

Correspondence.

"Audi alteram partem."

THE INDIAN MEDICAL SERVICE.

To the Editors of THE LANCET.

SIRS,—I have read with much interest the leading article in THE LANCET of Feb. 18th, p. 441, on the position of the profession in India. The position is undoubtedly a difficult one both for the Indian Medical Service and for the graduates and licentiates of the universities and colleges in India. On the one hand the Indian Medical Service finds that the conditions which led in former days to lucrative consulting practices and to opportunities for making great reputations are being considerably curtailed and threaten in time almost to disappear. Many of the civil appointments in the mofussal or country districts which at one time were moderately lucrative are not so now and even the prize appointments in Calcutta and other large towns in India, which were held by such men as Fayer, Guyer Hunter, Moore, McLeod, Freyer, Crombie, and a long line of distinguished men, are shorn of much of their value. As years go on matters will become worse in this respect because the more thoroughly the students are taught the less need will there be to call in the services of Europeans, while the chances of large fees from wealthy patients grateful for extraordinary services rendered are now forbidden, and very unfairly, I think, by a paternal Government. It is not surprising that in such circumstances medical officers are jealous of the privileges that remain to them and the time is fast approaching when I think, if the service is to be a contented one, a higher scale of salaries will have to be provided for its officers.

On the other hand, there are the ever-increasing number of qualified men, Indian and Eurasian, coming annually into the field and who are naturally employed by their own people. But this is not sufficient for many of the more talented and ambitious. They see the doors of the higher services of Government closed to them and this produces among them bitter discontent. No graduate of the Indian universities can hope to rise in Government service unless he first comes to England and then, after having undergone a course of study in an English medical school, competes with the young Britishers who are desirous of entering the Indian Medical Service. We may imagine what this means if we reverse the arrangement and insist on English students visiting India and undergoing a course there before being permitted to enter the competitive examination for the Indian Medical Service with Indians and Eurasians in their own country. I believe the regulation, however hard it may appear to be, is nevertheless a wise one and was conceived with the highest purpose in view. It is necessary that the young medical men entering the Indian Medical Service, which is primarily a military one and only secondarily a civil service for India, shall be well acquainted with English customs and shall be familiar with western civilisation. But while holding this view it is impossible to ignore the existence of the discontent engendered by the absence of an outlet for legitimate ambitions and I feel convinced that it would be wise in every sense to find a remedy. I was fully conversant with the position of affairs when I was editor of the *Indian Medical Gazette* and it was partly to meet this aspect of the case and to provide such an outlet for distinguished native graduates and open to them an honourable and proud position in Government service I proposed in 1894 that a public health service should be formed in India. This proposal met with the hearty support of most of the prominent men of the Indian Medical Service and was received with enthusiasm by the Indian graduates. The necessity of this service in the interests of the public health of India I need not dwell upon here. It is fully set out in my address on Preventive Work in the Tropics published in THE LANCET of August 27th, 1904, p. 577, in which it is shown that until India possesses such a service she will be the prey, as she is now, to epidemics of great magnitude.

Not belonging to the Indian Medical Service but by my position in India coming into intimate relationship with its officers, many of whom I count among my friends, and at the same time being friendly with the most influential native medical men, I have had exceptional opportunities of

forming an unbiased opinion on the subject in question and it is because a remedy will require to be found to ameliorate a state of things which is becoming more acute every year that I venture to recommend that the Government of India should lose no time in carrying out the scheme suggested.

I am, Sirs, yours faithfully,

W. J. SIMPSON, M.D. Aberd.

King's College, Feb. 22nd, 1905.

THE UNIVERSITY OF LONDON AND MEDICAL EDUCATION.

To the Editors of THE LANCET.

SIRS,—Dr. Fowler's letter in the *Times* of Feb. 22nd would lead his readers to think that the question of centralisation of the medical schools is unanimously approved by all London medical teachers. This is far from the case. The larger number of the teachers of the preliminary medical sciences were not placed upon the Faculty of Medicine by the University Commissioners and had no voice in the matter when the resolution in favour of centralisation was passed. They were afterwards invited to consider the method of their own abolition. Many thoughtful men among the teachers have grave doubts upon this scheme of centralisation and consider that an alternative and far simpler plan has much to recommend it—to wit, that some of the smaller and more contiguous schools should fuse with others, as they will do under the struggle for existence, while the University of London should endeavour to raise funds to support the larger and most efficient schools by grants in aid. At the same time the University should carry out its real high function of promoting research and higher education by seeking to endow research laboratories such as the physiological laboratory already established in the University by the energy of Dr. Waller and the other London physiologists. Such laboratories would complete the work of the constituent colleges, train and coördinate the teachers.

The members of the centralisation committee suggest that the falling off in number of the medical students in London is due to the inefficiency of teaching and of lack of equipment on the scientific side of the medical schools. Charges of inefficiency might with greater justice be brought against eminent consultants who, having to divide their energies between enormous private practices, hospital practice, and teaching, not infrequently fail to keep in touch with the rapid advances of medical research. The greater decrease in the number of medical students in London has, however, nothing to do with the teaching. It has resulted from the establishment of local universities, whereby students who formerly had to seek London can now live at home and carry out their education at Liverpool, Manchester, Cardiff, or Birmingham, and their parents are saved the expenses and risks of their lodging in London. No centralisation scheme will attract back these students. Great laboratories, high salaries, expensive equipments, and professors with well advertised names neither lead to more research nor to more efficient teaching. A plain room, rubber tubing, glass and wire, and the man may make a Faraday. Medical students require the individual attention and personal influence of their teachers as exerted in small classes and the *esprit de corps* of a hospital; they would not benefit by being herded into vast central lecture halls.

The medical research work published year by year from the laboratories of the London hospitals exceeds in value and amount that put forth by any of the universities of this country, and yet those in favour of centralisation constantly speak of the teachers and laboratories as inefficient. That the teachers are ill paid is true enough, but that has not prevented many men of marked ability and of scholarly tastes from enthusiastically following their science with great advantage both to their students and to the progress of medicine. To many of us it seems unwise to dissociate the preliminary sciences from the hospitals because we recognise that practical medicine is with astonishing rapidity becoming every day more and more a matter of laboratory inquiry and less of clinical experience. The biologist, physical chemist, chemist and physiologist are constantly required to aid the inquiries of the pathologist in the elucidation of disease, and it would be a great loss to hospital patients and patients at large—a loss rapidly becoming ever greater—to remove these scientific *confrères* from daily contact with the clinicians and pathologists. Not only these teachers but the students require continually to imbibe