A Lecture

ON THE

AIMS AND METHODS OF A POST-GRADUATE COURSE OF LECTURES.

BY

JONATHAN HUTCHINSON, F.R.S., LL.D.,

CONSULTING SURGEON TO THE LONDON HOSPITAL AND PRESIDENT OF THE ROYAL COLLEGE OF SURGEONS.

GENTLEMEN,—We are met together this evening, I may assert, for no slight or trivial purpose, and the only regret which I feel is that the exposition of that purpose has not fallen into more able hands than my own. I have been invited, however, by my colleagues in an attempt to organise a post-graduate course of medical instruction in London, to explain our aims and purposes; and, taking as I do a keen interest in the movement, I have felt that I could not decline their request. In thanking you for responding in such numbers to our invitation, and thus showing your interest also in the scheme, let me say at once that we are met for no lower objects than to attempt to express in deeds our faith in medical science and our desire that the British profession shall not only keep well up with the times but shall maintain its foremost place. Our meeting also, apart from these objects, serves, if I mistake not, to pay a not undeserved compliment to the human mind itself in asserting its zeal for knowledge quite apart from all compulsion to its attainment. We avow our belief that amongst English-speaking medical men there are many who are willing and eager to work for the further development of their professional skill after they have obtained all they seek in the form of diplomas and legal qualifications to practise. It is to the whole of this latter class that the term "post-graduate" applies, and it is to provide for their requirements that our organisation has been formed. We are not, so far as I can see, in the least degree in competition with existing medical schools. We purpose to supplement and not to rival them, but to provide for wants which they have never professed to supply, and which have indeed been hitherto but very feebly recognised. In saying that we believe that there are many post-graduates who are eager to be taught I have by no means said all. We believe further that there is in this metropolis (and not only here) an overwhelming supply of clinical material which now for the most part runs to waste, and which might easily be utilised for their benefit. We go still further than this, and we hold also that there is amongst us a large amount of professorial and teaching ability not unwilling to find scope for its exertion which is now allowed to rust unused simply because it has no opportunities for employment. In making these latter assertions, I am thinking of our smaller hospitals which have no schools attached to them, of our numerous special hospitals, of our large workhouse infirmaries, sick asylums, and other institutions which might, under suitable conditions, be utilised for teaching. I am thinking also of the large class of highly skilled specialists and others who have never had the good fortune to become attached to general hospitals, and also those—a yearly increasing number—who, under modern rules of retirement from hospital duties, have lost their teaching opportunities whilst, it may be, almost in the prime of life. That men like Sir Andrew Clark and Mr. Thomas Bryant, if I may be pardoned for mentioning names, should, whilst in full energy, be compelled to forego almost wholly occupation in the vocation of teacher is a grave professional loss. On the other hand, that all such as they are should be transferred from the position of teachers of students to that of professors whose classes should be composed of graduates would be in every way appropriate and right. I do not think—our movement is not a novelty—that you would thank me for entering into any details as to what has been done or attempted in the way of post-graduate teaching in other places. As you well know, classes for this object have been organised long ago in Vienna, Berlin, and Paris, and in several cities of the United States, notably New York. At Leeds, in some other of our

English cities, and even in London itself, successful efforts in the same direction have already been made. So far, therefore, from ours being a novel movement, it is one in which I think we must admit that this metropolis is perhaps somewhat behindhand, for in none of the classes hitherto organised in London has the design, so far as I know, been to arrange for the wants of others than practitioners resident in the neighbourhood of the hospitals.

Now, the scheme which I have to explain this evening is one of a wider scope. It aims at providing for the wants, not solely or even chiefly of those who are permanent residents in or near London, but of those who come here for educational purposes. We believe that there is a large number of qualified medical men living in London, some of them from abroad, but many our own students, who would gladly avail themselves of facilities for further clinical study. We believe, further, that were such facilities afforded this number would greatly increase. It is part of our creed—indeed, it is, I believe, now generally recognised—that the instruction of students and of men who have passed their examinations cannot suitably or conveniently be conducted in the same institution. There is a natural unwillingness on the part of graduates to mix on equal terms with those who as yet have not attained that dignity, and the kind of instruction suited to the one is not adapted to the other. The lecturer who attempts to meet the wants of those who are well advanced must but too often pass over the heads of the younger students. The interests of the latter will almost inevitably be sacrificed if the attempt be made to instruct both together. We deprecate, then, the attempt to introduce post-graduate instruction into our general hospitals possessing medical schools.

Our present organisation consists of an association of the following special hospitals: the Hospital for Consumption and Diseases of the Chest, Brompton; the Hospital for Sick Children, Great Ormond-street, Bloomsbury; the National Hospital for the Paralysed and the Epileptic, Queen-square, Bloomsbury; the Royal London Ophthalmic Hospital, Moorfields; and the Hospital for Diseases of the Skin, Blackfriars. In each of the hospitals named the staff and managing committee have agreed to admit those who enter to the post-graduate course to receive instruction in their walls. The precise character of this instruction is to some extent left to the option of the hospital concerned, but it is understood that it must in all cases comprise a certain number of lectures, and that it is to be as truly clinical as may be found practicable. I am sorry to be obliged to state that our admission tickets will not in all cases include free access to the ordinary work of the hospital. More liberal arrangements in this matter will, I trust, be found possible when we have gained experience as to the number likely to attend our classes. It will be seen that our list of hospitals comprises most of our large special institutions, and that amongst our lecturers are some of the best teachers in London. Although I think that our scheme may do for a beginning, I will not for a moment profess that I am satisfied with it, nor do I believe that any of my colleagues are so any more than myself. For reasons which have just been hinted at, and they are for the present good ones, we have no general hospital on our list, we have no central home, we afford no facilities for advanced instruction in such subjects as anatomy, operative surgery, physiology, and pathology. I mention these almost at random, but really there is scarcely a topic in the curriculum of the student which ought not to find its further development in any scheme which adequately provides for the needs of the post-graduate. We assume that there are many who wish to advance beyond the modicum of knowledge which has enabled them to obtain a diploma, and that the desires and aims of such will not be restricted to special branches. Then, too, we expect that there will be a class who desire not so much to advance as to recapitulate, who, after having been in practice for some years, wish to return again to studies to refresh their memories. For these access to a dissecting-room, a pathological laboratory, and the wards of a general hospital well supplied with good clinical cases is essential. Nor will the arrangements for a post-graduate course be complete unless they are provided. That a hospital will be found before long willing to forego the admission of students altogether and adapt itself to the wants of post-graduates is, I think, a not unreasonable

able hope. Such a hospital should, in addition to its ordinary working staff, endeavour to secure the help as occasional clinical teachers of all the best men of the day. The admission to the use of its lecture-theatres and also of its wards (for rare, interesting, and typical cases) ought to be on the most liberal basis. I can imagine such an institution developed into one of a purely clinical and illustrative character, containing material far more valuable for the purposes in view than much of that which now throngs the wards of our general hospitals. At the same time I can imagine the organisation at such an institution of a class of professors who should teach the most varied subjects of advanced medical education in a manner far better suited to the wants of post-graduates than is at present to be obtained. A hospital and school having this scope and these ends would confer an immense boon upon medical education, and through it upon the English-speaking races in all lands. I must return, however, from this dream of the future, as yet not even on its way to realisation, to the facts at present before us. I cannot, however, forego the satisfaction of telling you that what is a dream as regards ourselves is already a reality across the Atlantic. The prospectus of the New York Polyclinic for the present session informs us that that institution "is a school of clinical medicine and surgery for practitioners," that it was organised in 1880-81, and opened in 1882, being the first school exclusively for post-graduates in America. It has a hospital of sixteen wards and fifteen private rooms, and has a large dispensary in the same building. Almost all the hospitals, asylums, and dispensaries in New York are in association with it, and its teachers, under the names of professors, instructors, and clinical assistants, constitute a very large staff (some seventy or eighty different men), who, in their personal connexions with the city hospitals and dispensaries, control a vast clinical material." This institution has had seven sessions, and it is encouraging to know that its numbers have steadily advanced from 161 in 1882 to 383 in 1889. I observe that its report repeatedly speaks of its classes as being composed of physicians, and from the arrangements mentioned in reference to providing for residence, it is evident that most of them are strangers to New York who have come to reside there for the sake of the instruction the classes there afforded.

I will proceed now to suggest and to answer one or two possible objections to our scheme. The first and most obvious is that, since a post-graduate hospital would lack the legal compulsion which the need for diploma certificates imposes upon the students who attend our existing medical schools, the entries to its courses would not suffice to pay expenses. I said in the beginning that we are met here to pay a deserved compliment to human nature. We avow our faith in the force which the love of knowledge affords when it is assisted by a conscientious desire to discharge faithfully the social duties which have fallen to our lot. We believe that these motives will be sufficient, and to them in the main we trust. Not, however, that they are not supplemented by lower ones. A certain proportion of our classes may probably be supplied by those who, having completed their curriculum elsewhere, and having already obtained a qualifying diploma, are desirous to go on to higher degrees, and for that purpose need further certificates. The public services will probably furnish a considerable contingent of men who have been so stationed that a certain amount of what we may call "rusting" in professional matters was to them unavoidable. Foreigners seeking acquaintance with English practice may also be expected to find in our arrangements facilities much in advance of any that London has hitherto afforded. I do not think that I am far wrong in admitting that London has as yet made but little attempt to meet the wants of this class, and that as a consequence we have not attracted its members in anything like the proportion which Paris, Berlin, and Vienna have done, and which the richness of our clinical material and the reputation of our physicians and surgeons entitle us to desire and expect. But after mentioning these sources of probable supply, I must return to my statement that we rely chiefly upon the desire for further instruction and experience on the part of the British family practitioner. The great poet whom we have recently mourned has well said:

"'Tis the taught already that profits by teaching."

And he might have added that it is not infrequently the taught already who feels most keenly his own need of further teaching.

So rapid is the progress of medical knowledge in the present day, and so sweeping are the changes and simplifications which come over us that it will soon be recognised that to have gone to school once in a lifetime is far from being sufficient, and that periodic returns to the lecture theatre are a necessity to the man who would keep abreast with his juniors. Here, too, again, lower motives will have their force—motives of a kind which I may best indicate by relating to you a reply made to me by a practitioner from the United States many years ago. I knew that this gentleman had left a large practice in Chicago in order to spend six months in study abroad, and I asked him if he did not fear that whilst so long away from home his rivals would get a great number of his patients. "That may probably be so," he replied, "but I reckon when I get back fresh with the new knowledge of Europe I shall get a few of theirs." Another anecdote I may perhaps venture to give if you will pardon it, tending in the same direction, but coming from the patient's view of the matter. Not many months ago I expressed to a gentleman who had several times come from a large continental city to London for advice my surprise that he did not content himself with the assistance which he could easily obtain at home. I assured him that there were excellent surgeons in his native city. "That may be," he replied, "but there is a great difference between you in London and us. You go on working all your lives and getting to know more and more, but with us when a man has got his diploma he thinks that that is enough and spends his leisure at the café." Let me hasten to say that I do not doubt in the least that my patient's opinion was to a large extent a mistake, but at the same time his creed and his action upon it may probably well exemplify that of many others. If his facts were right, his conduct was reasonable. It is quite true that the splendid medical literature of the day—I am thinking especially of our weekly journals—accomplishes marvels in the way of furnishing to practitioners, wherever situated, a full and vivid picture of all that passes in our great medical centres. Yet great as are the advantages in this direction enjoyed by all, there remains much which can only be learned in the hospital clinique; and I am much mistaken if the day be not rapidly coming when practitioners will find it not only a pleasure, but almost a necessity, to resort again and again to the opportunities there afforded. I have said there is nothing new in this proposal. During many generations past there have been those who zealously sought, by a return to a place of education, to refresh their memories and to extend their knowledge of an illimitable and ever-advancing science. Everyone knows the story of the two young Scotch doctors who went into a partnership in practice, with the understanding that each should at stated intervals liberate the other to return to the schools, and how one of them ultimately achieved fame in London as Dr. William Hunter, and the other in Edinburgh as Dr. Cullen. Although, however, the need for occasional return to the school has long been acknowledged, and most clearly by the best men, yet it is only of late years that it has become practicable. The facilities for rapid and cheap travelling of the present day make achievements in this direction easy which formerly could not be thought of.

It would be an easy and a pleasant task to enlarge upon the advances made during recent years in all the multifarious branches of professional knowledge, and to show how vastly the sum of the knowledge the practitioner has to acquire and remember has been increased. But this is too obvious, and I shall not detain you by any attempt to enforce what all already know full well. It is recorded of Hippocrates that he made a vow not to engage in practice until he had mastered all the knowledge of his predecessors. Were anyone to make such a vow now he would simply preclude himself from ever beginning at all. In this immense multiplication of knowledge, it becomes a duty to try by all possible methods to improve and advance the means of education.

The terms of the invitation by which we have been brought together this evening are, I observe, to listen to a lecture on the Aims and Methods of the Post-graduate Course, and it is right that I should now, in conclusion, ask myself whether I have kept to the text. It occurs to me that I have perhaps spoken too much of what the methods of post-graduate teaching ought to be and too little as to the precise character of the arrangements which we have been able to make. This has to a large extent been unavoidable,

for of those of us who are engaged in this undertaking I am sure I may again say that there is not one who is not well aware that the course of lectures which is to commence next week represents very imperfectly indeed what we should like to supply. As I have already said, we trust that our scheme will develop into something better. We have, however, done our best under present conditions. Unable as yet to obtain any large general hospital, we have associated five of the leading special institutions and have fixed the dates for the delivery at them of seventy-two lectures during a period of two months. The character of the lectures and all details as to how far they may partake of the nature of clinical demonstrations are left to the lecturer himself and to the staff of the hospital concerned. Each hospital is responsible for its own arrangements. You will find all details given in a little prospectus which has been prepared by our excellent secretary, Dr. Fletcher Little. Our list of lecturers comprises the names of—I take them just in the order in which they occur in the prospectus—Dr. Theodore Williams, Mr. Lang, Dr. Howard Tooth, Dr. Sturges, Dr. Payne, Mr. Gunn, Mr. Owen, Mr. Quarry Silcock, Dr. Beevor, Dr. Barlow, Dr. Kingston Fowler, Dr. Ormerod, Mr. John Morgan, Dr. Buzzard, Dr. Abercrombie, Dr. Green, Mr. Victor Horsley, Mr. Bernard Pitts, Dr. Roberts, Dr. Bastian, Dr. Angel Money, Dr. Percy Kidd, Mr. Brudenell Carter, Dr. Hadden, and Dr. Gowers.

That the list is a good one I venture to assert without fear of contradiction; that it is a very imperfect one I freely admit. You will see that our selection has been restricted to the staff members of the five hospitals which I have named, and of a necessity many of those whom we might have expected to be foremost in such a movement as this are not in it. We have as yet no central institution, no neutral ground, no place to which we can invite a lecturer, without any regard to the hospital to which he may chance to belong, and find for him a theatre and a class. Although, however, it may perhaps seem that we are for the present somewhat exclusive, I assure you that this is only from necessity. Our designs are comprehensive, our aims catholic. We hope in the end to secure as post graduate teachers all who have zeal and ability to teach post-graduates. As yet we are in a sense homeless. In what exact way our want of a home may eventually be supplied we cannot at present foresee. It may be that some one of our general hospitals, with its museum, dissecting-rooms, &c., all ready to hand, may determine to forego the education of students and take us in, or it may possibly be that we shall arrange with one of those hospitals which at present has no school attached to organise itself for our purposes. In the meantime, we must do the best we can, and it is matter for congratulation that, apart from our movement, there are in London now in progress developments in several directions which will tend to give this city increased attractions to the post-graduate class. Our Medical and Chirurgical Society has much increased its accommodation both for readers and public meetings; the British Medical Association has opened a valuable library and reading-room; the College of Surgeons has enlarged its library and opened it to evening readers, and, still more, it is about to nearly double the accommodation of its noble museum and to add to it a gallery of clinical illustrations of disease as seen in the living patient. Lastly, the united Colleges of Physicians and Surgeons have nearly completed a splendid building, with theatres and work-rooms, which is to be devoted to the encouragement of research, and very possibly to some objects not wholly out of the sphere of those which we aim at. Thus I think we may thankfully believe that the present is a period of considerable professional activity in London, and that the omens are favourable for the launching of such a scheme as that which I have been requested to recommend to you to-night. Its aims are the more perfect development of medical knowledge throughout the British empire, its methods the further utilisation of the medical institutions of this great metropolis.

There is one topic which, in concluding, I should be very sorry to omit. It is the consideration that our post-graduate teaching will by no means be restricted in its benefits to those who listen. "Teaching, we learn; giving, we receive." I may speak on this subject as one having some experience. Many are the hints I have received from intelligent students, and never have I sat down to the preparation of a lecture without finding that my own views gained much in clearness as I proceeded. Now, if this be the result of engaging in the

instruction of students, it follows that the gain will be far greater when we have to prepare for the tuition of educated men. Should that which I have ventured to hint at ever be realised, should we ever possess in London a clinical hospital in which cases suited for the instruction of practitioners should be collected for that especial purpose and lecturers enlisted from all quarters to address themselves to well-trained auditors, I venture to foretell that the gain will not be alone to medical education, but will be real and substantial to medical science itself.

Remarks

ON THE

CLINICAL ASPECTS OF MOVABLE KIDNEY.

By DAVID DRUMMOND, M.A., M.D.,

PHYSICIAN TO THE ROYAL INFIRMARY, NEWCASTLE-ON-TYNE.

(Concluded from page 68.)

CASE 21.—Mrs. W—, aged thirty-one, mother of six children, stated that for three years, two months after confinement, she felt pain in the left side (lumbar and iliac regions). This was usually brought on by exertion and was relieved by rest. Soon after she detected blood in the urine; this disappeared shortly, but returned again three months later, when it was accompanied by pain shooting into the left groin. She got over another confinement twelve months later without any difficulty, and was again confined in July, 1888, after which the pain returned in the left side as before. Then she detected a "lump" in her side. She has since suffered from the pain in the left side on going about. Pressure over the part occupied by the "lump" was unbearable. She had not seen any blood in the urine for over two years. On lying down she was able to demonstrate the tumour, which occupied a position just inside the anterior superior spine of the crest of the ilium. This was obviously the kidney, but was fixed so that it could not be replaced in its normal position. The urine at the time of examination was free from albumen or blood.

CASE 22.—Mrs. W—, aged forty-five, mother of two children, was admitted into the Royal Infirmary for Bright's disease. She stated that she had suffered from pain of a dragging character in the right lumbar region for several weeks, and of late had noticed that her urine contained a considerable quantity of blood. She vomited frequently. There was no dropsy. The urine was passed in considerable quantities, and contained blood, with albumen and casts. She was a stout woman, and her abdomen was with difficulty palpated. The right kidney could be readily grasped and made to assume various novel positions. It felt very large and seemed to be distinctly globular in shape. A few days after her admission into the hospital symptoms of uræmia developed, and she sank rapidly. The post-mortem conditions will be referred to again.

CASE 23.—Mrs. P—, aged forty, a stout and florid-looking woman, mother of three children, the oldest being fourteen, at whose birth albumen was detected in the urine. This disappeared, to return again during the second pregnancy. After this she recovered health fairly well, though from time to time she complained of indefinite abdominal pains, sometimes in the left side and sometimes in the right, in the neighbourhood of the hypochondrium. She also suffered a good deal from backache, and was generally worse at her menstrual periods and after exertion. Her third pregnancy occurred in 1887, and since then albuminuria had been almost constant. When she came under observation she was complaining chiefly of pains of an aching character in the right lumbar region, though often the left side was also affected. The urine contained about one-sixth albumen and a few granular casts. The right kidney was movable. From time to time she experienced attacks of diarrhoea, with mucus in the stools.

CASE 24.—B—, aged thirty, single, a nurse, complained of a sense of swelling, or fulness, in the right lumbar region above the cæcum, and of a dragging, aching pain in the left hypochondrium and neighbourhood of the left scapula. She was more or less familiar with these symptoms for upwards of seven years, but suffered at times from