

International Medical Congress



ON

THE INTERNATIONAL CONDITIONS OF
ADMISSIBILITY TO PRACTISE.

A Paper read at the International Medical Congress, assembled in London in August, 1881.

BY

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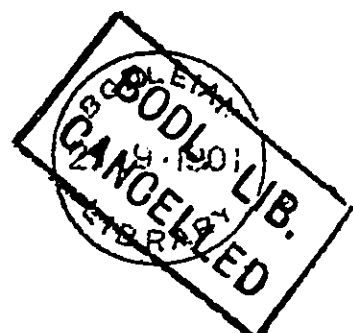
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ON THE
 INTERNATIONAL CONDITIONS OF ADMISSIBILITY
 TO PRACTISE.

When I accepted the duty, imposed upon me by the distinguished President of the Section, of reading a paper "On the International Conditions of Admissibility to Practise," I felt that the subject was one which, in some respects, belongs rather to Parliaments and Ministers of State than to ourselves. There are, however, valid and manifest reasons why the medical profession should clearly express its views on this important question. No time or occasion could be found more fitting than the present.

And, further, there are reasons, not immediately obvious, which makes this subject one of some consequence to the world at the present period of civilization and of international intercourse. They are chiefly two. The one, that it is closely connected with the principle of reciprocity—a principle just now keenly debated among statesmen of all countries. The other, that reciprocity of licence to practise between two nations cannot be properly urged by anyone who is not prepared to lay down what are the essentials as regards medical education and examination, which justify a civilized country in granting privileges to its citizens in the form of diplomas, or titles, or protection. On this last point I would observe that, in this country at all events, we are in a state of transition. It is certain that, as regards Great Britain, the conditions under which diplomas conferring State privileges can be obtained will, in some important respects, be altered.

Indeed, we may go further, and say that, but for the confusion which has been cast, under the forms of our constitutional government, into legislative discussion on this matter by the introduction of irrelevant topics, the question of international medical rights, as far as Great Britain is concerned, would have been settled by Act of Parliament more than ten years ago.

As the history of these discussions is long and complicated, and as it does not really affect the more serious duty before us—viz., to say what ought to be the conditions for international practice, and not how qualifications can be obtained in each country, which is the duty of the statesmen of each nation—I will set the latter part of the subject aside, and put to you four distinct questions:—

1.—Are there conditions under which one civilized country should give to the holders of foreign diplomas privileges equal or analogous to those conferred on possessors of her own?

2.—Should these conditions necessarily imply re-examination by each country?

3.—Should the conditions between foreign countries be the same as between a mother country and her colonies?

4.—Should the conditions be reciprocal, or can a country properly allow freedom which is not accorded to her practitioners abroad?

As to the first, my answer is, Yes. There are conditions under which, in the present state of medical science and practice, one country should recognize the legal practitioners of sister countries.

As to the second, No. These conditions should not necessarily imply re-examination.

As to the third, the answer is, the conditions may or may not be identical, according to the voluntary understanding and relations between the countries respectively.

As to the fourth, the conditions need not be reciprocal.

The conditions which now exist in different nations vary considerably. In England, the principle of the law is that a Medical Register should be maintained, according to rules laid down by Act of Parliament, of the persons who are held to be qualified to practise—the object of the Register being to distinguish qualified from unqualified practitioners. Persons who are not on the Register may be employed at the risk of the employer; but it is an offence in the eye of the law for a person to pretend to be registered who is not so. Persons not on the Register cannot recover their fees in a court of law; cannot sign a medical certificate required by law; cannot hold any appointment in the public service, in public hospitals, or workhouses, or in respect of any friendly society; and cannot act as medical officer of health. The medical licences of foreign countries are not at present admissible to our Register, and therefore all foreign physicians and surgeons settling in England without obtaining the licence of some licensing body in this country practise without the privileges of English practitioners.

In France, no one is allowed to practise on a foreign qualification unless he receives special authority from the Government. This authority has been, as a matter of fact, granted to persons who show sufficient grounds for obtaining it; but I am informed that this is no longer the case, and that very proper persons desirous to practise among English citizens living in France have lately been refused privilege. In France, therefore, the law has been more lenient towards foreign practitioners than in England. It has been proposed in France to deprive the Government of even the power of granting this privilege, and to make it compulsory on every foreign practitioner, of whatever age or standing, to pass an examination before an examining board in France. It has been long felt in England that the English law required amendment in the direction of granting to persons possessing adequate foreign qualifications the same privileges as belong to our British registered practitioners. The subject was referred to the Medical Council, and was anxiously considered by it. Accordingly, the following clauses actually passed the House of Lords in 1879:—

“Where a person shows that he has obtained some recognized medical diploma or diplomas (as hereinafter defined) granted in a foreign country, and that he is of good character, and either that he is not a British subject, or that if a British subject he has practised medicine or surgery, or a branch of medicine or surgery, for more than ten years elsewhere than in the United Kingdom (or if he was practising in the United Kingdom at the time of the passing of this Act, for not less than ten years either in the United Kingdom or elsewhere), and either continues to hold such diploma or diplomas, or has not been deprived thereof for any cause which disqualifies him from being

registered under this Act, such person shall, upon payment of the registration fee, be entitled, without examination in the United Kingdom, to be registered as a foreign practitioner in the Medical Register. (Clause 8.)

“The medical diploma or diplomas granted in a British possession or in a foreign country, which are to be deemed such recognized medical diploma or diplomas as are required for the purposes of this Act, shall be such medical diploma or diplomas as may be recognized for the time being by the General Medical Council as furnishing a sufficient guarantee of the possession of the requisite knowledge and skill for the efficient practice of both medicine and surgery, including therein midwifery, and as entitling the holder thereof to practice medicine and surgery, including therein midwifery, in such British possession or foreign country.

“If a person is refused registration as a colonial practitioner or as a foreign practitioner, the Medical Registrar shall, if required by him, state in writing the reason for such refusal; and if such reason be that the medical diploma or diplomas held or obtained by such person is or are not such recognized medical diploma or diplomas as above defined, such person may appeal to the Privy Council, and the Privy Council, after communication with the General Medical Council, may dismiss the appeal or may order the General Medical Council to recognize such medical diploma or diplomas, or any of them, and such order shall be duly obeyed.” (Clause 9.)

By these Clauses it will be observed that the Medical Council is required to recognize such medical diplomas as furnish a sufficient guarantee of adequate professional knowledge, and thereupon to grant to such foreign licentiates the same privileges as are accorded to the English. The Medical Council may find it difficult to accept or to refuse the licences of this or the other country, and may find itself exposed to a reversal of its judgment of refusal by the Government. But such responsibility the Council has declared itself prepared to take. And here I may be permitted to observe that, as far as the medical profession is concerned, no other principle can be honourably maintained. We do not in England ask for reciprocity in this matter. We say that science and knowledge, as applied to the relief of suffering and the bettering of “man's estate,” are the common property of mankind. The exercise of skill gained by men possessing such knowledge is not to be restricted on any personal grounds, and a restrictive policy on the part of another country, which we do not approve, should not restrain us from offering to that country the privileges we do approve.

I have taken the case of France, because there has been considerable and friendly discussion between the Governments of France and England in this matter, and because the laws of France, as they affect medical men, are simple and precise. If we turn, however, to the United States, we find that the regulations of the several States confessedly vary so much that no single or common rule could be adopted as regards that great country which speaks with us a common language, and uses substantially the same literature. Under the proposed Clause the Medical Council might be prepared to accept the diplomas—let me say, for instance—of Harvard University, and to watch with care the effect which such recognition might have within the United States upon other diploma-granting bodies, in States other than Massachusetts, and which Harvard University would at present not consent to admit as equivalent to her own. I hope before long to obtain all existing regulations of the several countries, and to put them in a tabular form.

The above brief observations illustrate the first and second questions, and lay down that re-examination need not be counted necessary in respect of the minimum of professional knowledge. As regards personal character, the question must be handled in another way. The relation between colonial and home licences should perhaps hardly be discussed in full on this occasion. The Medical Council has had many communications

on this subject. It is of opinion that the relations in question, as regards the British empire, urgently call for adjustment. At present, degrees granted in one British colony do not confer privileges in other parts of the empire; whereas licences in the United Kingdom have legal recognition in the colonies. It may be generally stated, in the words of a committee of which Mr. Simon was chairman, "that qualifications under legal authority in any part of Her Majesty's dominion ought to be regarded as presumptively entitled to legal recognition in the mother country."

It has been suggested that the examinations in the colonies cannot be under the same inspection as they are in Great Britain; but, in fact, if there were a desire for solidarity in this particular, so rapid and constant is the intercourse, and so intimate the relations between scientific men of all parts of the empire, that there could be no difficulty in obtaining the most trustworthy and accurate information as often as required. Accordingly, the Medical Council agreed to the following Clause, which passed the House of Lords in 1879:—

"Where a person shows that he holds some recognized medical diploma or diplomas (as hereinafter defined) granted to him in a British possession, and that he is of good character, and either that the grant of such diploma or diplomas occurred when he was not domiciled in the United Kingdom, or in the course of a period of not less than five years, during which he resided out of the United Kingdom (or if he was practising in the United Kingdom at the time of the passing of this Act, that he has practised medicine or surgery, or a branch of medicine or surgery, for not less than ten years, either in the United Kingdom or elsewhere), such person shall, upon payment of the registration fee, be entitled, without examination in the United Kingdom, to be registered as a colonial practitioner in the Medical Register." (Clause 7.)

There are various details with which I would not burden this communication, and for some of them I would refer to the published *Minutes* of the Medical Council. Many of the details are to be found in a separate pamphlet, published by the Medical Council entitled, "Resolutions and Papers relating to the Amendment of the Medical Acts."

I am well aware that there is another view which may be taken of the course proper to be adopted by each Government for the people committed to its charge, and that, in that view, every country is bound to hold in its hands a strict administration of its local police. This view is wholly foreign to the temper which lies at the root of the present Congress. It is our object to enlarge the boundaries of knowledge; to break down any barriers that restrain it; to make attained truth, whether in science or in practice, available to all of every country, race, or creed. Here, if ever, *salus populi, suprema lex*.

It might be well to discuss in detail what should be the nature and extent of general scientific, and practical training and examination which each country ought in the present day to require of her practitioners, in order to receive the approbation of good men, and the recognition of law in other countries. Professional study for seven years, six, four, three, two, eighteen months—the limits of the general, the scientific, and practical curricula—the relative value of principles, facts, practical skill—the length as well as the extent of the examinations—the necessity or otherwise of the German Bedside Examinations, so prolonged, so searching, so complete. But it is clear that our time forbids this. The subject belongs rather to a commission or a committee than to a large meeting. But we know only too well how much the minds of examiners or teachers of students are exercised herein; and we know that there is a risk of memories being overtaxed, and of the powers of reflection not being evoked. I speak, be it observed, of the minimum qualification which might be asked for, and which can be obtained. The history of great men teaches that freedom in study was to many a con-

dition of growth, and that a uniform absolute rule would have stunted that growth. In any scheme of international agreement as to the fitness of one or another qualification to be recognized, a liberal interpretation must be allowed, and generous mutual confidence, so almost universal among the best and strongest, must be both accepted and deserved.

In conclusion, I would venture to lay before the Congress the following categorical statements, with reference to the four questions proposed at the outset:—

1.—There are conditions under which a civilized country should give to the holders of foreign diplomas privileges equal or analogous to those accorded to possessors of her own.

2.—These conditions do not necessarily imply re-examination.

3.—The arrangements between nations, or between the mother country and her colonies, are in each case subject for adjustment.

4.—A country may, with due self-respect, grant a privilege to a State which nevertheless withholds the same.

DISCUSSION.

Dr. L. MARKUSOVSKY, Buda-Pesth: would only mention that in Hungary the law permits (1) That those who have passed their examinations and taken their diplomas in Austria can practise as if they had taken their diplomas in our universities; there is thus reciprocity. (2) In the case of foreign diplomas, if anyone can prove that the applicant has acquired the same preliminary education, has learned theoretical and practical medicine for the same term of years, as is required in our country, and that he has passed similar examinations to ours, he is received without any examination, or with such examination as will suffice to prove his identity. Otherwise he is required, before his diploma can be certified, to study one or two years more, according to circumstances, and to pass the ordinary examinations. In conclusion, he expressed agreement on all points with what Dr. Acland had proposed.

Dr. BILLINGS, Washington: rose to explain briefly the situation of the United States as regards this question of reciprocity in the matter of recognizing medical diplomas. Everything connected with the regulation of the practice of medicine in his country came under the jurisdiction of the several States, and not at present under the jurisdiction of the general government. The United States, therefore, could not become a party to an international agreement on this subject, and no individual State had the power to make a treaty with a foreign country. In the majority of the States there were no regulations affecting the practice of medicine, but in all the States in which such regulations exist, those diplomas which would entitle a man to registration as a medical practitioner in Great Britain would also be recognized as entitling him to practise in the State. It did not however seem to him that the question of reciprocity should influence the action of a government in this matter. Whether Great Britain should recognize American medical diplomas or not, should not in the least depend upon whether the United States recognized the English diplomas. The question of registration of physicians, that is, of defining who was to be considered a physician, was coming up in the United States to a great extent in connection with the registration of deaths. There could be no satisfactory registration of deaths unless the cause of death was reported by a physician; and when such registration was established by law, it became necessary to decide who should be considered and recognized as physicians. In Illinois this was done by the State Board of Health; in Alabama by the State Medical Society, which also acted as the State Board of Health.

Dr. AXEL SPOOF, Finland: explained that in this matter his country and Russia were not one. Re-examination was required in Russia before admission to practise.

Dr. VAN OVERBEEK DE MEIJER, Utrecht: stated that between the Netherlands on the one hand and Belgium and Germany on the other, there was a convention enabling medical practitioners near the boundaries to practise within a certain limit in the adjoining countries without having to submit to any re-examination; a step in the direction advocated by Dr. Acland. He urged that Dr. Acland's conclusions should be adopted and strongly pressed forward with a view to their becoming general in all civilized countries.

Dr. GÜNTHER, Dresden: said that in the German Empire only those can style themselves Doctor who have successfully undergone the State Test Examination. An exception is made in those cases only where a State Test Examination has been successfully passed in another country, in cases of application for an official appointment. The Board of Examiners have to decide in these cases whether the applicant is duly qualified, and they can then dispense with any examination whatever if they see fit, in the German States.

Dr. DEFFERNEZ, Jumet: whilst admitting the advisability of such an arrangement as existed on the borders of the Netherlands, could not admit that it was right for one country to receive foreign practitioners merely on the presentation of their diplomas, unless the same was done by the adjoining country. Reciprocity was right, but not exclusive privileges. In Belgium, Germans and Englishmen have, in virtue of their diplomas, practised medicine, whilst Belgians found the door closed against them in those countries. He believed that Belgium was quite ready to meet the views expressed, but it ought to be on the conditions he had named.

Prof. F. DE CHAUMONT, Netley: took exception to the views of M. Deffernez, who urged reciprocity. He agreed with Dr. Acland that reciprocity might not so be insisted upon; but that free trade, as far as possible, should not be carried out by this country. Reciprocity is a fallacy to be avoided. He added that we need not wonder that foreign nations should refuse our practitioners the right to practise in their countries—seeing that there is such a multiplicity and confusion of medical titles in this country. We had no less than nineteen licensing bodies, and sixty-two medical titles. A foreigner could not possibly understand that each of these was a legal title to practise? He trusted that the time was not far distant when our individual and corporate differences would be got over, and some single test examination would be established, by which it would be at once and easily recognized that the holder of the same was a man of education and fit to be trusted to practise his profession both in his own country and abroad.

Dr. CHARBONNIER, Brussels: said, that apart from the privileges allowed to practitioners on the borders of his country, those who desired to practise in the interior were obliged to provide themselves with a certificate of moral character, and with a diploma which afforded proof of proper study at a recognized university. Failing this, the applicant was obliged to submit to an examination before a specially appointed Commission.

Mr. S. SAVONA, Director of Education, Malta: said that after the just and most liberal principles laid down by the learned President of the General Medical Council, in the eloquent Address that he had just delivered, he should not have thought of troubling the section with any remarks of his; but as none of the gentlemen who had spoken on the subject before the meeting had alluded to the vast Colonial Empire of

Great Britain, the inhabitants of which, as far as the medical degrees conferred by Colonial Universities were concerned, were treated just as if they were foreigners or aliens, he hoped he should be excused if he said a few words on behalf of Malta, with which he was more immediately connected, especially as what he would say with reference to Malta would apply with equal force to all the British Colonies. Whatever might be said as to the justice or the expediency of recognizing the medical degrees granted by foreign universities—it was certainly most anomalous, not to call it unjust, that the degrees granted by a colonial university, under the British rule, should not be recognized by the British Government; and yet that was the present state of the law of England, according to which no medical appointment of any sort or kind could be held by any professional man unless his degree had been registered by the General Medical Council; and as the latter are forbidden to register the degrees granted by any foreign or colonial university, no Maltese, no Canadian, no Australian, whatever be the eminence they may have attained in their profession, could practise in England or hold any medical appointment in the Army or the Navy. He had been informed that a medical officer from Canada, who came to this country in medical charge of the passengers on board a steamer, had been declared to be disqualified to go back to Canada in the same capacity, because his degree was not registered in England. It was to be hoped that the anomaly would be speedily removed. Both the Government and the University of Malta were prepared to introduce any improvements that the Medical Council might consider necessary. But when the improvements required, if any, were carried out, it would be only just that the degree granted by the University of Malta should be recognized by the authorities of the mother country; and he hoped that the views expressed, all but unanimously, by so many distinguished British and foreign physicians and surgeons would hasten the solution of the difficulty proposed by Dr. Acland, and remove the disabilities under which not only foreign but also colonial graduates were suffering.

Dr. JOEL, Lausanne: said that the medical organization in Switzerland resembled in some points both that of France and of the United States. Not long since the cantons were free in this respect, but now there were four universities—viz., Berne, Geneva, Zurich, and Bâle—which issued diplomas conferring the right to practise in all parts of the Confederation. But at the same time each canton could admit to practise any one it chose, and some states were severe, others the reverse, in their restrictions. He thought that Switzerland was as yet not prepared for international freedom as to practise. Each year many foreign practitioners came to Switzerland for health and other purposes, and he thought it would be difficult to grant to them all a general permission to practise; yet the Federal Council reserves to itself the right to grant such permission to certain distinguished men who decide to remain in the country, and several now practise under such authorization.

Dr. THORNE THORNE, London: read a communication which he had received from Dr. H. B. Allen, of the University of Melbourne, in which the writer complained that the colonial universities were treated as alien institutions. In Australia all graduates of British universities and colleges are registered as legally qualified practitioners without any delay or expense, but graduates of Australian universities cannot gain admission to the British Medical roll on any terms whatever. This absence of recognition is so thorough that though an Australian graduate may go to England as surgeon to a passenger vessel, he cannot obtain the same position in an outward-bound vessel. It was further submitted that the non-recognition of the Australian degrees was not justified by inferiority of the training and tests prescribed.

Dr. GRIMSHAW, Dublin: pointed out that from a British point of view we were unable to offer a standard by which the qualification of a practitioner on our Register might be measured, and stated that similar difficulties seemed to exist, in a minor degree, in several other countries. He referred to the former restrictions on practice throughout the United Kingdom, and which still exist between the mother country and the colonies. Until these anomalies were removed we had no *locus standi* upon which to enter upon a conference with a view to a medical union. Reciprocity could not exist, as many countries were so undeveloped in civilization that it was impossible that they could produce qualified medical practitioners. A permanent international commission was necessary to carry out a system of international right of practice. The only test of fitness to international medical practice should be registration, in an imperial register in each country, the international commission to decide where registration in an imperial register should entitle the registered persons to international rights of practice.

Dr. ACLAND, in reply: expressed his satisfaction that only one of the many speakers, had dissented from the general principles that had been laid down, and that the one objection so raised had been already removed by the other speakers, who all repudiated the idea that the ground of admitting a good practitioner to a country not his own should depend in any way on mutual recognition. Each country should discharge its own duty in its own way, and be judged by the consensus of scientific medical authority.

After the meeting Dr. ACLAND, as President of the Medical Council of Great Britain, with several of his colleagues, received the foreign members at the Medical Council Office, explained the detailed working of British Medical Registration, and of the regulation of Medical Education in Great Britain, and showed the books, recommendations, and publications used or issued since the passing of the "Medical Act" in 1858.

