against even this brutality—but who was the wicked person? In another case, it was to test the faculty of clairvoyance. Our medical sceptic would not be convinced unless he himself kept the eyes closed; he was permitted to do so. Everybody knows that a very light touch will effectually secure this object; but this did not suit the dreariness of his heart, and therefore, placing his thumbs upon the eye-balls, he forcibly pressed them down into the orbit. Of course the little girl could not see, or endure the torture so occasioned, and the sceptic cried out at the detection of fraud:—The little girl refused to try again while “that beast” was in the room! But who was the wicked person? And if there were conscience lingering in any remote confine of that inhuman bosom, surely it must have planted there a thorn of deepest remorse. We have only here to add, that no medical person can have passed through life without meeting with cases of fictitious disease—cases of malingering—which are proofs not of the non-existence of real malady, but of the temporary advantage to the individual from asserting its presence.

Fourthly, all men do not observe the same facts, with the same impression, and do not reason upon them similarly. This is an acknowledged truth, and requires, therefore, no lengthened proof. It exists even with those who bring unprejudiced minds to the inquiry; but still more in those who do not propose to inquire at all, but who come prepared to see only just so much as will suit their own preconceived notions. Among the first class of observers of magnetic phenomena, the record of observations will vary according to the respective peculiarities of the observers; and, among the second class, we are well aware that their observations will be valueless, for they will see that great monster in the sun, which was produced by a fly resting upon one of the lenses in the telescope of the philosopher!

Fifthly, magnetic patients sometimes describe very wonderful sensations, which may or may not have any connection with magnetism; and ill-informed persons are sometimes induced to narrate these symptoms as the necessary results of magnetism.

Just so is it with disease and medicine. I have already stated the extraordinary narrative which patients often give of their sensations; and which, if collected and arranged, and exhibited as the symptoms of the malady, and the effect of medicine, would make the science of the healing art supremely ridiculous and absurd, as well as pre-eminently false. But where is the medical man of probity and moderate knowledge who would thus act? Where is the medical man of moderate intelligence, who would not set himself at once to separate the wheat from the chaff; and who, when he finds phenomena which he cannot understand or classify, does not, instead of asserting them to be *false*, recognize his own poor acquaintance with Nature's mysteries, and set himself down seriously to endeavour to unravel the tangled skein of influences before him, and see if he cannot find a clue which, by patience and diligence, would lead him to the fountain of truth. Such would be the conduct of the wise and good; of the intelligent and sincere; but such has not generally been the conduct of the opponents of magnetism.

Thus, then, I have shown that the results thus

drawn, do not detract one atom from the doctrines or the facts of magnetism; that they are not peculiar to its phenomena; and that they attach to those phenomena only in common with the symptoms of everyday disease; and, therefore, that they *weigh nothing* in our estimate of the value of this still most imperfectly known agent.

Next week I hope to continue my remarks, and
I remain, yours faithfully,

W. NEWNHAM.

OBSERVATIONS ON THE AMENDED MEDICAL BILL OF SIR JAMES GRAHAM.

By CHARLES T. CARTER, Esq., of Hadley, late Secretary of the North of England Medical Association.

There are probably few members of the medical profession who have not read with pleasure the speech delivered by Sir James Graham, on the occasion of his asking leave to introduce his New Medical Bill into the House of Commons, (February 25th, 1845.) The Right Honourable Gentleman has evidently bestowed much and careful consideration on the subject of Medical Reform, and has not been an inattentive observer of what has been passing in the profession during the last six or seven months. There are *now* surely none who will impugn his motives in bringing forward this measure, or deny that he is actuated by a wish not only to legislate herein for the public welfare, but to make his bill acceptable and satisfactory to the profession itself.

The new scheme is, in several respects, a decided improvement on the bill of 1844. It recognizes to a much greater extent the *principle* of protection, although the means provided for giving effect to that principle still fall short of what is required, and of what is, moreover, attainable by Act of Parliament. The power to enforce penalties is to remain with the Apothecaries' Company; but it is notorious that, owing probably to their great expense, the prosecutions hitherto instituted by the Company have been very infrequent, and in the position the latter will occupy, if the bill should become law, the penal clause of the Act of 1815 would be little more than a dead letter. The future “Licentiates of Medicine and Surgery” would not be Licentiates of “the Hall;” and although two persons appointed by the Court of Assistants would aid the College of Physicians, in the examination of this grade, it does not appear that any portion of the examination fee would pass into the coffers of the former institution. Under these circumstances is it to be supposed, that the Apothecaries' Company will undertake to protect the whole of the qualified profession against unqualified competitors? Clause 35 of the amended is much more explicit and comprehensive than clause 31 of the original bill; and, under the superintendence of a vigilant Council of Health, might become a most useful provision. The term “Doctor,” comprises at this time, a large proportion of illegal practitioners, but many of this class might hereafter make it appear that they were not doctors of *medicine*, but of *philosophy*, or something else. The author having acknowledged the propriety of making new restrictions, and of not abolishing those already in

force, would it not be better to insert at once a penal clause against not only those who shall practise with a fraudulent title, but against those who shall practise at all without a license?

In detailing his views respecting the constitution of the Council of Health, Sir James Graham declares that "general practitioners and country practitioners have a right to be represented in the Council," and he intimates his intention of advising, that a portion of the members of this body, to be recommended by the Crown, shall consist of this class of the profession. This is a gratifying announcement. The Home Secretary will doubtless fulfil his pledge, (provided the bill be allowed to pass,) and there is no reason to fear that he would not make a judicious selection; but Sir James will not be Secretary of State for ever, and there is, in the printed bill, no certain provision for the appointment or election of general practitioners, although a clause to that effect will probably be inserted on the second reading, or in committee. It will be observed, moreover, that the physicians and surgeons on the Council would be *elected* by the Fellows of their respective Colleges, while the general practitioners would be appointed by the Crown, the former being chosen for three years, while the latter, according to clause 4, would hold office during her Majesty's pleasure. Now, whatever regulations are made with respect to one class of the profession, should apply to all classes. If the physicians and surgeons are to be *elected*, the general practitioners should be elected also. If the latter should be appointed by the Crown, and for life, it can hardly be said, that this class of the profession would be *represented* in the Council.

Respecting the propriety of all practitioners entering the profession through a common examination and license, the remarks of Sir James Graham are pointed and sensible. "I earnestly desire," says he, "to see one admission to practise by an examination common to all, and that after all shall have passed one common portal, each should choose which branch of medicine he may wish to practise." Objections, it appears, have been made to such an arrangement, on the part of the physicians, on the ground that it would interfere with the courses of study prescribed by the Universities. That the high position in society now occupied by the English physician is, in a great measure, attributable to his residence at one of the Universities, and to the connections he is there enabled to form with parties preparing for the other learned professions, and with the aristocracy, is undeniable, and it would not be for the advantage of the profession, that such a state of things should be annulled; but it is by no means apparent, that the views of Sir James Graham, and of the large body of the profession who think with him, could not be carried into effect without producing such a result. If a minimum age be fixed for the attainment of the license to practise, it does not follow that all persons should apply for it *precisely* at that age. The license would signify, that the person holding it was considered a safe and properly qualified medical practitioner, in the full acceptance of that term; the University degree would denote that he had applied himself more particularly to the strictly *medical* part of it, and his association with a College of Physicians would shew the line of practice he was

desirous to adopt. The examination—for the license to practise—required of him, (in common with other grades of the profession,) by THE STATE—might be submitted to, a year, or a month, or a day, within the time of his applying for his degree, on his admission into a College of Physicians. To ensure, as far as possible, both efficiency and uniformity in the granting of degrees, licenses, &c., clause 21 provides, that the curricula of study and particulars of examination of the Universities and Examining Boards shall not be valid unless approved by the Council of Health. The doctor of medicine, therefore, after passing the University examination for his degree, as well as the State examination for his license, should be admissible into the Colleges of Physicians without further examination.

The ages at which persons are to be admitted into the different orders of the profession have excited comment, and it would perhaps be better that these should not be specified in the bill, but left to be determined by the Council of Health. It is considered by many, that at the age of 21 years, few men are fitted to undertake the responsibilities of a medical practitioner. Sir Benjamin Brodie, Sir James Clark, Mr. Green, and other men of eminence, have expressed an opinion of this kind; and, if it be too early now, it will be still more so a few years hence, when, in conformity with the rapid increase of medical science, a greater amount of knowledge will be required of the candidate, than he is at present expected to possess.

Clause 20, of the amended bill, gives to licentiates of medicine and surgery a right of admission, (on payment of a fee,) into the Colleges of Surgeons—as *members* or licentiates thereof. (The former title would be preferable; they would have no *license* from the Colleges.) They would be examined also by the Colleges of Physicians, and might, for this reason, be associated with those bodies, quite as consistently as with the Colleges of Surgeons. We find in the law, the same person admitted as an *attorney* of one of her Majesty's Courts of Westminster, and a *solicitor* of another. So in medicine, one person intending to practise both physic and surgery, might be a member of a College of Surgeons, and an associate of a College of Physicians; physicians and surgeons being *Fellows* of their respective colleges. The recent Charter of the College of Surgeons provides that *future* members of the College shall be admitted to examination for the fellowship, after the expiration of twelve years from the dates of their diplomas, (at the age of 33, a period somewhat late: clergymen can be bishops at 30,) but licentiates of medicine and surgery are not to be admitted into the College of Physicians of England, without a University degree, until 40 years of age, nineteen years after the period fixed for the license! If, in the first instance, physicians and surgeons are to be admitted at the ages of 26 and 25, after five years of professional study, there can, surely, be no good reason for making a difference of seven years in the admission of the *Fellows* of one college and the associates of the other. If, as is well known to be the case, many of our ablest physicians have been general practitioners, why should the public not have the services of this class of men in the character of physicians, (provided they be men of liberal education,) until so advanced a period of life as forty years? Agreeably with clauses 16 and 22, the general practitioner, how learned soever, and highly

qualified he may be, must, in order to become a physician, matriculate and reside two years in an University for the degree of M.D., and undergo an additional examination before being admitted into a College of Physicians; or he must wait until he reach the age of 40 to be admitted to examination by, and admission into, the College of Physicians of England. Supposing that the Council of Health would require that licentiates in medicine and surgery should be well educated men, these regulations would be more stringent than is necessary, either for the public interests, or for the dignity of the order of physicians. The admission of licentiates to all the honours and privileges of the aforesaid colleges at an earlier period of life than is proposed, added to the provision made by clause 20, would perhaps diminish the anxiety now felt by a large body of the profession to have a College of General Practitioners, as, in this case, a majority of general practitioners would probably feel ambitious to become fellows of the College of Surgeons, or associates of the College of Physicians. The new college would *then consist, for the most part*, of the junior members of the profession, and it would be better for them *even* to remain unincorporated, than belong to an establishment which would hold a place in public estimation inferior to that of the existing colleges. In the meantime, a more liberal policy should be adopted with regard to the admission of existing *members* into the fellowship of the College of Surgeons of England; injustice would thus be obviated, discontent removed, and it would then be unnecessary to give a vote in the election of its Council to *future* members of the College, as at a certain age they would be admissible, on examination, to the fellowship, and becoming members with this understanding, they could not complain of any oppressive or invidious exclusion from the higher grade.

The advocates of a separate college for general practitioners have possibly over-rated the advantages which incorporation is calculated to afford—in other words, they have looked to incorporation as an instrument for the correction of grievances which are removable by other means. What are the principal grievances which press upon the general practitioner? They may be attributed chiefly to *unfair competition*, which may be spoken of under two heads:—1. Dissimilarity of qualification; 2. Want of adequate protection. The complaints arising under these heads are common to the whole profession—to physicians and surgeons who have their distinct colleges, as well as to the general practitioners who have not. The first of them would be obviated by the establishment of that uniformity which it would be one of the most conspicuous duties of the Council of Health to enforce throughout the united kingdom (clause 21); the second would be rectified as far as it is capable of being, by the adoption of stringent measures against unqualified practitioners. Much discontent and unhappiness have arisen from the over-crowded state of the profession, an evil which has of late begun, in some degree, to correct itself, and which would be yet more effectually controlled, by such regulations as we may readily imagine the Council of Health would originate or sanction. The general interests of the profession would be much more likely to meet with attention from such a body as the Council of Health (*fairly constituted*) than from the councils of particular corporations.

Without wishing to impute unworthy or selfish designs to the general practitioners of London, it is clear that many if not most of the benefits likely to ensue from the establishment of the proposed College of Medicine, Surgery, and Midwifery, would be virtually confined to their body. The College would have a building, a library, reading rooms, lectures, evening meetings, &c.,—all very good things, but the advantages arising from which would be very imperfectly shared by practitioners resident in the provinces, and which, for those living in London, would be equally attainable by a Metropolitan Association of General Practitioners. As for the examining and licensing of this class of the profession by men of their own grade, there are few general practitioners, I should think, who would not prefer being examined and having their certificates signed by eminent physicians and surgeons. It may be said, that without a distinct incorporation, there would be no proper way of electing persons to represent the general practitioners in the Council of Health. I would respectfully submit that such is not the case. All members of the Council would, in the first instance, be appointed by the Crown, and when the time should arrive for a portion of them to be chosen by the profession, it would not be difficult to form a constituency, (in accordance with details which should be specified in the Bill) out of the registered general practitioners, and the elections might be determined by voting papers, supplied to those who should demand them, the names of candidates (previously announced) being given at the same time; or if personal voting were deemed preferable, assessors might be sent to conduct the election in given localities.

The institution of a third college has undoubtedly been urged by a large number of general practitioners, both in London and the provinces, and upon that account, the preceding remarks are offered with much deference to the opinions of those who are really anxious for its establishment. The arguments hitherto employed in its support, and the proposed method of organizing it, have failed to convince me, that under present circumstances and prospects, it would improve the position of the general practitioners; but I am not presumptuous enough to affirm, that under no circumstances, and on no conditions, would an incorporation of this class be desirable. In leaving the subject open for future consideration, Sir James Graham has exercised a sound discretion, particularly as three-fourths of the general practitioners of England have, up to the present time, made no declaration in its favour.

Clause 17, instituting examinations in midwifery, and clause 36, relating to persons guilty of flagrant misconduct, are useful parts of the amended Bill. Clause 31 is a particularly valuable provision. The power it gives the licentiate of medicine and surgery, to demand fees for medical and surgical advice, &c., will be hailed with gratification by those general practitioners who are anxious that the remuneration of their class of the profession should be no longer dependant on the quantity of medicine—not perhaps taken by, but sent to, their patients,—a custom followed by many honourable men because it is a custom, although one which is much better calculated to answer the purpose of the knave or the ignoramus than of the honest and intelligent practitioner,—the knave, whose conscience allows him to send a large

quantity of medicine than is requisite either for the patient's stomach or his own reward, and the ignorant who may ring the changes on a variety of "simples" before discovering one adapted to his patient's case.

The connection of the Council of Health with the Crown has been objected to, on the part of some, perhaps, from want of sufficient reflection on the probable consequences of such an arrangement. We have long complained that medical interests and concerns are not understood, and consequently not cared for by statesmen and legislators. In what manner can this complaint be remedied so effectually as by connecting the profession with the State, and by having, as the president of the supreme council, the minister who is intrusted with the administration of the domestic affairs of the United Kingdom. On the other hand, the State has very imperfectly availed itself of the services of the profession in the promotion of measures relating to the public health, medical jurisprudence, and police, and the many subjects which come under the head of *STATE MEDICINE*. The labours of medical men have hitherto been directed principally to the relief and cure of diseases, they will henceforth be occupied more fully than heretofore, in the not less noble and philanthropic task of their prevention. To give effect to the deliberations of the Council of Health, a connection with the Government is almost indispensable. Through the Home Secretary, the Council would be responsible also to Parliament. Hence the propriety of the Minister having a voice in, or a veto upon, the acts of the Council, and the appointment of its members. No jealousy need be excited by such an union. It cannot be for the interest of any Government to deteriorate or injure the medical profession.

There is now a prospect of a Medical Bill passing the Legislature before the close of the present session of parliament. Its author has evinced a strong desire to make it a *good* bill, and has given ample time for the consideration of its details. The profession will receive his endeavours in a corresponding spirit, and will, doubtless, as far as they are able, assist him to render the proposed enactment as perfect as, amidst the complicated nature of the questions and interests involved, it is capable of being made.

Hadley, Middlesex, March 19, 1845.

INCORPORATION OF GENERAL PRACTITIONERS: CONDUCT OF THE COUNCIL OF THE COLLEGE OF SURGEONS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The disturbed state of the profession renders it incumbent on all who are anxious for its honour and respectability, to offer any suggestions that may tend to allay the discontent that prevails, to a considerable extent, amongst a portion of the General Practitioners of the country; I therefore request your insertion of the following remarks:—

The merits and de-merits of Sir James Graham's Bill have been so fully discussed, that extended comments on so hackneyed a theme would scarcely excite

the attention of your readers. I shall therefore chiefly allude to the conduct of those general practitioners, who have been most conspicuous in their opposition to the measure.

The object of these gentlemen appears to be, either the continuance of the Apothecaries' Company, with their present, and perhaps some additional privileges, or the formation of a new Corporation, consisting exclusively of general practitioners, who shall have the power of framing laws and regulations for the government of this branch of the profession.

Either of these schemes would have the effect, eventually, of separating this class from the College of Surgeons; and it behoves all who are interested in the welfare of their profession, to pause before they support a system so calculated to injure its reputation as a scientific body, and lower its estimation in the minds of the public.

A strong feeling of indignation against the Council of the College of Surgeons can alone account for the zeal with which the interests of the Apothecaries' Company are upheld by men, who, till lately, never appeared to set any value on their connection with that body; who went before their examiners only on compulsion, and because they could not otherwise legally practise pharmacy; who have always been ashamed to assume the title which the apothecaries' license conferred, and, with few exceptions, have sought voluntarily the diploma of the College of Surgeons, although that document gave them no legal privilege.

This undeniable fact shows how favourable was formerly the feeling of the younger members of the profession towards the College, and should induce them to deliberately consider the policy of their present proceedings, and reflect on the condition in which they will be placed, if they sever that connection which has so long subsisted between them and the College of Surgeons.

The members of the College of Surgeons, most of whom are general practitioners, have long complained that they had no voice in the election of the Council. This indeed has been their chief grievance; but they have never manifested the same desire to assist in the choice of examiners or rulers of the Apothecaries' Company; a strong proof of the contempt, or, at least, indifference, in which they held that body. It is indeed notorious, that the Apothecaries' license gives no privilege, except permission to practise pharmacy; as, if the members wish to partake of the trading profits of the company, they must purchase the right to do so, as they would buy a share in a railway, or other joint-stock concern.

If the general practitioners succeed in establishing a new College, or in effecting a change in the Apothecaries' Company, that will separate them entirely from the College of Surgeons, they will be under the government of a few leading metropolitan Apothecaries—highly respectable individuals, possessing large fortunes, and the influence which wealth can always command. Many of these gentlemen are active, intelligent, and enlightened practitioners; but I mean no offence in saying that, collectively, they have not attained that eminence in science or professional celebrity that ought to distinguish the governing body of so influential and so useful a class as the general practitioners of this country.