PART IV.

MEDICAL MISCELLANY.

Reports, Transactions, and Scientific Intelligence.

INTRODUCTORY ADDRESSES, 1895-96.

MEATH HOSPITAL.

Introductory Address delivered at the opening of the One Hundred and Forty-third Session of the Meath Hospital.

By E. E. LENNON, F.R.C.P.I., L.R.C.S.I.; Physician to the Meath Hospital.

GENTLEMEN,—We are met here to inaugurate the opening of the one hundred and forty-third Session of this Hospital, and in accordance with a time-honoured custom, an address is given by a member of the staff. Following as I do in the wake of so many distinguished inaugural lecturers, it is but natural I should feel deeply sensible of the great honour to which I have been called, and my incompetence to do justice to the position.

As in this address there must be an absence of that “polish” which graced the work of my distinguished predecessors, I can only claim the privilege of a first attempt, and throw myself upon the indulgence of the audience.

Since the previous Session we have to deplore the death of Sir George Porter, one of the most distinguished teachers of surgery which our time has produced. Abler pens than mine have enumerated the honours which were bestowed upon that illustrious surgeon, and to which he was so justly entitled. I shall merely state, therefore, that, like many other celebrated physicians and surgeons of our hospital who have passed away, his memory will be revered, not only for his professional attainments, but also for his kindly and genial disposition.

To fill the position rendered vacant in the hospital by the death of this distinguished baronet was no easy task. In the selection of Mr. Glasgow Patteson the medical staff have, judging by his previous brilliant career, been mindful of the

best interests of the students and the traditions of our hospital. I am confident, therefore, that I express the unanimous wish of the staff and of the students, in tendering to Mr. Patteson their hearty congratulations.

In the continuation of my remarks, I propose this morning to address my observations chiefly to those who are just entering upon their studies, and to those about to qualify.

To those students who are now entering upon their professional education I give a hearty welcome, both to our profession and to this hospital. There is no doubt that in your election to become members of the medical profession you have selected a vocation that is admittedly the most useful and the most honourable you could select. Its benefits and its disadvantages as a life long pursuit you have doubtless duly weighed.

Having, therefore, made your selection, I hope by making this address as practical as possible to give you the assistance which is your due. I shall commence, therefore, by asking you the pertinent question—by what portal do you propose entering the “Medical Register?”

Is it by means of University Degrees or the qualifications of the Colleges?

Here I desire you to note that amongst the learned professions ours is the only one which possesses ambiguity of title. A man when he is called to the Bar is without demerit termed a Barrister; a Solicitor is called so the moment he is enrolled; a clergyman is addressed as the “Reverend” upon his ordination. It is reserved for the Medical Profession to be without any suitable title to which all its Members may generically lay claim.

Many of you will say if these learned professions call their members Barristers, Solicitors, and so forth, surely the Members of the Medical Profession may call themselves Doctors. I do not wish, gentlemen, to stagger you with paradoxes, but it is my duty to say that unless you ultimately possess an M.D., you cannot by right designate yourself a Doctor!

This doubtless comes to many of you as a rude shock. To many who have occupied those same benches which you occupy the same awakening has come. The difference

between your case and theirs is, that you hear this fact announced at the commencement of your course, they when it was too late to retrace their steps and take another route. Any of you, therefore, who intend taking the License of the Apothecaries' Society will, upon receiving your diploma, be termed Apothecaries; those who obtain the Licenses of the College of Physicians and Surgeons, Physicians and Surgeons, respectively. These qualifications carry no title save "Mister."

The *Lancet* lays down that M.B.'s are entitled to the title "Doctor"—very illogically, one would think—but I fancy it reconciles the matter by assuming that to obtain the next step of M.D. is merely a matter of form, since many of the universities grant this degree to Bachelors in Medicine upon the reading of a thesis, and, as a secondary consideration, the payment of an additional fee.

Referring to the title of a physician, there even appears to be a doubt if a Licentiate of the College of Physicians is entitled to call himself a Physician, for in a recent number of the *British Medical Journal* it is set forth that only Members and Fellows of a College of Physicians are entitled to this distinction. Assuming this statement to be correct, we must infer that a Licentiate of a College of Surgeons is not entitled to call himself a Surgeon.

Of course I do not accept the *dicta* of these journals, but they indicate the general doubt upon nomenclature of title in our profession. One cannot but wish that as a way out of the difficulty the authorities would reconcile these heterogeneous titles to one class by establishing one common designation for all persons admitted to the pages of the "Medical Register." This is in vogue in the United States, where each practitioner who passes a recognised examination is given an M.D. As can be gathered by what I shall state subsequently, it is the commercial value of the dignity that renders the degree a desirable acquisition. As far as the vanity of individual members of the profession is concerned, I am sure that they are privately quite indifferent in this matter so long as it does not affect either their practice or appointments.

You may say with justice that a man with a license is equal in point of medical knowledge to an M.B., which, as

we have seen, is practically the examination for the Doctorate in Medicine. This I grant, for I hold, as can be confirmed by the Reports of the General Medical Council, that the professional examinations of the Royal Colleges are not one whit less severe or searching than the examinations of the Universities of Great Britain and Ireland. In point of fact candidates for the degrees of the latter are examined by many of the same examiners and in the same subjects as candidates for the diplomas of the Royal Colleges.

It is also true that the Government, when advertising for officers for the medical services, do not insist on candidates being graduates of a University. The controlling Boards of the various Services—naval, military, and civil—feel quite certain that so long as registered medical practitioners fulfil the Board's requirements and pass its examinations, a sufficient guarantee is given that the State secures competent medical officers. Furthermore, it cannot be said that the want of a degree at all interferes with the candidates from the colleges obtaining high places in the competitive examinations.

I have been at some pains to look up the matter, and I find that the men who have obtained the highest places are distinguished mostly by their lack of university distinction. Nor must it be forgotten, as an illustration taken from recent events, that neither of the Chitral heroes—Sir George Robertson and Surgeon-Captain Whitchurch, V.C.—boasts of an university affix to his name.

In such chaos of professional titles as obtains in the United Kingdom, it is no wonder that the public has long since become confused, and in its bewilderment has, especially in England, grasped the idea that the safest index to professional fitness is the possession of the title, M.D. Therefore, till the General Medical Council, with whom legitimately rests the definition of these titles for the guidance of the public, rectifies the present confusion, I would recommend everyone who can do so to obtain a university qualification.

So thoroughly has this pre-eminence been given to the title of M.D. that I have known of the candidature of men who were perfectly eligible for appointments set aside through the misconception of a Board as to the professional status of

licentiates. Indeed, there are medical men, I regret to say, who favour the misconception of the public in this respect for personal ends.

It is not a matter of fiction that among Poor-law guardians the M.D. has got his supporter to state that he alone is the only doctor among the candidates, and having disseminated doubts as to the legal qualifications of the other candidates has thereby gained the appointment.

That I am not dwelling upon a sentimental question, but one which gravely affects your professional career, can be gathered by a reference to the list of medical appointments. These are gazetted weekly in the columns of the *British Medical Journal*. Taking, haphazard, a copy of this journal for August 24th of the present year, I find that of 20 appointments made, 17 were obtained by University Graduates.

The struggle for existence is so keen in our profession, that if one hopes to rise in it, every legitimate advantage possible must be secured in one's student days. Do not mind the philosophers, who, when this subject is discussed, say that diplomas do not make the man.

This sentiment holds good only if you were considered embryonic Galens. Therefore I would impress upon every student that University Degrees mean a good stock-in-trade, and their possession a matter which none of you will ever regret.

Gentlemen, I will not weary you with admonitions as to the necessity for diligence in study, as you will very soon experience, at the up-to-date examination Boards of the present, that those who are idle and fritter away their opportunities will suffer by rejection, with its consequent loss of time, money, and credit.

I would be glad, though, to encourage every student to enter for the class examinations at the end of the session. The experience to be derived will be of the utmost benefit in accustoming the student to the methods of oral examination before he enters for the professional ordeal; nor is this the only advantage, for those who secure these Prizes possess honourable guarantees of their practical knowledge, which ought to perform yeoman's service when subsequently they

seek appointments. To those gentlemen who are about to qualify, or are in their last year of medical study, let me urge the desirability of their obtaining a residency in a hospital. Here the student will have every advantage of practice without its responsibility, nor should he overlook the most trifling detail in the management of the sick. The feeding of patients, especially the dieting of children, can here be closely studied. And let me here remark that, in general practice, nothing either pays better than this knowledge, or is more fruitful of good results to the patient.

Indeed, since rational dieting has almost superseded the use of drugs in diseases of the digestive system, an acquaintance with these principles is absolutely necessary. More than two-thirds of your medical cases will be suffering from stomach, liver, or kidney trouble. Upon the skilful feeding of such patients your reputation must greatly depend. And here let me counsel you to eschew the vague directions so commonly given by many physicians. As you are, doubtless, aware, the most hypochondriac of your patients will be the dyspeptic. Written instructions as to what he is to eat and what to avoid, with a few explicit directions as to the cooking of certain foods, will work wonders with this sufferer, both therapeutically and mentally—a sympathetic interest in all the symptoms which he will relate to you, if you can afford the time, will do much to win his confidence.

In many hospitals the house surgeon is expected to lecture the probationers. Should he not be familiar with the proper adjustment of a draw-sheet or the making and the application of a poultice, the want of such knowledge must recoil seriously to his disadvantage. Indeed, if it were only to be above the criticism of nurses already trained, especially those so carefully trained and so familiar with their duties as the Red Cross Sisters—these hints might be worth attending to. Nor should a visit to the hospital pharmacy be considered beneath the dignity of the residents or senior students. In these days, when many medical men dispense their own physic, a practical knowledge of compounding is of enormous advantage to the junior practitioner. There is nothing new in this advice—I mention these hints because I myself have followed them, and have found them of benefit.

The position of the young medical man who has just received his diplomas, no one will deny, is one of peculiar anxiety. He will, in any case, do well if he endeavours to obtain a house surgeoncy as a start. To those gentlemen who find it necessary to at once go into general practice I would like to give a word of warning, so that they may avoid the many pitfalls which beset them. Should they seek an assistantcy they must be cautious in the extreme that they are not induced to enter the service of some unqualified man as a "cover," and even into the proposals of qualified men, requiring assistants, they should carefully look, both as to whether the principal's locality is one that they will like, and the amount of work he wishes them to perform not beyond their physical capacity. I have known men waste no mean portion of their small capital going from London or Dublin to remote parts of England to find that the assistantcy was not in any sense desirable. Should the junior practitioner desire experience before purchasing a better-class practice, there is little use in his going to a colliery district for such a purpose, or to become assistant to a man who has such a number of club patients that accurate and scientific diagnosis is out of the question, and not at all encouraged by the principal.

Those assistantships known as branch practice assistantcies, it is well to note, are practices conducted, in almost all cases, by the assistant alone. The principal, in these cases, taking an interest only in the money receipts. The practice, nevertheless, is conducted solely in the name of the said principal. The work of branch practices is of the most onerous character, and the endurance and energy of the so-called assistant must be beyond fatigue.

Those gentlemen who are eligible for the naval and military services, and whose tastes lie in that direction, cannot do better than read with a view of joining one or other of the services.

The position is in many respects desirable, the work—as a rule—not too laborious, and the remuneration, at least in the junior grades, is more than the average practitioner of similar standing could obtain in civil life.

It must not be forgotten that this pleasing picture of the services has another side. Amongst the objectionable features

may be enumerated:—The want of a definite military rank and title, the certainty of prolonged service abroad, often in very unhealthy districts, with, of course, the accompanying possibility of a complete break-down in health and vigour; the liability to dismissal from employment at the end of twelve years' service on failure to pass the examination for promotion, and the insufficiency of payment in the higher grades.

Amongst minor drawbacks might be mentioned the ill-defined social status of the Military Medical Officer, his apparent ineligibility for membership of Military Clubs, the burthen of an unaccustomed discipline and subordination to authorities, and the too frequent change of station.

To those, however, who have not military aspirations, but who have the means to purchase a practice, I would suggest the advisableness of their becoming assistants to principals, with the view to partnership or succession. This procedure will prevent the young practitioner from being swindled, as the purchase of practices from unknown vendors is a very risky business indeed.

Gentlemen—I take the opportunity afforded me by this address, at this stage, to direct general attention to what has been long felt as a want in our educational system by all who have had experience, either as teachers or investigators in Dublin.

While the various anatomical, physiological, and chemical departments have been brought to the highest stage of perfection by a lavish expenditure of money, and now afford unequalled opportunities to the Dublin student of acquiring the most extended knowledge of these subjects, under the guidance of distinguished teachers, whose lives are devoted to scientific pursuits, the enormous mass of material for pathological and bacteriological enquiry is allowed to go to waste from the lack of a Central Institute where such investigations could be adequately carried out.

Out of many proposals, that which I consider the most feasible is the establishment of such an institution by the Royal Academy of Medicine, based upon the lines of that already founded by the Royal Colleges of Physicians and Surgeons of London.

The Royal Academy of Medicine is representative of every medical organisation—teaching, licensing, or otherwise—in Ireland. It should, therefore, be in a better position than any other body to bring a project of this nature to a successful issue.

In addition to its own funds, annual subsidies might reasonably be hoped for from the Irish Licensing Medical Authorities, University and Collegiate, as well as from the Medical Schools in Dublin and the Provinces.

The pupils of these corporations, in return, would participate in the educational advantages of the scheme.

To the furtherance of a matter so distinctly beneficial to the well-being of the public and the Irish profession generally, no valid objection can be offered.

Nor, again, would it be unreasonable to suppose that the petition of so important a body as the Royal Academy of Medicine for a substantial Government grant to further the objects of such an institution would be overlooked.

The Government has already granted aid for the furtherance of medical investigation in other portions of the United Kingdom. Why can they not do so in Ireland?

Let us enquire what the expenses of a

PATHOLOGICAL INSTITUTE,

conducted on the lines I have indicated would amount to.

The Initial Expenses for Equipment ... £500 0 0

Annual Expenses—

Salary of Chief ... £600 0 0

Two Assistants ... 200 0 0

Two Porters ... 100 0 0

Rent and Gas ... 200 0 0

Maintenance of Appli-

ances, and Cost of

Chemicals, &c. ... 200 0 0

£1,300 0 0

Total Expense of first year ... £1,800 0 0

For safety, say £2,000, with an annual expenditure of £1,300.

To meet this expenditure the following suggestions are made:—

The total number of Students requiring				
Certificates in Pathology, and now attending				
the three Dublin Schools, would be				
about 120, at about £3 3s. each for a three				
months' course. This would amount to ...				
				£378 0 0
A Grant from the Royal Academy of				
Medicine				
				100 0 0
A Grant from the Royal Colleges, each of				
£50				
				100 0 0
A Grant from the two Universities—the				
University of Dublin and the Royal				
University of Ireland—each of £100 ...				
				200 0 0
A Grant from University College (the				
Catholic University) of				
				100 0 0
A Grant from the Corporation of... ..				
				300 0 0

(In return for this last all *post mortem* examinations should be made, either at the morgue or elsewhere, by the Chief of the Institute or one of his assistants, free of cost, thus increasing the actual cost to the city by only £100 a year, as the cost of the *post mortems* made at present for the Coroner is about £200 annually).

Add to these items the fees paid by men studying for a diploma in public health—say twenty men annually at £10 each—£200; and we have a total of £1,378, which would be further supplemented by fees paid for *post mortem* examinations of animals by various county grand juries, &c., special courses in bacteriology to men already qualified, fees for examination of various specimens forwarded by practitioners throughout the country who may not be members of the Royal Academy of Medicine; and if to all these a small Government grant were added, the institution could be floated with every prospect of a useful career.

You will say, all this is very fine theorising, but we must not ignore or forget the difficulties. Well, what are the difficulties?

First, there is the necessity for united action on the part

of a number of different institutions, and we all know, from practical experience, how difficult it is to get a number of our countrymen to unite heartily and sink controversies for a common object. Undoubtedly, the difficulty of getting such diverse bodies as the Universities, the Royal Colleges, University College, the Dublin Corporation and the Royal Academy of Medicine to co-operate is great; but it ought not to be impossible.

Each of the teaching bodies wishes to have its own Chair of Pathology, with the result that none of them can be really efficient, as compared with similar institutions in France and Germany. None of them can afford to pay a salary to a Professor sufficient to induce a really capable man to give up his entire time to the work.

When the occupant of one of the chairs, as at present constituted, has made a name for himself, he will be promptly tempted elsewhere by the offer of larger emoluments.

Again, at present, not one of these gentlemen can be adequately supplied with what is absolutely requisite for the proper teaching of pathology now-a-days, namely, an abundance of recent specimens. No one of our Dublin hospitals is sufficient to meet this requirement, it requires the hearty co-operation of all. By having all the specimens brought daily to the Institute, demonstrations could be given every afternoon throughout the session, which all students would be free to attend, and which I know would be largely attended by them.

You may object that it will be impossible to obtain the consent of the present Professors of Pathology to their own annihilation. I do not think that this is so; as a matter of fact their present professorial emoluments are very small, and I do not think it would be difficult to propound a scheme by which they could be either compensated for their retirement or absorbed in the larger Institute.

The difficulties practically, are only three:—

1st. To obtain the hearty co-operation of the various bodies I have mentioned.

2nd. To provide for the existing Professors.

3rd. To obtain the various grants in aid of the work I have already set forth.

No doubt, time will be necessary before all these difficulties can be smoothed over, and, above all, time is the very thing we can least afford.

The University of Dublin has recently appointed to the Chair of Pathology, in its school, Professor Alexander O'Sullivan, a brilliant scholar, a Fellow of Trinity College and an enthusiast in his work. It proposes, I understand, to equip for him a laboratory at considerable expense, as soon as possible. When once this laboratory is established, it will be hopeless to expect that Trinity College will encourage or assist an outside scheme.

The march of events will similarly compel the other teaching bodies to spend their funds on similar equipments, and in place of one great central institution, that would be a credit to the whole country, and which would attract pupils from Great Britain and America, we shall see perpetuated that sub-division and diffusion of energy which has already proved so disastrous. It is the interest of all the medical teaching bodies and licensing bodies alike, that everything should be done by making our schools efficient to attract an ever increasing number of students to our city.

Under our present system, our class is not increasing; it is an open secret that the cause of this is largely the want of concentration in our efforts, and all who have studied the subject will agree with me in saying that a well-conducted Pathological Institute, under the control of an able man, devoting all his time to his work, and with competent assistants under him, would do much to neutralise our present weakness.

Some one may say, why do you venture to suggest that the Corporation of the city should be asked for a grant in aid of such an undertaking; in what way is that body interested in your scheme? My answer is, that the prosperity of the Medical School is of great importance to Dublin. The total number of students in the city is probably about 600, each of whom spends on an average for his maintenance and the payment of his fees about £100 a-year, thus making a total of about £60,000 a-year expended annually by the pupils of the Medical Schools in Dublin. This estimate is probably below the truth; but taking it as an approximation only, can

Dublin afford to lose this sum annually, and see it spent in Edinburgh and London? The extra tourist traffic in Ireland, for the encouragement of which such great efforts have been made lately, probably does not exceed this sum. This is an aspect of the problem that is not usually presented, but it is well worth consideration.

Again, the Dublin Corporation is the local sanitary authority acting through its distinguished officer, Sir Charles Cameron, and is therefore largely interested in all questions affecting the health of its citizens. It is not too much, therefore, to expect that a body, which has already shown such an enlightened appreciation of its position and responsibilities by the large grants it so generously gives every year to the City Hospitals, would readily grasp the importance of such a proposal and its obvious bearing on the health and prosperity of its constituents.

The time for action has come—in the words of Burns' immortal war song—

“Now's the day, and now's the hour.”

The present is an opportune time for discussing the proposition in all its bearings; if postponed until the various colleges have spent their funds in equipment, it will be too late, and nothing will be left but vain regrets for a lost opportunity.

Furthermore, if the several Members of the Academy of Medicine had the privilege of sending their specimens, pathological or clinical, for careful examination, analysis, and report, to such an institute of investigation, the value of such membership would be distinctly advantageous to country practitioners. Many of our brethren who are debarred by distance from participating in the benefits of the Royal Academy of Medicine as at present constituted, would thereby be induced to further swell the List of Members of this distinguished Society.

In addition to other advantages, the benefits of an extensive library could be placed at the disposal of such an institution by the Royal Colleges permitting the members of the proposed organisation to participate in the enjoyments of their respective libraries—a proposal that for the purposes of procuring the maximum benefit of a library at a minimum

cost by the fusion of the two libraries mentioned, might be suggested as a matter of detail.

This proposal I venture to submit to the Profession in the hope that some steps may be taken to enable the Irish School of Medicine to retain the eminence it now holds, and in which the Meath Hospital has borne so honourable a part.

There is one other subject I wish to dwell on briefly—viz., the growing tendency to unprofessional conduct in our ranks—a tendency happily rare in Ireland. The Universities, the Colleges, the General Medical Council, and the British Medical Association, all have endeavoured to find some equitable means of dealing with offenders but without effect.

Since the authorities have failed, there is one, and only one, resource left—that is, to appeal to the individual Members of the Profession to uphold its honourable traditions.

I am confident, therefore, that in the hands of you, gentlemen, who have recently joined our Profession, the reputation of our high calling will never suffer, nor through you will this Hospital feel reproach.

It is possible that occasions may occur in the life-history of each of you when the temptation to take advantage of a professional brother may be great, indeed. In such cases the rule, “Do unto others as you would be done by,” is one which loses nothing by virtue of its antiquity and its divine origin.

To any of you who may think that the rewards of the Profession are inadequate to the many calls which suffering humanity may make upon your time, I would recall the words of Cicero—“That the recollection of a life well spent, and the memory of good deeds, are most pleasant.”

To my younger listeners I would like to say a word in conclusion :—

You are young and buoyant in spirits, and look at most things with the cheerfulness of youth ; but do not forget that all around you here is misery and sadness, and that your duty in after-life, as it is your duty now, is to do all in your power, and you will find in too many cases that that all is very little, to alleviate some of that dreadful total of suffering and sorrow.

As you grow older, and your experience enlarges, you will

find that your estimate of poor suffering humanity steadily rises.

There is no place on earth where grander examples of human courage can be seen than in a Hospital. You will see here men and women, without a murmur, or sign of fear, listening to the words in which the saddened medical man conveys to them that they are suffering from some incurable malady, and that their days are certainly numbered.

Imagine any one of you being told that you would have to undergo an operation of the greatest hazard, necessarily accompanied by prolonged suffering, and a tedious convalescence if successful, and picture to yourself what your feelings under such circumstances would be—yet you will see men and women here cheerfully accepting the prospect, and with a confidence in medical science that approaches the sublime, walk fearlessly into the operation theatre, and place themselves absolutely and without reserve in the hands of the surgeon.

Never forget that around each patient, be he ever so humble or uninteresting, are grouped the hopes and fears of loving friends and relatives. Never forget that what to you is the interesting sarcoma, too often means bitter want and suffering to the widow and the orphan.

There are few of us who have not lost some beloved friend or relative. When you see the sorrow-stricken friends around the bedside of some poor suffering fellow-creature, think of what you felt yourself when someone very dear to you was taken away. Remember that all the patients you see here are suffering, and that all are poor. Go out any cold winter morning to the out-patient department, and add the pangs of bitter weather to those of sickness and poverty, and he must indeed be hardened and devoid of human sympathy who does not feel his heart sad within him at contemplation of all this misery, not a tithe of which he can assuage. You must remember, also, that there is another side to the picture—that the black cloud of sorrow is illuminated by the sunshine of human kindness.

This hospital, and countless similar institutions throughout the world, are maintained by the generous contributions of those whose lot is cast in pleasanter places than that of our

poor patients, but whose hearts are touched by the sufferings which they try so nobly to alleviate.

"One touch of nature makes the whole world kin," and, thank God for it, in the darkest hours of our country, our wealthier fellow-countrymen have never failed to respond to an appeal for help, and no hospital in Ireland has ever yet had to shut its doors through want of funds.

ST. VINCENT'S HOSPITAL.

*A Proposed Change in the Method of Advanced Medical Education.** By RICHARD F. TOBIN, F.R.C.S.I., Surgeon to St. Vincent's Hospital.

ALTHOUGH I see that many not belonging to the medical profession have honoured us with their presence at this the opening of the session of our school, I shall not hesitate to ask you, one and all, to consider with me, during the short time I shall detain you, some questions of medical education. Or, perhaps, it would be more correct to say that I find in such good company, not an obstacle, but an incentive to talk on professional topics. The incentive would be complete could it only be arranged that that part of my audience to whom I am referring should just, for the next quarter of an hour, be so troubled with bodily ailments that the proper education of physicians and surgeons would seem to them the one real subject in this world worthy of consideration. When in health men are inclined to think that the progress of medicine is altogether the concern of physicians—"It is their business," it is said; "every discovery is an addition to their stock-in-trade—the profit is theirs, let them look to it." But, gentlemen, when Plutus views our field of work, it is not in the area that science has cleared and where simplicity prevails that he sees his harvest, but rather in those unreclaimed regions where the blind lead the sick through a jungle of nostrums. For as civilisation advances, side by side with wealth there grows an intolerance of suffering, and these conditions, taken in conjunction with the ignorance that prevails about disease, cause patients not

*The Introductory Address delivered at the opening of the Session of 1895-96, at St. Vincent's Hospital, on Tuesday, October 15, 1895.

to be deterred by the remoteness, doubtfulness, or costliness of the quest from wandering in search of remedies.

But it may be urged against making medical education the subject of an introductory address—"This question is threshed out." That it has been fully and ably treated I allow, and notably by colleagues of my own, but the fuller the reaped harvest, the more gleaning there is to be done, and although I may not be able to throw any new light on this most important question, I have a hope that the consideration and criticism which my remarks may call forth will not fail to do so. When addressing a mixed audience it is necessary to state one's case with a fulness that to some members of it must be wearisome. Most of us are personally acquainted with the position of medical education to-day, many of us with it as it was, in what I may call its glacial epoch, so fast are we advancing. Now it is systematised, then there was no system. Medical food was then served out very much as a hen-wife gives food to chickens, all in a lump. Now a student is made sit down to a well arranged *table d'hôte*, and so anxious are the waiters that he should dine well that they will not remove his plate till he has fully partaken of the course before him. This advance from confusion to system has been, I need not say, like other advances, one of development. And since in the most highly developed animals we find processes, such as the appendix of the cæcum, which had no doubt a use in their time, but which now only furnish work for the surgeon, we need not be surprised if, in the system of teaching medicine, there survive methods useful once, but now only a hindrance to the exercise of its higher functions.

The curriculum, as at present arranged in our schools, stands thus:—It extends over five years, and cannot be entered on till the student has passed an examination intended to show that the word liberal is applicable to his previous education. During the first two years he is almost altogether occupied with the study of sciences that form the foundations of medicine—viz., anatomy, physiology, physics and chemistry. These are commonly spoken of as medical studies, but here, for the sake of

clearness, I shall try and limit that adjective to the healing art. During the second year he is obliged to attend hospital, and many students wisely do so from the very first, but this is only a sort of preparatory attendance. During the third year he is liberated, in a great measure, from the study of the accessory sciences, and so during this year he can give a great deal of attention, and during the fourth and fifth year he can give his whole attention, to medicine and surgery proper.

It thus appears that there are two stages in the curriculum—a preliminary scientific stage, and a stage devoted directly to medical problems. It is with this second stage that I, as a hospital teacher, am most concerned, and the question that I ask you to consider with me to-day is this—Does the student spend his time during this second stage to the best advantage? As far as I can see he does not. For, in place of being relegated to the hospital for his training during this second period, he is obliged to attend the schools for theoretic lectures in medicine and surgery, and for examinations in connection with these lectures, and these examinations so dominate his views that he spends his time in hospital, not watching the changes in his patients, but on the look-out for ready-made answers to questions. If urged to make records of cases, he does so reluctantly, for he knows that, from an examination point of view, it does not pay, and if, towards the conclusion of his course, he is offered the position of resident pupil in a large and busy hospital, he often refuses it, because he is going in for his “final,” and, of course, the one thing essential is to pass. His medical education, therefore, notwithstanding a large amount of hospital attendance, is literary rather than practical.

I hold that the literary education of a medical student should be as full as circumstances will permit, but I also hold that literature—even medical literature—does not cultivate the whole plain of the intellect, and that it leaves practically untouched that portion of it in which the physician must gather his fruits—I mean the field of observation. Education, as it is at present understood, helps us to many things, amongst others to this—it enables us more or less to

conceal our shortcomings. Perhaps it is on this account that men in a civilised country appear to the casual observer a very even lot. Some may be enabled by the gift of music, painting, or literary skill, to distinguish themselves amongst their fellows, but, as a rule, we live by appearances, and it is most difficult to demonstrate or ascertain what a man is made of; what is his intrinsic worth, and especially to what extent he possesses that quality, than which no other makes him so useful to his fellow-man—I mean the power of original observation. It is not so amongst people for whom the problems of life are not made complex by civilisation. When it depends on a man's own unaided powers whether he shall die of hunger or cold, be devoured by wild beasts, or lose his way in the trackless wilderness, the question of what he is, as distinct from what he appears to be, is quickly answered. The man of appearances vanishes from the scene. We, therefore, find in uncivilised and nomadic tribes that not only does each individual possess quick perception, but that the degree in which he possesses this quality is well known to his fellows. For instance, if in some remote part of India or Africa you enter a village and ask for some one to help you in hunting big game, the man most suitable for your purpose is at once forthcoming. What he will do for you is amazing. An animal has been wounded, and it disappears in the jungle. He rushes forward and follows it, as if it were still in sight. You stick to him as best you can. When he pauses you ask him—"Are you sure we're right?" He perhaps only answers "See! See!" and starts on again. And he will, with marvellous precision, follow that wounded animal either till he overtakes it, or till it is evident that pursuit is hopeless. If questioned as to how he does it, he is at a loss to say. His methods are so ingrained in him that they belong to his instinct rather than his reason, but by much watching and asking you can reach many of them. I need not tell you that to follow an animal that is dropping blood at every step, or that has crossed a fresh sandy plain, is an easy task. But the expert tracker will follow one that leaves no blood-stains, and along paths as full of foot-

prints as are the flags in Grafton-street. He will tell you how long it is since it passed, the rate at which it had been travelling, and whether it was going lame or sound. Every up-turned particle of dust, every broken twig, every cropped blade of grass has appearances that tell him the exact moment when it acquired its characters. Looking at the distance between the footprints, and noting an irregularity in one, he may remark it is lame, but it is going fast ; and, later on, see, it halted here and looked round, and so on through details that would weary you. Suffice it to say that he can read from the surface of mother-earth all the incidents of a long chase as clearly as any of us may read the incidents of a hunt in an evening paper.

From our lives here civilisation has almost completely banished the necessity for observation. Our complex system requires a sub-division of labour ; and each one gladly shifts from himself the trouble of judging and seeing. Moreover, education, as at present conducted, teaches us to see with the eyes of others rather than with our own. Consequently there is, coincident with the advance of culture, a general depreciation of acuteness of perception, and some of our faculties so atrophy from want of use that were we suddenly shifted back into a primitive state, many of us would rank as imbeciles and speedily perish. I do not think that this is an exaggeration. For have we not reached a stage when, provided a man has sufficient observation to recognise his own hat and umbrella in his club, he can carry on very well. Some cannot pass even this low standard, and yet they prosper. But pray, Mr. Chairman and Gentlemen, do not think that I want to depreciate civilisation unduly, or to throw in my lot with "narrow foreheads ignorant of our glorious gains." No ; I am here rather to appeal to the broadest foreheads amongst you, and to ask you to think out for me the question I am submitting to you. I have not a word to say against the man who fails to recognise his own umbrella or knocker, and who has to ask a policeman the way at every turn, provided he does the work he is appointed to do efficiently. But I would ask him not to

forget that his powers of observation have not been developed by whatever system of education was applied to him, and that although he may be able to get on well as he is, there may be professions other than his, of which observation is the very essence. No dangers may await him now-a-days because he lacks acuteness of perception, but there may result much loss of life, and much suffering and sorrow, because others following other avocations are so wanting.

Out of such criticism as I have applied to the present state of medical education there naturally arises the question—Can regulations alter the conditions complained of, and make students look on books as only secondary sources of knowledge? And the answer is, Most assuredly they can. They have but to apply to the teaching of medicine and surgery the principle that has been applied to the teaching of all other arts and sciences—that is, the principle of making theoretic and practical work go hand-in-hand. The one should be made to wait upon and illustrate the other; or, to take a lesson from physiology, theory should not move independently, but should, like the blood, be made to flow through the whole system, and to nourish and vivify every part. But the non-medical portion of my audience may ask—What is to prevent such circulation going on at present? The plain answer is—Nothing but the regulations. The regulations order that the theory of medicine and of surgery is to be condensed each into a course of fifty lectures, to be given in schools which are in reality schools of anatomy, physiology, chemistry and physics, and they refuse to recognise systematic theoretic lectures given in hospitals in conjunction with practical work; and, further, the regulations are armed with a revolver in the shape of examinations, which enforces the obedience of students. Nothing else could keep alive such a system—one which, as it were by violence, keeps theory and practice apart.

If it is acknowledged that a student should be relegated to a hospital for his medical and surgical training, it follows, as a corollary, that his hospital teachers should have a voice in his qualifying examinations.

Examinations have a two-fold use—they compel the attention of a student to a particular course of study, and they gauge his knowledge. It is evident that medical examinations should keep both these objects in view, for I think you all agree that knowledge obtained by the observation of cases is deep, abiding, useful, and, in a true sense, educational, compared with that which is reached altogether through words. It is also evident that to do so they must, at least in part, be conducted by the person or persons in whose hands was the regulated course of study that preceded the examination; for such persons alone can have knowledge of the particular incidents constituting the education in question. Of course assessors from the Licensing Body, whose qualification the student sought, should attend such examinations. It would, in fact, be a conjoint examination, conducted in part by the Teaching and in part by the Licensing Body; and, while it would be on the report of its own representative that the latter would grant its licence, it would have the satisfaction of knowing that such report had been drawn up after consultation with men who had had almost daily opportunities of testing the candidates' capabilities.

Such, gentlemen, are the changes in the method of conducting medical education for which I ask your consideration and criticism. They do not seem revolutionary or difficult to carry out, but their effects would, I believe, be far-reaching. The objections are chiefly two, and they have been so fully answered by Dr. McHugh in a lecture dealing most admirably with this subject, that I need only mention them. The first is that the clinical teaching in hospitals is not sufficiently full and systematic to warrant the abolition of theoretic lectures in the schools. But why is it not full and systematic? Simply on account of these very lectures. Although they are only fifty in number for medicine and for surgery, they are supposed to complete the education of the student in these most extensive subjects; and so hospital teachers, relieved from the responsibility of giving systematic instruction, tend "to walk the wards" with their pupils in a rambling and drifting fashion. The abolition of the one kind of teaching means the reformation

of the other. It means a full course of teaching instead of a partial one, and a broader and better platform for the professors who at present fill, and most ably fill, the various chairs of medicine and of surgery. The second objection is that hospitals do not possess museums, such as are attached to some of the schools, the specimens of which are useful in illustrating lectures. I answer this by saying, that in hospitals you have specimens of both life and death; of men and of parts in which disease is active, and of men and of parts in which it has done its work. In this Hospital—although we do not go so far as does the establishment of a friend of mine who lately told me that in his hospital they make a *post-mortem* on every case; here, although not reaching such a wholesale slaughter—we have, alas, only too abundant opportunities of studying the morbid anatomy of all ordinary forms of disease. Moreover, it is studied in cases, the stages of which the investigator had watched during life. Surely this is no small matter—this direct lesson in cause and effect. Note also, before we pass on, one other superiority of hospital teaching as compared with museum teaching in this branch of study. In the former there is proportion; it is proportionate to the occurrences of life. In the latter there is none. For a museum, as we all know, abounds in curiosities and despises common things. It is a place to go to complete one's knowledge, but not to lay its foundations.

Mr. M'Ardle, in a lecture which he delivered here this time last year, took on himself, and I need not say ably discharged, the truly patriotic but somewhat thankless task of contrasting the position of the Dublin schools with that of more prosperous rivals. His statements were severely criticised in some quarters at the time; but surely since they cannot be gainsaid, it is more manly and sensible to inquire into the cause of the difference than to turn away from it. Anyhow, try as we may, we cannot shut out the fact that schools, not far from us, attract not only their own countrymen, but our countrymen and crowds from foreign lands. Nor can any one assert that such is the case here. It cannot be said, for instance, that as you walk round Stephen's-green or College-green you have

to make way on the foot-paths for Australians, Americans, Hindoos, Japanese, as you would have to do in the neighbourhood of the chief schools in Scotland or Germany. Why is this? It is due to a fact which diverts to these other countries, not only medical traffic, but tourist traffic, and other kinds of traffic—the simple fact that they in some particular things attend better to their business. For instance, who has been to Vienna or Berlin without being struck by the efforts they make there, to systematise clinical teaching and to cater for the wants of all comers. If you attend an out-patient clinique are you not surprised by what appears the miraculous turning up of cases that exactly illustrate the subject that is on that particular day being taught? But if you are allowed to linger on after the show the miracle is explained. You will see the teachers going round and giving to such of the patients as had come, not for treatment but to show themselves, a sum graduated according to the rarity of the ailment; and so far is this carried, so much can a person with a rare and interesting, and perhaps not troublesome, ailment earn, often visiting three or four classes in one day, that he comes to look on his affection as a veritable God-send. And which of us also, gentlemen, to take another view of the matter, has been around the said schools, and has been behind the scenes, getting an insight not only into the excellences, but also into the shortcomings of the various systems, without saying to himself, and feeling in his heart, “How much better we could do this at home if we only tried.” Let us try. We have it in us to do as well as any if we try. Let us try to make our schools fill a position in the world’s eye, and so leave them less dependent than they are now “on the prices at Ballinasloe.”

In trying to do so, there is, I think, one principle we should keep before us. It is, that the business of the licensed teachers is to teach, and that the only measure of teaching is the change wrought in the pupil by the teacher. This is not a truism, but a recondite truth that has long remained unrecognised by many of those whom it most concerns. When I was a student it was so little recognised that we never went near the licensed teachers

at all. It was considered to be the duty of the professors to lecture, and of the grinders to teach, so we paid the fee for the lecture, but we attended the grind. One of the few professors who disapproved this system was the late Mr. Jacob, and he was easily irritated by any allusion to it. There is a story of a guileless youth, who, ignorant of his peculiarity, stopped him in the college yard one day and asked him—"Are you Professor Jacob?" and, having made sure of the identity of the strange face, followed it up with the request that he should sign for him a certificate of six months' attendance at lectures. It is scarcely necessary to state that the interview terminated abruptly. Another proof that it has often not been recognised, is the fact that many a man who has taught most successfully as a grinder has utterly failed to do so on being made a professor. Such a one has, no doubt, thought that, on being promoted, it was not so much his duty to teach as to give a set and rounded discourse.

I know that now-a-days much of this is changed, that attendance at lectures is compulsory, and that many professors so fully recognise the responsibility put on them by the double tribute of time and money, which the regulations enable them to exact, that they fully teach their subject and leave no need for private tuition except for slow and inattentive pupils. But is this the case all round? Do not the pupils of some professors fail in unusual numbers? Are not the pupils of others compelled to learn their work, not from the licensed professor but from private tutors? Is it not a common thing to hear professors recounting absurd answers given at examinations by their own pupils, answers showing, if they show anything, that such professors have failed in being intelligible? And when the pupil of any professor fails, is not the failure set down altogether to the pupil, and is he not forced by the regulations to pay the full pecuniary fine of his failure in the shape of a fee for re-examination? Nay, until recently, was he not compelled to go back and pay a second fee for further training to his accomplice in the failure?

If this aspect of the education question is well looked

into, I think it will yield good results; for it should always be borne in mind that the councils and committees who draw up the regulations are representative of us, the teachers, and not of the students, and that, although it may be true that students have in them a double dose of original sin, it is also a fact that professors are not immaculate. Value it is that attracts students. How familiar to us all is the student's question, "Does he give value?" Cheapness is, of course also important, but it is secondary, and is included in the word value. Surely most men before beginning medicine have grasped the great economic maxim, that "This is a world where you get nothing for nothing, and deuced little for a halfpenny."

But, gentlemen, I am wandering from my main point—the advisability of making hospital teaching a true education, by relegating students altogether to the hospitals during their second period of study.

I return to it merely to leave it in your hands, and to give my opinion that, since Dublin possesses teachers and facilities for teaching second to none, it should be foremost in carrying out such a reform. What developments clinical study so situated is capable of, I shall not say. I would leave that with confidence to the initiation of the Boards of the various hospitals, and to the students, who, whatever it may have been in the past, are to-day as a body really intent on learning.

Students of St. Vincent's Hospital, let me in concluding, address to you a few remarks. I ask you, in the first place, not to wait for any change of regulations, but, as many of your predecessors have done, at once to make for yourselves a true definition of education, and to carry that definition into practice. Let learning wait upon observation. While never forgetting that in the matter of learning you are "the heirs of all the ages," and that, as doctors, you will be expected to give your patients the benefits of your inheritance, keep still more carefully in mind—for here the educational regulations fail you—that without cultivated powers of observation, no mere book-knowledge can be turned to use.

When you are brought face to face with cases, and can see

nothing in them, do not be dismayed. Attack them boldly, set about examining them systematically, and record your observations accurately. Do not shirk this last detail, though at times it may be irksome and appear to you useless, for there is no other exercise which will more surely clear away that haziness of mental vision, so fatal to all progress.

Get into the habit of guiding yourselves by your own observations, and when you see a blind man making his way with a stick through the streets, lift your hat to him and hand him a sixpence for the lesson he is giving you.

But why weary you with words when I can refer you for guidance, both in education and in conduct, to a great life that has just closed—that of one whose discoveries have revolutionised surgery, and who was a student to the day of his death. Search out wherever you can the particulars of Pasteur's life; they will tell you of a man, kind, simple, reverent, and unselfish; not jealous of others; ignorant of nothing but his own greatness; with a child-like piety, with assiduously-cultivated powers of observation and an untiring industry in watching and recording every incident likely to throw light on the problems he put himself to solve.

Such men are rare, whether it is that they are rarely born, or that they do not come to development and to light, owing to conditions which put a premium on quite different qualities. Therefore, let us keep Pasteur and his ways fresh in our memories. Let us, as he did, educate every faculty we possess, and put them modestly and unreservedly at the service of our fellow-men, with this certitude checking materialistic pessimism, and cheering us under all conditions—WE CAN DO GOOD.

DIPHTHERIA.

M. LÖFFLER, at the International Congress at Budapest, recommended the following local application for diphtheria: R.—Toluol, 36 centim.; metacresol, 2 centim.; menthol, 10 grammes; alcohol, to make 100 centim.—mix. To be applied with cotton wool to the diseased membrane.—*Repertoire de Pharm.*, No. 10.