

## MEDICAL EDUCATION AND INSTITUTIONS.

ART. X.—*Remarks upon Medical Organization and Reform, (Foreign and English.)* By EDWIN LEE, Fellow of the Royal Medical and Chirurgical Society, &c. London, 1846: pp. 121.

AT a time when the American Medical Profession is engaged in devising means for promoting its interests, and especially for improving medical education, it cannot be uninteresting to all who have the honour of the profession at heart, to learn something of the condition and movements of medical men on the other side of the Atlantic. The prevalent convictions and desires out of which arose the late National Medical Convention, held in New York, and which have prompted the call for that which is to be met in Philadelphia on the second Wednesday of next May, are neither local nor isolated. They are manifestations of a spirit which pervades France and England, even more than the United States. In the first named country, it produced the Medical Congress which assembled in Paris a year ago, the most august and enthusiastic convocation of physicians on record; in Great Britain, it caused the charters of her colleges to be amended, and several bills to be introduced into Parliament for the improvement of the profession, but which failed, successively, to be enacted. Amongst the objects aimed at, and obtained by the French Congress, were the greater equality of practising physicians; the extended duration of the term of medical study; the addition of several subjects to the prescribed curriculum; and more numerous and stricter examinations of students, and of candidates for medical degrees. In one word, the result of the deliberations was so to elevate medical education, as to diminish the number, and perfect the attainments of medical students. The same ends are contemplated by those who advocate medical reform in England, but they are still unattained; partly because her government takes no direct interest in promoting knowledge, and partly because her vicious system of medical education and police stops up the pathway to a better state. We shall explain the condition of medicine in England by the help of the author named at the head of this article, and while doing so, solicit the reader's attention to the many points of resemblance between it and that of our own country. Many portions, indeed, of Mr. Lee's book, if read separately, might easily be supposed to be written as strictures upon our own scientific short-comings; they are at the least quite as applicable to our system as to that which is the especial subject of animadversion. It could not, it is true, be otherwise, since medical education in the United States was originally traced upon the English pattern, and has changed but little with the lapse of time. Under our present circumstances, therefore, it is believed that a sketch of Mr. Lee's essay will not be found inopportune; perhaps, it may temper the warmth with which some oppose every suggestion for improvement as an invasion of right, and moderate the excessive zeal of others who, in their haste to mend, perceive not how much good they may incautiously destroy.

About one-half of the work before us is occupied in describing the systems of medical education and organization which are established in

France, Germany, and Italy. For doing this Mr. Lee is well qualified, by his having made these subjects his particular study, on the occasion of several and prolonged visits to the continent. Already, in 1835, he had published a work on the medical institutions of that part of Europe, which was reprinted in this country, but in which, his remarks were directed, chiefly, to the condition of hospitals, and to peculiarities of doctrine and practice. In the present essay, he enters into a pretty full detail of the plans of medical education pursued in the countries above mentioned. In them it appears that no one is permitted to commence the study of medicine who has not first received a thorough classical and general education: that the courses of instruction are in no case of less than four, and generally, of five years duration; that they usually include from twelve to eighteen subjects, which the student does not learn all at once, but in succession, beginning with natural history, botany, chemistry, physics, and anatomy, and subsequently passing to others, which logically depend upon these, and ending with clinical medicine, in which all the previously acquired knowledge is applied; that medical students are subjected to repeated examinations during their studies, and to one of great strictness at their close,\* in which they are obliged to give evidence of their practical knowledge, by dissections, operations, prescriptions, diagnosis, and the management of the sick, and that before a board of examiners, composed wholly, or in part, of other persons besides professors; and, finally, that in most places the title of Doctor of Medicine gives no right to practice, a right which can only be acquired by submitting to new and severer tests. It also appears from Mr. Lee's account that in the several continental countries the government has the direct control of education; that physicians are regularly trained to fill medical offices, by the discipline of passing through successive grades; that they are always paid for their services to public charities; and that although the government both rules and protects them, they have everywhere a voice in enacting laws for the profession, and, in some places, a seat in the supreme council of the state.

Having premised these facts, our author proceeds to contrast them with those presented by the state of medicine in the United Kingdom. In that country, he says, there is no directing power to control the numerous universities and colleges, which both grant degrees and give licenses to practise; bodies which are self elected, and have no interests in common with the great majority of the members of the profession; close corporations in which all authority is possessed by a few, and who nominate their successors, without any regard to attainments or desert. One of the worst features in them is, that although they were originally created for the very purpose of benefiting the profession at large, they have flagrantly violated their characters in spirit, although they may have kept the letter of the law. Thus, the college of physicians, as established by Henry the Eighth, consisted of six physicians, *and all other persons of the same faculty* within the city of

\* By a decree just issued from the University of France, it has been ordered that, after the 1st of November, 1846, all medical students shall undergo an examination at the end of each of the first three years of study. In the first year, on physics, chemistry, and natural history; in the second year, on anatomy and physiology; and in the third year, on pathology. There will be three examiners, and four students at each examination. The examinations will take place between the 15th of July and the 1st of August, and any student who fails to satisfy his examiners, cannot again present himself until the following November. Unless he then passes, his ticket for the ensuing quarter will be withdrawn. If again rejected in November, he must resume his studies for a year.

London, without any distinction of rank. But this body, having power to make their own by-laws, soon enacted one declaring that the members of the college should not exceed twenty in number, and thereby converted the institution from its liberal intention to the narrow purpose of benefiting a chosen few. "England," says Mr. Kennedy, quoted by our author, "is called by foreigners the paradise of quacks, and it is an indubitable fact, that the College of Physicians has been the paramount patron of quackery, by limiting the number of *physicians*, and keeping them in this manner far below what was required to suit the wants of the public." For in the dearth of well educated practitioners, the public of course had no alternative but to employ any pretenders that offered to fill their places. So inevitable was this alternative, that the House of Lords reversed the decision of an inferior court, in which an apothecary had been condemned for *prescribing* medicine, wisely considering, no doubt, that if they who were intrusted with the education of physicians, did not furnish them to the public, they had no right to complain of the unqualified who prescribed medicines, or of the credulous who took them. And thus it was that apothecaries became legalized practitioners. The college then created, in equal violation of the spirit of their charter, grades of members, the highest or fellows, being very few in number, and the next in rank, licentiates. These latter had no share in the administration or emoluments of the college, and were not even admitted to its library or museum. Many physicians, graduates of Edinburgh, when desirous of practising in London, preferred taking a diploma in surgery, rather than submit to the implied degradation of acting on a mere license. So completely had the selfishness and avarice of a few individuals diverted from its original purpose an institution founded in a spirit of liberality and benevolence!

The College of Surgeons was instituted in the reign of George the Second, and was in its origin a close corporation, consisting of sixteen individuals chosen for life, and empowered to fill up all vacancies amongst themselves. Its charter lapsed, but was revived in 1800. The *members* of this college amount to *eight or nine thousand persons*, "but are allowed to have no more to do with the corporation to which they are said to belong, than if it were located in some foreign country." Its annual income "is between £12,000 and £13,000, over which the self-elected council have sole control, and for their individual *services*, in one capacity or another, they retain a large proportion of it amongst themselves." One of the modes in which this body has promoted science, is in enacting a by-law, providing "that no member of the college, whose professional practice is *not* confined to surgery, shall be elected a *member of the council*." That is to say, "the acquirement of additional information on the part of surgeons in general practice, is made the ground of their exclusion from collegiate honors!" Well may the historian call this "the most bewildering of all the eccentricities embodied in the by-laws of the medical corporations." So absurd is this regulation, that when Mr. Guthrie, before a committee of the House of Commons, was asked whether many of those gentlemen, professing to confine their professional practice to surgery, and eligible to the council of the college, do *not* confine it strictly to surgery? his reply was: "their practice is *very much medical*." The diploma of the College of Surgeons is obtained by candidates of the age of twenty-one, upon producing *certificates of attendance* upon certain courses of lectures, and hospital practice, for a defined term, the examination being purely verbal, and usually lasting from a quarter to three-quarters of an hour.

It is not surprising that, under such a system, as Mr. Guthrie stated in 1842, "among the students who entered the profession some years back, and are only *now* presenting themselves for examination under the regulations of 1836, *there are many who cannot spell very common words in their native language.*" Even the examination at Apothecaries' Hall, was more formidable than that of the College of Surgeons, and, according to a writer quoted by Mr. Lee, "the students began to look about for the means of evading it. They found that the Apothecaries' company could only touch them for *selling* the physic they prescribed; they therefore hit upon the plan of contenting themselves with the college diploma, and arranging with some chemist to supply their medicine. Thus began the existence of a hybrid class, who were surgeons without the education of surgeons, and apothecaries without the legal qualifications of apothecaries, gentlemen without the acquirements of gentlemen, and tradesmen without the risks of trade. Now, gentlemen," pursues this writer, "if you had gradually raised your curriculum of study, the fee for your diploma, and the age of admission to it, you would have done more to elevate the character of the surgical profession than all the medical reform bills Sir James Graham's measure may be the father of. You would have compelled students to undergo a thorough surgical education, and you would have afforded some sort of protection to those members of your own college who, aspiring to the higher honours of the profession, were educating themselves accordingly, from being swamped by a multitude of half-educated competitors, between whom and themselves the public would be unable to discriminate." The ease with which incompetent persons have found admission into the medical profession of Great Britain, through these institutions, is a subject of frequent and bitter complaint. A writer in the *London Medical Gazette* observes: "A cotemporary has suggested that it would be a benefit to the profession, if the universities and colleges of the United Kingdom were prohibited from granting diplomas for several years, and arbitrary as such a rule may appear, we verily believe that it would be attended with less evil to the community and to the profession than the continuance of the practice here brought to light, viz., of sending out yearly on the population of this country an army of 269 physicians, 660 surgeons, and 373 apothecaries, deriving their qualifications from sixteen different systems of study, and receiving their licenses to practice from as many different colleges, universities, and societies." This number of persons licensed to practice is about the same as that of the graduates of the medical schools of the United States in 1845-6; and if such restrictive measures, as are proposed by the writer, are called for to protect the twenty-seven millions of inhabitants of the United Kingdom, against the inroads of thirteen hundred hungry practitioners of medicine, how much stronger repression is needed in this country, where the swarm of new fledged doctors is quite as great, but the population one-fourth less? The vastness of this evil is seen to be still more overwhelming if we compare the ratios of the practitioners to the population in Great Britain and the United States. The two countries are nearly equal in population, which is about twenty millions; but, in the former, according to the census of 1841, there were about twenty thousand practitioners, (physicians, surgeons, and apothecaries,) or one to every thousand inhabitants; while, according to the usual estimate, there are forty thousand physicians in this country, or one to every five hundred inhabitants! It cannot be that our medical schools are aware of these facts; otherwise they would adopt some measures to raise the diploma a little higher than at present, above the grasp of

the multitude. Of some amongst them it may be said, as by Mr. Lee, of the College of Surgeons: "As regards the encouragements to students to apply for the diploma of the college at the earliest possible age, (21,) the present council is perhaps not more to blame than any other body of men placed under the same circumstances, and no reflection upon individuals is here intended. The error consists in the temptation having hitherto been suffered to exist, instead of its having been determined (as is the case in other countries) that examiners should receive a fixed salary." The prejudicial consequences of an overstocked state of the profession in England, are seen in disunion amongst its members, the adoption of indirect ways of seeking to obtain practice, and in the fact that many are obliged to abandon the profession, to expatriate themselves, or to seek some other employment. "Several members of the College of Surgeons are said to be now engaged as policemen at the different rail-road stations." It would not be difficult to point out parallel instances amongst ourselves. For this sad state of things our author, and most others of the English writers, agree that there is no remedy except in requiring from students a higher standard of education. Of this, Sir James Clark observes, "difficulties will no doubt present themselves to the establishment of a uniform scheme of medical education, but these difficulties are really less formidable than they at first sight appear to be. The present medical corporations and the English universities may oppose such a measure. The opposition of either ought to have little weight, if it can be shown to be unreasonable and opposed to the public weal, and assuredly whatever is opposed to the improvement of medical education, and to the elevation of the great body of the medical practitioners, is so."

"The usual mode of filling up vacancies in the charitable institutions in this country," says Mr. Lee, "is one that imperatively calls for alteration;" and as our system is almost identical with the English one, we have good reason to denounce it in similar terms. According to our author, "the present plan is this: a vacancy is declared in the newspapers; then follow advertisements by all the candidates; next the sending of circulars or testimonials; then canvassing personally or by friends; and lastly comes the main difficulty of getting voters who have promised to the polls; the real object of electing the most competent individual is thus put entirely out of the question. It is apparently never thought of, and consequently the result of the poll is not necessarily a proof of any other thing than the activity with which the successful candidate has advertised and canvassed. . . . It follows as a natural consequence of the prevailing method, that instead of endeavouring to excel by honourable exertion, many who aspire to these appointments, rather seek by what means they may ingratiate themselves with those who are most likely to forward their views." Even such a man as Sir Astley Cooper, who is usually pointed out as an example of what may be accomplished by talent and application, might never have been heard of, and his talents would very probably have been buried in some obscure locality, had he not been placed by his uncle in the position of lecturer and hospital surgeon. "How striking a contrast is presented by Dupuytren, who, poor and unfriended, was able, by means of the mode of free competition, to raise himself to the highest eminence." It is a strange inconsistency, and as humiliating as it is strange, that the liberty and the rights of professional men are more perfectly protected in monarchical than in free countries. In the latter all posts of honour and profit are bestowed by private favour, while in the

former they are the prizes of talent and skill attested by open competition. In this country no necessity of any kind obliges us to persist in the slavish imitation of the English system, which is not only degrading to every sentiment of delicacy and professional dignity, but directly at war with the principles of freedom and equality which we boast of having carried out more thoroughly than any other nation.

"The mode of remunerating the great body of practitioners in proportion to the quantity of medicine supplied to patients," is another plague-spot upon the honour of the British medical profession, which we, fortunately, do not suffer, although we are still, to some extent, oppressed with the polypharmacy which it engendered. It is gratifying to learn that in many places in England this system has already been discontinued.

It may be objected to the foregoing statements, that so far as they relate to the low condition of medical education in the United Kingdom they must be exaggerated, because so many of its medical practitioners have occupied a high rank, not merely as judicious physicians, but as men of science. But their attainments have been all the more remarkable from the rest of the profession occupying so low a level; not a few of them, too, have owed their reputation more to courtly favour than to merit. Deducting such instances, there is still a very respectable list of names adorning the past and present annals of British medical science. There are at least two principal reasons for their eminence, one, the large number of hospitals in London, which have served first as fields of study, and then as schools of instruction, to which may be added the military and naval hospitals, native and colonial; and another, the numerous body of British licentiates who annually resort to continental schools to perfect their education. They are everywhere to be found in the great centres of medical teaching. A medical class without an Englishman would be almost anomalous in Paris, but who ever heard of a Frenchman or a German studying medicine in London after graduating in his own country?

In describing the remedies which are proposed for the cure of the evils under which the British medical profession labours, we cannot enter into any detail. Our author gives summaries of four projects as proposed by Mr. Kennedy, Mr. Wakely, Dr. Forbes, and himself, respectively. They have all one feature in common, that of preserving the Colleges of Physicians and Surgeons; for, as remarked by Mr. Kennedy, "although they have been sadly mismanaged, they were, in the first instance, wisely intended, and contained in their constitution some excellent principles that cannot be surpassed." Accordingly it is proposed to continue them with certain modifications which would deprive them of their present odious features, and particularly of the power of conferring the right to practice. This power to reside exclusively in a supreme board of examiners, either elected by the colleges, or appointed by the government. We subjoin an abstract of the plan proposed by Mr. Lee, which appears to include the most important provisions of the others.

1. A supreme Council of Health, composed partly of medical and partly of non-medical members, to regulate the profession, medical education, public hygiene, and medical police, with subordinate councils in the county towns, appointing public medical officers, and collecting information in regard to the sanitary condition of the several districts.

2. An adequate compensation for the services of union medical officers.

3. The amalgamation of the Colleges of Physicians and Surgeons into faculties of medicine in London, Edinburgh, and Dublin, subject to the

control of the Council of Health, each with a dean and professors, to lecture, and to form examining boards for testing the acquirements of candidates.

4. The incorporation of the general practitioners into a college to watch over the interests of its own members only; a portion of its council to form part of the general examining board.

5. All students to go through the same course of study.

6. Two examinations to be passed before the license to practice be granted, the first upon the accessory sciences by the professors of the faculty: the second, more practical and clinical, (not before the candidate has attained the age of twenty-two,) before a joint board composed of a proportion of the professors, and of the examiners of the colleges, who should receive a fixed salary, not dependent upon the number of those who obtain the license or diploma.

7. The candidate having passed this examination, to be allowed to practice under the title of licentiate, in medicine, surgery, and midwifery; and, if desirous to do so, to present himself for examination before the examiners of the College of Surgeons, who would test, *viva voce*, and by practical demonstration, his proficiency more exclusively in surgery.

11. None of the universities or colleges to be allowed to grant licenses to practice, but only the central boards in London, Edinburgh, and Dublin.

12. Licentiates of either to practice in any part of the kingdom.

13. A complete separation between selling and prescribing drugs.

14. All canvassing personally or by friends for medical appointments in charitable institutions to be abolished, and that a mode of election be adopted more in accordance with the dignity of the profession, and the interests of science.

15. Courts of honor to be established for regulating the ethical relations of practitioners.

16. Prizes to be annually awarded for the promotion of science.

17. The revenue derived from the stamps upon quack medicines (£50,000 per annum) to be abolished.

The defects and errors of British medical organization are shown by the preceding sketch to be, not only numerous, and radical, but, if possible, worse even than those of our own system. Yet British practitioners do not despair of their correction, knowing that the power to amend them resides in the imperial Parliament, which will unquestionably enact into laws whatever may be agreed upon by the medical body. The only difficulty is, to harmonize contending interests which have grown up chiefly through the vicious practices of irresponsible corporations. Of the character of the sentiments held by the vast majority of the profession, there can be no doubt: but they cannot take the form of action without interfering with what have come to be regarded as vested rights. The corporate holders of these rights must therefore be induced to give up voluntarily some of the privileges which they now possess, whether fairly acquired or not. To refuse, might expose them to suffer compulsion from the supreme power, an alternative which it is painful to contemplate, when we consider that the subject in dispute is the lives and health of the people. Upon such a question, it is not possible that different portions of a humane and liberal profession should long remain in opposition. Mr. Lee believes that the best mode of effecting uniformity of sentiment in regard to the plans of reform which have at different times, been proposed, would be "the appointment of a commission of inquiry, composed, like the Parisian

congress, of several of the most distinguished practitioners in London, and the chief provincial towns, with a proportion of non-medical members appointed by the secretary of state, to whom the conclusions, at which they might arrive should be submitted previous to the introduction of a bill into Parliament."

The obstacles to medical reform in Great Britain are, as we have seen, numerous and great, but they are insignificant when compared with those which oppose improvement in this country. To say nothing of others which will occur to every mind, there is one which appears to be altogether insuperable. Our national legislature has no jurisdiction over the subject of education, and our state governments can never be brought to adopt, in regard to it, a uniform and elevated system. Too often, indeed, they have thrown their weight into the balance against science, by legalizing and patronizing the most abominable impostures, not only degrading the medical profession in the eyes of the public, but destroying all confidence in their own wisdom. Fortunately, there is a power recognized amongst us, as superior to legislatures, and even to law itself: the power of public opinion. If government will not protect the medical profession, it must protect itself; it must do, by the power of association, what its individual members cannot perform; it must assemble, deliberate, and resolve, and having patiently, impartially, and thoroughly investigated the alleged abuses and shortcomings of our plan of education, &c., it must speak calmly, but decidedly. Its voice will not be uttered in vain. We believe that more than one institution is only awaiting such an expression of opinion by the profession, to reform and enlarge its system of teaching; and are persuaded that many more will yield spontaneously to the twofold weight of authority and example. It would be a triumphant refutation of the doctrine that learning cannot flourish under democratic institutions, if the medical profession of the United States were to show itself not only competent to its own government, but also to its attaining to the highest places of scientific distinction.

A. S.