

well to press your own "strong assertions", if not to polish your sentences in remarking upon those of others. Besides, remember that your enemy is a myth; the tomahawk is lost upon him.

Such is the controversy, if controversy it may be called, which has been raging in your pages. Let me now put all the personal and local part of it aside for a moment, and in the spirit of Dr. Wood's letter, attempt to arrive at a principle by which the soundness of the several corporations in regard to medical reform may be tested, and to which it seems indispensable that they should agree, if we are ever to arrive at a conclusion.

It appears to me that such a principle is the following:—

The profession at large, or such a combination of bodies as may be said adequately to represent the profession of medicine, ought to hold in its own hands the granting and the refusing of the simple license to practise as a member of that profession. The quacks I should be quite content, for my own part, to leave alone; but I most strenuously object to every proposition which tends to admit any one into the ranks of the legitimate profession, except through a tribunal having the confidence of the entire profession, and responsible to it.

If this principle be accepted as the basis of a real medical reform, let us see how it may be applied to distinguish mere corporation interests from the interests of the public and of the medical profession.

It is obvious that any University which, like the University of London at present, contends for the right of granting an independent license with its degree, is an obstruction in the path of medical reform, and therefore, to this extent, a stumbling-block and rock of offence to the public. A University is in all cases a small corporation, responsible perhaps to Government, but certainly not in any sense to the medical profession; and very often occupied by interests by no means in harmony with those of the public. A University degree, therefore, cannot, except by a fiction of the law, become a professional qualification. It may be—what in reality it was intended to be, but sometimes is not—a title, a distinction, and a badge of honour, over and above the mere license to practise.

We have Oxford and Cambridge to thank for this attempt on the part of the University of London, which must, if successful, be followed by similar applications from the Scottish Universities. Could not arrangements be made with these bodies (as well as with the Archbishop of Canterbury, who possesses a similar prerogative) to dispense with this invidious and antiquated privilege, in favour of a generally satisfactory measure of medical reform? I do not doubt it; for Oxford and Cambridge, to do them justice, have never attempted to sink their degree to the level of an ordinary professional license.

As regards colleges and other medical incorporations, it is only by uniting together, and pursuing a common plan, that they can present any claim to form a representation of the profession. If the latter, therefore, is to be the source of the medical license, it is suicidal for these bodies to stand aloof from each other, or to agitate for small corporation advantages in the form of partial measures. The medical profession will not be so deceived; and if the incorporations do not open their gates, so as to represent it in its entire length and breadth, it will ere long organise itself, and demand from Parliament a truly representative system, to the destruction of the present incorporations. Let the Colleges of Surgeons of Edinburgh and London, then, learn to read the signs of the times. Physicians, surgeons, apothecaries—English, Scotch, Irish—may or may not be very useful distinctions; but they must all join together, and admit reciprocal privileges, if medical reform is to go on.

You appear to dislike anonymous correspondence on this subject. I neither court notoriety, nor do I fear it; and if you will do me the favour to publish this letter, you may give my name to any one who desires to know it, and who has, in your opinion, a sufficient reason for putting the question. In the mean time, as I have not said anything requiring personal authentication, allow me to remain, to the bulk of your readers,

SPECTATOR.

Edinburgh, June 3rd, 1854.

P.S., June 12th, 1854. In the correspondence between Dr. Alison and Mr. Nunneley, of Leeds, which has reached us in Edinburgh since the above letter was sent to you, it is delightful to observe the perfect good faith, and genuine public spirit, which animate both correspondents. Mr. Nunneley, whose mission here in 1852 is gratefully remembered by the Edinburgh reformers, and whose opinions will have much weight, clearly indicates in No. 11, the fate which hangs over the corporate bodies,

who "tenaciously cling to privileges" which are "only for the personal benefit of those constituting the bodies". He threatens to move the Legislature for the institution of a *new Board*, which will give the license to practise, and convert existing diplomas into honorary parchments. This, at least, is his *ultimatum*: as a practical reformer, he is not averse to a reconstitution of the existing corporations as examining bodies *under the public control*. This I believe to be the feeling of a large and daily increasing body in the profession. Dr. Alison demands for the universities liberty of action and security of privilege, on the footing that the degree is to be an "*honorary qualification, additional to those which the license to practise requires*". This is right and fair; every one who knows Dr. Alison expects no less from him. But will all the universities, or even all the members of any one university, accept these conditions? Will they agree to be bound to admit as graduates only those who possess the minor qualification? Will they, in short, cease to bring their degrees into competition with the ordinary professional license, and leave the latter in the hands of the profession? If so, then they are *medical reformers*. If not, then they are engaged in a traffic opposed to the public interest, and the natural consequence of which is to fix the value of degrees according to the state of the market; a traffic, the evil consequences of which have been seen in the "doctores indocti" of Germany, not to mention other places nearer home.

SPECTATOR.

CONVENTION OF POOR-LAW MEDICAL OFFICERS: MR. PIGOIT'S COMMITTEE.

LETTER FROM CHARLES F. J. LORD, Esq.

SIR,—It is most important for the friends of an improved system of medical relief to be *immediately active, or another chance of success may not arise for years*. There is danger of failure through want of united exertion and condensed evidence. Let union officers, without an *hour's delay*, send strong facts in proof of injury arising to themselves and the poor through the relieving officers, the guardians, or the Poor-law Board; also instances where the Poor-law Board have not been able or willing to settle grievances, or afford redress to the medical officer when hardly dealt with by the guardians. Let it be remembered, there is an official vigilant Board, very familiar with public business, who are not favourable to the cause of the medical officers. Short strong cases may be sent to me, or better far immediately to some member of the Parliamentary Committee who is not adverse to an alteration in the present system of managing and remunerating the poor-law medical staff.

I am, etc.,

CHARLES F. J. LORD.

Hampstead, June 14th, 1854.

NEWS AND TOPICS OF THE DAY.

UNIVERSITY OF EDINBURGH. A document, showing the attendance of students at the University during the winter and summer sessions 1853-4, was laid upon the table. It appeared that during the year the number of students had been 1308, exclusive of those attending the divinity classes. Of that number, 991 were from Scotland; 174 from England and Wales; 26 from Ireland; and 100 from the colonies and foreign countries. The total number of students last year was 1388, showing a decrease of 80 on the year.—*Town Council Proceedings*.

APPOINTMENTS.

[*An asterisk is prefixed to the names of Members of the Association.]

*BURDER, G. F., M.D., elected Physician to St. Peter's Hospital, Bristol, in the room of Dr. STANTON.

OBITUARY.

[*An asterisk is prefixed to the names of those who at the time of their decease were Members of the Association.]

HUME, Andrew Wilson, M.D., at sea, on his return home, on April 10.

MEIKLEHAM, William Stuart, M.D., of La Pique, San Fernando, Trinidad, on May 9.

*WEBB, Mathew, Esq., at his residence, Haybridge, near Wellington, Shropshire, aged 71, on June 6.