

James Patterson (1809/10–1869)

President of the Belfast Medical Society

1859–60

President of the Ulster Medical Society

1863–64

Presidential Opening Address

Belfast Medical Society

6th June 1859

Gentlemen, In occupying this chair for the first time as your President, I need not assure you how highly I appreciate the honour you so unexpectedly conferred on me. Succeeding, as I do, gentlemen so eminently qualified to preside over our deliberations, I feel confident that the same kindness which led you to impose on me the duties of office will induce you to regard with indulgence the many imperfections of which I am conscious. When I look over the list of distinguished and gifted men who established this society, a natural regret is excited that so few who fostered its infancy are now present to participate in the gratification of witnessing its maturity. But their spirit still lives among us. The pure devotion to medical science, which led to the establishment of this institution, still animates and inspires our labours – a devotion which, I feel assured, must naturally be augmented and strengthened, the more the objects we have in view become developed by the unerring light of experience.

The value of experience is universally admitted. There was never, probably, any period in which a difference of opinion really prevailed as to the utility of experience, either in medicine or in any other description of human knowledge. But, as the "*experientia fallax*," spoken of in the famous aphorism of Hippocrates, was an early discovery, so the minds of speculative men were naturally turned to the possibility of reaching, by hypothetical reasoning, some principles or rules by which such fallacies might be avoided. In such attempts we see the origin of those great systems of hypotheses, both in medicine and philosophy, which, from ancient times down to no very distant date, have followed each other in long succession.

It is a just subject for congratulation, both in general science and in medicine, that more enlarged views now prevail, whether as respects experience itself, or the systematic views that may be connected therewith. Medicine, now unequivocally acknowledged, like other branches of knowledge of similar character, to be dependent for its improvement exclusively on inductive investigation, there is, therefore, no principle, law, theory, or

hypothesis, any longer to be tolerated for a moment in medicine which does not rest on experience – that is to say, on facts ascertained by observation. In a large sense, medicine is a part of physiology, in a more limited acceptation of the word physiology. Medicine rests on the principles of that science. Physiology itself is a science, the whole value of which to medicine depends on it having been reared to its present height of pre-eminence by the diligent observation of facts in the structure and composition of the human body, and of other animal bodies, and in the relations which the living frame holds to temperature, air, water, and aliment. The principles of physiology, therefore, now hold out to medical experience such a system of rules for its guidance as ancient physicians seem to have gone in search of when they left pure experience to embark in those fanciful systems of medicine which so long imposed their authority on the medical world.

But it will be said, does experience require any such guide? Is not experience of itself all-sufficient to conduct the medical inquirer to correct rules and principles both in the theory and practice of medicine? The authority of the great father of medicine still stands uncontradicted – that experience is deceitful. Nor is it likely that any modern of high name will put forward a contrary proposition. But if we can discover why it is that experience is deceitful, the knowledge of the evil will be the shortest way to the remedy. There are two kinds of knowledge, which are the fruit of observation – namely, what may be termed descriptive knowledge, in which appearances or qualities more or less addressed to the senses are observed; and events or occurrences in connection with the causes by which they are produced. In the first of these two kinds of knowledge observation is beset with comparatively few difficulties; in regard to the second kind of knowledge the sources of fallacy are very numerous. As respects medicine, the determination of the external features of maladies belongs to the first head, while under the second head fall the decisions of the physician as to the effect of curative agents in the course of diseases.

The observation of sensible qualitatals such as is required for the description of the external features of diseases, is much more acute in some individuals than in others. Yet that culture does not require any high education or depth of mental training. It is the education of the senses on which a successful result

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depends – in short, a turn for this kind of observation is not infrequent in uneducated individuals, and among nations little advanced in the social state. Accordingly we find that the mere description of the outward features of such diseases as have a fixed character made a progress in ancient times such as to preclude any great additions among the moderns. The descriptions of ague, tetanus, and epilepsy, which have come down to us from ancient times, are unequalled for minuteness and accuracy of detail. It must be confessed however, that the descriptive talent required to seize the very prominent characters of such diseases as these cannot be pronounced to be of the very highest order, and that there is room for the cultivation of this kind of observation by every practitioner in a manner to secure a high place for excellence therein among the accomplishments of the medical character.

It cannot be doubted that the nice and refined acquirement of observation of this kind may be turned to essential service, in the diagnosis and prognosis of cases of difficulty, and that the far-famed *visus eruditus* of the old physicians is probably too much neglected in our times. It is true that the use made of the *visus eruditus* by some of the old physicians, savoured a little too much of quackery to deserve our commendation – as when they sought to create astonishment, by the nicety with which they could pronounce how many days or hours the patient could live. Nevertheless, there are many most useful purposes to which the accomplishment, *visus eruditus*, can be applied in the practice of medicine. It is, indeed, a two-edged sword, which may be employed either for good or evil. There are unquestionably many cases of disease, where a nice discrimination is required to distinguish a malady, from maladies of even a very opposite character, which are apt to put on a similar appearance, and here the medical man who has a natural turn for this kind of nice observation, or who has had unusual opportunities of cultivating whatever natural talent he has for it, will sometimes, by putting this kind of tact to use, acquire a decided advantage at the bedside over those who, proud of their pathological attainments, regard anything so empirical as external observation as beneath their notice. What so useful as this kind of tact in the diagnosis between inflammatory diseases, and that large tribe of hysteric maladies which Marshall Hall, in one of his earlier works, described as the "Mimoses!" What so useful in the detection of the obscure forms of mental derangement! What so useful in the discrimination of [???]nier diseases, from those cases in which there is

determination of blood to the head.

I proceed now to the consideration of the second kind of knowledge, which is the fruit of experience – that, namely, which concerns events, occurrences, or changes, in connection with their causes. Under this head, as I remarked already, the sources of fallacy are numerous. It is this kind of experience that was described by Hippocrates as deceitful. Almost universally do men, women, and children seek after a cause for whatever occurs before their eyes. Why? is almost the first word in the mouth of every intelligent child. Why is this? Why is that? Why is this other thing? Every medical man has the why addressed to him every day much oftener than he can satisfactorily answer. It must be confessed, however, that men are much better at asking what is the cause of an occurrence than at finding a correct answer. All that multitude of errors which deform the early history of science, as well as the early history of medicine, plainly has its source in the disposition of mankind to regard things standing in immediate succession as being in the relation of cause and effect. The *pre hoc ergo propter hoc* is, undoubtedly, the most fertile of all the sources of error among men. As long as man's attention is confined to cases which are plain and obvious, such as that fire is the cause of warmth, light the cause of vision, clouds the cause of rain, wind the cause of a tempest at sea, there is no difficulty met with. These are all familiar things. They fall within the experience of everybody so often, that if any fallacy had originally occurred to any one in regard to one or more of them, the fallacy could not escape being soon detected. But there are many events which fall within human experience less definite in their character, seldom occurring twice in exactly the same distinct form or condition, or else attended sometimes with one train of circumstances, and sometimes with another train of circumstances. If, then, a person, by the constitution of his nature, is obliged to consider whatever precedes an event on its cause, unless he were previously sufficiently acquainted with the general character of the event to be able to pronounce that that antecedent could not be its cause, he will be apt to run into error, as he sees things occurring in succession with the precise nature of which he is not acquainted.

For instance, an eclipse occurs, and soon after a pestilence arises. Persons, even in our time, who have made themselves but little acquainted either with what is known of eclipses or with what is known of epidemics, will hardly fail to ascribe the one event to the other. At the time of new moon there is a heavy

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fall of rain, and heavy rains occur during the whole time of that moon. Those who have paid little attention to the vicissitudes of the weather ascribe the subsequent rains to the rain which fell at the beginning of that moon. "If it rains on St Swithin's day," says the popular saying. "it will rain every day for six weeks after." If people attended more to the ordinary character of the weather at that season, they would find that in most years it rains almost every day for six weeks, whether it rains on St. Swithin's day or not. Some years ago, a popular notion arose that a single good dose of common salt is an effectual remedy for epilepsy. Numbers were found to bear witness to the truth of the assertion, had doubtless what they said they believed on good evidence, such as it was. An epileptic was seen struggling with the disease on the ground. Some one ran for a handful of salt, and threw the salt against his mouth. The spectators were astonished at the effect – the convulsions were no longer observed. If they had known that the convulsions usually come in a moderately short time, they would hardly have been surprised to see an apparent connection between the application of the salt and the termination of the convulsions. So it seems hardly to occur to the patrons of the numerous systems of quackery which prevail at the present day, that, under rest and regimen, a considerable number of diseases pass away without any particular treatment, and hence, that the diseases which they think owe their cure to their universal panacea furnish excellent examples of the well-known fallacy – *pre hoc ergo propter hoc*. What, then, is the remedy for this singular fallacy in experience? What has cured a great part of mankind of their old faith in astrology, sorcery, divinations, and similar fallacies? What but a better knowledge of the ordinary laws of nature, widely diffused by means of general education. A man who is well read in the history of nations, and who has, therefore become well acquainted with the causes which operate in the production of wars, commotions, revolutions, and all the striking vicissitudes of their , innumerable incidents, will not think of seeking any farther causes for these than are to be found in the conflict of human passions and interests, and in the elements of discord necessarily generated in the progress of man's social condition. He will not think of calling in the influence of the stars to account for what he sees so likely to be produced by influences ever at work on the busy surface of the earth. A man who knows something of astronomy will not readily believe that the star in the ascendant at the moment of an infant's birth can have any power to determine the course of

that child's nature in after life. A man who has studied the habits of birds will not readily believe that the appearance of a magpie on either side of his path will have any influence on the success of the journey on which he is setting out.

What, then, but the progress or knowledge in all the several departments of nature and of social life has caused the disappearance of these superstitions? And what is the interpretation to be put on this proposition? What but this – that knowledge is essential to render conclusions from experience free from fallacy. What, then, is the kind of knowledge which should be cultivated. In order to secure to experience in medicine freedom from fallacy, and in order to render experience an effectual guide to medical skill in individuals, and to render it the means of improvement to the science of medicine? The sciences applicable to medicine come under the three heads of physiology, pathology, and therapeutics. It is, then, by a familiarity with the spirit of these branches of knowledge that the mind is to be fortified against the ever ready acquiescence in the conclusion that the circumstance which precedes an event is to be regarded as its cause. It appears to me that the necessity of knowledge to the successful use of observation and experience cannot be too much insisted on. The history of medicine and of surgery is full of instructive lessons on this subject. How many long ages elapsed before so simple a matter as the treatment of wounds and injuries came to be placed on a proper basis? Surely there was no want of experience in these amidst the wars and tumults of ancient times, and of the dark and middle ages of European history. What, then, prevented this vast experience from being more fruitful of beneficial results? The light of physiology had not then become a lamp to the path of the surgeon. It was ignorance of the causes of nature in the animal economy which made surgeons blind to the right conclusions to be drawn from their experience. The rise of exact surgery is coeval with the rise of sound physiology.

But I will not trespass on your time longer, by dwelling on illustrations of the necessity of cultivating the subjects of physiology, pathology, and therapeutics, if we would render our daily experience subservient to our own improvement in medical skill, and to the advancement of medicine as a science. In bringing this very imperfect address to a conclusion, I would strongly counsel that we should never yield to a despair of the fortunes of medicine. Of the usefulness of our exertions in fighting against the inroads of disease, under the many serious difficulties lying in our path, there is not room for the slightest

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doubt. Let us not impatiently turn aside from the straight path in search of novelties. Too many examples of the folly and fruitlessness of such a course have already occurred within the history of medicine. The medicine of our day is on a well-ordered plan, and there is no ground for doubt that a perseverance in its essential precepts will give one day to the pages of the history of medicine, a greater brilliancy than has yet been obtained.

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Presidential Opening Address

Ulster Medical Society
3rd November 1863

GENTLEMEN, I cannot proceed with the few observations which it is my duty to address to you on the opening of the second session of the Ulster Medical Society, without sincerely expressing how sensible I am of your kindness in electing me to the honourable position of your President. I appreciate highly, indeed, the honour you have conferred on me, the more so, as it was entirely unanticipated on my part; but I accept it, and feel gratified for it, as an evidence of kindly feeling, both personally and professionally, on your part, which it shall always be my pride and happiness to cultivate and cherish.

I certainly have taken a warm and anxious interest in the re-construction of the Medical Society on its present basis, and I shall always deem it a privilege to cooperate with my brethren in rendering its organization more perfect and in extending its sphere of usefulness, so that it may become what we all earnestly desire to make it – an institution worthy in all respects to represent the profession in Ulster. It is indeed with pleasurable feelings that I can congratulate you on the progress the Society has made, and on the position to which it has already attained.

It is indeed true, that, in glancing over the list of members we find many omissions, – the names of many gentlemen, in town and country, are, I may say, “remarkable for their absence;” still, I doubt not, when our objects are better known – our motives in associating together better understood – that our Society will be more truly appreciated and supported.

In fact, Gentlemen, for what are we labouring? for what purposes do we assemble here? Are they not the most laudable – the interests of our noble profession, and, therefore, the interests of the public. We pursue no mere selfish objects, and I identify the interests of the public with the interests of our profession, because I emphatically hold that, rightly understood, both interests are the same. In ages of comparative ignorance and darkness, when medical knowledge was in its infancy, enthralled by superstition, and struggling to attain an intellectual existence, who, I ask, were the greatest sufferers? Why, the public at large. And now that medical knowledge has attained a position we have just reason to be proud of – now that crude theories have been sifted by experience, and ascertained knowledge systematized into a science, the onward progress of

which has been along an illuminated path, each succeeding stage becoming more brilliant, though the wayside has been too frequently bestrewn with martyrs – now, I ask, when in this age, superlative for its genius on almost every subject, medical men occupy the foremost rank, and medical science is cultivated with the most distinguished success, who are the greatest gainers? Why, I answer, the public at large. This is what I wish was better understood. If the public reflected for a moment, this truth would be irresistible. By patient study, by laborious practice, by profound researches we can acquire no knowledge which does not directly tend to the public advantage. In fact, no profession is more prominently absolved from the charge of the pursuit of selfish interests than ours is, because all our efforts to uphold professional interests, in like manner as all our studies, have but one object in view – to render our services more useful and valuable to the public.

It is this consideration which must free us from any imputation that in associating together we have mere selfish ends in view. We legitimately avail ourselves of the principle of association, which is a distinguishing feature of our age, because by no other means could the laudable objects we contemplate be so efficiently promoted. A unit is of little avail, but in combination units become all-powerful. Individually, professional men, scattered over the country, have few opportunities of imparting, *viva voce*, their experiences to their brethren, or of aiding in sustaining professional interests. Our Society is designed to supply this great want. We associate together for mutual improvement, such as always must follow a free interchange of ideas and experiences. In our social principles and relations reside the great springs of improvement, the stimulants to vigorous and efficient exertion. The healthy impulses and influences to be derived therefrom we desire to render available, and, therefore, our Society exists.

I would earnestly entreat our brethren who have not as yet joined us, to reflect a moment on their own position and on the advantages our Society offers. We can lose nothing, but gain vastly, by enlarging the sphere of our observations; at the same time, we have the gratifying knowledge that we are members of a Society – one great object of which, among others, is to uphold our profession in its true honour and dignity. These considerations, I sincerely trust, will induce the profession generally throughout Ulster to join our Society, and thereby strengthen its powers of usefulness. By union we have already accomplished much that has proved most beneficial

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alike to the profession and the public; but a vast deal remains to be achieved.

While, however, I am indulging in fond anticipations respecting an accession of membership, I cannot but pause, with a sad feeling, to notice the loss we have sustained since we last assembled here. Two young and most promising members (Surgeon W. Hanna, and Dr. Greenfield of Holywood,) have been suddenly taken from among us, and there is too much reason to believe they fell martyrs to the faithful and fearless discharge of their professional duty; and therein consists their most honourable epitaph. When death walks the earth, it is the peculiar privilege and duty of medical science to arrest his progress and stay his footsteps. In this warfare our brethren have never yet been false to their profession and timidly shirked the post of duty because it was at the same time a post of danger. Under God's good Providence we all exist and labour, and under that all-abiding Providence it is incumbent on us to use the light of science and of experience in counteracting disease and casting back the shadow of death. Should we, in thus labouring, incur infectious diseases and receive the seeds of death, it is the penalty of our profession, and our best consolation will be found in the reflection, that we have been faithful in the fearless discharge of our duty.

This is a melancholy subject, Gentlemen, one that unhappily obtrudes itself too often in our daily avocations; and I will now revert to what I was alluding to before the thought of membership introduced it. I was endeavouring to show the manifold advantages to be derived from the association of professional brethren together in such a Society as this. In this age, little, indeed, is to be gained without such a union of individual means as association implies. To associated action we are indebted for all the beneficial changes that have been already effected respecting the status and interests of our profession. As an instance, allow me to refer to the Registration Act, not by any means a perfect work of legislation, but still containing much that is salutary, together with the germs of great future improvement.

At the beginning of this century, how many men practised throughout the United Kingdom, even in populous and wealthy districts, without any medical qualification whatever – how many without medical education at all! This state of things has been gradually changing, and there is ground for the expectation that it will one day become amongst the things which belong to history. I do not desire to represent the medical profession of our time as

standing very far above that profession in the last century. It may be doubted if there are at present, throughout the empire, as many great physicians as there were in the several generations of the last century. That is a question which it would not be easy to settle. But whatever may be the comparative merits of the heads of the profession in the contrasted periods, it is clearly beyond doubt that there is, at the present time, an infinitely greater proportion of well-educated, useful, skilful, trustworthy practitioners spread over the country than at any previous time. Yet, the most ardent wishes are but our duty, both for the sake of the profession itself and for the benefit of the public, that this happy progress may continue to take place to a far greater extent than can yet be boasted of.

While, however, the signal improvements on the race of general practitioners throughout the country, in the past years of this century, is a subject for hearty congratulation, it must be confessed that that very improvement is fast destroying – at least in most parts of England – the old, most useful, and respectable order of country physicians. It is true that it was the imperfect qualifications of the general practitioners, in the country and in the smaller towns, that made the provincial physicians so necessary, and that it is hardly possible to regret the rise of that amount of skill, among general practitioners, – which has rendered the services of physicians out of our great cities less necessary. It was throughout England, chiefly, that this body of physicians was to be met in former times. In Ireland and Scotland they were more thinly scattered, and therefore, perhaps, less change in that respect is discoverable in these latter portions of the United Kingdom.

The decline of this body is not so much to be regretted on account of superior skill – it is to be regretted because they held all along a high social position, such as the general practitioner cannot always attain. There can be no doubt that the decline of this body of physicians impairs, somewhat, the progress which, in other respects, the medical profession is making towards a higher social position. The knowledge of this fact renders it the more incumbent to contribute what is in their power to forward this progress of the medical profession towards the position which it ought to hold in the social scale.

In the ardour of multifarious professional study, at the medical schools, it is sometimes forgotten how essential it is that men should possess such an amount of literature as is indispensable, in this country, to place one in a right social position. It

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is needless for the utilitarians to declaim against classical attainments – the law which, in our islands, exacts a knowledge of classical literature as the price of admission to the circle of the best society, is unalterable as that of the “Medes and Persians.” In short, the general diffusion of classical attainments, in the medical profession, is necessary to the complete usefulness of its skill in the art of healing to the public. Let the heads of our medical schools look to the matter in this light – let them give up weighing the utility of Greek and Latin to medical men in the abstract – let them turn their attention simply to the greater usefulness awaiting the medical profession as a body in proportion as the whole members collectively rise in the scale of social life.

The chief difficulty which presents itself, opposing the general rise of the whole profession in the social scale, is the small remuneration to be obtained for professional services in the poorer districts of the country. How can we look for men of good preliminary education to engage in a profession which so often yields but a miserable pittance in return?

A classical education, even at a moderate cost, is within the reach of every one who is ambitious of entering the medical profession. It is not necessary that this kind of education should be profound, but it must be, at the very least, respectable – considerably greater than it averages at present throughout the profession.

It is of no use to debate whether this kind of accomplishment be the best fitted to make good surgeons or physicians, that is no part of the question. In my own opinion it forms the best preliminary we have, and it is certainly the kind of education which alone will have the effect here under consideration – namely, to raise the whole profession in its social condition.

Ignorance of literature is fatal to a man's pretensions, in this country, to gain a position in society. No man must be allowed to take up medicine or surgery without first showing his competency to study, not merely what is requisite for professional duties, but such subjects as fit him to hold a place among the educated of the land. If it could be proclaimed to the public that every regular member of the medical profession has proved himself both competent to study, and a proficient in study, how great would be the effect on the estimate of the character of the medical body!

Were all taint of the illiterate removed from the medical profession, a higher tune of feeling would of necessity succeed. There must be no quackery within

the profession itself. The essential rules of medical etiquette must prevail. If ignorant quackery cannot be put down, it can be kept at arm's length. There must be no coquetry with the homoeopaths.

To attain such a golden age as I am pointing at, there is little more requisite than a firm determination on the part of the profession itself. Little more can be got by legislation; what we have got has disappointed many, but those who are thus disappointed expected a great deal too much from this source.

Though the Medical Act has done little absolute good as yet, if the profession be resolute to compel its administration, there is in it much power for good. People are very apt to over-estimate the power of an Act of Parliament. During the long years which medical reform was in agitation, it seemed as if nothing was necessary but to get the various contending parties to agree on the clauses to be embodied in the Act, and that the Act, once passed, would determine things to run smoothly in strict accordance with its stipulations.

Considering the sanguine ideas formerly entertained of the benefit to be derived from this Act, the whole matter seems to be a complete failure. But to those better versed in the nature of the difficulties which beset the medical profession, and in the complicated relations in which it is involved, the Medical Act appears in a brighter light, not, indeed, as an immediate cure for all the evils which were complained of, but as an instrument, by the patient employment of which a great amelioration may be finally accomplished. That end will be attained, not by seeking new powers from the legislature, but by a well-directed judicious pressure on the General Council from without by the profession, so as to aid that body to carry out such measures as are truly in the spirit of the Medical Act.

The Registration is in itself a mighty measure of medical reform. The value of an exact list of all the men throughout the United Kingdom who hold a legal qualification to practise can hardly be overrated. Compare this Register, issued by the authority of the General Medical Council, with the Medical Directory in its earlier editions. Why, in the Directory there was found every quack doctor, self-dubbed a physician or surgeon, who had boldness enough to impose on the publisher. Small as the corrections on the Register have been since its publication, it can be seen, by consulting the published minutes of the Council, how much trouble and expense has been required to accomplish even that little.

The case of Richard Organ should be known to

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the profession, as showing the difficulties which present themselves to the Council in the execution of the duty assigned to them. Richard Organ appears to have got his name placed on the Register by some inadvertence; he was afterwards detected in an attempt to get the license of the Edinburgh College of Physicians by personation – that is, by getting another person to appear in his stead. He was struck off the Register by the General Council, but, on application to the Court of Queen's Bench, the Council were required to show cause why his name should not be restored; that is, an action at law had to be sustained in behalf of the proceeding. The Council finally gained the suit. In the proceedings of the General Council, at their last meeting, it will be found that Organ had applied to the Society of Apothecaries, of London, to be examined for their license, and that the Society had sought the advice of the Council on that point – the advice given being, that his application should be refused.

In the same proceedings will be found five or six cases besides, illustrative of the difficulties attendant on the purification of the Register, and of the energy which the Council has shown in the execution of that part of their duty. It is in particular a subject for congratulation, that, at their last meeting, the Council erased from the Register the name of Samuel La'Mert, on account of an indecent and unprofessional treatise, and falsely pretending that his son, a licentiate of the Edinburgh College of Physicians, was joint author of the same. By proceeding in this manner, it cannot be doubted but that a great purification of the profession will be accomplished.

It has been made a ground of complaint against the Council, that they do not institute proceedings against registered persons who contravene the provisions of the Medical Act, or against non-registered persons who assume medical titles without qualification. Their answer to the former part of this complaint is contained in a report published in the proceedings for 1859 – namely, that their functions, in respect to accusations, are judicial, and that they cannot combine the office of accuser with that of judge; and further, that the Act does not empower them to assume the part of accusers.

With respect to the second part of the charge, it appears that the Council think the present Act defective, as they propose, in a Supplemental Act, to make the clauses against the assumption of medical titles more stringent. Even, however, with this change, it will be necessary for accusers to step forward and prosecute. Thus it appears that district associations, for the prosecution of offenders, cannot

be dispensed with.

One of the great objects kept steadily in view, by the earnest partisans of medical reform, was uniformity of education and qualification throughout the profession. If that great object has not yet been effectually obtained by the exertions of the Medical Council, it cannot be denied that at least a signal improvement has been accomplished on the state of things, relative to this point, which existed before the passing of the Medical Act. In so far as respects regulations, the Council have pretty well succeeded in getting uniformity to a minimum standard of education and examination. Under any circumstances, absolute uniformity, after so many years of rivalry and contrariety of interests, could not be looked forward to except as the effect of several years of watchful superintendence. It is to be remarked, that the only way in which the Council can compel a refractory licensing board to conform to its rules, is by a complaint to the Privy Council, and, if the Privy Council see fit, it may suspend the right of that licensing body to confer a qualification. This rule seems simple enough in words, but it is found to be both costly and tedious to carry the rule into effect. It is one of the parts of the Medical Act on which amendment is proposed in the alterations suggested by the Council.

It is, beyond all doubt, both the interest and the duty of the members of the medical profession at large to back the Council in the exercise of this part of their functions. It is only by the voice of the profession that any offending board, be it of great or small name, in the Empire, can be compelled to pay respect to the rules enjoined by the General Council; and there can be no doubt that the voice of the profession will weigh far more effectually in putting down opposition, on such points as uniformity of regulation and examination, than appeals to the Privy Council.

At present, unquestionably the proceedings of the General Council are far too little known or attended to by the profession at large. The minutes, as published, are too little interesting to entice men busy with their daily routine of practice to spend time in their careful perusal. Some means should be taken without delay to create a larger interest throughout the profession with respect to these proceedings.

It is seen that a difference of opinion exists among the members of the Council as to the expediency of admitting reporters to give publicity to all their proceedings. Without debating that question, or giving any decision regarding it, there might surely

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be, in the meantime, a compromise by employing some one to give an intelligible digest of the proceedings, including at least a sketch of the more important debates. Let those among the members of the Council who oppose the admission of reporters consider this point, for they may depend on this, that unless something is done to give an interest to the proceedings of the Council, the cry for the admission of reporters will break through all opposition.

It might be well to try an interesting digest of the proceedings and arguments before having recourse to a *verbatim* report. In whichever way this debate is ended, the final result must be, that the voice of the profession will much more largely influence the votes of the members of the Council on important questions, so that no overbearing corporation or licensing board will be able to restrain the Council from carrying out whatever regulations tend to the general benefit of the medical profession and of the public at large – that is to say, objects which are strictly in the spirit of the Medical Act itself.