

Society Reports

FACULTY OF THE HISTORY OF MEDICINE AND PHARMACY

FIFTH BRITISH CONGRESS ON THE HISTORY OF MEDICINE AND PHARMACY

THE fifth annual congress of the history of medicine and pharmacy organized by the Faculty and sponsored by Smith, Kline and French was held in London on 15–18 September 1964, under the presidency of Lord Cohen. The subject of this congress was 'The Evolution of Medical Education in Britain'.

The proceedings opened with the Chairman, Dr. W. S. C. Copeman, welcoming the members. Honorary Fellowship of the Faculty was then conferred on Professor Paul Diepgen of the University of Mainz.

In the first paper of the meeting, entitled *Medical Education at Oxford and Cambridge Prior to 1850*, Dr. A. H. T. Robb-Smith refuted the widely held notion that the medical schools of Oxford and Cambridge only developed in the nineteenth century. On the contrary, Dr. Robb-Smith suggested that from the thirteenth to the seventeenth centuries, the two universities were the only places in the British Isles offering formal medical training. While it would be absurd to pretend that they consistently provided a quality of medical training equal to the various continental schools during their brief hey-days, nevertheless the graduates of the Universities maintained a notable tradition in clinical practice and investigation which must be a consequence of the pattern of education they received.

Dr. H. P. Tait followed with an outline of the development of Medical Education at the Scottish Universities to the Close of the Eighteenth Century. Although provision was made for medical education in the charters of St. Andrew's, Glasgow and Aberdeen Universities, the main impetus for medical education in Scotland came from the medical corporations. William Cullen, it is true, did much to develop the medical faculty at Glasgow from 1746, but at Aberdeen the independent Aberdeen Medical Society was the prime mover in education, and at Edinburgh the Incorporation of Barber-Surgeons and the Royal College of Physicians took the initiative in founding the medical faculty in the University in the eighteenth century.

Dr. R. S. Roberts concluded the morning's session with a survey of the influence of the medical corporations on the development of medical education. These corporations, as craft guilds, were established to protect both their own members from unfair competition, and the public from the abuses of uneducated practitioners. The duty of the corporations was not to educate but to examine. This separation between education and the colleges was not so complete in Edinburgh and Glasgow where they played a large part in founding university medical faculties as has been seen. But, generally speaking, the corporations never had an organization suitable for teaching.

Sir Zachary Cope, in dealing with the Private Medical Schools in London (1746–1914), showed how these institutions virtually monopolized formal medical education before the rise of the undergraduate medical schools. The Great Windmill Street School, founded by William Hunter, played a particularly important part and, until after Hunter's death in 1783, was unrivalled, but the passing of the Apothecaries Act in 1815 led to an increased demand for teachers and a number of private schools sprang up, the last of which did not die until 1914.

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Dr. A. E. Clark-Kennedy next spoke on *The London Hospitals and the Rise of the University*. He explained how the staffs of the great London hospitals started taking private pupils who became essential to the running of the hospitals. Meanwhile the foundation of University College Hospital introduced a new conception into medical education, as the advantages of applying scientific techniques to traditional medicine were appreciated. In 1900 the London medical schools were incorporated in the University of London, but little change took place in the organization of medical education until the Haldane Commission on Medical Education advised the hospitals to set up full-time professional units to supplement the part-time teaching and part-time research of the clinical staff. The Second World War and the reorganization of hospitals and medical education under the National Health Act completed the process.

Dr. S. T. Anning traced the rise of the English Provincial Medical Schools in the Nineteenth Century from about 1830 as a direct result of the Apothecaries Act in 1815. Unlike the Scottish medical schools, the provincial ones were associated with hospitals, not universities, though several helped to found universities later.

Dr. McConaghey opened Friday's meeting by reading Dr. W. H. McMenemey's paper on *Medical Education and the Medical Reform Movement* as Dr. McMenemey was unhappily unable to attend. The medical reform movement was taken as beginning with the efforts of those who endeavoured to remedy the deficiencies of the Apothecaries Act of 1815 and extending to the time of the passing of the Medical Act of 1858. The smooth course of medical reform was interrupted and delayed by the Poor Law Amendment Act of 1834, and by the almost insuperable social prejudice against attempts to improve the inadequate general education of medical graduates. But one of the main obstacles to an improved curriculum was removed when dissection of the dead was legalized by the Anatomy Act of 1832. The main impetus for reform came from voluntary associations of medical practitioners and the medical press.

Dr. Charles Newman dealt with the *Rise of Specialism and Postgraduate Medicine*. The first modern special hospital, St. Luke's, founded in 1751, had specialist education in psychiatry as one of its purposes. But the foundation of special hospitals was on the whole opposed by the medical profession and many doubts were expressed as to their value in teaching. However, by the end of the nineteenth century there was considerable provision for specialist education and efforts were made to establish organized postgraduate education.

Dr. F. N. L. Poynter next spoke on *Education and the General Medical Council*. The General Council of Medical Education and Registration was established by the Medical Act of 1850 to implement its provisions. But with twenty competing licensing bodies, each with different standards, the low level of general education, and the unwillingness of the representatives to surrender their autonomy, it became clear that further legislation would be necessary. The 1886 Act ended the system of 'half qualification', but all efforts to achieve 'a single portal of entry' to the profession were frustrated, for the 1886 Act actually increased the number of licensing bodies. The role of the Council was confined to the quality of examination and diploma until as late as 1950 when it was given authority to inspect medical schools.

Dr. J. Andersen, in a paper on *Medical Education and Social Change*, showed how an important objective in medical education has always been the reconciliation of the needs of the profession and the requirements of society, so that a curriculum could be forged to give adequate expression to both. Social change has had, and will always have, an important bearing on medical education.

Sir Brian Windeyer concluded with a survey of *University Education in the*

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Twentieth Century. He showed how the pattern of medical education has been profoundly influenced by the social and economic changes produced by two world wars and the rapid increase in scientific knowledge. After the Second World War the Goodenough Report set the pattern for medical schools and their association with the National Health Service. In the succeeding twenty years new problems have arisen calling for a new flexibility.

After the Dinner held on Friday 18th the Chairman, Lord Cohen, spoke on the subject of 'The Philosophy of History'.

THE SCOTTISH SOCIETY OF THE HISTORY OF MEDICINE

REPORT OF PROCEEDINGS, 1963-4

THE Report records that the Society has had a highly successful and profitable session, the usual three meetings being held. The Society suffered a severe loss during the session in the death of its President, Mr. Charles H. Kembell, F.D.S., who was the first dental surgeon to occupy the chair. A fitting tribute to him was paid by the Vice-President, Professor Norman M. Dott, at the summer meeting. The personal notes, medico-historical and book notices, well-known regular features of the Report, maintain their usual interest and standard. Of the papers delivered before the Society the first on Manuscripts and Medicine given by Professor L. R. C. Agnew at the Fifteenth Annual General Meeting is briefly reported, while the others, Sir Patrick Heron Watson (1832-1907), the well-known Victorian surgeon, Shakespeare and Medicine, and Dr. John Leyden (1775-1811), the Scottish Border physician, poet and linguist, by Drs. Boog Watson, Armstrong Davison and Douglas Guthrie respectively are reported more fully. Altogether the Report reveals that the Society is indeed an active and energetic outpost of medical history in the northern kingdom.

H. P. TAIT

THE NORWEGIAN SOCIETY FOR THE HISTORY OF MEDICINE

DURING the last season the Norwegian Society for the History of Medicine have held five ordinary meetings. In September 1963 Lily Aal, Ph.D., gave a most interesting account of congenital malformations as they are known in Norwegian folk-lore. In November our Finnish guest, Professor Gunnar Soininen, M.D., talked about the old academy for surgeons in Finland.

Carl Rosendahl, M.D., in February 1964 conducted the audience on some short, charming, and interesting excursions in the history of medicine; and in May Professor Olav Hanssen, M.D., talked about Brillat-Savarin and his famous book on the physiology of taste. Also in May our guest, Professor Norman Dott, M.D., gave a greatly appreciated lecture on 'Medical aspects of Robert Burns'.

It has been a year of progress. The number of members is steadily increasing. Contact has been established between the society and the international foundation of Cos. The Society is also co-operating with the Norwegian Folk-lore Museum to save what is still left of old medical instruments.