An Inaugural Address

ON

MEDICAL EDUCATION, PAST AND PRESENT.

DELIVERED ON OCTOBER 20TH TO THE MEMBERS
OF THE ROYAL MEDICAL SOCIETY OF
EDINBURGH.

BY

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MR. SENIOR PRESIDENT and members of the Royal Medical Society, I thank you for giving me this opportunity of taking part once more in one of your meetings. Forty years have passed away since my name was entered upon your roll, but a year earlier I had attended the inaugural meeting, which was presided over by the late Dr. Alexander Bennett, at that time Senior President of the society, and had listened to an address from Dr. Warburton Begbie, that wise and learned physician who had given us a brilliant summary of the early history of medicine. I would have joined the society at once, but my friends advised me to postpone my entrance for another year, it not being usual for first-year students to become members; the reason, no doubt, being that as every ordinary member is under an obligation to read a dissertation within two years after his entrance, a second-year student would not be in a position to do this with much advantage to the society.

Personal Reminiscences.

However this may be, I was elected a member at the beginning of the winter session of 1871-2, the Senior President being Dr. William Livesay, a friend with whom I have maintained close relations up to the present time. When I joined I made it a rule to be present at every meeting, not allowing even the pressure of an approaching examination to prevent me from spending an hour or two here each Friday evening. I have no reason to believe that I wasted my time by doing so, and I probably returned to my books all the fresher for the change. If the debate was not interesting, I used to go downstairs and look over some of the fine folios which were kept in a cupboard in the little back room, and my interest in the library led me to seek and obtain the office of librarian, which I held for a year. The interest thus awakened in medical books and libraries, and the experience gained in that post, helped me when I was asked to become librarian of the Medical Institute, which was founded in Birmingham about the time that I went to that city. I held that office many years, until I became Chairman of the Library Committee, and afterwards President, in all serving continuously in one or other capacity for twenty years. I also served six years as President of the Birmingham Library, which is a general library. I trace back the interest in library work which has led me into these offices to my early work in this society.

At the beginning of the winter session of 1873-4 I was surprised to find myself fifth on the list for the election of President, and, although I missed the honour by a few votes, I was more pleased than disappointed, as I had looked for no such distinction. The following year I was elected Senior President, and this appreciation by my fellow members, coming as it did unsought and unexpected, gave me greater pleasure than any other distinction which has reached me during my life, not excepting the high office in the British Medical Association which I now hold. I fulfilled all my duties as President during that winter session, but the following year I left Edinburgh for good, and have since had no opportunity of attending a meeting until to-night. When I recall our debates I think how different they were from those in which I have since taken part in many medical societies. We were not afraid to say what we thought, as we were neither hampered by the fear of making enemies, nor held ourselves under any obligation to "suffer fools gladly"—considerations which make our grown-up medical societies

so dull. I do not think we were rude to one another, but we had no hesitation in stating our opinions, and no one was thought the worse of because he expressed an unorthodox view. A very regular attendant at our debates was a young homoeopathic practitioner whose name, I think, was Bowie, and, being a good speaker as well as older and more experienced than most of us, he sometimes worsted us in argument; but had we read that classic writer, Sir Thomas Browne, we should have known that "a man may be in as just possession of truth as of a city and yet be forced to surrender." These discussions tended to make us tolerant, and showed me that it is unworthy of a liberal profession to exclude homoeopathic practitioners from our medical societies on account of their opinions. Forgive me for recalling these faded flowers of memory, which, perhaps, are of more interest to me than to you; but every man looks back on his student life as a happy time if only for its unrealized advantages. The path of duty is therer so plain, involving nothing but the need for preparation for the next examination; but later on life becomes complicated, and the road is a labyrinth of devious paths, amid which to choose the right one is a frequent source of trouble and perplexity.

Some Old Edinburgh Professors.

I came to Edinburgh just too late to see those two giants, Syme and Simpson, who had died that year (1870). Lister had been appointed to the Chair of Clinical Surgery in the summer of 1870, and Sir Alexander Simpson entered upon the duties of his uncle's chair in the winter of the same year. One of my earliest and least pleasant recollections is of the rowdy reception given him at his inauguration lecture by certain students anxious to demonstrate their preference for their favourite, Dr. Matthews Duncan.

Goodsir was dead, and for three years the Chair of Anatomy had been occupied by Sir William Turner, who is, happily, still with us; you all know how admirable he is as a man and administrator, and can understand how well we appreciated his qualities as a teacher. Christison was still as active and alert as a young man, but his mind had become rigid, and his lectures were getting out of date. Bennett, whose vigorous teaching had given an impulse to medical education that had reverberated throughout the length and breadth of Britain, had fallen into bad health, and although he retained the Chair of Physiology until 1874, and continued from time to time to lecture and to teach clinical medicine, he had lost much of his old energy and spirit. He was a great teacher, and deserves to be remembered, not because he introduced cod-liver oil for the treatment of tuberculosis or published the first case of leucocythaemia, but because he inspired many pupils, who took his methods and some of his spirit into other schools; he was a great master of method and first taught systematic case-taking in the wards, while he was a pioneer in the use of instruments of precision in clinical work as well as in physiological research. He had been Senior President of this society, and throughout his life he was its warm friend, commending it to his students at the commencement of every winter session. I regret that this hall contains no memorial of him. About twenty-five years ago I wrote suggesting to the society that an effort should be made to raise a sum of money to purchase a replica of the bust which had been recently placed in the college library, and I offered a subscription for this purpose. I do not doubt that the money could have been raised, but nothing came of my proposal, and this hall is the poorer for lacking any monument of this memorable man.

Henderson had recently died and had been succeeded in the Chair of General Pathology by Professor W. R. Sanders. His course of lectures was mainly devoted to morbid anatomy, but nothing could have been more lucid than his description of the naked-eye appearances of the changes in disease. At that time there was no good textbook, and I filled four thick notebooks with his lectures, which were easy to follow and conveyed the facts in a clear and simple manner. I liked him less as a teacher in the wards, as he was too silent, and though he took infinite pains in the examination of his patients, he hardly noticed us students, and did not help us to follow what was in his mind. He belonged to the school of physicians that existed during the middle of the last century, who abstained almost

entirely from the treatment of their cases and contented themselves with accurate diagnosis; such treatment as his patients got was due to the house-physician.

The Chair of Medicine was occupied by Professor Laycock, who was said to have owed his appointment to the influence of Simpson, who had used him to keep out Bennett. If this is true, Simpson did the university a great disservice, as Bennett would have been eminently in his right place as Professor of Medicine. Laycock had not had the training of a hospital physician when, at the age of 43, he was appointed to the Edinburgh Chair, but had been in general practice at York. He was, however, known as a voluminous medical writer, and the author of a curious book on the nervous diseases of women, which is still worth reading. He was an original thinker and writer, but not a practical physician. He knew little of pathology or morbid anatomy, and despised and sought to dispense with the use of instruments of precision. Thus, he would tell us that the clinical thermometer might be a useful instrument, but the practitioner should seek to educate his hand to estimate temperature, and, putting his hand upon a patient's body, he would announce the temperature as 102°; he would then send for a thermometer, which would mark 98.8°, and another thermometer having confirmed this result, he would pass it off by saying, "Ah, gentlemen, I have a thermal anaesthesia this morning." He believed in the possibility of making physiognomical diagnoses—that is to say, he professed to be able to recognize disease by looking at the patient's face—a claim which he was never able to establish to our satisfaction. He was fond of pointing out diathetic peculiarities as shown in the teeth or the shape of the ear, and it is said that one day, examining a child who presented some such signs, he sent for the mother and exhibited her to the class as showing without doubt indications of the same constitution; but when the woman had grasped the meaning of his demonstration she upset all his conclusions by protesting in her Doric tongue, "But, sir, I am no' the bairn's mither; I am just her stepmither"! He used to read his lectures from manuscript at that sleepy hour of three to four in the afternoon, but although I hoped to get a medal in his class I could not keep awake, and my notes were consequently imperfect. I had not heard that he asked for names and not for mottoes on our examination papers, and so sent in mine with a motto. When the results were announced I heard that "the gentleman who had sent in a motto had written a very good paper on the practice of medicine, but the views were not those taught from this Chair." My hope of the medal vanished, but Laycock was quite a fair examiner, and did not insist upon his own views from candidates for the degree, as he gave me a double *bene* at my final.

A teacher to whom I owed most was the late Dr. G. W. Balfour, in whose wards I worked more or less for two years, and who made me his resident in the summer of 1874, just three and a half years after I had entered the medical school. I had to get a qualification, but had no difficulty in passing the examination of the College of Physicians; indeed, one of the examiners, who did not know me personally, seemed surprised to meet a candidate who knew anything, but in those days the college was the resort of men chiefly from Ireland who had failed to pass their examinations elsewhere, and sought an easy entrance into the profession. To show how low was the standard, I remember on one occasion helping Dr. Balfour at a clinical examination of three or four candidates of whom not one was able to recognize the simple cases submitted to them. I asked Dr. Balfour what he would do. To my astonishment, he said that when he had to deal with men like that he just gave them fifty (that is half marks), and let them go; seeing that I looked surprised, he added that the college did not allow the examiners to pluck candidates in clinical medicine, and therefore he could do no more.

I was not long before a change was made in this and other things, so that although some of you may regret it, I do not think you will find the examination so easy to-day as it was forty years ago. Dr. Balfour had the reputation of being satirical, and as students are not fond of being made to look foolish, he had not a large following; but I think he was maligned, or else he became more gentle as

he grew older, for he lived to become greatly appreciated as a teacher by many generations of students, and I know he was always most patient with me, taking infinite pains to teach me the elements of medicine. It was the custom in those days, and I hope it is so still, for students in Edinburgh to attend day by day for a whole session the practice of one physician or one surgeon, a plan which is in my opinion infinitely better than that followed in most English schools, where students go from one teacher to another, thus, no doubt, seeing a great variety of cases, but studying too few properly, while the teacher never gets to know the students properly, and has no opportunity of correcting misunderstandings and mistakes. We had then no tutorial classes, and at any rate were not a "spoon-fed" race. There were, of course, crammers, but the men who went to them were held to confess their inferiority by so doing. We spent only one or two hours a day in the infirmary, but our time was well spent. For two years I devoted this time equally between the wards and the *post-mortem* room and found time to clerk in both; indeed, after my first year I always held some office in the infirmary, and stayed up through the vacations to do the work. In that way I believe I learnt as much in four years as men do now in five or six, but I devoted too little time to preliminary science, which I have always regretted.

Changes in Medical Education.

These reminiscences may serve to bring to your notice the changes that have taken place in medical education since I was a student—changes which have been wholly for the better in all the material circumstances under which your studies are pursued. Here, as in most places, laboratories have been provided, new class-rooms and a new infirmary built, and each department of study has now adequate provision for carrying out practical work under the supervision of a properly paid teaching staff. There has been, too, a great improvement in the methods of teaching, as not only are lectures more abundantly illustrated by experiments and demonstrations, but each student is made to carry out for himself and see with his own eyes those processes and results which lie at the foundation of our knowledge. The present infirmary is not only one of the largest and best equipped hospitals in the kingdom, but, owing to the cheapness of travelling, it is possible for poor persons to come long distances to seek the medical and surgical skill to be found within its walls, so that its practice is drawn from a much wider area than was formerly the case, and its wards are filled with a greater variety of clinical material.

The curriculum has been lengthened to five years, and the disappearance of the pupil and unqualified assistant has rendered it very exceptional, if not impossible, for any student to have duties which would interfere with his giving the whole of his time to his studies. Medical teaching is on the whole in the hands of professors in no way inferior to those of the past, while the amount of tutorial assistance given to students is infinitely greater than it used to be. Yet I think most examiners would agree with me in saying that the performances of students at the final examinations are distinctly disappointing. Whatever they may have known when they passed those subjects, they do not carry with them that general knowledge of chemistry, physiology, anatomy, and pathology which should be a lifelong possession.

Too Much Teaching and Too Little Thinking.

Such a result makes one ask whether there is not too much teaching and too little thinking, whether the student's time is not so monopolized by classes that he has insufficient time and perhaps insufficient stimulus to work things out for himself, for the latter is a most important part of every educational process if the result is to be more permanent than the passing of examinations. Medical education has become less homogeneous, and is broken up into compartments in which the student perhaps attends too exclusively to the subjects in which he will shortly be examined, and regards each examination as an end in itself without recognizing its relation to his profession. The intervals between the examinations are so short, and these follow so closely upon the classes in which the subject has been taught, that the student has insufficient time to digest and assimilate his rapidly acquired knowledge, and as soon as the examination is

past his superficial learning as rapidly disappears. In consequence we find that students in their final years have to be taught again clinical chemistry and medical and surgical anatomy in cramming classes to enable them to make a decent appearance at their final examinations.

It was shown by a return presented to the General Medical Council in 1908 that the majority of students in England take more than six years to become qualified, while the percentage of rejections at the final examination is little less than fifty. In Edinburgh the statistics are better in both respects, and I hope this is due to greater educational success than that to which we have attained in England. There can be no doubt that the organization of medical education in Edinburgh is, on the whole, superior to that of any English school. Your professors are better paid, which gives your university the advantage of securing the best men, and there is no school in which there is so large a body of competent and competing teachers who make teaching their first consideration. In most English medical schools the science teachers were comparatively ill-paid and under-equipped, although a great improvement has taken place in recent years in this respect at the provincial universities, but the strictly professional classes are taught by men with whom the calls of practice come before those of hospital or class-room. Things are better than they used to be, but unpunctuality in hospital visits still leads to much waste of time. I look with admiration to the example of Edinburgh, where, although most of the staff of the infirmary reap little pecuniary return for the time they devote to their work, yet they are all to be found in their places ready to commence their rounds as the town clocks strike twelve. The same devoted spirit has enabled your teachers to organize by far the best post-graduate teaching in this country. To do so has involved to many of them the sacrifice of part of their vacation, although they give so large a proportion of their time to teaching throughout the academic year. For these reasons Edinburgh students are under exceptionally favourable circumstances for acquiring a good medical education; but, on the other hand, English students have unequalled opportunities for clinical work, and, if they take proper advantage of them, should acquire a better practical training than is possible for the great majority of students in Edinburgh, as the proportion who can obtain resident hospital appointments here must necessarily be smaller. But the excess of opportunity in our English schools seems to involve the absence of the keen stimulus of competition, so that valuable posts go begging for candidates. In Birmingham we have no choice, but are glad to fill our posts with any one who applies; and I would like you to know that when appointments are advertised as vacant at the Birmingham hospitals we are glad to receive applications from Edinburgh graduates, as we have not sufficient applicants from our own students to fill them.

Resident Appointments.

By a recent ordinance of the Ministry of Education all German students are now compelled to spend a year as clinical assistants in a hospital after passing their qualifying examinations, exemptions being granted only in special family circumstances. By this means a great improvement has been effected in the training of the average German medical practitioners, yet the ordinary provincial German hospital is inferior to those in England, and is more on a level with our workhouse infirmaries. Such a regulation would be impossible to enforce here without an Act of Parliament, and our legislators are too busy with vote-catching schemes to have time or inclination to consider the improvement of medical education, although there can be no doubt that it would benefit the medical profession, the hospitals, and the public. The General Medical Council has no power to alter the conditions under which a practitioner may exercise the privileges conferred upon him by the status he has acquired on registration, and its influence over medical education depends solely on the fact that it represents the licensing authorities, who possess the power of fixing the conditions under which they award their diplomas; but even they cannot prescribe a course of post-graduate study, and it would be useless to require residence in a hospital before granting the diploma, as an unregistered medical or surgical officer would be unaccept-

able to the hospitals unless some change were made in the law by which the intermediate status of aspirants to the medical profession could be recognized. Meanwhile I would urge you not to go into practice without first holding an appointment in some hospital, and I would draw your attention to the numerous vacancies that occur in English hospitals and to the paucity of the number of candidates who present themselves for these posts.

Improvements in the Curriculum.

But let us return to the discussion of the reasons why medical education is not more satisfactory in its results, and by what means it may be improved. The course of study naturally falls into five groups. First comes that of preliminary science, comprising botany, zoology, chemistry, and physics. In most English schools botany and zoology are taken in a combined course of elementary biology, and physics is also taught in a special course adapted for medical students, but a large and, in my opinion, unreasonable amount of time is devoted to chemistry, with the poorest educational results. It is to be desired that all these subjects should be studied and the examinations on them passed before the student begins his proper medical curriculum, and it is undesirable that the standard required in any of them at this stage should be more than an outline of their principles. Such subjects as physiological, pathological, and clinical chemistry should be learnt later when the student knows enough to see their utility and bearing upon the practice of his profession. The General Medical Council, by an almost unanimous vote, last May altered its regulations so as to permit and encourage the study of preliminary science subjects at those secondary schools recognized for this purpose by the licensing bodies, the year so spent to count as one of the medical curriculum. The object of this change is to permit boys to stay a year longer under school discipline, and to start free from the embarrassment of this group of subjects, which often proves a stumbling-block on account of the inexperience of the first year's student, who does not understand how to derive advantage from university lectures, or how to teach himself subjects which differ so greatly from the literary studies he has pursued at school. I fear that desultory and idle habits are often acquired by the young student during this first year, and that these may explain many subsequent failures. Anatomy should be commenced at once on the student's entrance to a medical school, and, in my opinion, three years are none too long in which to acquire a knowledge of this important subject, which should remain a permanent possession. This is, of course, inconsistent with the rule of many schools that forbids students to go to the hospital until they have passed anatomy and physiology, but which is a great mistake. It is quite true that junior students may waste a great deal of time at the hospital if, as in so many English schools, half a day is set aside for hospital work; but where, as in Edinburgh, an hour or an hour and a half daily is all the time needed for attendance at hospital, it is to the advantage of the student that he should attend to familiarize himself from his earliest years with the symptoms and treatment of diseases. I am opposed to the so-called block system which is supported by some teachers of anatomy, who should be the last of men to do so, by which students are forbidden to take out lectures in the more advanced subjects until they have passed in those of the group with which they are at the time concerned. I believe that it is greatly to the advantage of the student that examinations should come at fixed periods, without any option of postponing them except for special reasons.

In my time our first professional examination was held in October and April; the men who had begun in the summer session of the previous year coming up in October, while those who had postponed entrance until the winter went up in April, after having attended two winters and one summer. In the same way the second professional examination was held at the end of the third winter, and all third-year men went up for it at that time, there being only one examination in the year. The consequence was, we all knew, that failure meant postponement for a year, and although there was no fixed interval between one examination and another, the disadvantage of failure was obvious. We all worked hard for that examination, and the majority of us passed. After I had

passed my second professional examination I went to London to pass the examination in anatomy and physiology of the Royal College of Surgeons of England, and I remember being struck by the different way in which an English student with whom I got into conversation in the hall spoke of his chance of passing. He said he was "having a shot at it," and this attitude of mind I found afterwards to be very characteristic of the English medical student, attributable, as I think, to the fact of there being four examinations in the year, at any one of which he may present himself, no pressure being put upon him by his parents or his teachers to present himself for examination at a particular date. The diffident or lazy man naturally puts off the crisis as long as he can, but if he fails it involves no particular penalty. I understand there has been some relaxation of the old stern rule in Edinburgh by holding a supplementary second professional examination in July, originally intended for the benefit of those men who are rejected in April; but with that regard for the weak which is characteristic of these days, I am told that entrance for the April examination is no longer obligatory, and that any one may now postpone his examination until July. I think this is to be regretted, but it is much less harmful to the student than the plan of the English Conjoint Board.

The third group of subjects includes pharmacy, materia medica, and pharmacology, divisions of a subject which has diminished greatly in importance of recent years. But the other subject in this group is pathology, which, as it includes general pathology, morbid anatomy and histology, experimental pathology, bacteriology, the study of morbid toxins, prophylactic and curative vaccines and serums, has become immense; too much time can hardly be devoted to it, and during his fourth year it should mainly divide the attention of the student with his clinical work. The subjects of forensic medicine, toxicology, and public health should, in my opinion, form no part of the ordinary medical curriculum, but should be post-graduate subjects for a special diploma. The student who has been well grounded in anatomy, physiology, and pathology is prepared to learn medicine, surgery, and midwifery, but should at this stage take out a course of clinical chemistry in which he should be taught all the methods in use for examining the various secretions, excretions, and stomach contents, while he should also be taught operative medicine and operative surgery. By operative medicine I mean such proceedings as lumbar puncture and paracentesis of the cavities of the thorax and abdomen.

Systematic Lectures.

Systematic lectures are by no means to be despised, as, while we should aim at teaching all diseases by actual cases—and there can be little advantage in discussing those diseases which are never seen here—yet it would give a student a partial and erroneous view of disease if he were left to suppose that the cases of pneumonia, for example, which he has had an opportunity of watching in the infirmary are the only types of the disease with which he is likely to meet. Systematic lectures enable us to give a broader view of disease and to correct this narrow conception of it. The same disease may vary much in its type at different times and in different places, and it may happen that during the three or four years of a student's career he may meet only with one type of pneumonia or typhoid fever or other infectious disease, so that if he has to trust solely to his own experience in the range of his personal observation he would go into practice ill-prepared for what he might meet at any time. It is strange that it should ever have been possible for an experienced physician to deny the change of type in disease, yet this was what Professor Bennett undoubtedly did in the heat of controversy with his older colleagues, who justified the abandonment of bleeding on the ground of the change of type in disease. Bennett ridiculed this and denied its possibility. No doubt he was right in refusing to believe that there ever had been or ever will be again a type of pneumonia or fever in which bleeding was such a universally useful measure as it was thought to be seventy or eighty years ago. Yet the epidemics of influenza which began twenty years ago have taught all of us who have had any experience that the same disease may undergo the most remarkable modifications, and have shown how in-

adequate a description based on the observation of a single group of cases may be. The same lesson is learnt from the history of the recent epidemic of plague. When the present recrudescence began in Hong Kong the disease appeared to be so little infectious that the Welsh Fusiliers were set to carry the sick Chinese to the hospitals and to pull down their houses, yet no case of the disease occurred amongst the soldiers. A year or two afterwards plague broke out in Bombay in a most virulent form, many cases occurring among the nurses and doctors in attendance on the sick—a difference that cannot be explained by any sanitary inferiority on the part of Bombay. A little later the disease showed itself in Alexandria among the Levantine Jews in the bazaar, and was supposed to have been imported in packages of rags and old clothing in which these people deal. The general condition of this Jewish quarter in Alexandria could not be called sanitary, yet the epidemic was easily checked. I could quote many more instances to illustrate my point that the character of an epidemic depends more upon its type than upon the environment, and that although it is wise and right to make our sanitary conditions as good as possible, there is no justification for the optimistic view so often expressed that sanitary conditions can protect us against fatal and virulent epidemics. For these reasons I desire to retain systematic lectures in medicine, surgery, and midwifery as supplementary to the clinical work and teaching. I put clinical work before clinical teaching, as every man must begin to think for himself and work by himself when he takes up clinical work. Spoon-fed clinical knowledge is of little value even for passing examinations. Nothing can teach you so much as diligent case-taking. If you go into general practice you will no longer have any opportunity of studying your cases as you can in hospital, but if you use your time well while you are here you will store up in your memories clinical pictures that will last you all your lives, and you will acquire methods which will always be of use to you.

Prospects of the Profession.

I should like to say a few words on the prospects of those who enter the medical profession, and I do congratulate you on your choice, for I am not one of those who believe that ours is an overcrowded, underpaid, and miserable occupation, but is one that affords a reasonable prospect of early independence and a fair competence. Those who paint such doleful pictures must shut their eyes to the state of things in other professions, and would find it difficult, if challenged, to point to any open calling in which the chances, and even the average pecuniary prospects, are better, or so good. A young barrister must wait years for briefs; a young solicitor thinks himself lucky to obtain a post as a managing clerk, and even with money may wait years before he can find an opportunity to get into independent practice; young engineers are even worse off, and are glad to take work at £60 or £80 a year.

Every young doctor, as soon as he is qualified, can easily earn his living, and has the widest choice of how to do so. The army, navy, and colonial service, the mercantile marine, and many appointments in our colonies and dependencies, offer abundant opportunities for those who desire to see the world; but the man who wishes to stay at home, but shrinks from practice, may choose between lunacy, public health service, the prison service, or the numerous appointments recently created in connexion with elementary schools. While general practice is not so good as it once was, special practice has increased enormously, and specialists are to be found making comfortable incomes in comparatively small centres. Operating surgeons, eye and throat specialists, and gynaecologists, who were formerly to be found only in large cities, and who forty years ago, if they did exist, derived their incomes more or less from general practice, are now everywhere. A few years ago I had to send out a circular to all the consultants and specialists in Birmingham, and to my surprise I found they numbered sixty-five, while when I came to Birmingham in 1876 I do not suppose there were twenty-five, and most of them had been or still were in general practice.

Although general practice is not so large or so lucrative as they used to be, it is now possible for any young man to start without buying an introduction, as people

move about from one town to another or from one part of a town to another so often that the bond between doctor and patient, which is purely personal, is broken by the force of circumstances, facilitating the entrance of newcomers into practice and diminishing the advantage of the established man. The result is that though there is as much or more money earned in general practice as at any time, it is divided among a larger number of competitors, and younger men get a larger share than they used to do. One of the causes of the instability of general practice is the disappearance of the partnership system. The inability of medical men to work together as partners points to a defect in their training which results from the lack of discipline in early life formerly afforded by apprenticeship, and is to be regretted, as a partnership prevents the break-up of a practice that otherwise occurs at death and makes it easier to take holidays or to tide over a serious illness. While in country districts the motor car is a great help, diminishing the doctor's toil, saving his time and widening his range of rounds, it may bring him into competition with the practitioners of the neighbouring town who may come out to attend some of his best patients, but on the whole it is a great boon to the country practitioner, opening up possibilities of earning a larger income with less expenditure of toil and time, and finally saving him from a great deal of the hardship and exposure that cut short the lives of many good country doctors. If the incomes earned in general practice have diminished mainly in consequence of competition inside the profession, it is also true that special practice attracts many of the best men who formerly entered general practice. This must have an effect upon the standing of the general practitioner. If to this be added the conversion by legislation of a large proportion of the population into contract patients, the temptation to enter general practice will become still less.

The provision of medical aid by some kind of insurance is no new thing, and its existence bears testimony to the thrift and independence of the wage-earning classes; but the mode of payment by capitation fees is bad, because it does not take into account the varying needs of the sick, and suits only those practitioners who are content to dispense drugs wholesale without wasting time on diagnosis—a mode of conducting practice which, unfortunately, suits the prejudices of the working classes, who only want a bottle of medicine and hate to be examined. This is what contract practice means, and if that is to be the general practitioner's fate, I advise you not to become one. Such work is not fit for highly trained medical men, and if Parliament sanctions such a scheme it will be served by the worst educated members of the profession, and must lead to the evolution of an inferior class of practitioner.

My advice to you is to keep out of contract practice, and if you follow my advice I am sure you will not regret it. Do not be tempted by the offer of an income that can only be earned by the sacrifice of all your ideals and by the loss of your self-respect.

In conclusion, let me again thank you for inviting me to address you, and ask you to accept my earnest wishes for the continued success and prosperity of the Royal Medical Society of Edinburgh.

THE annual dinner of the Huddersfield Medical Society on October 18th was marked this year by a presentation to one of its past presidents, Dr. Norman Porritt. The presentation was made by Dr. Irving, who, after giving some account of Dr. Porritt's career, added that when he left Huddersfield he would carry with him the affectionate regard of all his patients and the goodwill and esteem of every member of the medical profession who had ever come into contact with him. The presentation took the form of two pairs of silver candlesticks, to which were added some silver vases for Mrs. Porritt. Dr. Porritt, who has been in practice in Huddersfield for some thirty years, has held the offices of President of the Huddersfield Medical Society and Chairman of the Huddersfield Division of the British Medical Association. He was a Leeds student, and a very few years after becoming M.R.C.S. and L.R.C.P. was awarded the Fothergillian gold medal of the Medical Society of London for his essay on the operative treatment of intrathoracic effusion. He was also one of the earliest medical men to appreciate the advantages of shorthand, and for some years past has been treasurer of the Society of Medical Phonographers. His retirement creates a vacancy on the surgical staff of the Huddersfield Infirmary.

ON CERTAIN CLINICALLY OBSCURE MALIGNANT TUMOURS OF THE NASO-PHARYNGEAL WALL.

BY

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ON account of the supposed difficulty of obtaining really adequate access to the naso-pharynx, the diseases of that region, apart from certain trivial and easily treated conditions, have aroused comparatively little interest. The only tumour originating there which is at all familiar is the naso-pharyngeal fibroma—a condition which always develops in the least inaccessible part of the space and can invariably be removed without complete exposure of the part. Nevertheless, the naso-pharynx is a region rich in pathological interest and subject to the growth of numerous tumours, which are by no means infrequent and are of great diagnostic importance.

I propose to direct attention in this paper to one class of these growths, which, while it produces a clinical picture singularly precise and characteristic, is no less singularly liable to give rise to errors in diagnosis.

Pathologically considered, the tumours of the naso-pharynx may be grouped as follows:

- Teratoma.
- Tumours originating in lymphoid tissue—
 - Lymphosarcoma.
 - Myxoma.
 - Myxosarcoma.
- Periosteal growths—
 - Naso-pharyngeal fibroma and fibrosarcoma.
- Sarcoma of the pharyngeal wall—
 - Homogeneous forms: Round cell, spindle cell, etc.
 - Alveolar: Endothelioma.
- Carcinoma of mucous membrane—
 - Squamous.
 - Columnar.

We are not concerned here with the pathological aspects of the subject, so that no detailed discussion of these various classes need be attempted. Some estimate, however, of the relative frequency of the various growths may be made. My own experience is not large enough to justify a statement of frequency in percentages, being confined to eight cases in which radical operation has been attempted, and some five or six others seen under various circumstances. From this small experience the outstanding fact is that endothelioma is by far the commonest malignant tumour of the naso-pharynx. So marked is this predominance that one may expect any given malignant tumour to be of this structure, and must reckon on the peculiarities of such growths in working out the requirements of diagnosis and treatment. A second outstanding fact is the very great frequency with which males are affected as compared with females. I have seen one case only in a woman. Finally, malignant disease of the naso-pharynx is a disease chiefly of the young adult, the age limits of 18 and 35 years including the great majority of the cases.

For clinical purposes the cases may be divided into those in which the tumour projects markedly into the cavity of the pharynx and those in which this polypoid development is absent.

The former class is of but little diagnostic interest. The symptoms of haemorrhage, alteration in the quality of the voice, and nasal obstruction will be early and well marked, and the diagnosis is perfectly straightforward. In the cases with little or no internal projection the position is very different. The diagnosis is entirely dependent upon the recognition of the symptoms of infiltration of the naso-pharyngeal wall, and my experience would tend to show that these are by no means widely known or correctly estimated.

The class of infiltrating tumours without marked projection is nevertheless relatively large and strikingly homogeneous. I have operated on some six cases, and have seen two or three others. All the cases presented remarkable similarities, and were usually recognizable at a glance. In each case the tumour was an endothelioma, and was situated in the lateral wall; in no case