council to hold office for two years; after which, one half, or six members furnished from the College of Physicians, and six elected by the College of Surgeons, should vacate office by *lot*, and a corresponding number be elected to supply their place. A fine should be imposed for non-attendance at all meetings, convoked according to their own bye-laws. No emolument need belong to the office of councillor, as most of them would probably reside where their meetings would be held.

The senate should, I think, consist of twenty-four members, each of the councils electing eight members. The members of the senate should not be members of council,

nor teachers, nor immediately connected with any school. One half of the senate should vacate every three years, by *lot*, and the number be filled up by each council electing four members. The senate to hold annual meetings, and be empowered to make bye-laws, subject to the approbation of the privy council. The senate should hold its meetings one year in London, one in Edinburgh, and one in Dublin. Two-thirds, or sixteen, of the senate to constitute a quorum.

Both the members of the councils and of the senate should be re-eligible after the lapse of two terms, viz. after six years with respect to the senate, and four years with respect to the council. The senators to be fairly remunerated for their time and labour, at — per diem, which should be forfeited by absence.

Suppression of Empiricism.

This has hitherto been found difficult to effect, and by many is supposed to be impossible; and some persons, even in the medical profession, go so far as to say, that every one has a right to choose the persons to whom he will commit his life and health. This right may be conceded to every person, with respect to what is properly his own, and he can have such freedom of choice with respect to the members of his family; but, although we might allow people out of the profession to play the fool, it is no reason that those who assume the possession of medical knowledge should be permitted to play the knave. Foolish and superstitious people are permitted, with impunity, to consult fortune-tellers; but the latter are dealt with as rogues and vagabonds.

All persons who take money for medical advice, unless they are included in the registry of licentiates, should be deemed quacks and impostors, and punished accordingly; and all medicines, the composition of which is made a secret, should be prohibited, and the advertisement, or selling of them, punished by a fine in the first instance, and by imprisonment with hard labour for the second offence; and, if death should occur during the time that the person is using quack medicines, and that it can be clearly traced to the medicine or treatment employed, such death should be considered a case of murder, and punishable with transportation during life.

The mode of prosecution for these offences should be summary and inexpensive, and committed to the magistracy and police. By a little activity on their part, the whole race of quacks would be extirpated in a month. The mistake has hitherto been to leave the abolition of quackery to the medical corporations, unaccompanied by sufficient powers to act, without considerable expense; and the consequence has been, that, notwithstanding there are eighteen bodies who grant medical qualifications in this United Kingdom, we are the most quacked nation on the face of the earth.

Regulations respecting Apothecaries, Chemists, and Druggists.

They should not make up nor sell any medicines without the authority of a prescription by a licensed and registered physician or surgeon, which prescriptions should be filed for reference. They should be confined to their own proper business, which has no more to do with the practice of medicine than that of the surgical-instrument maker has with operative surgery. The proper business of an apothecary and the care of patients are absolutely incompatible with each other, and therefore you never find the apothecary in his shop, unless it be a chemist or druggist, who will prescribe over his counter for cases he has never seen.

The registry should include apothecaries, chemists, and druggists, designating them as such, unless they relinquished their shops, and possessed an education entitling them to be registered as physicians or surgeons, a qualification which I know many of them do possess.

The power of Expulsion.

This is necessary for the purification of all communities. It would seem best that it should reside in the councils, as

the grounds for the proceeding could be more easily brought before them than the senate; but there should be an appeal to the latter. The occasions on which this power should be exercised would be cases of gross moral misconduct and indecent empirical practices.

Proposed Gradations in the Rank and Qualification of different Members of the Profession.

It has been often said, that practitioners in remote situations, where their emoluments are but small, should not be called upon to possess as good an education as those living in large cities, as if the lives of persons in the rural districts were of less value than in the metropolis. The fact is, that the person, the more he is removed from the counsel and assistance of his brethren, requires a higher standard of education instead of a lower one. I should object to there being an inferior grade of medical practitioners, also, on the ground, that it prevents the profession being respected. In no other profession does any such distinction exist, founded on different degrees of wealth. The poor curate receives the same education as the rich bishop, and the junior lawyer the same as the lord chancellor. It is the equality of education which gives the rank of a gentleman to all the members of the clerical and legal professions. The gradations of education in the medical profession have been the chief cause of its disunion, and, consequently, its want of influence and power over the rest of society.

Fund for sustaining the necessary Expenses attending an Improved State of the Medical Profession.

The profession would contribute to its formation by the tax on the registry. There might also be a stamp-duty on each of the licenses granted by the senate of 20*l*. The demand to be made on the public purse would not exceed, I think, 800*l* a year;—a sum so small, when we consider the advantages to be derived from a reform of the abuses at present existing in medical affairs, that the strictest economist could not object to it. Probably the sum expended on the parliamentary committee on medical education would bear the expense of the reform bill for half a century.

In this hasty sketch of my views of Medical Reform, I have omitted many details which would obviously present themselves in framing a bill on liberal principles. I have not touched on some points, on which all parties are agreed; as, for instance, an equality of education, and an equality of privileges, in every part of the United Kingdom.

I fear that many will think my scheme is rather too revolutionary in its character, but, if it be, those must bear the blame who have allowed abuses to prevail to such an extent, that only a measure, which might be called a revolution, would be sufficient to sweep them away. I am quite satisfied that it would be better for society that the medical profession were abolished altogether, than to suffer it to continue as it is at present constituted.

Southampton, Jan. 19, 1841.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

Tuesday, Jan. 12, 1841.

SIR BENJAMIN BRODIE, BART., President, in the Chair.

ON DEFECTIVE CLOSURE OF THE TRICUSPID FORAMEN AS A FREQUENT CAUSE OF DROPSY. BY PEYTON BLAKISTON, M.D. ONE OF THE PHYSICIANS TO THE GENERAL DISPENSARY, BIRMINGHAM.

VARIOUS appearances found in the heart of patients affected with dropsy referred to that organ, have been generally considered as the real causes of the obstruction preceding the serous infiltration. Dr. Blakiston adduces instances from Bouillaud and Dr. Hope, and from his own observation, in which the aortic and mitral apertures had been very greatly narrowed, probably for a length of time,

without producing dropsy till the near approach of death. The increase or diminution of the substance of the walls of the heart, and of the capacity of the cavities, he finds also to have occurred without dropsical symptoms. Agreeing with Dr. Hope in the frequent coincidence of hypertrophy and dilatation of the heart with dropsy; but considering that in such cases, when the proportion between all the cavities is preserved, no cause of obstruction can be recognised; he asks, is it not probable that some obstacle to the circulation hitherto unobserved, is somehow connected with, if not dependent upon, the dilatation and hypertrophy? The dropsical effusion being, at least in most cases, more immediately dependent upon impediment to the venous circulation, points attention to the right side of the heart; and the dilatation of its cavities generally dilates also the right auri-ventral foramen. The author compares the statements of Hunter, Dr. Adams, and Mr. King, with his own observations respecting the degree to which the tricuspid valves close this foramen in the normal structure; and after some remarks on the dimensions of the heart's cavities, and of the valves, infers that, not only in permanent dilatation of the cavities, but also from shortening of the chordæ tendineæ, and from morbid adhesion of the valves to the walls of the heart, the closure of the tricuspid valves must be so imperfect as to allow regurgitation into the right auricle. As, however, the opinions of authors respecting the sufficiency of evidence in support of regurgitation in such cases are various, Dr. Blakiston proceeds to discuss this question, and inquires whether the pulsation of the jugular vein, nearly synchronous with the diastole of the heart, can be admitted to be, according to Dr. Hope's opinion, independent of regurgitation. It is not unfrequently absent, Dr. Blakiston states, in hypertrophy of the right ventricle. He argues, however, that the *force* of pulsation is not the measure of the degree of regurgitation, but of the impulse from the right ventricle. If both ventricles be hypertrophied, the pulsation, or shock, will be great; if both be attenuated, the pulsation will be weak: while the obstruction to the circulation, arising from the relative proportion between the power of the two ventricles, is the same in each case, "both the venous current and that of the regurgitating fluid being derived from ventricular contraction." Of all the morbid appearances found in the heart in cases of cardiac dropsy, the deficient closure of the right auri-ventral aperture, arising from different causes, is the only one which appears to be constantly present. The opinion of the author, therefore, is, that this defect is a frequent and direct cause of cardiac dropsy. "I would not be understood," says Dr. Blakiston, "as claiming that this deduction should be received as an established truth, but as bringing it forward with the cases and facts on which it is based, in order that its accuracy may be tested by others." In conclusion, these numerous cases upon which Dr. Blakiston states his own opinions were formed, are perspicuously and concisely narrated, and the symptoms during life, and the appearances after death, illustrating the subject of the paper, are placed in relief, so as to admit of easy comparison. Among them is detailed a case, communicated to the author by Mr. Hodgson, of Birmingham, and a brief classified statement of morbid appearances in thirty-four cases of disease of the heart, recorded by Bouillaud.

Dr. COPLAND remarked, that the facts brought forward in the paper of Dr. Blakiston, were fresh illustrations of a principle in pathology mentioned by all recent writers on heart diseases and dropsy; viz. that obstruction in the right side of the breast, whether from valvular disease, or contraction of the orifices, generally produced dropsy. In like manner, obstruction on the left side of the organ was attended by hæmoptysis and pulmonary apoplexy.

Dr. MAYO thought that the incapacity of the tricuspid valve to stop the passage of water, was by no means a decisive test of its power of acting properly or otherwise as a valve during the life of the individual.