the wilderness. But the physician is and ought to be more than a guide to the patient; he ought to be his natural protector, now more than ever. In the years gone by patients, with rare exceptions, had no adversaries. With the discovery that most of the acute diseases are infectious, the recognition came to light that each patient is more or less a menace to his surrounding, and it became the painful duty of the community to look out for the protection of its healthy members. The poor patient, besides his affliction and helplessness, has now an official enemy, and the health officer is the prosecuting attorney for the community. It is, therefore, now the natural duty of the physician to be the attorney for the patient. It is certainly the duty of every enlightened physician to assist in the protection of the community against the spread of diseases. But at the same time he ought to see to it that no measures, and especially no harsh measures, should be taken against stricken patients, based only on whims and ephemeral theories of half-baked sanitarians, and that the measures should not be carried out with harshness but with charity and kindness.

A desirable practitioner ought to be aware also that the particularity of his calling requires of him a higher standard of ethics. A physician who is ethically not higher than the average man is ethically lower than the average man. I shall offer two reasons for this dictum. The activities of the ordinary man are in most cases susceptible to supervision by his fellow men. The greatest part of the activities of the practitioner, however, are not accessible to outside control. Such an office of trust requires a higher standard of morals. Then there is the fact that the physician deals with situations which very frequently have tragic elements of distress in them. In disasters humanity asks for altruism, the legal laws of selfishness are suspended, you are asked why you have saved your life in preference to that of a woman or a child, strangers to you. Now, my young friends, I do not propose to you to be a hero every day of your life. I am afraid I could not be one even on one day of my life. But it is not a sacrifice to be every day of your life a desirable practitioner; on the contrary, it is a great pleasure. I congratulate you all and wish you great success.

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THE ADDITION OF A FIFTH YEAR TO THE MEDICAL CURRICULUM*

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The remarkable advance in medical education in the last quarter century has concerned both the kind and the amount of the training demanded of the medical student. Laboratory and practical courses, in which the students, in small groups, are brought into immediate contact with the materials to be studied, and thus obtain knowledge at first hand, have largely supplanted the didactic lecture and recitation, especially in the fundamental branches. Unfortunately the introduction of similar methods—of objective teaching—in the clinical subjects has made little progress, excepting in a few schools, and the lamentable deficiency of our medical students in practical experience at the bedside, is keenly realized. How serious and deplorable is this deficiency

has been graphically set forth by Mr. Flexner, of the Carnegie Foundation, in his Report on Medical Education.

The amount of education demanded has been increased at two points—the extent of preparation exacted for admission to the medical school, and the length of time required to be spent therein. As the successive steps in advance have been taken, the decision as to where the increase should be made has not always been wise. When, for example, about fifteen years ago, a general increase was made in the curriculum from three to four annual sessions, it would have been better if, in lieu of this, the advance had been in the premedical requirement, this requirement being at that time in most schools, about two years of high-school work, rather loosely enforced. Much more would have been accomplished in the direction of elevating the standards of the medical profession had the emphasis been placed at that time on a fairly adequate preparation for medical study.

Fortunately, during the last five or six years, rapid progress has been made in this direction, and with about thirty medical colleges now exacting two years of college work for admission, with five of the state boards of medical examiners demanding the same as a prerequisite for licensure, it seems pretty certain that this will be the uniform standard of the medical schools, in the northern states at least, within the next decade. With the present conditions in most of the secondary schools, and while so large a proportion of students enter college at 21 or older, and the medical school at 24 or later, it seems unwise to contemplate any further advance in the requirements for admission to the medical schools, as a universal standard, in the near future. Nothing less than this, however, will suffice to give the student adequate preparation for the study of medicine under existing conditions. One year of college work is not enough to afford the requisite training in English, mathematics, physics, chemistry, biology and foreign languages, notwithstanding the fact that the Council on Medical Education of the American Medical Association has recommended such a curriculum of one year.

If the premedical curriculum may be regarded as satisfactorily determined for the present, the next step in advance in medical education, at once the most needed, and, under the right conditions, the most feasible, is the addition of a fifth or practical year to the present course of study, this year to consist of service as an intern in a hospital, under supervision of the faculty or, in exceptional cases, for those who look forward to a career of teaching and investigation, of advanced and research work in one or more departments of the college. This fifth year should precede the conferring of the degree.

The feeling is universal among medical educators that medical graduates are entering into practice with too meager first-hand knowledge of disease—such knowledge as can only be gained by actual experience, at the bedside under careful supervision. In the earlier years of medical education in the United States, such experience was secured by an apprenticeship with a preceptor. This, indeed, constituted the sole means of preparation of a considerable proportion of medical practitioners until well after the middle of the last century. For the remainder, the one or two sessions of medical lectures, of four or five months each, was the incidental rather than the chief part of their training. The rapid development and growing importance of the fundamental medical sciences led to a steady increase in the amount of time required of the student in the college, while the changing conditions and methods of practice made it

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more and more difficult for the preceptor to give his student-apprentice effective instruction, and so his function in the training of the student became gradually less, and the title of preceptor merely nominal. The passing of the preceptor, and of the excellent practical training which the student received at his hands, was a real loss in medical education, but one which seems to have been inevitable. Meanwhile the opportunities for practical experience in the hospital have enormously increased. The hospital idea has grown rapidly. The public is becoming educated to the fact that the hospital is the best and most economical place for the sick—medical, surgical or obstetric. Few cities of 15,000 or more inhabitants are to-day without one or more hospitals.

I have sought to ascertain the number of hospitals and of hospital beds in the United States which do, or which should, admit interns and afford them reasonably good opportunities for practical experience. I have taken the following figures from the American Medical Directory, third edition. The data these supplied are not perfect, as many institutions fail to report the number of beds or to indicate clearly the character of the hospital. With the data at hand the hospitals having twenty beds or more, may be grouped as follows:

1. Hospitals associated with, and more or less completely controlled by medical schools; of these there are 104, with 22,365 beds.

2. Hospitals located in cities where medical schools are situated, but not at present controlled by them; of these there are 645, with 73,535 beds.

3. Maternity hospitals, located, with few exceptions, in cities having medical schools; seventy-one, with 4,115 beds.

4. Hospitals, public and semi-public, located in cities not having medical schools; of these there are 1,381, with 82,320 beds.

5. Public hospitals for the insane, of which there are 173, with an aggregate of 183,665 patients.

6. County and state infirmaries; 267, with 30,100 beds.

7. Private hospitals comprising (a) those for nervous and mental diseases of which there are 124, with 12,285 beds; and (b) those for medical and surgical and special disorders of which there are ninety, with 4,990 beds.

8. Hospitals for contagious diseases; there are fifty-nine, with 6,795 beds.

9. Hospitals and sanatoriums for tuberculosis; of these there are 266, with 21,550 beds.

10. United States marine, Army and military hospitals, of which there are 79, with a total of 8,255 beds.

Each one of these institutions, with the exception of those for the insane and some of the infirmaries for chronic diseases, needs an intern for every twenty or twenty-five beds. Even with our present excessive output of medical graduates each year (at least 50 per cent. in excess of the needs of the country), there should be a vacant internship awaiting every graduate in medicine.

Several of the stronger medical schools report that not only has every graduate from these schools for the last four or five years been able to secure an internship in a good hospital, but the demand for their graduates to fill such positions has exceeded the supply.

In 1906, one medical school added a fifth year to its curriculum, made optional and leading to a *cum laude* degree. Five other schools have since added a fifth year as an optional addition to the course of study, and one, the medical department of the University of Minnesota,

now requires this year for graduation. In Germany a practical year has recently been made compulsory and a similar requirement obtains in some other foreign countries. The uniform adoption of a curriculum extending over this hospital year is recommended by the Council on Education of the American Medical Association. Is it feasible? If so what steps are necessary to put it into operation? What regulations should be prescribed in reference to it?

The plan is desirable and practical for the school which is prepared for it and which can secure the necessary hospital connections and control to insure a place, under the right conditions, for all of its students during this intern year. A serious mistake will be made, however, by any medical college which rushes into the scheme hurriedly, just because the idea is "in the air," unless it is able to meet these essentials.

In the first place, no school should add a compulsory fifth year until its entrance requirements have been made equal to those now demanded by the conditions of the time as exemplified by the twenty-nine colleges now exacting two years of college work beyond the high school. One year is not sufficient, and especially will any attempt on the part of the detached medical school to give instruction in the required physics, chemistry, biology and modern languages, be a serious step backward.

The necessity of securing the proper connection with hospitals involves the large question of the relation of the medical school and the hospital—quite the most vital question to-day in medical education in the United States. What should that relation be? It goes without saying that the dispensary and hospital constitute the laboratories for the clinical branches, as do the dissecting-room for anatomy, the morgue for pathology, and the laboratories of physiology, biologic chemistry, pharmacology, histology, embryology and bacteriology for these several sciences. Mr. Flexner says in his report, in reference to control and utilization of the hospital for teaching and research, that the medical school should bear exactly the same relation to the hospital as it bears to these other laboratories. It is obvious, however, that there are very important differences from the nature of the case. The dissecting-room, the morgue and the other fundamental laboratories serve exclusively the purposes of investigation and teaching. There are practically no limitations on the use of their materials for these purposes. The hospital is primarily a place for the care and cure of the sick. Whatever other purposes it may serve, its use, therefore, must always be conditioned on, and subordinate to, that one vital fact—the welfare of the patients. No use of these patients for any purpose can for an instant be tolerated which is in any degree prejudicial to their welfare, entails unnecessary suffering or delays their restoration to health. Moreover, in the long run, it is in the best interest of science, as well as humanity, that no patient should be used as a clinical subject against his will. The use of a pauper patient against his will for instruction or investigation on the theory that he, in this way, makes return for his free treatment, is wrong in principle and pernicious in practice. On the other hand, it is seldom difficult for the tactful, kind physician to secure the consent of a patient, rich or pauper, to serve as a clinical subject.

While the use of the sick for purposes of investigation and instruction must ever be subordinated to their welfare, when conducted under suitable regulations and

supervision, such use is not only not inimical to the patient, but decidedly in his best interest. The hospitals where complete and accurate clinical histories are written, where thorough diagnostic methods are carried out by modern methods, in a well-equipped pathologic laboratory, are, almost without exception, hospitals under the control of a high-grade medical school and in which instruction and research are daily carried on. On this point there is unanimity of opinion by all who are most competent to speak. Says Dr. Keen:

I speak after an experience of forty years as surgeon to a half-dozen hospitals, and can confidently say that I have never known a single patient injured, or his chances of recovery lessened by such teaching. Moreover, who will be most slovenly and careless in his duties, he who prescribes in the solitude of the sick-chamber, and operates with two or three assistants only, or he whose every movement is watched by hundreds of eyes alert to detect any false step? I always feel at the Jefferson Hospital as if I were on the run with a pack of lively dogs at my heels.

Miss Barfield, after an ample experience as nurse and patient, speaks as follows:

As a matter of fact, in a properly administered hospital, medical schools are a protection to the patient rather than otherwise, for it usually means that the hospital is a very live one. In teaching hospitals I think that, on the whole, patients are generally better nursed, for everyone is kept up to the mark, including the professors.

And the committee appointed in 1905 to inquire into the financial relations between the hospitals and the medical schools in London says:

We find that the pressure of a body of eager young men watching the proceedings of their teacher has a tendency to keep the medical men on the alert and to counteract the effects of the daily routine of their duties.

Indeed, the hospital needs association with the medical school quite as much as the college needs the clinical material of the hospital. Hospital boards are beginning to realize this, and some significant demonstrations of this awakening are of recent occurrence. About three years ago the board of directors of a children's hospital, which had been in existence several years, voluntarily sought and entered into affiliation with the faculty of a medical school which had for several years controlled another hospital to the mutual satisfaction and advantage of all concerned. The board asked the faculty of the college to assume entire responsibility for the medical conduct of the hospital; the existing medical staff resigned, and the faculty was given full power to nominate a new staff, which, by the special request of the board, was to include no physician who was not a member of the faculty; clinical instruction and research to be conducted in the wards as directed by the faculty. Within a year another institution has voluntarily sought and secured a similar relation to the same college. These facts are, to my mind, a pretty certain indication of the trend of the times in reference to the relation of existing hospitals and medical schools in some of the cities of the United States. And does it not offer a more satisfactory and feasible solution of the needs of the medical school for clinical material than does the proposition that the medical school must own and maintain its own hospital?

The hospital being primarily an institution for the care and cure of the sick, its maintenance is not properly a function of the medical school, whose business is specifically educational — including research. In most

instances the medical school has come into existence to find the surrounding community already abundantly supplied with hospitals — the evidence of which is furnished by the fact that these hospitals are much of the time clamoring for patients to fill empty beds. True, the conditions in these institutions are usually far from satisfactory, but even so shall the medical college duplicate hospital accommodations already equal to or in excess of the demands of the community, at enormous expense for construction and endowment, or shall it seek to establish the right relations, and secure the necessary control of existing institutions, which control, as has been pointed out, would be to the great advantage of both hospital and school? The great medical schools of European countries, where the control of clinical material is most satisfactory and where the best scientific work has been done, do not as a rule own and maintain hospitals. They use the great municipal or state hospitals maintained by the city or state. The corresponding hospitals in our own country, the management of which, tainted by ward politics, has been up to the present time so unsatisfactory from every point of view, nevertheless contain, and will continue to command, the best possible clinical material, such as no non-public institution can hope to duplicate.

In those rare instances in which a large provision has been made for research, either in the medical school or in an institution devoted solely to scientific investigation, there is advantage in having a relatively small hospital, liberally endowed, in which can be collected groups of cases of this or that disease, primarily for the purpose of an exhaustive and protracted study. Into such institutions patients enter with the express understanding that they are to be made the subjects of investigation — not, of course, to their detriment. Here the purpose of investigation supplants the care and cure of the sick as the primary motive, and the burden of maintenance falls properly on the endowment for research.

It seems to me, therefore, that even for the purpose of securing clinical material for the necessary instruction in the junior and senior years of the present curriculum, the medical school, with rare exceptions, must find it through affiliation with existing or to-be-established hospitals, on a pecuniary foundation distinct from that of the medical school itself, and with persistent and intelligent effort, I believe, this can be done. When it comes to the question of finding places for all of its students in their fifth or intern year, there can be no question about which course the college must pursue. No one, surely, would contemplate the possibility of a medical college undertaking the ownership and maintenance of a hospital of such magnitude as to supply internships to all of its graduates. To supply places for all of its students the students must find places as they are now doing, in detached hospitals, in the cities where the colleges are located, as well as in other cities, more or less distantly removed from the medical schools. It is of course not possible, nor is it necessary, that the medical school should have the same degree of control over the hospital for this purpose as is indispensable for the clinical work of the earlier years, and for the conduct of research by faculty and students. Certain things it must insist on, however, if this fifth year is to be of the largest possible value to the student. The mere securing of an internship in a nondescript hospital, in the perfunctory manner in which it is so often done, does not suffice.

The hospital must have or, not having, must institute a good system of clinical records that the intern may write accurate and thorough case histories.

It must have a well-equipped clinical laboratory convenient to the wards where he may make the necessary examinations of urine, blood, sputum, etc., examine blood cultures, and carry out, in short, all of the approved modern methods of laboratory diagnosis.

Some one or more members of the staff must be able and willing to supervise closely the work of the intern, correct his mistakes, and give him needed instruction in the details of the practice of medicine which he has not yet mastered. These members of the staff will cooperate most cordially and effectively with the faculty if they are made extramural members of the faculty of the school. They should attend faculty meetings as often as possible, and should feel themselves to be an organic part of the teaching body.

It will, of course, be of great advantage if the hospital has a school for nurses, and conducts the nursing work of the institution along approved modern lines. It will greatly enhance the quality of the service rendered by the hospital to its interns, and not less to its patients, if it has a trained, salaried pathologist who gives all or most of his time to the work of the hospital, and who is doing original investigation as are other members of the staff. In time all of these things must be insisted on, but for the present trained nursing and research work are unknown in so many otherwise acceptable hospitals that their general introduction may be secured only in the course of time.

The regulations prescribed by the faculty for the intern should be such as to insure that this hospital year be of the largest possible educational value to the student. The rules drawn up by the faculty of Rush Medical College in 1905 were set forth in a circular announcing the installation of the fifth year leading to the *cum laude* degree. As this announcement may not be without interest in this connection I quote it in full.

FIFTH YEAR

Beginning with the sessions of 1905-6 a fifth year is added to the curriculum, which, for the present, will be optional. The work of this year will be that of

A. Graduate work in one of the departments of the college; or

B. An internship in a hospital.

On the successful completion of this fifth year he will receive the degree of Doctor of Medicine *cum laude*.

A. The year of graduate work may be taken either

1. In a fellowship, by students who may be appointed to such positions; or

2. As a graduate student.

In either case the candidate must be in residence at least three quarters and complete the equivalent of seven majors of work in some one department, or of nine majors in three or more departments, and present a satisfactory thesis. The candidate must be recommended to the faculty as entitled to the degree by the department in which the graduate work has been done.

B. Fifth year in an internship.

CANDIDATE

1. Every student wishing to take the fifth year as an intern shall announce his intention in writing to the dean of medical students before the last term of the quarter in which he expects to graduate.

2. The internship may be procured by competitive examination or by appointment.

3. Each candidate shall, during his service, be under the frequent and close supervision of a member of the faculty, to be designated as hereinafter provided.

4. He shall make report to this supervising member of the work he is doing, at least once a month. Such report shall state the number and nature of the cases he has had under

his care during the month, and the number of days (if any) that he has been absent from his work, and for what cause.

5. At the end of his year of service he shall submit to his faculty supervisor copies of the complete original histories of at least ten (10) of the cases that have been under his care, and which were written by him, the patients' names to be omitted. These shall be submitted to the committee of examinations for the *cum laude* degree.

6. At the end of his term of service either (a) he shall present a typewritten thesis embodying the thorough study of a case or group of cases, including their thorough examination by modern clinical tests, which must be satisfactory to the committee; or (b) he shall pass an oral and practical examination before the committee at a time and place to be designated by the committee.

7. He shall be present at the commencement when the degree is conferred; no degree is conferred *in absentia*.

FACULTY SUPERVISION

1. During the winter quarter of each year the president of the university, the dean of the faculty, and the dean of students, as a committee, shall designate

(A) A committee on examination for the *cum laude* degree consisting of five of the faculty members, selected from at least five of the clinical departments (medicine, surgery and obstetrics to be always represented), who shall serve for the college year, beginning with the succeeding summer quarter; and

(B) Such a number of supervisors as can most conveniently take charge of the work of the candidates for the ensuing year, for the *cum laude* degree by internships. No faculty supervisor shall have charge of more than five candidates.

2. The interns to be thus supervised shall be assigned to the faculty supervisors by the committee on examinations for the *cum laude* degree, as above provided for.

3. It shall be the duty of the faculty supervisor:

(A) To direct and advise the interns under his charge as to the conduct of their work, to the end that it may be of the greatest possible educational value to him or them. Such advice must be so given as in no way to conflict with the desires and authority of the staff of the hospital in which the intern is serving.

(B) He shall receive from the intern a monthly report of his work.

(C) He shall visit, in person, the hospital or hospitals in which the candidates under his supervision are serving, and acquaint himself thoroughly with the physicians of the staff (especially as to their ability and efficiency), with the equipment and the character of its service.

(D) Before the close of the year he shall, with the approval and consent of the staff of the hospital, select from the history-sheets written in regular daily routine by the candidates under his charge, twenty histories taken at random, and shall examine the same carefully.

(E) He shall make inquiry of the attending staff as to whether or not the service of the intern has been satisfactory, and make a report to the committee when the candidate under his charge has completed the necessary period of service, as to the manner in which he performed his duties—whether satisfactorily or otherwise—accompanied by his recommendation as to whether or not the candidate should be given the *cum laude* degree.

HOSPITALS

1. The hospitals in which service as an intern may be considered acceptable for the *cum laude* degree shall be selected by the committee on relations with other institutions, and be approved by the faculty.

2. Such hospitals shall have at least twenty beds.

3. The officials of the hospital shall be notified that such and such persons, whom they have selected as interns, are to perform their services also as candidates for the *cum laude* degree, and the assent of the officials to the arrangement must be secured before the service is entered on.

4. There must be on the staff of such hospital at least one physician who is a member of the faculty of Rush Medical

College—either intra- or extramural—unless exception be made by the vote of the faculty.

5. A list of the hospitals approved by the faculty shall be kept in the hands of the deans who will advise inquiring students whether any particular hospital is or is not included in the list.

The requirements imposed by these rules were not unreasonable for a *cum laude* degree which, it was planned, should be the equivalent of the master's degree (A.M., or M.S.), conferred by a college or university for one year of graduate work. I am inclined to think that they are somewhat too rigid an exaction, at least in the beginning, for a fifth year which is made a prerequisite for the degree of M.D., and, therefore, for licensure to practice medicine. The amount of routine work now demanded of the intern in many hospitals so consumes his time as to make it very difficult and often impossible for any but the exceptional student to prepare a thesis. This ought not, however, so to be. The intern should have time to study the cases assigned to him thoroughly and carefully, and also pursue exhaustively the study of some disease or condition as presented by some interesting case, or group of cases, to explore the literature relating to that topic, and to set down in orderly fashion the results of his investigation. No instruction or experience in his career as a student of medicine is so potent an educational measure as this one of independent creative work. As previously indicated, I believe it is possible to extend this plan of cooperation and affiliation to hospitals located in cities more or less remote from the medical school. In such case, also, the members of the hospital staffs selected to supervise the work of the intern should be made extramural members of the faculty of the school. Needless to say, no such appointments should be made of physicians simply because they are members of the staff of the hospital. They must be carefully chosen because of their known ability and willingness to instruct the student, and to direct his work carefully, and no hospital should be affiliated unless there are such persons on its medical staff. In most of the smaller cities such men are to be found, fundamentally as capable of high-grade work, in practice, teaching and research, as are many of the members of the intramural faculty. These men would find, in an intimate, vital connection with the medical school and in the work of instructing students, an inspiration and stimulus that would be to their advantage and that they would keenly appreciate. They should visit the medical school from time to time, attend an occasional faculty meeting and become acquainted with its ideals and methods. Their connection with the school should be recognized by the appearance of their names and titles in its bulletins or announcements.

There is no inherent difficulty in the plan of having two or three schools associated with the same hospital, interns from each working side by side, as they do at present in some of the larger hospitals, each intern under the supervision of some member of the staff who owes allegiance to the school from which the intern comes, and from which he is to receive his degree. Indeed, there are important advantages in having interns from two or more schools working side by side in the same hospital, with a common purpose, but stimulating and broadening each other's views and knowledge by the diversity of their previous education.

In these hospitals students in the earlier stages of the medical curriculum—that is in the long vacations

succeeding the sophomore and junior years—could, with advantage to the hospital, as well as to themselves, serve as externs, performing the simpler duties in the wards and laboratories under the supervision of the staff and the older interns. These long, four to six months' vacations, under the custom which has prevailed since the preceptor became obsolete, are a sad waste of time and inertia. Under the four-quarter system in Rush Medical College, the students may, if they choose, continue in residence about ten and one-half months each year. In my observation of many students who have pursued this plan during the last twelve years, I have yet to learn of one who has been harmed physically, or otherwise, by continuous work during the four quarters of one or more years of his course of study.

The division of expense between the hospitals and any college with which it is affiliated should not be difficult of adjustment. The hospital, as a place for the care and cure of the sick, should bear the expense of its maintenance for that purpose. The medical school, as an educational institution, must meet any additional expense entailed by the use of the patients for teaching or research, over and above that which would be required to give the best possible service to the patient in the effort to restore him to health. By no sort of logical reasoning can it be concluded that it is a just obligation of the college to pay for free beds because the patients occupying them are used for clinical demonstration. It is the function of a charitable hospital to maintain as many free beds—free wholly, or in part—as its income will permit. The hospital, as an institution, is entitled to credit for benevolence just in proportion to the amount which it expends on the hospital care of its patients over and above that which they pay for such service. Credit for free medical service rendered belongs to the medical staff of the hospital and to the college furnishing the staff—not to the hospital as such. The staff should utilize as clinical material any and every patient in the hospital, be he pauper or pay patient, who does not object to being so utilized. Of course the interests of the medical school and every affiliated hospital are mutual; both are engaged in rendering service to the sick, and each should assist the other in friendly cooperation to secure the necessary endowments to carry on their work.

I am not unmindful of the difficulties to be encountered in securing the effective cooperation of hospitals and medical schools, along the lines suggested. Local jealousies among practitioners, keen rivalry between neighboring medical schools, parsimonious economy on the part of hospital boards, "ward politics" which dominate the control of many public hospitals, the lack of adequate endowment for both medical school and hospital—these and other hindrances to good work by both groups of institutions and, therefore, to effective cooperation, must be met and overcome.

It is because of the magnitude of these difficulties that great care and deliberation is necessary on the part of any medical school which proposes to make a fifth or intern year a compulsory addition to its curriculum. The diploma issued by any medical school should stand for thorough, careful education at every stage of the required course of study, and it should not be made to cover a fifth or intern year until the school can give to the student and to the world assurance of the same effective instruction, closely supervised under proper conditions, during this fifth year that is given during the preceding years of the curriculum.