

issuing from the press almost daily, and we may hope before many more years have passed that the journeyman plumber will be armed with so much knowledge of the evils of bad workmanship and ill-devised apparatus that even he will try to help and not to hinder the work which all sanitarians have so much at heart. The volume which is the subject of the present notice is written by a member of an eminent firm of plumbers, and although the view taken of the questions dealt with appears to be that which is only natural in one who is a plumber, a tradesman, and a patentee, the amount of information to be gleaned from it by those who have mastered some of the principles of sanitation is very large indeed. It is somewhat alarming to note the ever-increasing complications of our dwellings. Each constructor pursues his own method, and then exerts his ingenuity to conceal from the purchaser or dweller what his intentions may have been. The book is well got up, is nicely printed and profusely illustrated, and is likely to be of service to builders and health-officers, whether medical or otherwise.

Streets' Indian and Colonial Mercantile Directory for 1880-1. London: G. Street & Co., Cornhill, and Street Brothers, Serle-street.—In these days, when the relations of British medical practitioners with the Colonies and India are more extensive than ever, and health resorts are sought in every quarter of the globe, such a reference-book as this is almost indispensable even to the medical profession. In addition to trade returns, tariffs, and facts regarding populations, Streets' Directory contains particulars of the steam and other communications with the various places named, together with the times and rates of transit, &c. The names of physicians and surgeons resident in the towns and cities of the Colonies and India are given, with information of all kinds likely to be useful to those who are intending to go out, or who have professional or commercial connexions with our colonial possessions. Maps also are furnished of all the principal countries of which particulars are given in the letterpress.

House and Home: a Journal of Social and Sanitary Information for the People.—The number of this useful and unpretending penny journal for the 22nd January gives Professor Fleeming Jenkin's lecture on "Sanitary Houses," delivered before the Society of Arts on the 12th January, in full; a biography of Mr. George Smith, the friend of our canal population and of our outcasts generally; and numerous instructive items on social and sanitary matters.

MEDICAL EDUCATION.

To the Editor of THE LANCET.

SIR,—The sub-committee appointed by the British Medical Association for the purpose of inquiring into the vexed question of medical education have issued their report, which is now in the hands of the individual members of the Association. Personally I think it is a matter of regret that the members of the Committee have given so little attention to that all-important subject—the clinical teaching of medicine and surgery. Doubtless the entire machinery of medical training requires reform, if not complete remodeling; but before this, which must of necessity take time for its accomplishment, can be brought to pass, cannot anything be done for the better training of our medical students?

As matters now stand, all we can hope for is that the student contemplating merely a pass degree should be launched as a practitioner well acquainted with general principles of medicine and surgery. At present our Examining Bodies fail to guarantee that this shall be so; or perhaps I should rather say, there are unfortunately so many loopholes available to the student anxious to avoid our higher diploma granting bodies, that many a degree can be now obtained which, as an index of knowledge, is worthless. Powerless as our professors are to prevent the half-educated student from practising his profession upon

his fellow-creatures, still they hold in their hands that monopoly of material which enables the student to present himself before the examining table; and whether the standard of the examiner be high or low, it should be incumbent on the teacher to secure that each individual student should be compelled to submit to a course of clinical instruction in medicine and surgery, which would, at any rate, be some security that in future practice the rudiments of his profession are well known. Of the vast mass of material which our teachers have ready at their disposal for the purposes of clinical teaching, it would be idle now to speak. Could not this wealth of material be better utilised?—utilised so as to prove not only of more benefit to the student, but assuredly in no less direct degree to the public, who have so large a stake in the careful training of our medical men.

Speaking generally, the clinical teaching of our hospitals and schools is defective—defective in principle, from the fact that it obeys no system, and often drifts into mere desultory repetition of the history and symptoms of the patient under notice. Every observant physician must, I think, recognise the patent evils of our medical course. Though at the moment powerless to alter the regulations of our examining bodies, it remains for our professors to see if more cannot be done in improving the efficiency of our students, as regards their knowledge of the natural course of disease, and in relation to its recognition, its treatment, and, above all, its prevention. That our medical students are harassed beyond description by lecture after lecture, the accumulative benefit of which amounts to but little, is continually forced upon our minds; but still that all-important subject of professional education, the study of clinical medicine, remains unhampered. Might not more be done to improve the instruction received under this head? For instance, might not our out-patient rooms be used more freely as fields for teaching in a systematic manner the rudiments of medicine and surgery? No better ground could be found for inculcating lessons as to the very first commencement of disease; but for such teaching to be carried out with good result there must be not only systematic teaching, but systematic attendance on the part of the student; in other words, compulsory attendance on a systematic course of clinical teaching.

Such class instruction once commenced, it would be easy for the physician in charge to produce a syllabus of work to be gone through during term. By an arrangement of coloured tickets a series of cases would follow one after the other into his room, and the student would thus have the advantage of not only comparing the different types of disease, but, perhaps what is of greater importance, of noting, in rapid serial order, the various stages of disease, with their attendant degenerations and complications. By some such organised system as this the physician might be expected to take greater pleasure in his work, which now but too often resolves itself into mere perfunctory accomplishment of duty. His work would become more definite, more exact, and far more productive of good, both to himself and to his class. He would be acquainted beforehand with the work of the day, and would have the advantage of coming primed as to the subject for discussion. Developing the system but little, students would have the means of knowing that on such and such a day cases representing diseases of the heart, lungs, kidney, &c., would be followed in detail, and manifestly, so studied, must prove of far greater value than seen, as they are now, intermingled with cases of but little comparative interest.

Moreover, by a pre-arranged division of subjects each physician would be enabled to select that class of case to which he desired to give special attention, and by knowing the requirements of his colleagues would have the opportunity of passing on those patients whose diseases might offer any special point of interest to them. Carrying the same system into the wards a definite series of cases would be particularly examined at each visit of the full physician, who would have a class awaiting him far better prepared as regards the fundamental principles of medicine than now appears to be the case.

It had been my original intention to have sketched more in detail the scheme which I have but shadowed above—a scheme which, if carried out in its entirety, would give opportunity, for both physician and student, of making far more practical use of that precious mine of clinical material which only the work of a large hospital can give.

I am, Sir, yours obediently,
Green-street, Park-lane. D. W. CHARLES HOOD, M.D.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 19, 1881.

THE physicians of Boston, United States, have inaugurated a measure of internal reform which the medical profession in England would do wisely to imitate forthwith. They have formulated a provision of their ethical code to the effect that "a physician should not append his name, or permit it to be appended, to certificates in laudation of speculative health resorts, health excursions, nutritive or dietetic preparations, proprietary formulæ, wines, mineral waters, beverages of real or supposed medical efficiency, or other hygienic materials." This is a sweeping and practical, but highly necessary, act of self-purgation that the body to which we belong, and in the name of which we claim to speak, sorely needs, and which would sensibly enhance its social and scientific status. The growing practice of attaching the names of members of our cloth to articles sold to the public has reflected no little discredit on the profession in general, and on the individuals who have lent themselves to the more than equivocal practice at which this timely resolution has been aimed. It is not important to inquire whether we in England or our brethren in America or on the Continent are the greatest offenders; let it suffice to recognise that the procedure is an offence. There can be no room to question what the giving or lending of names, colourably to accredit the places, remedies, and appliances with which they are connected, *really* means, and to what it amounts. The name of the person is more in request and estimation than the name of the locality or article to which it is prefixed or appended. When a physician allows himself or others to affix his *imprimatur* to anything which is destined to be advertised, he is plainly permitting *himself* to be advertised. It is useless to mince matters. This is the long and short of the proceeding. Unless, therefore, the medical profession is prepared to place itself on the footing of a fraternity of tradesmen, advertised and recommended by the goods they sell, a stop must, in some way, be put to this form of touting.

We are not disposed to adopt impracticable views of the professional life and its permanent interests. It may be assumed that physicians must live, and live by their calling; but there are two totally distinct and divergent ways of seeking prosperity. The practitioner may strive to make good his reputation by the diligence and excellence of his work, or he may resort to forced and artificial means of acquiring publicity. Practically there is little, if any, difference between allowing a name to be emblazoned on the label of proprietary medicine, or printed at the foot of a testimonial to the excellence of some article of commerce, or inserted in the pages of a guide-book, and displaying it on handbills to be distributed in the street. We will not hesitate to say that when, as happens nearly every week, we are asked to denounce the "unprofessional conduct" of some struggling practitioner who, perhaps, touts for patients by the distribution of printed cards or handbills, we are bound to

remember that some of the best known names in the profession are advertised in a fashion not one whit less objectionable. It may seem more respectable to advertise indirectly and under cover of giving a guarantee to the value or purity of some drug or dietetic compound, than to vaunt the skill of an individual directly, but the practical question involved is at the most only one of method. The deed done is the same under all its various forms and disguises. We do not find barristers courting publicity in this way. Why should physicians and surgeons, and the practitioners of medicine generally, be less jealous of the dignity of their calling than those who practise in the law? It is time to look this question of internal reform fairly in the face, to recognise this artifice in its true character, and to reform it altogether.

No man ever made a lasting and honourable reputation in the practice of the healing art who did not first and chiefly owe his fame to the profession of which he was a member. The medical body is not grudging in its acknowledgments of merit; and as a rule its judgment of men and their work is characterised by justice and strict impartiality. Only those who have failed or, in their impatience of the legitimate road to success, have resorted to by-paths and equivocal devices complain of a too tardy recognition. Let the conscience of the practitioner decide this question for itself. Where shall we find any notable number of instances in which genuine ability has had to go a-begging for favour, or true and honest work failed to command respect? There may be instances in which individuals have had to stem the tide of adverse fortune; but if they have not by their own folly or awkwardness missed the flood, they have not failed to reach the desired haven of prosperity. Young men are ever to the fore, and if the elders sometimes seem to lose their footing, that is because they are either remiss or too adventurous, and in their anxiety to keep the lead blunder into deep water. Looking to the reasonable prospects of success with which men enter the medical profession, they will be found, on the whole, to succeed. And the only success worth waiting and striving for is that which attends the man who has so discharged his duty in life as to command the respect and confidence of his fellows. The appeal for recognition lies to the profession itself, and not to the public. The popular voice can only echo the opinion of the profession. The lay community has no means of judging whether a physician is worthy of its confidence except by the results of his enterprise. It is nothing to be widely known or much talked about unless the profession ratifies the opinion which finds expression. The story of the lives of the most successful members of our body would show that the recognition of their interests was first made by their brethren. Speaking generally, we may say that a professional man's repute is well advanced in his own circle before the outside public even hear of him. Those err grievously who think or act as if they thought the profession would accept and honour them, because they had by some stratagem contrived to make their names household words with the community. Such men may be notorious, but not in any worthy sense famous; nor are they commonly—in the long run—successful. It is neither possible to force a reputation in medicine nor to secure the permanent favour of the lay community, except by the countenance and favour of the profession.