as accidents or sickness. There are, however, many working men who are not in clubs, and when they are ill they cannot call in the club doctor, so they go to the private practitioner. The result is that his bad debts are numerous. The better class of men have joined a club, although paying a ridiculously small amount annually, when they are the very ones from whom, if they did not belong to these clubs, the private practitioner would derive a good income. It is the thrifty and careful man who joins a club—the very man who would pay our bills! It is neither fair to the club doctor nor to the private practitioner that such a state of affairs should exist. The club doctor should be paid a sufficient amount to enable him to spend more time over each case, and obviate the necessity of taking a huge number of men under his nominal care before he can get any adequate remuneration.

PRIVATE "CLUBS."

But outside the Friendly Society there is another form of medical contract practice that is much in vogue. A medical man starts a so-called club of his own. He employs an agent, and this agent goes round from house to house every week and collects the pennies and half-pennies. There are many of these about all over the country, and the harm they do is astonishing. It is all very well to say these men do no touting—but it is impossible for them to avoid it. The whole system is one of touting. Touting among other men's patients, and trying to get them to join the penny-a-week club when up to the present they have paid their own doctor his 2s. 6d. a visit with pleasure. These men decry all the other doctors, and in doing so lower the profession generally. I regard these clubs with much apprehension. I think this practice runs very close to what the General Medical Council calls "infamous in a professional respect," and I earnestly hope that no member of this Association will countenance or support any of them, whether connected with an insurance company or not.

PARISH APPOINTMENTS.

So-called parish appointments are much sought after because they offer a certain income regularly paid. But my experience was that, if anything, the parish appointment paid worse than clubs. Here there is no three-mile limit. Sometimes the distances are enormous. I had to go six miles in one direction and five miles in one at right angles to it, making a round of upwards of fifteen miles. These appointments always require a horse to be kept, the patients are often very critical, and at the least suspicion of any neglect, or if anything goes wrong, your action is brought before the public in the local press, and you are condemned before you get an opportunity of defending yourself. Many a man's reputation is injured in this way. If the relieving officer wants to curry favour in the district he gives parish orders indiscriminately, and yet when there is a charge of an extra fee for midwifery, he refuses the order! The midwifery fees, too, are 10s. only, except in cases of difficulty. It is quite time the fee in ordinary cases was raised to a guinea. It is the same old story. Competition in the profession is ruining us, and we are much too free in giving our services gratuitously, or at a ridiculously low figure.

CONCLUSION.

Such, gentlemen, are my ideas of contract practice. Many of you may think I am talking nonsense, or that my ideals are theoretical and unpractical. An experience of upwards of seventeen years in general practice has convinced me that if we were united among ourselves we could get all I suggest and perhaps more.

The sinners are the younger members of the profession who, like myself, are led into these practices by an interested public. I think that every man on becoming qualified should be warned against the pitfalls that are ready laid for him. It should be pointed out to him that if he will only take an assistantship or a junior partnership for a year or two, and not endeavour to rush into practice and get one either by fair means or otherwise, he will thus gain a knowledge of the one-sided and interested methods of the British public in their dealings with doctors, and he will be convinced, ere it is too late, that contract practice is a fraud and a robbery, and he will be content to do a smaller amount of work, earn as much money, and have more time to spend in the bosom of

his family, or in pursuing some intellectual pursuit or hobby. I hope I have not hurt anyone's feelings. Remember, I plead guilty myself to having been a sinner. I have been converted—some of you may have not. Let me urge you to ponder over what I have said, think out whether your contract practice is any good to you, and I have no doubt that when you have arrived at an opinion you will do, as I am doing, something to make the conversion of the whole profession to our views an accomplished fact.

In order to obtain some idea of the opinions of the members on the subject, I beg to move the following resolution:

That the present fees for contract practice are quite inadequate to the amount of work done, and that they ought to be raised or some other system of remuneration adopted.

[The motion was seconded by Dr. Latter, and carried unanimously.]

PRELIMINARY GENERAL EDUCATION OF MEDICAL STUDENTS.*

By W. GORDON, M.A., M.D.CANT.,
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THE PRESENT STANDARD.

THE present standard of preliminary general education for medicine cannot be more correctly described than in the words of one well qualified to judge of it, who, speaking in the General Medical Council on December 4th, 1899, declared that it was "lamentably and disgracefully low."

Those who had the advantage of listening to the admirable address delivered to this Branch in June of last year² by the then Branch President, Mr. Karkeek, will remember the question and answer in which he summed up the situation: "Is the present standard of scholarship a sufficient indication of the candidate having received the education of a gentleman?" . . . "I am strongly of opinion that the question should be answered distinctly in the negative." The "six-penny doctor" and the candidate rejected even by a depleted public service for defective spelling have been already too long among us, and in view of the increasing responsibilities which increasing technical knowledge is imposing on the practitioner of medicine, it behoves us who understand the evils which flow from this educational anachronism to take such steps as shall initiate a reform.

The present condition of preliminary general education has been under the consideration of the General Medical Council for about three years. On December 27th, 1898, the Chairman of its Education Committee addressed a letter to various bodies and persons connected with general and medical education in the United Kingdom, and received forty-four replies from authorities of the greatest consequence—replies which must be regarded as eminently satisfactory.

Having stated that the Council "was desirous of raising considerably the standard of general education," the Chairman of the Committee put the three following questions:³

1. Is it practicable within the next few years to require that all intending students of medicine shall have passed an examination equivalent in character and standard to the Senior Local and Higher Grade Examinations?
2. If it is practicable, what is the earliest date at which the higher standard should be enforced?

3. What proportion of students would probably be precluded from entering upon a course of medical study (say, at the age of eighteen years) if the Junior Examinations at present recognised should (say, in 1905) cease to be accepted by the Council for the purpose of registration?

Unfortunately, in putting these questions, the fact was overlooked that there is no uniform standard of "senior" or "junior" examinations. "Senior Local and Higher Grade Examinations" vary very widely in "character and standard," and this oversight has resulted in misinterpretation of replies from different parts of the kingdom.

To properly appreciate the meaning of the answers from England, Scotland, and Ireland, those from each country must be considered separately, with a clear recollection of the

* Read at a meeting of the South-Western Branch of the British Medical Association.

exact meaning conveyed in each country by the questions of the Education Committee.

England.

In England the "senior" standard referred to was obviously that of the Oxford or Cambridge Senior Local Examinations. This standard has been somewhat variously stated. The Local Examination authorities said it was intended for candidates of about eighteen, whilst the Secretary of the Headmasters' Conference described the examination as one which "boys of average ability usually take for the first time at the age of seventeen." The boys, however, who are educated at conference schools may perhaps be considered as exceptionally well trained, and, probably we shall not be far wrong in taking the examination at the valuation of the Local Examination authorities themselves, namely, as suitable to candidates of about eighteen.

Yet the majority of replies from the English authorities were in favour of adopting this senior standard. The University Local Examining Bodies themselves declined to give a definite answer, feeling unable to do so; but they said that they fully appreciated the desire of the General Medical Council to raise the standard, and advised the Council to apply for information to the headmasters of schools. The headmasters of schools wrote favourably, some very strongly, on the subject, mostly in favour of the Senior Local as the standard, none being in favour of the Junior Pass Examination. The universities were in favour of the change. Amongst medical schools there were only two who objected to raising the standard. One other thought 1905 was too early a date. University College School, London, thought the senior locals were too high for a boy of seventeen and the headmaster suggested a standard intermediate between the junior and senior pass.

The replies from England, therefore, may be summarised in this way—that the overwhelming majority of authorities were in favour of a standard at least applicable to candidates of seventeen years of age.

Scotland.

In Scotland the standard referred to was that of the Higher Grade Leaving Certificates of the Scotch Education Department. How high this standard would be, if applied (as suggested) to all four subjects of the examination, may be gathered from the following authoritative statements: "There is no university course for which a candidate has to take all four subjects on the higher grade." "Even in the Arts Preliminary Examination for the Scottish Universities, as fixed by the recent Commission, the higher standard is not obligatory in every subject. Yet there is probably no more severe preliminary examination in arts in the United Kingdom."

It can scarcely be imagined that the Education Committee were aware how high this standard was, and it is not surprising to find that the answers as to the adoption of such a standard were almost all in the negative. But it was from Scotland that the definite suggestion came, quoted with "cordial approval" by the joint Board of Examiners of the Scottish Universities, that the General Medical Council "should allow no student to go on the *Medical Register* till he is past seventeen years of age."

Ireland.

In Ireland the standard referred to was that of the Senior Grade Examination of the Intermediate Education Board, a standard said to be higher than that of the Senior Oxford or Cambridge Local Examinations.¹⁰ It is therefore not surprising that the answers from Ireland were that such a standard was too high. But attention was drawn to the Middle Grade Examination. This examination is open to all students competing for prizes up to the age of seventeen, and for those seeking passes only up to the age of eighteen. Seeing that the Irish authorities were in sympathy with the desire to raise the standard of preliminary general education, and that four out of seven went out of their way to suggest this Middle Grade Examination as a minimum standard, it seems reasonable to conclude that Ireland was also prepared to accept a standard of examination suited to candidates of seventeen years of age.

OPINIONS OF SCHOOLMASTERS.

Those who have not read this important correspondence

may gather the strength of the views placed before the General Medical Council from the following extracts:—

The Principal of Cheltenham College wrote that "the percentage of students excluded by the change" (to the standard of the Senior Local Examinations) "would be very small, and that the exclusion of this small percentage would be a gain to the medical profession." "The real effect would be that boys who now qualify for registration at sixteen or thereabouts would remain at school another year and pass the higher standard. They would thus be kept in touch with school discipline just at the time of their lives when it is most formative as initiating in the bearing of responsibility for good order and government; and the effect would, in my judgment, be that they would be more developed and steadier in character when they entered upon hospital work."¹¹

Dr. Ogilvie, His Majesty's Chief Inspector of Schools and of Training Colleges in Scotland, said: "My impression is that very few, if any, would be excluded capable of profiting by the course of instruction in medicine."¹²

The Council of the College of Preceptors hoped "in the interests of general education that the General Medical Council may see fit immediately to raise the standard of their requirements, as such action could not fail to influence other public bodies, and would react beneficially on the secondary education of the country."¹³

The Principal of the Merchant Venturers' Technical College, Bristol, expressed himself as "strongly in favour of the course advocated by your Education Committee," and added "I believe it will raise still further the status of the medical profession, and, by excluding persons of poor general education, will benefit the public."¹⁴

Anyone who will take the trouble to carefully read over the letters addressed to the Chairman of the Education Committee, published in the minutes of the General Medical Council, bearing in mind the real meaning of the questions in each separate country, can scarcely come to any other conclusion than that the whole United Kingdom was, in 1899, prepared to adopt, after reasonable notice given, a standard of preliminary general education applicable to candidates of seventeen years of age.

THE EXPERTS' REPORT.

With such a body of evidence before it and with the expressed desire on its part to raise considerably the standard of requirements, it may be wondered why the General Medical Council did not proceed at once to put its desire into execution. It was apparently a side issue which turned it from its purpose.

The Council, as has been seen, had taken for granted that "Senior" and "Higher Grade," "Junior and Lower Grade" were comparable standards all over the United Kingdom. This, it now discovered, was very far from being the case. The present list of accepted examinations forms, in fact, an extraordinary medley in which examinations of all sorts of standard, all sorts of scope, all sorts of method, all sorts of purpose, are jumbled together in magnificent confusion. In the dilemma created by this discovery the Council hesitated to act, and had recourse for advice to three experts on general education.

The report of these experts was presented on December 4th, 1899, and constitutes a very important though inconsequent document. It runs as follows:¹⁵

"We have considered the question whether the Senior and Higher Grade Examinations shall be substituted for Junior. Taking into account the present state of secondary education in the country we see no possibility of enforcing such a requirement in the near future. A demand of this kind would certainly result in defeating the ends which the General Medical Council have in view. Either it would diminish, to an indefinitely large extent, the number of candidates entering the profession, or it would compel the examiners to a laxity of marking and a depreciation of the standard of questioning which would merely have the effect of lowering the senior papers to the level of the junior papers. The standard of the medical preliminary examination must depend upon the general standard of the secondary education of each country in which the examination is held, and a standard too high for one might be found too low for another. We think, however, that the immediate object of the General Medical Council

would be gained by the gradual raising of the standard of the lower "junior" examinations to the level of those "junior" examinations which, in our opinion rank highest."

THE ACTION OF THE GENERAL MEDICAL COUNCIL.

This conclusion was characterised by the late Sir Richard Thorne-Thorne as "the most staggering he had ever heard,"¹⁶ and probably many people will be found to agree with him. It should be observed that nothing in the preamble justifies the final recommendation. The recommendation to keep to junior examinations is no necessary consequence of the statement (itself too broad and requiring modification) and the senior and higher grade examinations were too high. There is no reason why an intermediate standard might not have been suggested, and, in view of the representative evidence laid before the Education Committee in the letters just referred to, many will consider that such an intermediate standard ought to have been suggested. It will be also noticed that two very startling facts are here brought before us, and by gentlemen who are well qualified to speak of them.

First, that whereas many of us had hitherto regarded the examiners in our general education examinations as being, "like Cæsar's wife," above suspicion, there can actually be such things as standards of examination which are not *bond fide*. Secondly, that the standards of general education may be quite different in each of the three kingdoms.

The substance of the resolutions finally adopted by the General Medical Council was as follows: "That after January 1st, 1902, no person shall be registered as a medical "or dental student" who is under sixteen, and that the Council shall insist on "improvements in the character and stringency of those 'junior' examinations which can be directly influenced by the Council," and in the case of others shall require "that candidates offering the corresponding certificates have obtained a higher standard than that of a simple pass."¹⁷

Here the inclusion of dental students is unnecessary and confusing, whilst in view of the immense difficulty of carrying out any effective supervision of a host of standards admittedly unequal, some possibly not *bond fide*, and many quite insufficient for candidates just entering a learned profession, the Council may unfortunately be said, at the end of its three years of effort to raise the standard "considerably," to have done nothing of practical consequence except to give its official sanction to the entry of boys and girls on medical studies at an age when they ought to be at school.

PROPOSED REFORMS.

But at this point the question cannot possibly be allowed to rest. There is, I believe, in the profession and amongst thoughtful people outside it, a consensus of opinion that something must be done to ensure that a medical man shall be, in a modern sense, a "man of education." The complaint of the professors at the Scottish Universities of the scientific subjects taken at the commencement of the medical course, that "they have in their classes too many quite young lads with ill-trained unfilled minds unable to take in the scientific ideas and to respond to the teaching they receive"¹⁸ calls for attention, and when they go on to say that "many of the medical students are mere boys, and boys are not fit recipients of medical education," most people will recognise that the matter is not a trifling one. The telegram in the *Times* of July 19th¹⁹ has a certain home suggestiveness: "The medical students at Heidelberg have sent a petition to the Senate of the University urging that steps should be taken to prevent the overcrowding of lecture rooms by foreign students, many of whom have not received the preliminary training necessary to enable them to profit by the instruction given by the University."²⁰

Age of Registration.

There is one good service which this discussion has rendered. It has shown that the matter must be approached from the standpoint of age. As the Vice-Chancellor of the University of Oxford wrote to the Chairman of the Education Committee: "The question is largely one of age." It seems quite clear that the lowest age to be fixed should be seventeen, and it is scarcely probable that many medical men, or many educated people outside the medical profession would object

to seventeen as the minimum age for registration. It is a lower age than many educational authorities were willing to agree to, and than the General Medical Council's Education Committee itself suggested.

Standard of Examination.

If seventeen be fixed as the minimum age for registration, the standard of examination will naturally be such as is suited to that age, and a large number of examinations will at once be removed from the list. But more than this is necessary.

Scope of Examination.

The present scope of the requirements is altogether inadequate. An individual whose knowledge of English is restricted to grammar can scarcely be described as "well educated"; English literature and the writing of an English essay should be made compulsory. Again a well educated girl or boy ought to have some knowledge of history and geography and these subjects should be added. With regard to modern languages the list is far too loose; French or German should be part of the requirements.

Uniformity of Standard.

Even a brief survey of the huge list of accepted examinations will make it obvious that uniformity of standard cannot be established and maintained under existing conditions. The General Medical Council itself was evidently unaware of the disparities which existed. When papers which can be answered by boys of fifteen are grouped with the papers of a tripos, examinations limited to the modest minimum of the General Medical Council's requirements placed side by side with examinations like the London University Matriculation, examinations merely meant to be an introduction to a course of instruction classed with the tests of a completed education, systems of examining and marking altogether diverse equally admitted, how is it possible even to talk of uniformity? To attempt to equalise examinations by requiring honours in this, pass in that, an intermediate standard between pass and honours in a third, would merely make confusion worse founded.

If we bear in mind the following facts:

- (a) That the existing examinations differ very greatly in standard, scope, method and purpose;
 - (b) That each of them is advancing along different lines at different rates;
 - (c) That to compare them adequately at any one time involves great labour and expense;
 - (d) That, even when so compared, the General Medical Council has no real means of adjusting inequalities;
 - (e) That even if it had this power, a readjustment would, in a comparatively short time, become again necessary;
 - (f) And that some of the examinations may actually have standards which are not *bond fide*,
- we shall probably sympathise with Sir Christopher Nixon's remark that "It was quite evident from the recommendations of the Committee that it was impossible to secure any uniformity of standard of preliminary education."²⁰

There is, in fact, one way only in which a uniform standard of preliminary general education for medical students can be obtained in the United Kingdom, and that is by the establishment of a single examination, which all candidates must pass before registration. It is devoutly to be hoped that the profession may see its way to insisting on the establishment of such an examination and, as the British Medical Association is the only body which can act effectively for the profession (in bringing the matter again to the notice of the General Medical Council), that the Council of the Association may take the whole question into its immediate consideration.

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- ³ *Minutes of the General Medical Council*, vol. xxxvi, p. 296.
- ⁴ *Ibid.*, p. 304.
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- ⁷ *Ibid.*, p. 326.
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- ⁹ *Ibid.*, p. 331.
- ¹⁰ Letter of the Principal of the University of Edinburgh.
- ¹¹ *Ibid.*, p. 328.
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- ¹³ *Ibid.*, pp. 320, 321.
- ¹⁴ *Ibid.*, p. 339.
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- ¹⁶ *Ibid.*, pp. 319, 320.
- ¹⁷ *BRITISH MEDICAL JOURNAL*, 1899, vol. ii, p. 1641.
- ¹⁸ *Ibid.*, 1900, vol. i, p. 1359.
- ¹⁹ *Minutes of the General Medical Council*, vol. xxxvi, p. 328.
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- ²² *BRITISH MEDICAL JOURNAL*, 1900, vol. i, p. 1360.