training for an examination, as ordinarily conducted, is not a university course but a cramming class. Every teacher at present must feel that he is not giving what his student is desirous of receiving. The student has to pass an examination before proceeding with his career. The good teacher, instead of training him for this particular type of hurdle race, endeavours to give him some of the spirit of the subject and to lay a foundation for the student's future work. Thus, the teacher gives at the same time too much and too little. The curriculum is overloaded and yet not full enough for the training of the medical man. The evil is intensified by the fact that almost all the examinations are conducted in part or in whole by men who have had nothing to do with the training of the student. Thus the teacher has a divided aim: not only must he prepare the student as seems to him best for the aims that he has in view, but he must take care that the student is prepared to face the tests applied by other teachers with different ideals and methods. After quoting Huxley's saying that "examination, like fire, is a good servant but a bad master," the author of the memorandum proceeds: "In medicine at the present time it cannot be said that examinations are subsidiary, or that they do not injure education. Their influence is omnipresent, and not seldom dominant; and in many cases they prescribe, restrict, and even nullify the course of education, bringing in their train all the pernicious influences and evils of the cramming system." While he accepts the need of some test for efficiency, he claims that such a test, "instead of being momentary, unequal and hazardous, should be prolonged, equitable, and relatively certain in its application; a test comprising as its chief factor the whole training and record of the student throughout his course, the form and content of the curriculum, the work done, the hospital cases clerked and dressed, the practical examinations of the class, and so forth." He concludes that such a reform in examination depends on a new spirit in teaching. But how if every new spirit in teaching is smothered at its birth by the prevailing system of examination and tests? Especially is the malign effect of examinations felt in the case of the preliminary and intermediate subjects of the medical curriculum. We do not want the medical man or student entering the wards to have at the tip of his tongue the properties and atomic weights of all the elements, or to be prepared to give a historical account of the views concerning the origin of the heart beat. We do want, however, that the student shall have dipped so deeply into the sciences of chemistry and physiology that he has become imbued with the scientific spirit, and that he knows where to turn to refresh his knowledge on any matter germane to the problems which concern him in the wards.

And here is the only use of examinations—namely, as a means of testing the progress of his student, when conducted by the teacher during his course. The examination system should therefore be continuous—part and parcel of the education, and not its soulless despot. The relegation to the teacher himself of the testing of the fitness of the student to pass to his subsequent studies would not only lighten the burden of the student, but would enable the curriculum to be broadened and extended as required by the continual advance of medical science.

But this question brings us back once more to the provision of university teaching for medical students. While the scientific teachers are the servants of associations of practising physicians and surgeons, whose professional success depends upon the number of students they can attract to their schools, it is hardly possible to entrust the testing of the student to his own teacher. This is only possible when the teacher is part of a learned corporation, of a university whose sole object is the advancement and diffusion of learning, and whose credit depends upon the quality of the men it turns out into the world. No doubt the State will always require some external test to be imposed before it allows the student to undertake the practice of medicine, but this test should be confined to the minimum requirements for the safety of the public, and would properly be held by bodies of practising physicians and surgeons similar to those who at present conduct the final examinations.

It really does not matter whether the State assumes the direct responsibility for such a qualifying examination, or delegates it to the various associations of practitioners which are in existence in different parts of the country. The universities would achieve freedom by relinquishing

their licensing powers. They would be able to develop their training in the directions best qualified to bring out the mental powers of their students and to advance the science of medicine, without having their activities continually frustrated by the necessity of conforming to the regulations of an external qualifying authority and their spirit mutilated in the procrustean bed of the present examination system.

I have only touched upon two points in Sir George Newman's report. There is, however, hardly a page which does not furnish food for reflection and which does not present many texts for commentary. Thus he discusses with much fairness and acumen the question of whole-time professors for medicine, the part which preliminary science should play in the training of the medical student, and the relation between physiology and clinical medicine. Of especial value is his masterly treatment of the meaning and needs of preventive medicine, and the part which the medical man will be expected to play in relation to the State. If the changes which must follow the war are to be based and guided by an informed medical opinion, no better means to this end can be imagined than a careful study of Sir George Newman's report by all the members of the medical profession.

THE EDUCATION ACT AND THE MEDICAL PROFESSION.

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THE Education Act, 1918, adds to the duties and powers of local education authorities with regard to the health of children and young persons, and thereby in some respects materially affects the interests and the position of members of the profession in this connexion. For the past ten years it has been the duty of every education authority to arrange for the medical inspection of every child attending the public elementary schools, and it has been within the power of such authorities to provide medical and surgical treatment for any such children as were found to need it. In spite of considerable pressure from the Board of Education, the majority of local education authorities have not exercised this power, though a larger number, without themselves arranging for medical treatment, have established services ancillary to medical inspection in the direction of keeping children under observation to see that treatment is obtained and assisting towards it. The new Act extends these medical services for public elementary schools in two ways: In the first place, the provision of medical treatment, instead of being optional, will be compulsory; the power of the authority to provide it is converted into a duty. In the second place, the number of children concerned will be immensely increased. Hitherto a considerable proportion of children have left the elementary school at thirteen or even at twelve years of age. Henceforth no child may leave before the end of the term in which it reaches fourteen years of age; the local authority may require it to continue till fifteen years of age, and may, with the consent of the Board of Education, permit it to remain in the elementary school till an even later age than this. All these children will have to be medically inspected, and provision will have to be made by the education authority for their treatment.

More important even than this in its effect on the profession is the fact that the new Act extends medical inspection and treatment to schools other than elementary, and to children and young persons of a social class and of an age for whom no public provision has hitherto been made. Every local authority for higher education *must* make provision for the medical inspection of pupils in attendance at its secondary schools, at its continuation schools, and at certain other educational institutions, even though they be under private control and management; and *may* arrange for the medical treatment of such pupils at the cost of the education rate. These duties and powers are of a very far-reaching character, inasmuch as all young persons up to sixteen years of age are to be compelled to attend such schools and, after the lapse of seven years from the day on which the clause comes into operation, the age of compulsion is to be raised to eighteen years except in the case of those who have been

under efficient full-time instruction up to the age of sixteen. Even now, of course, many persons between sixteen and eighteen years of age are in attendance at such schools, and will therefore be subject to the medical provisions, and the number may be expected to increase steadily till compulsion is in force. Further, the Act gives local education authorities power to arrange for establishing or aiding nursery schools for children over two and under five years of age, and for attending to the health and physical welfare of children attending these schools.

Thus most children and young persons between two and eighteen years of age, and all those between five and sixteen, are brought within the purview of the school medical services. They must all be medically inspected, and medical treatment may be provided for all of them and must be available for most of them under the auspices of the local education authorities. It is clear that there will have to be a great increase in the number of medical men or women engaged in the work of medical inspection, who are usually whole-time officers; and that the arrangements for giving medical treatment, which in most cases have hitherto been far from satisfactory or adequate, will need to be very carefully considered in the interest both of the public and of the profession.

The conditions laid down by the Act (either directly or by reference to the Education, Administrative Provisions, Act, 1907) under which medical treatment may be provided are three: First, the arrangements must be sanctioned by the Board of Education, who may require authorities to submit complete schemes for their consideration. Before submitting a scheme the authority is required to consult the other education authorities concerned. This is important, for schools and children in a non-county borough or urban district may be subject to the administrative supervision of more than one authority. The authority is required also to give suitable publicity to its proposals, and to consider any representations made by parents or other persons or bodies of persons interested. Secondly, the authority may provide treatment by encouraging or assisting the establishment or continuance of voluntary agencies, and may associate with itself representatives of voluntary associations for the purpose. Thirdly, the authority must not establish a general domiciliary service of treatment by medical practitioners for children and young persons, and must consider how far it can avail itself of the services of private medical practitioners. This last condition was inserted in the Act on the initiative of the British Medical Association; and though its wording is not as strong as the Association desired, taken in conjunction with the other conditions and assuming a continuance of the sympathetic attitude of the medical department of the Board of Education, it should be a valuable protection to some professional interests. The attention of practitioners in every area should be drawn to these conditions, and to the opportunity they offer for making the views and influence of the profession felt.

The medical clauses of the Act are already in force in so far as they confer powers, but not in so far as they impose duties upon local education authorities; that is, authorities may now be allowed to extend their medical services in the directions indicated, but will not be obliged to do so until the Board of Education name an "appointed day" for this purpose. Representations have been made by the Association to the Board that, both with a view to the securing a wider choice of practitioners by authorities for their services and in common fairness to the men who are now doing naval and military work, it is desirable to postpone the appointed day till some reasonable period after the end of the war, and it is probable that this will, in fact, be the course adopted.

There are a few minor points in which the medical profession is affected by the Act. Two of these may be mentioned. The administration of the Employment of Children Act, 1903 (except in the City of London), is transferred from public health authorities to local education authorities. In some areas this had already been done, where possible, by resolutions of the authorities themselves; but some important matters will now come under the consideration of the school medical officer as such, instead of the medical officer of health as such. No change is made by the Act in connexion with mentally defective children, but whereas it was formerly optional for a local education authority to take cognizance of

certain classes of physically defective or epileptic children and to provide for their education, it is now made obligatory for them to do so. This, again, will add to the duties of the school medical officer in a large number of areas.

The really immense addition which the Act makes to the medical services administered by authorities which are not primarily concerned with health emphasizes the importance and urgency of the need for unifying all health administration both centrally and locally; and it is interesting to note that the President of the Board of Education himself, in one of his speeches on the bill, expressed the opinion that the medical functions of the Board would ultimately be transferred to a Ministry of Health. The double provision which is being made for the medical treatment of some classes of persons, the possibility of aggravating the confusion and overlapping already too evident in this connexion, the danger of the development of undue specialization to the detriment of the education and practical experience of the general practitioner, and the narrowing of outlook of the manufactured specialist himself or herself, will be more obvious to the members of the medical profession than they can be to others. Herein, in addition to other reasons, lies the necessity for the profession to make its influence felt in the administration of the Act and the need for local administrators to take advantage of the experience and knowledge of the profession. But, though alive to these dangers, there is no doubt that the medical profession welcomes, as warmly as any other section of the community can do, the improvements which the Education Act, 1918, makes it possible to effect in the education and physical welfare, and therefore in the efficiency and happiness, of our people.

SHELL SHOCK AND WAR NEUROSES.

WITH the approval of the D.G., A.M.S., the course of instruction in shell shock and war neuroses will be resumed at the Maudsley Neurological Clearing Hospital, Denmark Hill, S.E.5, on September 20th, at 3 p.m. It will be open to all medical officers of British Navy and Army Services, to officers of the American Medical Service and to civilian practitioners.

The success of the first course, which was attended by twenty officers belonging to the medical services, Imperial and Dominion, and twenty civilian practitioners, has induced the Director-General to permit this systematic course, which will extend over three months, to be given.

SYLLABUS.

Practical Teaching.—Daily instruction and practice in diagnosis and treatment for officers of the medical services. Mornings, 10 a.m. to 12.30 p.m.; afternoons, 2 p.m. to 4 p.m., except Saturdays and Sundays.

Systematic lectures with demonstrations of illustrative cases on Tuesdays and Fridays at 3 p.m.

1. The anatomy, physiology, and pathology of the nervous and muscular systems applied to the diagnosis, prognosis, and treatment of shell shock and war neuroses.
2. The physiological and pathological conditions underlying shock—emotional, commotional, and surgical.
3. The methods of examining cases of functional nervous disorders (hysteria, neurasthenia, and psychoses) and the determination of fitness for military service.
4. The methods of differential diagnosis of organic and functional disease and the combined conditions.
5. The diagnosis of conscious simulation (malingerer), unconscious simulation and exaggeration.
6. The general principles of treatment of functional diseases of the nervous system.
7. General aspect of the surgical side of neuro-muscular disabilities.
8. General principles of psychology as applied to war neuroses and shell shock.

The course of lectures will be open to all officers belonging to the British, Colonial, and American medical services, and to civilian practitioners who obtain a letter of introduction from a physician or surgeon attached to a university or hospital medical school.

Applications to be made to Brevet Lieut.-Colonel F. W. Mott, M.D., F.R.S., Maudsley Neurological Clearing Hospital, Denmark Hill, S.E.5, where the course will be held. All applications will be submitted to the D.G., A.M.S. No fees will be charged.

AN Order has been issued by the Local Government Board extending the expression "local authority" contained in the Local Authorities (Food Control) Order (No. 2). 1918, to include the county council of an administrative county.