

THE MEDICAL ACT (1858) EXTENSION BILL.

THIS Bill is described as one to extend the provisions of the Medical Act (1858), and consists of a single operative clause, which would add to Schedule A of the Act of 1858, after paragraph 11, the following:

12. Doctor or Bachelor, or Licentiate of Medicine, or Master in Surgery of any University or Medical School in the Empire at which the curriculum of studies and the examinations required to be passed by the undergraduates shall be accepted and recognised by the General Medical Council as equal in all respects to the requirements for students and candidates for degrees in the Institutions shown in paragraphs one to eleven of Schedule A.

On the face of it this seems a very innocent and reasonable proposal. Those who are responsible for the Bill tell us in a Memorandum that "surgeons of the highest standing in Canada and holding commissions from His Majesty in the Militia, volunteered for service in South Africa, and a complete field hospital was offered by Canada, and in both cases the War Office refused to accept such service on the ground that it was contrary to the Medical Act of 1858 to permit a colonially-trained surgeon to attend professionally to British troops." The Bill seeks to remove this disqualification, but the promoters fail to see that the registration under the Medical Acts, which Section xxxvi of the Act of 1858 demands as a preliminary to military and naval medical service, can only be granted to those colonies and possessions which have come into line with the Medical Acts. Australia and New Zealand and India are in this position, but Canada unfortunately is not.

Dr. Roddick, in his admirable remarks on this subject in his presidential address at the Montreal meeting in 1897 said: "By virtue of the British North America Act of 1867 the governance of educational matters was taken away from the Federal authorities and handed over to the Provinces, each to look after them in its own way. In consequence we have since had a curious complexity of medical legislation, there being practically no uniformity amongst the provinces in regard to standard of study or qualification for practice." After pointing out the differences which exist in different provinces he further said: "In this way, as can be readily seen, a kind of Chinese wall is built round each province, and the frontier is carefully guarded, so that it is unsafe for a medical man to pass from one to the other unarmed with a licence, because of the risk of fine, and even imprisonment."

This condition of things, which allows no reciprocity between Quebec or Ontario or British Columbia, and which permits various standards and independent qualifying authorities in the several provinces, all far removed from any supervision or control of the General Medical Council of the United Kingdom, and controlled by no similar body in Canada, is an insurmountable barrier to the object of the Bill. Part 2 of the Act of 1886 provides, it is true, in Section xvii for the recognition of degrees granted in the Colonies by an Order in Council where just reciprocity or equality of rights is shown to exist; but this is not the case in Canada, and cannot well be until a Dominion Examining Board, as suggested by Dr. Roddick, has been instituted, by which, as he pointed out, "not only could the (Canadian) licentiate practise in any part of the Dominion, but he could register in Great Britain, and thus receive recognition all over the empire." It is in this direction that reform is needed. Canada can herself remedy the grievance which she so naturally resents in connection with her patriotic offers of assistance in the South African war. Her friends on this side have not fully realised the position, or they would have suggested legislation in the Dominion Parliament or in the first instance action in the Provincial Parliaments, instead of introducing a Bill in the House of Commons.

The amendment of the Act of 1858 proposed in this measure would seriously interfere with the second part of the Act of 1886, and would endanger the work already done under Section xvii.

Where there is shown to be equality of privilege the General Medical Council has recognised and registered Colonial and Indian qualifications, but this careful, cautious, and wise procedure would be ruined by an enactment such as that now proposed, under which licentiates of any medical school, as well as graduates of the Universities in the Colonies, would be admitted to the *Register*, and thereby entitled to practise

as civil surgeons in any part of the United Kingdom, as well as to act as surgeons in the public services. Moreover this privilege would be granted without any certainty that reciprocal treatment would be extended to registered British qualifications by the Provinces of the Dominion. No: much as we should like the grievance of our Canadian friends removed this Bill is not the proper way to do it. The remedy rests with Canada itself, and we hope Dr. Roddick's proposals made in 1897 may bear fruit at an early date.

THE SOUTH AFRICAN HOSPITALS COMMISSION.¹

IV.

(Concluded from p. 523.)

THE ROYAL COMMISSION'S MAIN RECOMMENDATION.

THE Royal Commission on South African Hospitals concluded its Report by recommending the appointment at some early convenient time of a Departmental or other Committee of experts to inquire into and to report upon the steps needed to effect certain objects which the Commission then set out at length. As a reason for this recommendation the Royal Commission stated that they had pointed out in the course of their Report several matters connected with the R.A.M.C. as at present constituted, and as to the care of the sick and wounded, in which improvements are required, and they express the distinct opinion that the extent to which, and the way in which these improvements can practically be made require detailed and careful consideration by military and medical experts.

Lord Roberts, in his evidence before the Royal Commission in Pretoria on September 11th, 1900, stated in reply to a question from the President that he was of opinion that a departmental inquiry ought to be held into the question of how far in time of peace the R.A.M.C. should be made elastic, so as to be capable of increase in time of war. Since Lord Roberts gave his evidence and even since the issue of the Report of the Royal Commission many suggestions, some of them conflicting, for the reform of the medical service of the Army have been put forward, and we know that there are many men who have had experience in this war, civilian surgeons, military officers, both medical and non-medical, and others whose views would perhaps be of less value, who have formed very distinct opinions upon the various aspects of the question, and are ready if called upon to give to any Commission which may be constituted the advantage of their experience.

MR. BRODRICK'S VIEWS.

We assumed that the Secretary of State for War would accept a recommendation which came to him with so much authority, and we must confess that we interpreted Mr. Brodrick's speech in the House of Commons on February 19th to mean that he contemplated the appointment of such a Committee as is recommended by the Royal Commission for South African Hospitals, for he said: "We are bound to look at this question very carefully, and we are determined to call to our assistance the heads of the medical profession." He then went on to ask the House to have confidence in him, and said, "I will undertake that no effort shall be wanting, that there is no experience we can get but shall be turned to account, that no past prejudices shall be allowed to intervene or prevent our giving the army an effective medical service." Mr. Brodrick summed up the experiences of the war somewhat as follows: (1) That the military titles had not altogether had the best effect; (2) that the Royal Commission had shown that there had been no general disposition on the part of the Army Medical Department to shirk its duties, but that great devotion had been displayed among the medical men; (3) there had been defects of organisation, and some want of skill due to the fact that officers had been so hardly worked that they had not had proper opportunities of studying their profession; (4) that

¹ The previous articles were published in the BRITISH MEDICAL JOURNAL on January 26th, p. 236, February 23rd, p. 464, and March 2nd, p. 522. An article on Mr. Bardett-Coutts's book *The Sick and Wounded in South Africa*, in relation with the Report of the Royal Commission was published in the JOURNAL on February 9th, p. 374.