The 28th clause of the bill, however, which we here re-print, is so explicit on the point, that notwithstanding the proverbial uncertainty of legal enactments, there seems no reason to question the true import of its provisions.

The clause is headed, *Persons now practising may be registered*, and is as follows:—

“Provided always, and be it enacted, that it shall be lawful for the said council, on the application, within twelve calendar months after the passing of this act, of any person legally practising as a physician, *surgeon*, or *apothecary*, at the time of the passing of this act, in any part of the United Kingdom of Great Britain and Ireland, or on the application within two years of any person so legally practising in any of her Majesty's colonies and foreign possessions, to cause the name of such person to be registered as a physician, *surgeon*, or *licentiate in medicine and surgery*, as the case may be, on production to the said council of his diploma, license, or certificate, or such other proof as shall be satisfactory to the said council, that at the time of the passing of this act, he was legally entitled to practise as a physician, *surgeon*, or *apothecary*, as the case may be, in some part of the said United Kingdom, and on payment of a fee of two pounds in the case of fellows or associates of the said Colleges of Physicians and Surgeons respectively, and of five shillings in every other case, which fees shall be applied toward the expenses of this act; and during the said period of twelve calendar months every person legally practising as a physician, surgeon, or apothecary at the time of the passing of this act in the said United Kingdom, and during the said period of two years, every person so legally practising in any of her Majesty's colonies and foreign possessions, although not registered, shall continue to enjoy the same privileges and exemptions, and be qualified to be appointed to the same offices, and to practise in the same manner as if this act had not been passed, and no further or otherwise, unless registered under this act.”

The chief ambiguity in the wording of the clause is in the passage “if any person *legally* practising as a physician, surgeon, or apothecary, at the time of the passing of this act, in any part of the United Kingdom.” This ambiguity however applies neither to the English surgeon, nor to the licentiate of the Apothecaries' Company, but solely to the graduates of the Scottish and Irish Universities; and is moreover qualified by a subsequent passage “that at the time of the passing of the act he was *legally* qualified to practise as a physician, surgeon, or apothecary, as the case may be, in some part of the said United Kingdom.”

OBSERVATIONS ON THE CLAUSES AND PROVISIONS OF SIR JAMES GRAHAM'S MEDICAL BILL.

By CHARLES T. CARTER, Esq., Hadley.

(Continued from page 566.)

Let us now turn to the more questionable parts of the measure, and amongst these the first that claims our attention is the constitution of the Council (clause 2). This body, it may be affirmed, would be too much under the influence of the Crown. I am not apprehensive that in these days of scrutiny and fault-finding, any Secretary of State would nominate or approve of *decidedly improper* persons, but he might appoint individuals who, *unchecked by professional responsibility*, might look to the interests and aggrandizement of particular classes or grades, rather than to those of the profession at large, and of the public in connection therewith. Such a surmise is warranted at least by the omission of general practitioners from the Council: the composition of the Council is in fact without a parallel amongst the institutions of the country. It recognizes, to a small extent, the principle of representation, inasmuch as the Colleges of Physicians and Surgeons of the United Kingdom are each to send a representative; but the men who constitute nine-tenths of the professional body—the general practitioners—are not to be represented at all; unless, indeed, the *surgeon* from the provinces, who Sir James Graham *thinks* ought to be one of the Crown nominees, should happen to be engaged in general practice. Why there should be this exclusion of a great, influential, and deservedly respected class, from a body which is to preside over and regulate the affairs of the *whole* profession, I am at a loss to know. The framers of the bill may probably say, “Why consider the general practitioner as distinct from the physician and surgeon; why disconnect them? We offer inducements for the former to ascend into the other grades, and thereby obtain a voice in the government of the profession.” That there is, at this present time, a disconnection between the physician and surgeon and the general practitioner, is beyond dispute, and if this be wrong, at whose door lies the blame? In the early part of the present century, while the London Colleges were engrossed, in watching the interests, the one of pure physic, the other of pure surgery, the public were demanding a class of practitioners who should unite in the same individual, the practice of both these departments in addition to midwifery, which partakes of each. The opportunity of providing such a class was offered to the Colleges and by them rejected. They would have nothing to do with the general practitioner; they handed him over to the company of Apothecaries. Henceforth, it appears, they are to construct, with the *assistance* of the latter, a joint board for his examination, and were the physicians and surgeons to be made *fellows* of their respective colleges, and the general practitioners, instead of being designated “Licentiates in Medicine and Surgery,” were to become *members* of the Colleges of Physicians and Surgeons, there would be some show of reason in the course proposed, but the dissociation already existing, instead of being diminished, would be increased and widened by the bill. At this time, the Edinburgh Doctor of Medicine graduates after the same period

of study, and at the same age, at which the English general practitioner takes the diploma of the London College of Surgeons. The latter has in fact been treading on the heels of the physician and surgeon—too closely it would seem—as, in future, the physician must be 26 years of age, and the surgeon 25, while the age of the general practitioner is to remain at 21. In virtue of his diploma, the latter now styles himself a *surgeon*. He is a *member* of the College of Surgeons. Sir Astley Cooper, Mr. Abernethy, and Sir Charles Bell were no more. Hence the reason of so many persons putting themselves to the expense of a purely *honorary* diploma. No general practitioner calls himself an *apothecary*; he likes not the name, and is by no means proud of the source from whence it is procurable; the diploma of the College of Surgeons confers upon him the same title, and places him in the same list with the many distinguished individuals who have in this country, and in times gone by, shed lustre on the science and art of surgery.

But all this is to be altered under the new charter and the new bill, and amidst the changes likely to be induced thereby, can it be matter for surprise, that the general practitioner should look to the interests of his own order. The writer of the well-known article in the *Quarterly Review*, (Dec. 1840,) acknowledges that it is not so much for physicians and surgeons, as for general practitioners, that legislation is required. The time for legislating is arrived; a Medical Reform Bill has been read a first time, and how are they affected by it? The profession is to be divided into "Physicians," "Surgeons," and "Licentiates of Medicine and Surgery," *i.e.*, General Practitioners. One Council is to preside over all. This Council will, *inter alios*, consist of three Regius Professors of Medicine, and two of Surgery; three representatives of the Colleges of Physicians, and three of the Colleges of Surgeons; and how many of the Licentiates of Medicine and Surgery? Not one! Two of the three classes into which the bill divides the profession are to be represented, but the third, the most numerous, and, as far as the public is concerned, not the least important, is to have no share in the regulation of professional matters, not even of those appertaining to the education and government of its own grade. The College of Physicians in the year 1841, presented a petition to the House of Commons, wherein they stated that in their opinion, "physicians are, and ever must be, the best judges of the qualifications of physicians." May not a similar declaration be made in reference to general practitioners and their qualifications? The exclusion of this class from the Council would almost induce the belief that the author of the bill must, during its construction, have had in his eye a class of persons who, in London, are unfortunately rather numerous; persons who either are or call themselves *surgeons* and act also as druggists; who, in addition to salts and rhubarb prescribed and sold over the counter, combine the retail of perfumery, cigars, and lucifer matches. In the provinces, the number of such persons is comparatively few; there are, nevertheless now, (as there always will be,) both in London and out of it, many gentlemen engaged in general practice, who might with much advantage to such a body be added to a Council of Health and Medical Education. Some of these, it may be said, are *surgeons*, and would be at liberty to vote in the election of the

representative of the College of Surgeons of England. True, they have had the recent honour of the *Fellowship* put upon them, but they are not the less general practitioners on that account. Such they are, such they will probably remain, and such they will think it no degradation to be considered. How then, it may be asked, is a Council to be formed, so as to represent all classes of the profession? I believe this object would be most effectually attained by establishing a qualification which should be common to *all* medical men, physicians, surgeons, and general practitioners, and which should constitute their title to be registered as *qualified persons*. Without extending to every practitioner the right of voting, a sufficiently numerous constituency might be formed out of the registered body, and to this might be entrusted the duty of electing a part of the Council. It has been objected to such a plan, that it would give rise to agitation, jealousy, and other unpleasant consequences. No one can be more opposed than I am to anything which could lead to such unfortunate results among the members of a learned profession: better would it be to relinquish the electoral privilege, than that such evils should ensue from its attainment; but the profession is not a mob, its pursuits are retiring and peaceable, and it is difficult to arouse its members or to bring them together even to vindicate their own interests. A limited election by such a body might be conducted without excitement of any kind; it would ensure the appointment of able and distinguished men, and the profession would feel confidence in a council chosen by it in conjunction with the Crown. As there are two parties to be served—the public and the profession—it is only right that the Crown should nominate part of the Council of Health. A connection would thus be established between the profession and the State, which would give the former a degree of influence it has never yet possessed.

The foregoing mode of organizing the profession and its ruling council, has been sanctioned by high individual authority, and by various associated bodies. There does not, however, at present seem much likelihood of its being acted upon; but if a supreme Council is to be established, and if that Council or part of it is to be made *representative*, it should represent not alone this or that department or section, but the whole professional community. If the profession is to be divided into three distinct classes, and if two of these be empowered to send members to the said Council, reason and justice demand that a similar privilege should be accorded to the remaining class. A difficulty, it is true, presents itself as to the mode of selecting the representatives of the latter, which does not attach to the others, seeing that general practitioners, unlike physicians and surgeons, are not associated in a commonality or college of their own; if this however be the only difficulty, it is one that would be easily surmounted by the exercise of the Royal prerogative. The general practitioners might be incorporated, and from their corporation or college, a due proportion of representatives might be chosen to officiate as members of the Council of Health, &c.

It is unnecessary for me to discuss, at the present moment, the expediency or desirableness of a third Medical College. I mention such an institution, in this place, as affording a medium of securing to the

general practitioner an equal representation with the physician and surgeon in the governing body of the profession, without wishing to assert that this object is unattainable by other means.

The age at which persons are to be admitted as licentiates of medicine and surgery I would humbly submit is too early; 23 would have been preferable to 21. It seems of late years to have been settled that four years are enough wherein to prepare a student for the duties of medical practice—aye, and for the degree of M.D. Surely this is too short a term of study. Six years at least should be exacted. By the age of 17, a youth would have had time to procure a good preliminary education, and the subsequent six years would admit of a good medical education, including a period—*not of five years*, but of some months—occupied in something analogous to the apprenticeship of the present day.

The Bill, while it gives the profession one *head* does not unite its members in one *body*; neither does it acknowledge the unity of medicine and surgery, by ordaining that all qualified practitioners shall, up to a certain point, be similarly educated. I should have been glad to find in the bill some process for discountenancing and punishing dishonourable conduct amongst registered practitioners, such as erasure of the offender's name, loss of privilege, &c. Sir James Clark has adverted to such a provision, and it would undoubtedly have a salutary influence.

(To be continued.)

THE COUNCIL OF HEALTH AND MEDICAL EDUCATION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

As the Council of Health and Medical Education, if not properly established, probably will unwittingly sanction the Council of the Royal College of Surgeons in attempting to pass off their "Fellows," as a superior race of surgeons, it may be well for us to discuss the subject of the *pretensions of "Fellows of the College" to superior merit*. And as the College of Surgeons have differed very much from the Society of Apothecaries, in the treatment of their respective members, it may be well to point out at the same time, the extent of that difference.

Before receiving a diploma from the College of Surgeons, each member, after his examination, is desired to take an oath (I speak from memory) to the following effect:—"That he will not do anything to disparage or to bring into disrepute, the character of a brother practitioner; nor anything to sully the honour or to lower the dignity of his profession in public estimation." But, a majority of the Examiners and Council of the College, I suppose, thinking precept better than example, have taken steps to degrade the bulk of their members, by invidiously raising, or rather endeavouring to raise, above the rest of their members, a small number, who have procured public appointments or who happen to have interest with that body. And when a deputation from the less favoured members sought an interview with the Council on the subject, they refused to see the deputation.

The Society of Apothecaries, on the contrary, have offered to confer with us (the degraded); to assist us in upholding our present station in the profession, and in endeavouring to retain, as heretofore, the public confidence as professional men. The Society of Apothecaries have raised their standard of medical education to such a high degree as to make the general practitioner more extensively informed in physic, surgery, midwifery, and the collateral sciences, than "pure" physicians, or "pure" surgeons are; and such elevation is calculated to excite the well-grounded fears and jealousy of those physicians, who, not practising midwifery, are more ignorant of the diseases of women and children than general practitioners are; and of that class of surgeons who are much less frequently consulted than they were before the Society of Apothecaries had so highly educated and elevated the general practitioners; whilst the College of Surgeons have withdrawn themselves from intercourse with, and have separated themselves from, general practitioners; and moreover, have applied for and have obtained fresh Parliamentary enactments and powers, for enhancing and extending their own interests only, as hospital surgeons and lecturers. Although the conduct of the two bodies has been shown by different circumstances; yet it has been displaced. The surgeons have acted somewhat like the bear in *Æsop's* 86th fable, and they, perhaps, may not find it very dissimilar. The hospital surgeons are to enrich themselves by fees from apprentices or dressers. The apprentices or dressers are to pay the fees to entitle themselves to an examination for a Fellowship and to become consulting and operating surgeons—a class above the members of the College; but, will their dresserships and their Fellowships make them the better surgeons? Decidedly not; a talent for acquiring and a memory for retaining elementary knowledge, so as to pass a first-rate examination, will not avail them anything as practical and useful surgeons; inasmuch as they will be almost sure to fail in more important faculties, and although it may enable them to convince non-professional men of their superior learning, it will not enable them to discriminate diseases, to cure them, or to operate with superior dexterity. If passing an examination with *ecclit* would make a man a practical surgeon; why are not the first class men and the first wranglers the best clergymen? As far as I have seen, the shining abilities for acquiring learning, information from books and lectures, are anything but good omens; there are exceptions, but Nature, generally speaking, distributes her "Gifts" with fairness and justice; so that if a man have some unusual abilities, he will be deficient in others.

The essentials for a medical man are, good health, courage and firmness, a steady hand, common sense and judgment, acuteness, discernment, discretion, inherent genius with humility, and some mechanical knowledge. Now, a young man may have these essentials; he may acquire a sufficient knowledge of anatomy, physiology, and other requisites for practical usefulness; and although he may not have the means of becoming more eligible as a candidate for a Fellowship, yet, after having had a shorter time for practice, observation, and experience, than many of the Fellows of the College of which he is only a member, he may become far more skilful in detecting, distinguishing, and curing