

Select Committee on Medical Registration.

MINUTES OF EVIDENCE.

Friday, June 18th, 1847.

MEMBERS PRESENT.

Mr. Acland.	Mr. French.	Rt. Hon. T. B. Mac-
Mr. Aldam.	Sir James Graham	caulay.
Mr. Bannerman.	Mr. Hamilton.	Mr. Wakley.

THE RIGHT HON. T. B. MACAULAY IN THE CHAIR.

(Continued from p. 668, vol. ii. 1847.)

Edward James Seymour, M.D., called in, and examined.

1447. Mr. Wakley.]—Do you consider that the chemists and druggists ought to be permitted to practise over the counter?—I cannot answer that question; if they came under a proper examination, they might do it, but there is no doubt that they do it now to a great extent; I hardly see how it could be prevented, but if it cannot be prevented, it ought to be regulated.

1448. In what way would you regulate it?—I cannot say; it is impossible for me to give an opinion without having considered it.

1449. Is it a subject which has been discussed at the College of Physicians, at any of the seventy meetings which you have attended?—No; those meetings were in committee upon the subject of the Bills introduced into Parliament.

1450. You are for drawing a distinct line between a man who is proved by examination to be qualified, and a man who has received no medical education whatever?—I am.

Henry Holland, M.D., called in, and examined.

1451. Sir James Graham.]—You are a member of the College of Physicians?—I am.

1452. How long have you been a member of the College of Physicians?—Since 1816.

1453. In what year did you become a fellow?—In 1828.

1454. You were not a member of either of the Universities of Oxford or Cambridge?—No, I was not.

1455. Where did you, in early life, pursue your studies?—First in London, and subsequently in Edinburgh.

1456. At what age did you commence practice as a physician?—At twenty-seven.

1457. Have you formed the opinion that it is desirable that a physician should not commence practice at a very early age?—I have.

1458. Do you think that prolonged study at the universities previous to devoting attention to medical science only, is upon the whole advantageous?—I do think it decidedly advantageous that there should be preliminary study.

1459. Any alteration, then, in the law which directly or indirectly should act as a discouragement to such previous literary study, would be pernicious, in your opinion?—Such an alteration I should think decidedly injurious.

1460. Have you looked at the Bill which is now before parliament for the better regulation of the practice of medicine in Great Britain?—I have.

1461. Have you formed any opinion with reference to that Bill, whether its tendency be or be not to introduce a single faculty in this country?—My impression is, on the perusal of that Bill, that its tendency would be to introduce a single faculty.

1462. If that should be its tendency, is it, in your opinion, a pernicious or a salutary one?—I should say distinctly that it is pernicious.

1463. What would be the effect, first, on the attainments of members of the medical profession, of the introduction of a single faculty, in lieu of the subdivision into classes such as now exist in this country?—My opinion is, that it is exceedingly important for the profession and the public that there should be grades in the profession, and that any measure that might tend to abolish those grades, or even to weaken their influence, would be as injurious to the public as to the profession.

1464. If the effect of abolishing those grades should be to lower the standard of physicians and surgeons, as contradistinguished from the general practitioners, would not the public suffer from the general deterioration in the scale of those two classes?—My belief is that they would suffer.

1465. In the metropolis, where the numbers of the population are great, does the subdivision into classes of physicians

and surgeons lead to greater skill in those two classes?—I entertain no doubt that by the existing separation of these higher grades the profession is improved, and professional knowledge extended in each branch.

1466. Does not the facility of communication with the metropolis now lead to more frequent consultation in difficult cases throughout the whole districts of the country?—It does.

1467. If your view be right, that subdivision leads to greater skill, even distant parts of the country would obtain the benefit of the consultation of that superior skill acquired by subdivision?—No doubt.

1468. Does the position occupied in the metropolis by the physicians and surgeons of eminence, in your opinion, elevate the profession of medicine and surgery generally in the estimation of the public?—I have no question of the tendency of the higher qualifications which, generally speaking, exist in the London practitioners, to diffuse themselves over every part of the kingdom, to raise the character of the profession generally, and to elevate their relations to society throughout every grade.

1469. Their literary attainments, as acquired at the universities, and their habits of intercourse with the most distinguished members of other professions, elevate them in the scale of society?—Yes.

1470. And the effect of such elevation is reflected upon the profession at large?—Yes, I entertain the opinion that there is no degree of attainment in a London practitioner, physician or surgeon, which does not extend its influence over every part of the profession throughout every part of the empire.

1471. If their position in society were degraded by any alteration in the profession which lowered them in public estimation, the profession would not attract men either of ample means or of great natural talents in the same degree as at present?—It is difficult to answer questions on so complicated a subject as that of medical education; but my impression is, that whatever had the effect of removing worthy and honourable objects of ambition from the higher classes of medical men, would *pro tanto* degrade the profession throughout, and that you would have a lower and less valuable class of society attaching themselves to it.

1472. Does the connexion existing between the London physician and the English universities, in your opinion (though you were not yourself a member of either of the universities,) conduce to that which you think desirable to an intimate connexion of the profession with the learned universities?—Yes, it is productive of good; and invariably in the proceedings of the College of Physicians I have strongly urged, as my own individual opinion, that that connexion should be maintained and extended as far as might be possible.

1473. Though you have risen to great eminence in the profession, you have no prejudice, from having been connected with either of the universities: in your instance it is an unprejudiced opinion; it is the result of your observation?—I hope it is unprejudiced; there is no prejudice that I am conscious of as operating upon my mind.

1474. Is it your opinion that the introduction of a single faculty would be a discouragement to young men intending to practise as physicians to go to the universities, and to prolong their literary studies as distinct from medical studies?—I cannot doubt that the existence of a single faculty of medicine in this country would have the effect of lowering the whole to an inferior standard; and such being the effect, I cannot doubt that it would be a great discouragement to the connexion between physicians and the universities, and to that higher class of literary and scientific attainments which it is so desirable to maintain.

1475. The temptation would be to commence early practice, relying upon medical attainments only, without literary acquirements?—It would seem to me in such a case inevitable. I believe that there would be a general press for practice at a very early age, and merit would be mainly estimated by the grosser test of success—that is, the comparative income of the medical men—rather than by any other and higher standard.

1476. Are you not of opinion that the possession of literary and scientific acquirements on the part of medical men of eminence, does in the scale of society raise the estimation of the profession generally?—I do not doubt it.

1477. Have you any objection to a registration of medical men?—None whatever.

1478. Do you think that it would be advisable to have a register of an authentic kind?—I think it would be desirable that the registration of medical men should be much more authentic and effective than it now is.

1479. Objecting as you do to a single faculty, and desiring to maintain the great subdivisions of your profession, to render the registry correct and useful, in your opinion should those subdivisions be set forth in it and upheld?—I think so.

1480. Combined with an alphabetical list, there ought to be a classification setting forth the grades?—Yes, there ought to be a specification of the grades in any registration adopted.

1481. A registration, under the authority of an Act of Parliament, omitting such a classification, would have, you think, a tendency to establish a single faculty?—I have already stated my opinion that the proposed registration, as I find it in this Bill, would have that tendency.

1482. On that ground, objecting to a single faculty, you would also object to that mode of registration?—Certainly, and on that consideration.

1483. Have you any opinion with reference to the introduction of a different mode of payment of medical men; that the honorarium should cease, and that there should be a legal right for recovering as for work done; would that be advantageous or disadvantageous?—It is an extremely difficult subject on which to give an opinion, and I confess myself I have never made up my mind upon the question of the mode of payment. There are certain advantages and disadvantages in the present mode, but I doubt the policy of any material change.

1484. You have stated that you do not object to a general registration of medical men; have you any objection to opening the practice of England, including even the metropolis, and the circuit of seven miles round, to medical men from all parts of the United Kingdom, if precautions be taken which shall secure equality of attainments?—Not the slightest objection; I should consider that it was fitting to do so under such circumstances and conditions.

1485. In Scotland you are aware that there are four bodies having equal rights of conferring licences to practise—namely, the Universities of Edinburgh, Glasgow, Aberdeen, and St. Andrew's; would it not be necessary to take strong precautions that the same standard should be observed in those four bodies, and that, the same standard being fixed, it should, by examination, be practically carried into effect?—I have no doubt of the necessity of such an equality of qualification as consists in the same age being determined upon for the commencement of practice, and also in a much closer approach to equality in those examinations, which are the tests of general study, and of ability for practice.

1486. It would be inexpedient that in the same country there should be unequal standards, with different schemes of scientific acquirement; and if the standards were the same, it would be expedient that there should be the same strict examination?—Certainly. These conditions are necessary to justify the full admission to privileges which English physicians obtain only at a certain age, and under strict requisitions as to study and examination.

1487. Can that security to the public, in your opinion, be obtained without some central controlling power?—It appears to me to be a question of difficulty. I believe, from the experience I have had of former attempts at coalition on points of medical and academical usage, that it would be difficult, if not impossible, for those bodies themselves to come to such terms of agreement as to ensure the object; therefore, I see no alternative but that there should be a controlling power, which might provide means of union and assimilation, incapable of being otherwise attained.

1488. Has the policy of vesting such a power in a Council of Health, in this metropolis, ever presented itself to your mind?—It has, in connexion with the Bills which you have brought forward at successive times.

1489. On the whole, did you approve of the project of instituting a Council of Health with such powers in London?—In the form in which it was last presented in 1845, it had, with certain exceptions, which I cannot advert to at this moment, my entire approval; I felt that it would be of advantage to the profession.

1490. As relates to the public as well as the profession, do you think that the want of such a body is an imperfection in our civil polity?—I had doubts about the mode of constitution of the Council of Health; but if rightly constituted, it appeared to me that it would be a useful institution for effecting various improvements relative to sanitary matters affecting the public at large.

1491. And, among others, they might have the power of controlling the different schemes of examination for the medical licences of the different licensing bodies, and more or less a power of investigating the examinations be safely vested in that body?—That must depend, of course, upon the

constitution of the body, the Council of Health, which never appeared to me to be fully determined upon.

1492. What is the constitution which you would have recommended?—That it should be composed partly of medical men. There was some doubt existing in my mind whether that council might best be constituted, as regarded the medical portion of it, of persons chosen by the medical bodies, or exclusively by the Secretary of State.

1493. It was first proposed that certain members of the medical profession should be members of the Council of Health, that those should be *ex officio* members, and that there should be some chosen from the medical bodies super-added, and that there should be a certain number nominated by the Crown. Does that composition appear to you to be a better one than that the whole should be nominated by the Crown?—I cannot give a decided opinion upon the subject without further and more close consideration.

1494. Though difficulties might exist as to the mode in which the medical men should be nominated, you are favourable to a Council of Health composed partly of laymen and partly of medical men of eminence?—Yes; I think the general scheme reasonable and just.

1495. And that body might be entrusted with safety with the supervision of the schemes of education, with the view of obtaining equal qualifications, upon which might be conferred the right of equality of practice throughout the kingdom?—I have some hesitation in answering this question, because a good deal would depend upon the actual constitution of the Council of Health; unless I could be furnished with the means of knowing the proportion of medical men, and the proportion of the different branches of the profession, it would be difficult for me to affirm that it could be rightly entrusted with that superintendence.

1496. But suppose it for a moment practicable to overcome that difficulty, will you contrast that scheme with the scheme contained in this Bill, which relies upon the Secretary of State and the Queen in Council?—On that point of comparison I have no doubt, and it involves one of the greatest objections which I entertain to this Bill. The Secretary of State cannot advantageously, as it appears to me, operate upon the profession with the powers which it entrusts to him; he must inevitably act upon advice furnished to him by some one or more persons in the profession, and those persons so furnishing him with information and suggestions would be unknown to the profession generally, and not responsible.

1497. The Council of Health would be a body known to the public, and public opinion would operate upon that body?—Yes; and it would feel a responsibility which it appears to me would not attach to the actions of a Secretary of State, according to the provisions of this Bill, or to the conduct and opinions of those who might advise him.

1498. The Secretary of State, in the plan contemplated by this Bill, or the Queen in Council, as represented by the President of the Council, would alone in the eye of the public be responsible, and those who were advising them would not be known; do you think that public confidence could be commanded by the decision thus arrived at?—It is my opinion that it would be unsatisfactory to the profession, and far from advantageous to the public.

1499. *Chairman.*]—Does it appear to you that the composition of a council intended to regulate medical education, and the composition of a council intended to watch over sanitary police, ought to be necessarily the same?—Not necessarily the same.

1500. On the contrary, might it not be very probable that a council which might be well calculated for one purpose, might altogether fail as regards the other?—I can conceive a council to be so composed that it might beneficially effect both purposes; but, as I have before remarked, everything that relates to this point must depend upon the composition of the council.

1501. You would wish that a body of control that was to regulate medical education throughout the kingdom, should consist of men of very high eminence from different parts of the United Kingdom?—Certainly.

1502. Their meetings must be only occasional, and their sittings short?—This might be so after they had completed and brought their plans into action.

1503. And with occasional meetings and short sittings, they would probably be able to transact the business of regulating the medical education?—Yes, eventually so.

1504. But a body appointed to regulate the sanitary police of the kingdom is a body that would sit almost uninterruptedly?—That is a question which I cannot answer without more consideration; but my impression would be, that sanitary regula-

tions, once adopted, might be carried on by committees of the council, having frequent communications with each other.

1505. Would it not be necessary that such a Council of Health regulating sanitary police should go a good deal into detail?—No doubt it would.

1506. You, as a physician in extensive practice, would perhaps be able to spare time with a view to give advice to a council that was intended to regulate medical education?—I should certainly hesitate at present in allowing myself to be embodied in a council which was to regulate medical education, because that is a matter that I think would involve as much difficulty as any matter of sanitary police.

1507. Would it occupy as much time?—Probably it might.

1508. Would it not be impossible for you to be a member of a board which was to regulate the sanitary police of the whole kingdom, and which would have to enter into matters of detail, such as the supply of water at Edinburgh, and the sewers at Newcastle?—I do not believe that a Council of Health could ever have upon it many physicians in large practice; but there is a most valuable class of men who have retired from practice, or who have never had full practice, and who might be selected for the very functions you are describing; and probably, in the event of its being an elective body as regards the medical men, these would be the persons chiefly chosen by the respective colleges.

1509. Objections have been made to the first draft of the Bill of the right honourable gentleman by some members of your college, and to the last draft of the Bill by others; do you conceive that all opinions might be reconciled by a clause drawn in this form, that the control of the medical education should be given to a body, not exceeding a certain number, to be named by the Queen in Council, or by the Secretary of State, a certain proportion of whom should be necessarily medical men?—Yes; my own firm opinion is, and that I stated in answering to the question of Sir James Graham, that the clause in the last draft of the Bill would not be efficient, and that it ought not to stand unless it were qualified by the condition that a certain proportion should be medical men.

1510. Sir J. Graham.]—Do you think that the College of Physicians could really, for useful purposes, long survive the establishment of a single faculty in the medical profession?—My opinion is, from looking as closely as I can to the clauses of this Bill, that those clauses would in their operation produce something equivalent to a single faculty, and in that case I am of opinion that the College of Physicians would virtually cease to exist.

1511. If this Bill became law, and if its effects should be to establish a single faculty, and the College of Physicians did not long survive the introduction of a single faculty, would the public, in your opinion, be losers by the overthrow of the College of Physicians?—If I were asked with reference to the College of Physicians in its present state, I am bound to state my opinion that the loss to the public would be much less than it might be rendered, were the college improved in its efficiency by an amended charter and new regulations.

1512. You are aware of the several applications that have been made by the College of Physicians to successive secretaries of state, myself among the rest, for an amendment of the charter?—Yes.

1513. Have you seen the draft of the charter, in which I on behalf of the Government, and the college, came to an agreement as regards the alterations to be made?—Yes, I have seen it, but not recently; in its general character I remember it, but not particular clauses.

1514. I will mention to you two or three leading points for which that draft of the amended charter provided: it provided first for the abolition of the elects; next, for a new mode of choosing the president by the whole of the fellows at large; and thirdly, it gave a more summary power to the College of Physicians—such a power as the Crown has given to the College of Surgeons—of their removing from their body parties who were guilty of *mala praxis*. With such alterations as these, in your opinion would the constitution of the College of Physicians be such as to render their maintenance a public good?—Reverting to my remembrance of these clauses when they were before us, I have no hesitation in saying, that in my opinion they would be very beneficial to the college and the public at large, and especially those clauses which provide for the abolition of the body of elects and the removal of unworthy members.

1515. Suppose the Crown, with the sanction of Parliament, should amend the charter of the college in these respects, your objection to its maintenance as a corporate body would be removed?—Yes; I would not be understood as deprecating the existence of the College of Physicians in its present state,

further than saying that it is inefficient, as compared with that efficiency which it might have under an alteration of the charter and a better constitution of the body.

1516. On the whole, you approved of the scheme that I was desirous of carrying. Would the amendment of the law as relates to the practice generally, opening the United Kingdom on terms to all persons equally qualified in Scotland and Ireland, and also the amendment of the charter of the College of Physicians, appear to you to be politic?—Speaking generally from my recollection, I did approve of the changes that were contemplated.

1517. *Chairman.*]—Supposing the Bill now before the House, or a Bill a little different, to be carried, do you not conceive that there must always be a decided superiority in the skill of the physician in the treatment of internal diseases, and in the skill of the pure surgeon in dealing with external injuries, as compared with the general practitioner, who divides his attention between both branches of the profession?—My impression is, that if this Bill were carried in its present form, the effect of it would be so far to abrogate all degrees and ranks in the profession, that it would deter from entering into the profession at all many highly qualified persons who do enter into it in its present state, and lower the scale of attainment both among physicians and surgeons. I believe it would, in the course of practice, amalgamate all classes together, and reduce to an inferior standard the higher standards of practice that now exist.

1518. Do you not think, that in whatever way you shaped your legislation, there would always be a class of men who would employ themselves in pure surgery beyond the general class, and another class who would devote themselves to the treatment of internal disorders beyond the general class?—It is the natural tendency there is towards that distinction which makes me regard it as a very important division, and one which it is desirable to maintain, because it has been established almost by the common understanding of mankind.

1519. Does not that division exist even where there are no laws establishing it?—To a certain extent it has always existed. Celsus indicates it in the most precise terms, and describes persons as applying themselves severally to the one branch or the other.

1520. Does not Herodotus mention, that among the Egyptians there was a different medical man for almost every limb in every part of the body?—Yes.

1521. At present, without any legal distinction, is there not a class of dentists deriving very considerable emoluments?—Yes.

1522. Are there not oculists also?—In places of large wealth you will have subdivisions of labour in every profession, and those subdivisions are beneficial if they go to a certain extent, but they become injurious to science if they are carried too far. There are certain divisions which are essential, and ought to be maintained.

1523. You consider that of surgeons and physicians to be one of those?—Yes.

1524. If you had by law only one faculty, would there not still be divisions, which the nature of the circumstances would inevitably call for?—My objection to a single faculty is, that it would give a less distinct indication to those natural divisions, and would tend to bring down the whole to a lower level than now exists in the higher classes of each. Whether it might elevate the subordinate classes of the profession, I cannot say; I believe not; I believe its tendency would be chiefly one of degradation.

1525. Do you believe, that if there were a single faculty, there would be some persons devoting themselves exclusively to surgery, and others to physic?—I think it probable in the nature of things.

1526. If there were a College of Physicians of very high character, whose diploma commanded general confidence and respect, might not such a body still hold up its head, though there were a single faculty; and might not persons be as proud of adding "Fellow of the Royal College of Physicians" to their name then, as men of science are of adding "F.R.S." to their name?—My answer to this is, that the tendency of the Bill would be to bring the general practitioners, without regard to the distinction between physicians and surgeons, into the condition of physicians; and in so doing, they being the great mass, the smaller number—the physicians—would be absorbed in the multitude, and their condition would be deteriorated.

1527. Do you attach much importance to preliminary education, with reference to the subsequent science and practice of the medical man?—I attach infinite importance to preliminary education, not merely with reference to medical

science and practice, but to position in society, which is of great importance to the condition and character of medical men. I am satisfied that too great a value cannot be attached to the relation which exists between the higher ranks in our profession and the higher class of society.

1528. High as the rank is which the distinguished physicians occupy, do you think that it is very decidedly higher than the rank which is occupied by surgeons of the first class? I cannot affirm that it is. Surgeons in general have not had a university education; and I attach great importance to this, and to the attainments which are derived from this source.

1529. If surgeons of the highest class rank in society as high as the most eminent physicians, and if physicians have generally had a prolonged university education, whereas such education is very rare indeed among the surgeons, is it not possible that you may a little overrate the importance of such education?—It is somewhat difficult to answer the question, because it involves a comparison between physicians and surgeons, in regard to their position in society, which I should be reluctant or unable to draw; but if there be any distinction in the case, my impression is, that the connexion of physicians with the universities has determined that difference.

1530. Then although it might be a thing unpleasant to persons in the higher classes of society to miss some of those ornamental accomplishments which we now find in distinguished physicians, yet looking at the thing with a view to the preservation of health, and the prolongation of life, and the progress of science, do you conceive that the academical education of physicians is a matter of high importance?—I do. I will give an instance in which I deem it to be of great importance. I refer to a particular class of disorders exceedingly prevalent among the higher classes, and very difficult of treatment, that class of disorders which depend upon mental and moral causes. I consider that the higher the qualification of the physician, and the more generous and extended his education, in that same proportion is he more fitted to deal with such cases. They constitute some of the most delicate and difficult cases in practice, only very partially known to the world at large, but forming a considerable part of the practice of physicians in the metropolis and great cities.

1531. Should you say that science had owed less to the exertions of eminent English surgeons during the last half century, than to the exertions of physicians?—Speaking generally of physical science, I believe more on the whole to be due to physicians, as regards its progress and extension. But this, with full admission of the extraordinary merits of John Hunter, and other eminent surgeons who have followed him in the same career of research.

1532. Do you attribute that superiority to their longer education and their superior attainments?—I would rather not use the term "superiority," because it is an obnoxious word, and it would require a long and accurate comparison to bear out that result.

1533. Mr. Acland.]—In reference to the difference between physicians and surgeons, do you not think that the university education, speaking generally of our English physicians, has operated in some degree upon the eminent surgeons of the metropolis?—I believe, as I have before stated, that the effect of a university education among a certain class of English physicians does, in fact, extend itself through all branches of the profession, and that the results of that are favourable, on the whole, to the medical profession, even down to the lower branches.

1534. So that if the physicians were not to go the universities, the general position of the surgeons would not be so high as it now is?—I believe that the influence extends more or less to all. If the great proprietor of Sutherlandshire goes down to Scotland and consults his medical man there, he carries with him a feeling towards that person, which depends in part on his relation to the London physician.

1535. Bearing in mind the improvement in the College of Physicians, by the creation of an order of fellows, is it not to be hoped that the higher description of surgeons will before long be in the habit of going to the universities for their education?—I think it very possible.

1536. With reference to the question of the right honourable gentleman in the chair, as to the tendency of the wants of mankind to divide medical practitioners into different classes, admitting that the wants of mankind divide medical men into different classes, would there not be a great loss to the profession if the preliminary education were not defined?—Certainly. As a general proposition, I should say that the higher the qualification of all classes of the profession can be raised the better; I believe that there is no more meritorious class than the general practitioners of England

and I do not believe that there is any class, who, in proportion to their education and their attainments, are so ill remunerated.

1537. Are there not strong inducements operating upon the student to press early into practice?—Yes, with the great mass of practitioners that is the case, and must ever be the case.

1538. And unless that inducement be counteracted by the existence of different grades in the profession, young men will go early into practice?—It is my firm belief, that unless there were different grades, there would be an indiscriminate rush into that practice which would secure the most speedy emoluments.

1539. Chairman.]—To take the analogy of the two other learned professions, any man may be called to the bar at the age of twenty-one, and there would be some advantages in sending a man at the age of sixteen to a special pleader, and in his being introduced to practice at the age of twenty-one; but is it not the fact, nevertheless, that the higher branch of the legal profession consists of persons who have been to the universities, and have postponed their entrance on legal study till they arrived at the age of twenty-four or twenty-five?—Yes, I believe so.

1540. With reference to the clergy, though of late a university education has been required, was it not the fact, that a great proportion of the livings in this country were supplied by men who had never received an academical education?—So I believe.

1541. But, nevertheless, there was always a higher class of men, who were the great lights of the church, and were educated at the universities?—Yes.

1542. Is it not possible that without any legal distinction you might have a class of persons with a lower standard of attainments and less prolonged education practising medicine in the rural districts, and yet that you might have persons of the highest classes, physicians and surgeons, who might still obtain their education at Cambridge and Oxford, and postpone their practice?—The operation of this Bill would be more immediately injurious as regards the upper classes of the profession in the metropolis, because there its effect, as it appears to me, would be to remove those who now attach themselves to our universities, and go through a course of preliminary study, but who would then cease to have the inducement for it, from the crowd of persons who would press upon them having the same privilege as they themselves have.

1543. But if it was found in practice that preliminary education made a man a better physician in the long run, would there not still be persons who would devote themselves to preliminary education?—We must recollect that we are speaking of a body of thirty thousand men in one generation, and those who enter into the higher part of the profession are a very small proportion of this number. If, by a Bill of this nature, you give an equal right and an equal character of practice to the great mass, the smaller number must surrender their place, and would lose the inducement to extensive or laborious preliminary study.

1544. Mr. Acland.]—Is it not the fact, that at the bar the distinction between the barrister and the attorney is kept up by certain artificial distinctions, which are of value in sustaining the honour and high character of the bar?—I imagine it to be so. In every profession the functions and duties run so much into each other, and the conditions of society are so complex, that we never can draw accurate and strongly-marked lines of division; for instance, between medicine and surgery we cannot draw such line very clearly.

1545. Sir J. Graham.]—If a single faculty were introduced into the law, and that faculty were the faculty of attorneys, do you believe that the postponement of the education of the barrister would in that case take place?—I should say not, for the same reasons as I have given regarding our profession.

1546. Those who preëminently succeed derive large emoluments, but they are few; if the standard were to be lowered, would not the prize be taken out of the lottery?—I think so.

1547. And the inducement to acquire greater knowledge would in that case be removed?—I believe so. In the medical profession more especially than the law or the church, it appears to me necessary that the legislature, or some other authority, should indicate to the public the relative qualifications for different parts of the profession, and the distinction between legitimate and illegitimate practice. It is a point on which human credulity and human ignorance are singularly current, and everything is less defined than it is in other professions; the very business of the law is to define itself; we cannot define ourselves as explicitly as is done in the profession of the law.

1548. Chairman.]—Are you acquainted with the state of the medical profession in France?—Partially only.

1549. Do you know whether by law there is more than one faculty there?—There is a Bill under discussion at this moment in the French Chambers, having relation in part to this subject.

1550. Is not the physician and surgeon the same person?—The physician and surgeon are perhaps more closely blended in practice in France than in England; but I cannot speak with exactness on the subject.

1551. The separation is just such a separation as I was asking you about; it is by law one faculty, but in great towns a division of labour takes place, in the same way as it does in other branches of trade.

1552. Monsieur Dupuytren practised surgery exclusively?—I believe so. The United States I believe to be the country where the practice of medicine and surgery are most closely blended.

1553. You have examined into that?—Yes, but my examination was a very cursory one.

1554. Will you state the conclusion at which you arrived?—I believe that the combination of medical and surgical practice is the general usage in the United States; and that the licence to practise includes this combination, in some of the States at least. In the great cities there, as elsewhere, I apprehend that the natural practical distinction between physic and surgery has grown up and been recognised, though less definitely perhaps than in England.

1555. There is one faculty there, is there not?—Yes.

1556. Does not the American medical school stand high?—I should rank it next to the English on the whole; but I am speaking on partial information on a wide subject.

1557. Colonel T. Wood.]—Do not the most eminent men in America become well known to the public there?—Yes. From the constitution of society in other respects in the United States they are much more closely on a level with the highest classes than medical men can be here.

1558. Chairman.]—Are there persons at New York of eminence in the profession, to whom, nevertheless, one would never think of going in a surgical case?—I best know the medical practitioners in Boston, and here, undoubtedly, men who bear the title of Doctors of Medicine, and have graduated as such, are the most eminent surgical practitioners of the city. But I presume and believe there are others who are more especially consulted in cases strictly medical in their nature.

1559. Sir J. Graham.]—Do we owe any great discovery in medicine or surgery to the American school?—The discovery of the application of ether in surgical operations may be said to be due to an individual of the American school, if such phrase may be used.

1560. Are there any writings of any eminent American physicians or surgeons which are regarded as standard works?—Not so known here; but there are many very valuable works written by physicians of the United States.

1561. Chairman.]—Did you ever attend their schools?—No; and I would be understood as speaking on very limited information.

1562. Mr. Aldam.]—Is there not an advantage in this American system, that the individual chooses the line he is to follow, after he has had some experience, and therefore after he is able to judge what line he is fitted for?—I would not be understood as formally describing any American system, because what I know upon the subject is derived from a few weeks' residence only, in particular parts of the United States.

1563. Are there not some advantages in a man choosing the branch of the profession which he will follow, at a somewhat advanced period of life?—No doubt; and chiefly in regard to literary education. A young man entering upon his preliminary education need not absolutely determine what line he shall hereafter follow, though after a certain time it will become expedient to do so.

1564. There would be an advantage in a man in the first instance following a complete range of academical study, and afterwards choosing the branch of the profession that he will enter upon?—This must be taken with limitation as to time.

1565. Chairman.]—Some of the gentlemen who have been before us have mentioned, as one important point for the physicians, foreign travel; and they have gone so far as to say that the education of a medical man of the highest class was not complete unless he had seen foreign medical schools. What is your opinion upon that?—I believe such travel to be highly advantageous. In the early part of my own professional life, I spent, as a traveller, several months in the army hospitals in the Peninsula.

1566. Do you think that an important part of the education of a physician?—Yes; not an essential part, but an important part.

1567. Do you agree with those gentlemen who have said that they thought that if there were only one faculty, that part of education would be almost entirely given up?—In so far as the existence of one faculty tends to depress the whole character of the profession, I believe it would be less probable that medical men would have the opportunity of travelling, and visiting the foreign medical schools. The most advantageous time for travelling, to a medical man, is when he has finished his medical studies; that is the time at which he is best able to appreciate the diversities of practice existing in different countries.

1568. In the medical schools of London and Paris are there not a considerable number of students from the United States?—Yes.

1569. The circumstance of their not having any legal distinctions in the medical profession does not prevent them from going there?—It does not; but I may remark that there are many motives which lead Americans of all professions to visit Europe. I would repeat that I cannot speak with any exactness of medical distinctions and usages as they exist in the United States.

Monday, June 21st, 1847.

MEMBERS PRESENT.

Mr. Acland.	Mr. F. French.	Right Hon. T. B
Mr. Aldam.	Sir James Graham.	Macaulay.
Mr. Bannerman.	Mr. Hamilton.	Mr. Wakley.
Mr. Dennistoun.	Sir R. H. Inglis.	Colonel T. Wood.

THE RIGHT HON. T. B. MACAULAY IN THE CHAIR.

William Lawrence, Esq., F.R.S., called in, and examined.

1570. Sir J. Graham.]—You are President of the College of Surgeons?—I am.

1571. How long have you been a member of that College?—I cannot say exactly; a great many years; I suppose about forty years.

1572. In latter years several attempts have been made to legislate with respect to the medical profession; have you seen the last Bill introduced in the present session, purporting to be a Bill for the amendment of the law regulating the practice of medicine?—I have.

1573. Have you formed an opinion favourable or unfavourable to that Bill?—I have formed an individual opinion unfavourable to the Bill.

1574. I have before me the petition presented to the House of Commons against that Bill, on behalf of the college over which you preside, signed by you as president; do the objections contained in that petition set forth the general outline of your individual objections, or are they objections entertained by the college to which you have affixed your name ministerially as president?—They may be taken in both senses; the petition itself as the petition of the president and vice-presidents, for it was considered necessary that the petition should be sent in at a short notice, within a certain time, and the notice was not sufficiently long to allow the council of the college to be summoned, and their collective opinion to be taken on the subject; but the petition so sent in has been subsequently approved by the council as expressing their sentiments; indeed, the council had previously met and resolved on opposing the Bill, considering it injurious to the college and detrimental to the profession; and it was in virtue of that resolution, and a further direction from the council to the president and vice-presidents to act in the matter as circumstances might seem to require, that the petition in question was sent in by the president and vice-presidents.

1575. Then not only officially have you signed the petition, but individually you entertain the objection set forth in that petition?—Certainly.

1576. Are you opposed in principle to a registration of medical practitioners in England and Wales?—I do not see any objection to a registration of medical practitioners that should set forth the qualifications under which they practise.

1577. A registration setting forth the qualifications under which they practise would necessarily also set forth the classes into which the medical profession generally is now divided?—Unquestionably; I should consider that the only kind of registration which would give the public proper information. Such a registration as is proposed in this Bill, in my opinion, would delude the public; it would lead them to form erroneous opinions.

(To be continued.)