

A PROPOSED CHANGE IN THE MEDICAL COURSE OF STUDY.

One of the most serious errors in our present course of medical study, as offered in the best four year institutions, lies in the presentation of too many subjects at a time. Time was when the medical school offered six studies and had six professors. During the first year the student had anatomy, physiology and materia medica, during the second year medicine, surgery and obstetrics. In fifteen years as many new branches have come into the curriculum, and yet in many schools six or more studies are required of the student coincidentally during the crowded term of each year. From an educational standpoint, this is a grave error. Not more than four different branches should be required of a student at a time. The course of lectures and laboratory work should be divided into two portions for each year. The first portion should be given during the first half of the term, the second portion during the second half.

In this way the student could go about his work without confusion and yet with sufficient variety. At the end of the half course there should be a final examination and credit should be given for the work done. The quality of the work done would be bettered by the concentration both for the teacher and the student.

The course of study might be something like the following, remembering that each branch would receive *one hour a day* in recitations or lectures and *two hours a day* in laboratory work and clinics during seventy days.

FIRST YEAR, FIRST HALF.

1. Comparative anatomy, laboratory.
2. Chemistry, recitations.
3. Physics, recitations.
4. Physiology, recitations.

FIRST YEAR, SECOND HALF.

1. Histology, laboratory.
2. Chemistry, laboratory.
3. Human anatomy, recitations.

SECOND YEAR, FIRST HALF.

4. Human anatomy, recitations.
2. Human anatomy, laboratory.
3. Histology, laboratory.
4. Elective work.

SECOND YEAR, SECOND HALF.

1. Embryology, laboratory.
2. Human anatomy, laboratory.
3. Materia medica, recitations.
4. Elective work.

THIRD YEAR, FIRST HALF.

1. Pathology, general, laboratory.
2. Medical clinics.

3. Medicine, recitations and lectures.
4. Topographical anatomy and physical diagnosis, recitations.

THIRD YEAR, SECOND HALF.

1. Pathology, special, laboratory.
2. Surgical clinics.
3. Surgery, recitations and lectures.
4. Elective work.

FOURTH YEAR, FIRST HALF.

1. Two specialties, each one-half, lectures and recitations.
2. Clinics on specialties.
3. Clinical diagnosis, laboratory.
4. Thesis work.

FOURTH YEAR, SECOND HALF.

1. Two specialties, each one-half, lectures and recitations.
2. Operative surgery, laboratory.
3. Clinics on specialties.
4. Elective work.

This rude outline is enough to show what can be done. It might be well to offer this work twice a year in the larger schools, and in that way the capacity of the best located schools could be doubled.

Four of the eight groups could be given each spring, alternating from year to year; or better still, the school could continue the year through, and sufficient elective work offered to lengthen the term to nine months. These elective courses would be a means of medical culture for the undergraduate and would furnish an opportunity for post-graduate work.

The Southern Medical College Association.

To the Editor of the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION:

An editorial in your issue of December 10, 1892, in reference to the two Medical College Associations, does great injustice to the action of the Convention of the Southern Medical Colleges, which was recently called to meet and did meet, in Louisville, Ky., for the *sole purpose* of raising the standard of medical education in the South.

At a meeting of the Faculty of the Medical Departments of the University of Nashville, and Vanderbilt University, in August last, a committee was appointed to call a Convention of the Medical Colleges of the South for the purpose of raising the standard of medical education in the South. The call was made by circular letters mailed to the officers of every reputable Medical College in the South, and answers were received from all addressed (except one) warmly endorsing the movement and promising hearty cooperation.

The "sequestered" city of Louisville was named as the place of meeting, and the 16th of November last as the time for the meeting.

Every reputable medical college of the South, except one, was represented by either delegates or by letters.

Methods of instruction and requirements for matriculation, which differed in no essential particular from the plans and requirements of the American Medical College Association.

tion, except in the educational requirements, were offered and adopted.

A large majority of those in attendance, while desiring as high a grade of literary qualification as could be attained, yet opposed the requirement of more than a good, substantial English education preliminary to matriculation. This difference in the requirements of preliminary education would, in the opinion of many of those present, deter a large number of medical colleges from becoming members of the American Medical College Association, and hence it was proposed to organize a Southern Medical College Association, provided three-fourths of the Southern Medical Colleges became members of that body.

Those present at the convention entered the Association with enthusiasm, and many others have since become members by letter, and in a short while every reputable medical school of the South will become members of the Association.

There is no valid reason why a college may not consistently be a member of both Associations, as they were both organized for the same purpose, viz.: the elevation of medical education, and there is no doubt that many of the colleges of the South will become members of the American Medical College Association at an early date.

The medical colleges South have determined to raise the standard of medical education to as high a point as the American Medical College Association will, it matters not how high this point is.

Below we insert the requirements in each Association side by side:

Requirements of the American Medical College Association.

SECTION 1. Members of this Association shall require of all matriculates an English composition in the hand-writing of the applicant of not less than two hundred words; an examination by a Committee of the Faculty, or other lawfully constituted Board of Examiners, in higher arithmetic, algebra, elementary physics and Latin prose.

SEC. 2. Graduates or matriculates of reputable colleges, or high schools of the first grade, or normal schools established by State authority, or those who may have successfully passed the entrance examination provided by the statutes of the State of New York, shall be exempt from the requirements of Section 1.

SEC. 3. Students conditioned in one or more of the branches enumerated as requirements for matriculation shall have time until the beginning of the second year to make up such deficiencies, provided, however, that students who fail in any of the required branches in this second examination shall not be admitted to a second course.

SEC. 4. Colleges granting final examination on elementary subjects to junior students shall not issue certificates of such final examination, nor shall any member of this Association confer the degree of Doctor of Medicine upon any person who has not been first examined upon all the branches of the curriculum by the faculty of the college granting the degree.

SEC. 5. Candidates for the degree of Doctor of Medicine shall have attended three courses of graded instruction, of not less than six

Requirements of the Southern Medical College Association.

Requirements for Matriculation.—Every student applying for matriculation must possess the following qualifications:

He must hold a certificate as the pupil of some known reputable physician, showing his moral character and general fitness to enter upon the study of medicine.

He must possess a diploma of graduation from some literary or scientific institution of learning, or certificate from some legally constituted high school, general superintendent of State education, or superintendent of some county board of public education, attesting the fact that he is possessed of at least the educational attainments required of second-grade teachers of public schools. Provided, however, that, if a student so applying is unable to furnish the above and foregoing evidence of literary qualifications, he may be permitted to matriculate and receive medical instruction as other students, and qualify himself in the required literary departments, and stand his required examination as above specified, prior to offering himself for a second course of lectures.

The foregoing diploma or certificate of educational qualifications, attested by the dean of the medical college attended, together with a set of tickets showing that the holder has attended one full course of medical lectures, shall be essential to attendance upon a second course of lectures in any college belonging to this Association.

Branches of Medical Science to be Included in Course of Instruction.—Anatomy, physiology, chemistry,

months each, in three separate years.

SEC. 6. Students who have matriculated in any regular medical college prior to July 1, 1892, shall be exempted from these requirements.

materia medica and therapeutics, theory and practice of medicine, pathology, surgery, obstetrics and gynecology, hygiene, medical jurisprudence (forensic medicine), and special laboratory work as herein-after provided.

Qualifications for Graduation.—Candidates for graduation, in addition to the usual requirements of medical colleges, must have attended three courses of lectures of not less than six months each, in three separate years; must have dissected in two courses, and attended two courses of clinical or hospital instruction; and must have attended one course in each of the special laboratory departments, to-wit: 1. Histology and Bacteriology; 2. Chemistry; 3. Operative Surgery.

These requirements shall not apply to any student who has received a course of medical lectures prior to September 1, 1893.

Yours, etc.,

W. T. BRIGGS.

G. C. SAVAGE.

HEALTH DEPARTMENT.

No. 301 Mott St.

NEW YORK, DECEMBER 13, 1892.

HON. CHAS. G. WILSON,

PRESIDENT HEALTH DEPARTMENT.

Sir:—I have the honor to submit the following report of the pathological and bacteriological work of this Department during the outbreak of cholera in this city which occurred during September of the present year.

In this work I secured the cooperation of Dr. Edward K. Dunham of the Carnegie laboratory, who has had large experience in biological work connected with Asiatic cholera at the Hygienic Institute in Berlin, and I desire to acknowledge here my great indebtedness to him for biological investigations in this connection.

As bearing upon what is to follow, I desire to direct attention to certain features in the diagnosis of Asiatic cholera. It is admitted by all clinicians of experience that a differential diagnosis between sporadic and Asiatic cholera cannot be made on the clinical history alone. In the absence of an epidemic of Asiatic cholera, or the proof of direct exposure to Asiatic cholera, no one is justified on the clinical history alone in making a diagnosis of this disease. In the beginning of an epidemic of Asiatic cholera the first cases are always doubtful cases, and often their true nature is not recognized until the disease has become epidemic.

It is not very unusual to see cases of sporadic cholera presenting the exact clinical picture which is presented in the severest types of epidemic cholera, and on the other hand, it has often been the testimony of all observers in the recent epidemic in Europe that frequently epidemic cholera takes such a mild form, and resembles so slightly the severest types of the disease, that any suspicion as to its nature would not be aroused, were it not for the existence of the epidemic or the results of biological examinations.

In 1884 the German Government sent a commission, of which Robert Koch was the head, to Italy, Egypt and India, to study Asiatic cholera, and to determine if possible its cause. A peculiar organism was found in the intestinal contents and in the intestinal discharges of cases of cholera, occurring in the epidemics in Italy and Egypt, and also in India, where the disease is endemic. This organism, because of its curved form, was originally called the cholera