FURTHER REMARKS ON MEDICAL EDUCATION.

By W. F. WADE, F.R.C.P.,

President of the British Medical Association; Senior Physician to the Birmingham General Hospital.

SOME weeks have now elapsed since our annual meeting. The subject of my address has been freely discussed in both the medical and lay press, and by private individuals. I ask for space to make some comments on these criticisms, and incidentally to fill up some *lacunæ*, which, with the limited time at my disposal, were unavoidable. Many first-class papers have afforded space for the address either verbatim or in full abstract, and it has been dealt with also in their leading columns. It may be inferred from this that their editors regard the subject as one in which the general public is concerned, and in which it takes an interest. Furthermore, editors are not wont to propound views which are, in their judgment, likely to be distinctly adverse to those of their subscribers. The fact, then, that editors of widely circulated papers have expressed sympathy with my views is evidence that there is also a body of public opinion in sympathy with them. This fact has also been impressed upon me by many private communications, some in quarters where I had least expected support. For example, two days ago I asked a friend to accept a copy of my address, adding, "I hope it won't shock you very much." He replied, "On the contrary, I have read it, and I have long been anxious to see the experiment tried of education without any classics; but, of course, I cannot try it myself, our school being so closely united with the universities." He is the head master of an important grammar school.

In referring to private support, I desire in no way to blink the fact that there is a strong body of opponents; and it is obvious that politeness would make them more chary of expressing their thoughts to me personally than would be the case with supporters. At the same time, this delicate reticence has been by no means universal. Another result has incidentally followed from this discussion. A number of persons who held my views thought they were more or less peculiar in so doing. The late ventilation has shown them the contrary. The opinions which were isolated have consequently been welded; and this union has evolved a body of public opinion which did not, or at all events was not known to, exist. And now, let me turn to those by whom these opinions have been received with disfavour, and, indeed, have been reprehended in sometimes unmeasured terms. I respect their motives. These are a desire to uphold the dignity, repute, and efficiency of the medical profession—to see it holding its head high. Inconceivable as it may seem to some of them, my motives and my desire are exactly the same as theirs. We differ possibly as to the necessity of any new departure being made to promote this result; and, if a new departure be necessary, as to what direction it should take, and how far it should go. That the existing provisions for teaching preliminary science are inadequate, no one, I suppose, will be found to deny. The General Medical Council at all events have so decided, and are using their best endeavours to have the time devoted to it extended. The question remains, Is the proposed extension adequate? My contention is that it is not. This at all events is a very plain and definite issue. Upon this contention the whole of my subsequent argument rested and was based. It is a vital point. And I submit, with great respect to those who object to some of my subsequent conclusions, that it must not be ignored. I submit that no laudations of Latin, however earnest or eloquent they may be, or however indisputable, are by themselves an answer to my argument as a whole. To be so, they must be carried a great deal further. If it be alleged that the proposed arrangements are not insufficient; that under them medical students will learn as much as they need of preliminary science—that would be an answer. If it be alleged that, although students will not learn enough science, this insufficiency must be put up with because other elements of education are to them the more important of the two—that would be an answer. If it be alleged that though the science education will be insufficient from want of time, a better way of providing the extra time is some other than that which I have suggested—that would be an answer.

But a logical answer to my argument, as a whole, can only be given by one who is willing to stand in one of these three positions. That critic has not as yet manifested himself either in speech or in writing. It would assist greatly in the elucidation of

this important question if we had an expression of opinion from those who are engaged in teaching, or in examining upon, physical and elementary biological science. If they would tell us whether or no it is reasonable to expect a medical student without any previous scientific training to really learn as much as he ought to know of mechanics, physics, chemistry, and elementary biology in two sessions, one of six and the other of three months. If they would tell us how much they think he ought to know, in what way he ought to know it, and give us at the same time their reasons for the opinions they hold. The question—How, if more time be needed, it can be provided—is an entirely distinct one, and the two should be kept separate.

A very interesting discussion took place in the Anatomical and Physiological Section at the last annual meeting of the Association. It was upon "The relations which examinations in anatomy and physiology bear to the teaching of these subjects," and is reported in the BRITISH MEDICAL JOURNAL of September 20th. It may be noted, by the way, that Professor Windle, who opened it, took occasion to remark: "Anatomy should be taught as a science, for, with the kindred subject of physiology, it forms often the only early scientific training which a student of medicine undergoes." No subsequent speaker challenged this statement.

It occurs to me that it would be highly desirable to have at the next annual meeting an analogous discussion upon the teaching of preliminary science. If it could not properly form part of the work of any recognised Section, a special section (a medical education Section) or subsection might be arranged. Or a conference of science teachers and examiners might be held. If so, the proceedings should not be restricted to members of the Association, for there are many such persons who have no medical qualification, and who therefore could not, if they would, become members of our Association.

My fundamental proposition has not only not received any refutation, but it has received powerful support. It is a great comfort to me to think that anyone who attacks it has now to deal not with me, but with Professor Huxley, whose outspoken letter on the subject was reprinted in the BRITISH MEDICAL JOURNAL of August 16th.

My second proposition was, that if more time were required for preliminary science, it could only be found by specialising students at an earlier age than at present; and this even were it determined to grant no diplomas before the age of 22. This proposition is, I take it, self-evident.

My third proposition was, that this time could only be found by altering the system of preliminary general education; and I suggested especially a restriction of classical education. This latter part of my thesis also has received powerful support from Professor Huxley, who writes: "Most undoubtedly it is desirable that students of medicine, like other people, should have a sound literary training. They may obtain it and a sound elementary training in science as well before they are 17, if only the Latin fetish ceases to be an object of superstitious reverence on the part of those who determine the conditions of medical education." This view is endorsed by Mr. Herbert Spencer, who writes to me: "Thank you for the copy of your presidential address. I am glad to see you making a protest against the absurd waste of time over Latin in the present system of medical education."

Nevertheless, the fact remains that a number of persons, of high personal and professional character, are at present of an exactly opposite way of thinking. I respectfully ask these to weigh certain considerations which may perchance not have been fully present to their minds when forming their adverse opinion.

Those bodies who control and provide for higher education have of late years admitted great innovations. The great public schools have established what are commonly termed "modern sides," while Oxford and Cambridge have instituted science and other triposes. In so doing they are relegating, as was manifestly unavoidable, classical studies to a position inferior to that which they had previously held, and this tendency is not yet exhausted. For example, the Head Master of Harrow, the Rev. J. E. C. Weldon, writes thus: "Ought Greek to be a primary or a subordinate subject in education? Should it be the educator's object to encourage the study of Greek as widely as possible among his pupils, or should he recognise that Greek is becoming or ought to become the study of a minority?..... So long as a knowledge of Greek is required for matriculation, or for some indispensable examination of the university, it is probable that the study of Greek will retain its importance in the schools..... It is difficult, there-

fore, to say with certainty what would be the action of school-masters, in respect to the study of Greek, if they were left to act freely. But there are evident considerations which point to the gradual subordination of Greek."

I have ventured to submit that there are, having regard to the special needs of medical students, considerations which point to the necessity of the subordination of Latin.

I will for a moment refer to the present status of education in the case of those who desire to become, and in that of those who do become, medical students. In 1889, the College of Preceptors received 362 candidates at their "special medical students' examination." Of these 362, only 131 passed—that is, were qualified to become medical students. And yet, anyone who could get only 37 per cent. of the marks, would have got through. These figures are taken from a table in the General Medical Council's minutes, 1890. This table suggests some very serious reflections. The rejected may have been incurable dolts or idlers; some of them probably were. But all? On the other hand, they may have been well educated, but not on the lines laid down by the General Medical Council. In that case I for one regret that they should have been excluded. Thirdly, they may have been the victims of bad schools. In that case the conclusion is that their time and their fathers' pockets should be protected by Government inspectors armed with large powers. A fraudulent bankrupt or a bogus company promoter is much less injurious to the public than the proprietor of a bogus school, if such a person exists.

As regards "English," I will only quote a resolution, passed by the General Medical Council on June 3rd, 1890: "That the President be requested to communicate with the bodies holding preliminary examinations recognised by the Council, calling their attention to the great deficiency in the education in the English language, as proved by the deficiency in knowledge of English shown by many medical students."

The evidence as to Latin is equally authentic. It is to be found in a volume published in 1888 by the General Medical Council, and on sale at their office. It is entitled "Inspector's Reports and General Commentaries on the Final Examinations in Medicine, Surgery, and Midwifery conducted by the several Licensing Bodies in the United Kingdom, together with Remarks thereon by the Bodies inspected."

The Inspector in Medicine turned his attention in some instances to the Latin in which prescriptions were written. In no single instance did he commend it. Some of his criticisms follow. It is not necessary to parade the names of the bodies, though they are all given in the volume referred to above: Body A. "In as far as the prescriptions were given in Latin, this was often very inaccurate, notwithstanding the fact that all the candidates (29), with three exceptions, were graduates in arts."

Body B: "As regards prescription writing, the same point falls to be noticed as has been the subject of remark elsewhere. Correct, full, and unabbreviated Latin has not been at the command of many of the candidates—of any at least of those whose papers I read. The two examples quoted hereafter—and many other instances might be given—show to what depths ignorance in this matter may go. A very desirable improvement would be not to require it. It is surely out of date now, and the more reasonable course would be to let prescriptions be written as they would be sent to a chemist or dispensary."

Body C. "It may be added that the prescriptions were of the usual varied quality both as to matter and form. The directions to the patient were required to be in English, the other parts of the prescriptions in Latin, and without abbreviations."

Body D: "The prescriptions in unabbreviated Latin without symbols were of the usual quality."

In his "General Commentary," the Inspector says: "The writing of prescriptions in Latin without abbreviations has been referred to more than once as to individual examinations. It may be repeated here that the Latin is so generally incorrect that it would be well to depart from this somewhat antiquated method, and allow candidates to concentrate their attention on the therapeutic side of their prescriptions."

No single licensing body challenged the justice of these criticisms. The Examination Committee of the General Medical Council must be taken to endorse them in the following paragraph of their Report to the Council itself: "Many candidates appear to be imperfectly instructed in Latin prescription writing, and the examination on it appears to be inadequate in some boards. The frequent occasions also upon which fault is found in respect of the Latin in which these prescriptions were couched, and this especially so

in the instance of university students, as also the complaints about bad spelling, point to what must be considered as evidence of the unsatisfactory character of the preliminary examinations which these candidates must have passed. Your Committee directs this also to the consideration of the Education Committee."

Instances are given by the Inspector. They show ignorance of common classical words, cases, genders, and words, prepositions, verbs, etc., and cannot be disposed of by saying that all prescriptions are written in a sort of dog-Latin. It is impossible to conceive that the perpetrators of them have received any of those benefits which accrue from a Latin education. I have no compunction in saying that the time spent in acquiring an ignorance of Latin might have been better spent—for example, on science—for this reason, if for no other, that the so-called "Latin education" comes to a final stop at this stage, whereas science education would go on, with a chance of making up for early deficiencies.

I deserve neither praise nor blame for endeavouring to put a stop to Latin education, for the simple reason that I have not done so. What I have done is to suggest that Latin should not be compulsory. In that case parents would give their sons the benefits of a Latin education if they believed in it; and any competent student would be able to acquire by 15 that moderate knowledge which the Council requires. He would also be able to use this knowledge as a means of passing his preliminary examination. If, on the other hand, preliminary education is still to go on to the age of 17, the Council could and ought to raise the standard very much indeed. It is not to the interest of classical education in the long run that a number of persons should pretend or be supposed to have had it when they have not. It argues very little faith in the advantages of a classical education to say that as soon as it ceased to be compulsory it would at once fall into abeyance. I for one do not believe so. But, suppose it to be true, it cannot be right for a body not comprising a single educational expert to force its views upon an unwilling public at this stage of the world's history. I believe, then, that were my suggestion adopted it would tell, not against, but very much in favour of real classical education.

NOTES

ON

SOME GERMAN UNIVERSITIES.

By WALTER K. SIBLEY, M.B., B.C.CANTAB.,
Assistant-Physician to the North-West London Hospital.

II.—THE UNIVERSITY OF BERLIN.

(Concluded.)

The Augusta Hospital.—Professor Küster.—Professor Ewald: his *Work on the Digestive Organs.*—Nursing.—*The Friedrichshain Hospital.*

THE Augusta Hospital was founded in 1866, at the instigation of the Empress Augusta, as a branch institution of the Women's Patriotic Association, and it was primarily intended for the training of nurses. The hospital, which was designed by Dr. Esse, the late director of the Charité Hospital, is built on the barrack plan, being the first of the kind erected in Germany. It contains 200 beds, including several small private wards for paying patients, together with an out-patient department. Medical and surgical cases of all kinds, except syphilis and skin diseases, are admitted; children are also received, there being a special department for cases of diphtheria. The medical staff consists of a physician and a surgeon, who give their services gratuitously. The surgeon has three assistants, and the physician two; there are also students who act as clerks and dressers. The report for 1888 states that during the year 2,152 patients were treated in the wards, of whom 1,265 were surgical. The number of major operations performed was 829, the mortality of this department being 5.52 per cent., the lowest yet attained since the foundation of the hospital. Among the deaths there were 2 from sublimated poisoning, and 2 from sepsis following operation. Fifty-two cases of diphtheria were treated with a mortality of 46.17 per cent. In the medical department 888 patients were treated, including 35 cases of enteric fever, of whom 26 are returned cured; 23 of pneumonia, 21 cured, 11 proved, and 1 carried on to the next year; 174 of phthisis, with a mortality of 16.6 per cent. Next in frequency was rheumatism, of which there were 41 cases all cured except 2, which were ma e