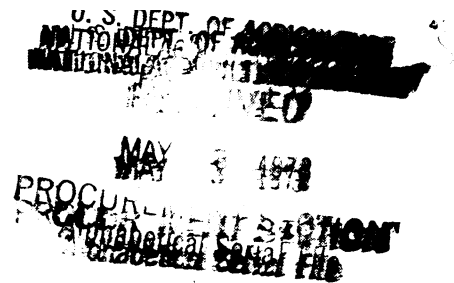


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Ch.M. Glasgow

SIR,—We wish to make it known that the Senate of the University of Glasgow has accepted a proposal by the Faculty of Medicine to abolish the degree of Ch.M. (Master of Surgery). The initial decision was taken by the Faculty after the most careful consideration and in full realization that it would mean, at least in the first instance, a unilateral decision by our university. One of us (A.W.K.) sought the views of all professors of surgery in Great Britain and Ireland just over one year ago: 18 professors indicated full approval of the abolition of the Ch.M. degree with retention of the M.D. (Doctor of Medicine) as the sole, highest academic medical qualification; total rejection of the proposal was indicated in eight replies; "undecided" can best describe the views expressed in six replies. Some of the reasons determining the faculty decision are now set forth.

Firstly, in most universities the status of a master's degree is lowly by comparison with that of a doctorate. The argument that, as far as surgery is concerned, the qualification indicates a master of the craft of surgery is untenable since its acquisition is in most instances based on the submission of a thesis. Furthermore, the establishment of standards in surgical practice is the responsibility of the royal colleges and they have recently ensured the attainment of this objective through the Joint Committee for Higher Surgical Training.

Secondly, the M.D. and Ch.M. Thesis Committee of this university regularly finds that the quality of the work submitted for each degree is of a similar standard, and that in recent years it has become increasingly

difficult to determine those features of a research programme which can be defined as "surgical" as opposed to "medical." This indicates that the unfortunate separation of physicians and surgeons through the ages has diminished to the point of disappearance, so that surgeons now regard themselves as operating physicians. Pathologists, bacteriologists, anaesthetists, and others, having no alternative, seek an M.D.; the need for a separate degree for surgeons no longer exists.

Thirdly, although biomedical research of quality has the objective of solving clinical problems, there is reason to believe that the natural wish to acquire a higher academic qualification may unduly influence the planning of research by the young medical graduate; for a young surgeon to be so influenced over a period of years in order that he may gain two academic qualifications is not in his own best interests. We consider that it would be better for a young man to prove his ability to prepare a thesis on one occasion only, and thereafter demonstrate the quality of his growing research ability by the regular publication of his work in scientific journals of high repute.

Fourthly, it is no longer profitable, and scarcely possible, for a researcher to work in isolation, and this approach has given way to group or collaborative activity. It is not surprising, therefore, that young men work happily together until a decision has to be made on the allocation of different facets of the results to each individual wishing to submit a thesis, particularly if two or more are submitting to the same university. This problem is compounded if two university degrees by thesis are sought.

The Royal Commission on Medical Education drew attention to the vast number of degrees and diplomas available to medical graduates in this country and recommended that appropriate steps be taken. The Royal Colleges of Physicians in the United Kingdom have taken the lead in replacing their separate qualifications by the common M.R.C.P.(U.K.). The presidents of the Royal Colleges of Surgeons, having agreed on the equal standing of their separate F.R.C.S. Diplomas, have used your columns (4 November 1972, p. 302) to discourage young surgeons from seeking to acquire more than one diploma by examination. In deciding to abolish its degree of Ch.M. we believe that the University of Glasgow has taken a logical step in this same direction and, assured of the continuing high standards required for our M.D. degree, we are confident that young surgeons acquiring this doctorate will not be at a career disadvantage through inability to acquire a mastership in surgery.

The recommendation approved by the Senate at its meeting on 1 February 1973 was as follows: "That the degree of Ch.M. be abolished from 1 October 1973 with the proviso that candidates who already hold the degree M.D. be permitted to submit a thesis for the degree of Ch.M. until 30 September 1975 provided that they give notice of this intention to the Dean of the Faculty of Medicine before 1 December 1973."—We are, etc.,

A. W. KAY
Regius Professor of Surgery
L. H. BLUMGART
St. Mungo Professor of Surgery
J. H. HUTCHISON
Dean, Faculty of Medicine,
University of Glasgow

Glasgow