

## THE NEGLECT OF MEDICAL EDUCATION IN THE UNIVERSITIES.

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It is now the fashion for every medical college to have a "University connection." This is a condition, often, as we have reason to know, of the most distant and unstable character. In some cases it means that the medical school is advertised in the announcement of the university and helps to swell the number of university matriculates, but that it is autocratic and independent of the university in all its acts and the university is free from all financial responsibility in the medical school. In other cases it means that the university is responsible for the housing of the medical department which it has farmed out to a few physicians. These men conduct the affairs of the institution as they see fit and, we regret to say, without regard to the interests of any but themselves. Some of these university medical schools still have seven or eight professors as they did fifteen years ago. The increase in medical lore and the improvement in methods of medical investigation have made no additions to their curriculum or to their faculty.

But it is not of the private universities that the profession has a right to complain. Under our existing laws and customs, what they have is theirs to do with as they please. With the State Universities it is different. They are the proper subjects of criticism. They have entered the field of medical education to teach and not to bolster up the acquaintance and reputation of any set of men. The State medical schools should then require of their students the very best preliminary education, the most extensive course of study, and the most rigid examination and clinical demonstration of fitness for graduation. It is notorious that the State University medical schools in order to encourage scholarship (?) ask no tuition fees, and yet it is equally notorious that students are not excluded from these schools for illiteracy. Therefore the "medics" in the large State universities are the most uncultured and uninfluential of the lot of students. Medicine is disgraced by the boisterous crowd, and anything like adequate teaching of such students is impossible. The course of study in those schools is not more extensive than in the best private schools. In no sense do they lead in education. Their degrading effect on medical education would be greater but for the fact that most of them are situated in small cities, and therefore they are rarely rivals of metropolitan schools.

The position of the medical department in the American university is unique. Medicine is the natural recipient of a large portion of the men who take the bachelors' degree in science. Medicine should have a larger portion of the Bachelors of Science than the law has of the Bachelors of Arts. In looking over the class statistics in the college magazines that lay on our table, we find that between thirty and forty per cent. of the June graduates are put down as prospective lawyers; the balance of eighty per cent. as prospective preachers; while only five per cent. are reckoned as prospective doctors. In the Law departments of our universities over half the matriculates are graduates in the arts, while the most fortuitously situated medical schools can not boast of more than ten or fifteen per cent. of students who have the bachelors' degree.

Of all the occupations of life, medicine is the most benevolent. In this respect it should be a rival of the ministry. It is the one occupation in which there is a life long pursuit of science. In this respect it should compete with the mechanical arts and engineering. It is the one occupation in which a man is free from the crushing influences of our modern growth of monopolies, and it is the only profession in which a man may expect to earn a living from the beginning. In these respects it has no rival. It is astonishing then that medicine receives so small a proportion of our college educated men.

We cannot attribute this neglect of medicine to its comparatively small financial rewards, because these rewards come soon and last to the end of the doctor's life. We cannot attribute it to the hard work and long hours, because the other professions are hardly less exacting. It cannot be because a larger proportion of men love the study of the humanities and literature and a smaller number the sciences, because the former are notably artificial. But we believe the cause is to be sought in the general neglect of the sciences by the universities, and the special neglect of that fruition of the sciences, medical science. The professors in the most celebrated, and we believe the most overrated university medical school in the country, not only receive a smaller salary than any other professors in that renowned faculty, but less than many of its tutors. Again, the professorships in this institution seem to be under a protective entail limiting appointments to certain families. In other branches of the same university no such systematic favoritism is manifested. This medical school, though most fortuitously situated, and though holding a very high, if not the highest, place in the esteem of the profession, does not attract any considerable percentage from the enormous classes that yearly graduate from the arts and science departments of the same university. That is to say, this great medical school is not looked upon with favor by students of the university. The scientific spirit does not so pervade the institution that the rapidly increasing students are attracted to medicine as a field of mental activity.

Undergraduates are led to the selection of post-graduate fields of study by fashion, by the influence of the undergraduate professors, and by distinction already attained by former aspirants. If there is no place in a medical school open to ability, original research and honest and successful work, the ambitious and high-minded student will select a department in which birth and marriage play a smaller part in the bestowal of professorships and honors.

To the profession at large, this strange condition of affairs in so many of our medical colleges is not more ridiculous than it is exasperating.

Again, the too "practical" character of medical teaching drives away real students and scholars. While in other branches of the university a constant effort is made by means of lectures, theses and honors, to increase that indefinite educational element which has been termed culture, these efforts are not apparent in the medical school. The medical school seems to be given over to the sordid clinician and the chemist, to the humdrum lecturer and the ranting specialists. Real culture is the quality which our medical schools most need.

The students in this department are in most institutions under different rules and regulations, both

in regard to requirements and honors, from students even in the other professional schools.

It is unfortunate that we have so many medical schools, but more unfortunate that we have only one sort. The requirements of the oldest and we believe richest medical school in the United States now barely comes within the minimum requirements of the State Board of Health of Illinois, and not within the minimum of the Association of American Medical Colleges. The fees of this school also are as low as those of a provincial college.

The medical profession has abundant reason to complain of the stingy manner in which medical education has been conducted by the independent universities. It has still more reason to complain of the State universities. From these it ought to receive more. As long as the present industrial system prevails, the only hope is in the liberal endowment of one or two colleges. We have been waiting for Johns Hopkins for years. We have mourned the loss of a large slice of the endowment and the delay in utilizing the remainder. We have regretted the expenditure in monumental buildings of the resources which should have gone into endowment. But we still believe that the model college will be realized. We believe that the medical men of the country will advise their students to take the full science course, and then patronize the college that requires the most on entrance, and continues to require and give the most to the end of the course.

In conclusion, we would formulate the following propositions, which we believe can neither be denied nor refuted:

1. The universities, without exception, neglect their medical schools, farm them out or treat them on principles different from and inferior to those which are applied to their other departments.
2. The university medical schools compete with the poorest independent schools in their entrance examination, in their low fees, and in their short courses of study and low requirements, and thus do a great injustice to the reputation of medicine in the university.
3. The utilitarian atmosphere which pervades the medical departments of our universities, the nepotism by means of which the appointments in these schools are made, and the consequent poor pay which is given to the few teachers that are paid at all, turns away ambitious and high-minded men from seeking a scholarly career in medicine.
4. In all of these directions, the State universities are most culpable.

#### A NEW METHOD OF OPERATING FOR TRICHIASIS, DISTICHIASIS AND ENTROPION OF UPPER LID.

Read in the Section of Ophthalmology at the Forty-third Annual Meeting of the American Medical Association, held at Detroit, Mich., June, 1892.

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In common with many ophthalmic surgeons I have been for many years seeking for an operation for trichiasis or distichiasis which shall offer the easiest method to the surgeon and the best result to the patient.

The Jarsche-Arlt operation and the Graefe modification of it, has for many years been considered by some as the best method of correcting the deformity, notwithstanding the facts that inflammation occasionally destroys the good effect intended, and the operation is particularly difficult when the canthi are the seat of abnormal cilia. Modifications have been offered by many operators, but most of them produce more or less cicatricial deformity of the lids. Most of us know by experience that in the transplantation of the cilia upwards (Jarsche-Arlt), it is difficult and sometimes impossible to separate all of the hair follicles from the tarsal cartilage in dividing the lid into two layers, as some may be rooted immediately on the cartilage or even in its most superficial layers, and if papillæ remain on the posterior lip, the cilia will grow again and they may not make their exit through the old canal, but often perforate the new cicatricial tissue and again appear in a faulty position causing a renewal of the ocular trouble. No degree of carefulness in operating will enable one to guard against it.

The operation to which I wish to ask your attention is one I have been making for the past five years in my private and hospital practice, which is applicable to all cases and which has, so far, given perfect satisfaction to myself and my patients. I have made the operation more than fifty times for complete and partial trichiasis. Its chief recommendations are its efficiency and ease of performance. It is made as follows: A Snellen's clamp is placed on the lid and an incision is made with a Beer's knife along the free border between the faulty and the normal cilia, somewhat as in the Jarsche-Arlt operation. The incision is carried well up to the hair follicles, two or three lines, which are plainly seen when the slight flow of blood has been removed with a sponge or pledget of absorbent cotton. If the wound does not gape, it does usually, the anterior lip is lifted with forceps, and all the hair follicles upon the cartilage are delicately touched with the fine point of the galvano-cautery or the Pacquelin cautery. Where a group of faulty cilia are attached to the anterior lip their follicles are also touched with the cautery and thus destroyed. The wound is then washed with a 3 per cent solution of sublimate lotion, a pledget of cotton dipped in the same lotion is placed on the closed lid and held in place with a strip of adhesive plaster, not being removed for 24 hours, at which time the faulty cilia either drop out or are easily removed. The wound is usually found closed and healed by first intention. The reaction is surprisingly slight. Only the *region of the hair follicles* is touched with the cautery, and care must be taken not to destroy or obliterate the canals of the tarsal glands, thereby causing atrophy and contraction of the cartilage and tarsal tumors, but with proper care a successful result follows the operation though it may be necessary to repeat it partially if in an occasional case all of the faulty follicles have not been destroyed in the first operation.

In cases of partial trichiasis, the incision in the margin of the lid should simply extend a little beyond either extremity of the space occupied by the inverted hairs. The operation can be easily carried into the canthi, and does not produce any cicatricial deformity.

In mild entropion with slight incurvation of the cartilage I have several times made a *grooving* of the cartilage with the galvano-cautery, somewhat after