MEDICAL REFORM.

CORRESPONDENCE BETWEEN DR. ALISON, OF EDINBURGH, AND MR. NUNNELEY, OF LEEDS.

(Concluded from p. 627.)

NO. III.—DR. ALISON TO MR. NUNNELEY.

"Edinburgh, 13th May, 1854.

MY DEAR SIR,—I am very glad to find that you think there is no insuperable obstacle to a complete agreement between us as to the principles which ought to regulate a measure of medical reform; and I rejoice likewise to be able to inform you that at a meeting of the Edinburgh College of Physicians, some days ago, we carried almost unanimously a set of resolutions, which I presume you will soon receive, if you have not yet received them; likewise, I think, in accordance with the principles which you think just, affirming that the license to practise medicine, in *all its branches*, and in all parts of the country, should be given after a course of study to be fixed, and after examinations to be conducted by such a medical board or council as is now proposed to be formed, or by persons appointed by them; and that the medical degrees in all universities, and the fellowships of medical corporations, should always be *honorary qualifications*, additional to those which the license to practise requires; the university degree requiring a certain amount of university education, and a somewhat fuller course of study, and farther examination beyond what is required for the license; and the fellowship of a college being always an indication of respectability and of a certain standing in the profession; but that the amount of these additional honorary qualifications ought not to be fixed (farther than in the general way above stated) in any statute, but should be left to the discretion of the bodies conferring these distinctions.

"These principles are, in fact, almost exactly the same as were agreed on by all the medical bodies here, after fully discussing the matter in 1838 (of which I send you a copy); and if they were fairly carried out by statute, I really believe that all the objects you have in view would be attained, and the public materially benefited.

"What you say of the unfairness of admitting Scotch graduates to an *ad eundem* degree with licentiates or fellows of the London College of Physicians would then be answered simply by putting the question, What are the privileges of those licentiates or fellows? If they are *merely honorary* designations, I would have nothing to say to them, but let them be fixed by that College itself. If they are such advantages as the being eligible to particular offices, such as the charge of hospitals, I think the law is not bound to take cognizance of that matter, which is more properly left to the determination of the managers or governors of such institutions. If they are even such advantages as having their lectures or instructions recognised by the licensing boards as qualifying for practice, I would say that the law should not interfere, either to give them or withhold them, but leave that point to be decided by the licensing boards, or the medical council proposed to be formed.

"But if the privileges granted to the London College of Physicians, or to any other body of practitioners, are such that they prevent young men who have gone through the studies and examinations requisite for the license, and taken besides the degree of M.D. in a university, after such *additional* studies and examinations as are mentioned above, from using the title of M.D. thus acquired, and calling themselves physicians and, *practising the profession*, in London or elsewhere, in any way in which the public may choose to employ them, because they may not have attained the age of twenty-six, or any qualification which that body may choose to impose by way of maintaining their own dignity; then I would certainly say that these principles constitute a monopoly most injurious to the public, and that, when a statute is formed for reforming the condition of the profession, it will be inefficient for the public benefit if it does not do away any such monopoly; and I cannot help thinking that you have virtually admitted this when you say, that, 'if the great bulk of practitioners are well educated, consultants will be; indeed, in general the latter class would be created by various circumstances, which would be self-adjusting *with far more success than by legislative impositions*, from the former class, and, as a rule, be *far more useful to the public*, than according to the present system.'

"In endeavouring to secure what I think should be the main object of the desires of medical reformers—the *best education* possible for the *great bulk of practitioners*—it seems to me quite essential to keep in mind that the greater number of those who are to live by the medical profession, and, I think,

the greater number of those who are to distinguish themselves in it, will always be men in somewhat straitened circumstances in early life, who cannot afford to live much beyond the legal age of twenty-one, without doing something for themselves. If such men are not allowed to take the title by which they are to designate themselves, and on which they are to depend for subsistence at that age, they must engage in practice with a lower title; and if they are obliged to live only by their lower title they will very soon see that it is not worth while to undergo the additional labour, and incur the additional expense, requisite for the higher title. Thus the great bulk of the profession will have less education, preliminary to entering on practice, than they otherwise might have had; and thus also, in many parts of the country, as you yourself observe, 'a large portion of the consulting practice is in the hands of the older or supposed more intelligent practitioners, without reference to title;' *i. e.*, many of the consulting practitioners, as well as of the family practitioners, are men of less original education than they might had, if the arrangements of the profession had been such as to allow them to use, from the first, the title by which a good education would have been denoted.

"Surely there cannot be a more striking proof of the profession being on a wrong footing, than the fact of a man, who has taken a good education, feeling himself under the necessity of *concealing it*; but this is what I have known various examples of graduates of our university doing, because they were obliged to devote themselves to family practice, at least at first; and it was thought to be a bar to their obtaining profitable practice on any other footing than that of consulting physicians, that they should be known to have the medical degree.

"This is exactly what has caused that peculiarity in the state of the profession in England to which, as I formerly mentioned to you, Lord Durham directed the attention of Parliament; and which I confidently maintain ought to be held in view, and, if possible, be corrected in any useful measure of medical reform; but which cannot be corrected as long as any privileges are possessed by any body of men in London or elsewhere, which prevent graduates of universities, who have obtained their degrees in the way above stated, from calling themselves physicians before the age of twenty-six.

"If you think it can be of any use, you are at liberty to send this, and my former letter to you on this subject, to Sir Charles Hastings, or to any one else whom you know to be interested in the matter; for, although I do not wish to put myself forward as a medical reformer, it would give me real pleasure to be of use to the profession and the public, in that way or in any other.

"I am, my dear Sir, very faithfully yours,
"W. P. ALISON."

NO. IV.—MR. NUNNELEY TO DR. ALISON.

"Leeds, Monday, May 22nd, 1854.

"MY DEAR SIR,—In all the leading principles of medical education, examination for diploma, and privileges resulting, or which ought to result, therefrom, there is such an agreement, that I cannot suppose that, with a desire as practical men to frame a satisfactory measure, there can be any insuperable difficulty in speedily doing so. It is obvious that, were we now arranging a plan independent of any other consideration than producing as perfect an one as possible, there would be very little difference between us. What would be best for the public, and satisfactory to the profession, would soon be determined. Now, as the first consideration relating to the public good is certainly the main one, and can involve no difficulty, notwithstanding the confused condition of our Medical Boards, I cannot think the second ought to be allowed to seriously interfere. All the confusion and difficulty arises from various corporate interests, which have grown up as mere local, often rival, institutions; which, however useful they may originally have been, are now altogether unsuited to the different condition of the age. They must either voluntarily or by law be remodelled, so as to correspond; or some other power must be called into action, which shall override them all, and produce that uniformity which is essential to a satisfactory and permanent adjustment of medical reform. The misfortune is—and hence the difficulty—that persons composing medical corporations, like every other, come in the course of time to mix up the individual with the corporate interest, and hence to forget the public good. Were this not so, we should not have such jealous watchings and objections on the part of the various examining bodies as we have seen. Though I must confess, after the sentiments expressed in the resolutions of the College of Edinburgh, the conciliatory and business-like conduct of Dr. Renton, their representative, and the views so clearly