the cylinder walls may not expand equally, or, again, it is possible that the cylinder having attachments to its water jacket, and so, not being uniform on all sides, may, in expanding beyond its usual point, go out of shape, and thus temporarily destroy the fit of the piston. The only remedy for a heated engine is to wait until it cools; it is not safe to empty out the water, and replace it with cold water, as the cylinder might be cracked by sudden, and perhaps unequal, contraction.

(d) *An Ill-Proportioned Mixture.*

If the mixture is too rich in petrol an equally bad effect is produced as by one that is too weak. To discover in which direction the fault lies set the engine running and depress the float so as to very slightly flood the carburettor; if this improves matters then the charge has been too weak. If it does not, then hold the float up and see if the engine runs faster with its petrol supply diminished; if it does, then most probably the float needle has become worn and does not close the inlet; it will want grinding in like a valve. But perhaps neither makes any difference to the running of the engine. In that case most likely some dirt has got into the path of the petrol and chokes it. Try if the float chamber floods easily and quickly; if so, the main petrol supply is all right, and the stoppage may be between the float chamber and the jet, or in the fine holes of the jet itself; that all are clear must be ascertained. Petrol as sold is by no means free from dirt, and particles of fluff sometimes find their way in from unknown sources. They are apt to give rise to puzzling results, as they may sometimes fall away from an orifice, and then be sucked back into it, so that perhaps the engine will run all right for a time and then stop or fall off in power; a petrol filter on the way to the float chamber is a useful addition to a car, if not already fitted.

THE ENGINE WILL NOT START.

As has already been mentioned, ignition troubles are the most frequent, but when the engine refuses to start it is more often another cause which is at work.

The suction obtainable by turning the starting handle is far less than that exercised by the engine running, and is, with many carburettors, insufficient to suck the petrol through the jet. For this reason we flood the carburettor, but a flooded carburettor merely has petrol flowing through the jet and running down its sides; the petrol does not issue in the form of spray. Hence, at times, particularly in very cold weather, no adequate explosive charge is drawn in. Several remedies may be tried: filling the water tank with hot water instead of cold will sometimes remove the difficulty, or petrol may be introduced direct into the cylinders, injecting a few drops by means of a bicycle oiling syringe into the compression taps, or it may be introduced into the carburettor through the extra air inlet. It may be necessary partly to close the air inlets if the engine is still obstinate, so as to get a richer mixture. Another resource is to wrap cloths dipped in very hot water round the carburettor so as to warm it up thoroughly. Of course, poor compression adds to the trouble of starting the engine. Where a magneto only is fitted it is sometimes difficult to turn the starting handle fast enough to generate a good current in the primary winding, and for this reason, if there is accumulator ignition as well, it is easier to start on this. Magnetos differ a good deal in this respect; with one car in the writer's possession it is quite easy to start on the magneto; with the other, it is wellnigh impossible, without considerable labour.

THE ENGINE STARTS BUT STOPS AGAIN.

This is nearly always the result of its getting a bad charge, some of the causes of which have already been touched upon. Many engines do not run well until warm, so that running the engine idle for a few minutes will sometimes set things right.

But sometimes the fault lies in the commutator; those which make contact by means of a roller held to its work by a spring will, when worn unevenly, sometimes make good contact when revolved slowly, but jump and miss their contact pieces when running fast, so that the commutator should be examined if this difficulty is met.

Another puzzling source of trouble is the occasional but not constant short-circuiting of the current. It may happen that the insulation is rubbed through somewhere or is

otherwise faulty, and does not touch anything when the engine is started, but comes into intermittent contact with some metal when jarred by the engine running fast; the same thing may happen with a loose connexion.

THE METHOD OF EXCLUSION.

It would be impossible at any moderate length to go through all of the difficulties which may crop up, and only some of those which may puzzle the novice have been mentioned. But in any case of difficulty set to work methodically to eliminate one possible cause after another. Unfortunately, the symptoms of failing or flagging engines due to a variety of causes are not very dissimilar, so that although an experienced motorist may sometimes make a good guess and go straight to the source of the trouble, it will often happen that there is nothing for it but to go step by step through possible causes, always remembering, in the absence of any distinct indication, to commence by seeing that the ignition is faultless.

And in concluding these notes the writer would once again urge medical motorists to learn their machine thoroughly and to drive it themselves as much as possible; it will afford an endless source of interest and pleasure, besides conducing greatly to economy.

The way to avoid breakdown on the road is to keep the car always up to its best: to spend a few minutes before starting out in seeing that everything is right, and occasionally to make a more detailed examination of the more important working parts.

THE POLICY OF THE UNIVERSITY OF LONDON IN RELATION TO LONDON MEDICAL EDUCATION AND MEDICAL SCIENCE.

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(Continued from BRITISH MEDICAL JOURNAL, May 11th, p. 1180.)

III.

FACTORS CONCERNED IN PRODUCING THESE RESULTS.

THIS falling-off in the numbers entering the London schools for their entire education—from 40 per cent. to 20 per cent.—may well be a subject for serious consideration by those interested in London medical education. But if fully faced, it need not be regarded as a "crisis"; still less need its full consideration "threaten the disintegration" of the University of London, which desires so much to help the cause of medical education. It is more likely to effect what the University itself and all interested in London medical education desire—namely, to "promote the integration" of the University as a really teaching university instead of being, as hitherto, that unique and anomalous institution, an "examining" university.

1. DIMINISHED ENTRY INTO THE MEDICAL PROFESSION.

The percentage figures (see Chart 2, London curve, in BRITISH MEDICAL JOURNAL, May 11th, p. 1129) show clearly that the fall has been steadily going on for the past thirty-five years. It has only been masked from view by the larger number of students entering the medical profession between the years 1880 and 1891—an influx suddenly arrested in 1892 by the introduction of the five years' curriculum, instead of the four years' curriculum up to that time in operation. The effect of this change on the numbers registering is, in the yearly charts I have prepared, immediately seen in nearly every school, from 1892 onwards (Cambridge alone excepted), but became fully manifest in all of them from 1894 onwards (Cambridge again least affected). The chief centres affected were Glasgow University, its numbers falling from 172 in 1891, to 136 in 1892, and 101 in 1893; and Edinburgh University, its numbers falling from 244 in 1891 to 179 in 1892, and to 154 in 1894. In the case of London, the effect of this change became very manifest from 1895 onwards, and still more so from 1898 (when the number was 356) to 1901 (when the number was at its lowest, 222). Some part of the numerical fall in the

London schools is due, then, to causes affecting the prosperity of all the schools—namely, the lessened number of students entering the medical profession. The number for England and Scotland (1905-6) was 1,140, as compared with 1,638 (1890-4), and 1,672 (1885-9).

2. COMPETITION OF OTHER SCHOOLS.

But while this is so, a study of the numerical chart (Chart 1), and still more of the percentage chart (Chart 2), shows that London has been far more affected by the steady encroachment of other schools, both English and Scottish. The chief competitors have been Cambridge University, which has withdrawn over 7 per cent. of the total students entering in England and Scotland; and Edinburgh, which has withdrawn another 10 per cent. The view widely entertained and often expressed that the present state of affairs in the London schools is due to the withdrawal of its students by the new English provincial universities is to this extent true—that, as the curve for these schools (Chart 1) shows, the notable fall which occurred in London and in Edinburgh between 1890 and 1899 did not appreciably affect the provincial schools, either as regards number (Chart 1), and still less as regards the percentage (Chart 2). On the contrary, a striking feature of the provincial schools has been the steady position they have maintained during the last twenty-five years. The extreme variation has been 12.2 per cent. and 13.8 per cent. of the total. The same remark applies to the University of Glasgow and to the University of Aberdeen. They have maintained for twenty-five years a remarkably uniform and steady position, Glasgow registering about 9 per cent. of the total students registered in England and Scotland (with its other schools about 10 to 11 per cent.), and Aberdeen showing a slight falling off, but still registering on an average between 4 and 5 per cent.

3. PUBLIC INTEREST IN AND ADEQUATE ENDOWMENT OF MEDICAL EDUCATION.

The effect of these two factors is also demonstrated incidentally in the relative prosperities of the individual schools; even while their histories also illustrate that prosperity in medical education is not simply a commercial matter of "so much money, so much result," as is sometimes loosely but quite erroneously asserted or suggested. Nothing but such public interest with corresponding efforts in supplying and equipping proper laboratories, schools, and in some cases (for example, Glasgow University and Edinburgh University) even hospitals, can explain the steady position maintained by so many of the smaller schools throughout the past twenty-five years, in spite of the many attractions offered their students by larger and more renowned schools.

Victoria University, Manchester, the largest of these universities, owes its origin and present position to the munificent endowment which created Owens College. It is the third English University for Medicine. It is by far the largest of the seven great provincial universities, its registered entries during the ten years (1888 to 1899) averaging no fewer than 76. Affected like all others by the diminished entry into the medical profession, it fell in 1900-6 to an average of 50. But its position as the chief great provincial university has been fully maintained. It registers over 31 per cent. of the students entering the seven provincial universities as compared with Liverpool 20 per cent., Durham 15 per cent., Leeds 12 per cent., and Birmingham 10 per cent. The later remarkable development of Liverpool, which in the short period of a decade has left a permanent mark on the development of the great science of tropical medicine, is the direct outcome of the public interest taken in medical education and the public-spirited action of its citizens in building, equipping, and endowing its great laboratories. The same applies to the other, both older and more recently-founded universities and university colleges of Durham, Birmingham, Leeds, Bristol, Cardiff, and Sheffield.

THE TASK OF THE LONDON MEDICAL SCHOOLS.

But here again the history of individual universities, and of individual hospitals in the case of London, conclusively shows that endowment alone, apart from the particular policy adopted in education, is not sufficient either to create a great school of medicine, or enable it to maintain the relative position already attained among

other schools. This conclusion is of particular importance in relation to the present position of medical education in London. It may be doubted whether in any great metropolis in the world there is less public interest in medical education or less adequate endowment of such education than in London. But for the munificence which gave endowment to a few of its great hospitals—to St. Bartholomew's, to Guy's, to St. Thomas's—it may be said that endowment of London medical education does not exist. If it had not been for the public spirit of the hospital authorities, in at once encouraging and benefiting by the formation of schools in connexion with their hospitals, it may without contradiction be said that medical education in London would have never attained the commanding position it once held (attracting 40 per cent. of all students entering the profession). Nor would it in the face of the powerful competition that has developed during the past twenty-five years continue to attract the proportion (still a large one) of 20 to 34 per cent., as it does. These London hospitals and medical schools have really for years discharged a great public duty in the cause of medical education for the whole kingdom. With two or three exceptions, they have discharged it without the slightest endowment either for the equipment of laboratories or the provision and payment of teachers, such as all universities have made it their chief purpose and function to provide. In so doing they have upheld the cause and importance of medical education in London in times when the public interest in it has been *nil*. They continue to discharge their duty under increasing difficulties, arising partly from the successful and increasing competition of other universities—in which medical education is made a primary duty—adequately endowed and provided for; partly from their own historic, independent, and detached development, and isolated policy; but most of all from the character of the university policy governing the granting of degrees to the students they educate. If the true position of things is realized and fully faced, not in any detached way as it may affect one or other school, but in a broad spirit commensurate with the great interests involved—to wit, the whole cause of medical education in London and the duty still resting with London of educating completely or partially one-fifth to one-third of those entering the medical profession—if this is done, I see no reason for regarding the present condition of affairs as a "crisis." I should be rather disposed to welcome it as serving to draw attention to an unsatisfactory condition of things which has existed and grown steadily worse for over forty years—a *University Policy* adopted by the University in examination and in granting degrees to their students—thoroughly unsound from whatever point of view it may be considered—whether in relation to the cause of medical education in London (still a great cause), the credit of the University of London, the efficient and successful work of its schools, and lastly, but most important of all, simple justice to its London students. As the figures I have given conclusively show, medical students are being driven out of London year by year in increasing numbers, to seek and obtain in other university centres not only the medical education but also the university degree which these universities offer them.

The extent to which this great falling off in the number of medical students entering on their professional studies through the London medical schools has added to the difficulties which these schools have to contend with has already been seen.

It may here be stated briefly that but for the partial relief—for the relief is only partial—afforded them by the steady success of the Cambridge Medical School, which sends to London for the latter half of their education the 9 per cent. of medical students which it now educates, the London medical schools and London medical education would be even harder hit than they at present are.

But this addition of 9 per cent. to their number—or of the further 2 or 3 or 4 per cent. which they may get from Oxford and other schools—however much it may aid the task of medical education which they discharge, only brings out into stronger relief the contrast between the policy adopted by the University of London and that of Cambridge. For it is that policy that is originally responsible for the loss of this percentage (10 per cent.) to the London schools. Every policy must be judged by its

results. The adoption of a particular policy by Cambridge serves, despite the cost of education, to withdraw one-quarter to one-half of the students who formerly began in the London medical schools, while the policy of the University of London fails to retain these for London and a London degree.

That policy, while professedly aiming at a higher standard of medical attainment on the part of its graduates, and animated by a burning—often termed Imperial—desire to promote all forms of education, including that of medical science, has, in virtue of its original constitution, been, perforce, obliged to leave the actual duty of such education to others—and, in the case of London, to its medical schools.

And the standard set up is not so much one of medical and scientific attainments (although such is included), but a kind of preliminary knowledge of an arbitrary, useless, and pedantic character. If essential to entrance upon other learned professions, it would most effectually deplete the Bench, the Bar, the Church, the Law, or any other profession that could be selected, except that of a schoolmaster and university coach.

UNIVERSITY POLICY.

A university policy so anomalous, so new to all university experience in the history of medical education—one which leaves all the education (the true object, surely, of every university) to others and confines itself merely to examining the products of other people's work—such a policy could only be justified by success of its *examination system*.

(1) MATRICULATION EXAMINATION.

The existing examination system effectually deters most students from even attempting to enter the Faculty of Medicine, not by the *standard*, but by the *character* of the knowledge required, utterly unsuited, as it is, to anything required by their subsequent work. It asks from its medical candidates as a criterion of their fitness to enter its Faculty of Medicine such questions as:

1. "Enumerate the pronominal and adverbial forms derived from the stem of 'here,' and show generally how each comes to have its present meaning";
2. "Describe in ten octosyllabic couplets a sunrise or a sunset."
3. "Give instances of the influence of accent on vowel sounds in compound words."
4. "Give some account of the letter H, and what it stands for. Mention some words in which it has disappeared, some in which though written it is not pronounced by educated people, some in which it used not to be pronounced but now is."

5. "Write a concise essay of about two and a half to three pages (500 words) on such subjects as:

The balance of power among European States (1) in Europe, (2) in other parts of the world;
The history, political and physical geography, climate, etc., of an important English colony (for example, India, Canada, or Australia).

The development of religious toleration in England.
The history of our relations with France in the fifteenth century.

Religious movements in England since the Reformation.

Scientific advance in the nineteenth century.

The historic towns of England.

A sketch of British rule in India.

The Roman dynasty.

(June, 1906). Write an essay of two and a half pages on one of the following:

- (1) The Danish Invasions of England.
- (2) The Political Institutions of the Saxons and Normans.
- (3) The relations between England and Scotland in the Thirteenth Century.
- (4) The Cotton and Woollen Manufactures in the United Kingdom.
- (5) The Mountains and Rivers in the West of Europe.
- (6) The Chief Exports and Imports of Canada and Australia.

6. "In what years in the present century has the 29th of February fallen on a Sunday?"

7. "Find how many different integers, besides unity, divide 9009 without a remainder."

8. "A hollow closed cubical box is made of iron, and is 2 in. thick, the external edge being 4 ft. long; it being given that iron weighs 7.112 times as much as water, and that a cubic foot of water weighs 1,000 oz., find in tons the weight of the box."

9. "Explain why all the fractions $\frac{1}{7}$, $\frac{2}{7}$, $\frac{3}{7}$, $\frac{4}{7}$, $\frac{5}{7}$, $\frac{6}{7}$, when reduced to recurring decimals contain the same digits in the same order.

10. Divide .00012 by the product of .002i and .523809.

The above samples are only a few selected at random from papers during the past few years. They could be multiplied indefinitely. They illustrate the *spirit* underlying the Matriculation Examination of the University of London.

I am here concerned with it only in relation to medical education—an education demanding as its chief feature the careful training over a term of years of the powers of observation and judgement. So far as medical education is concerned, the criticism recently passed on it by one of its own graduates is amply deserved: "The worst examination which the witlessness of man outside of China has ever contrived—radically wrong in conception, pedantic in its syllabus, and conducted with complete disregard of the interests of learning or common sense—the natural prey of the crammers—a series of obstacles designed not to test the candidates' capacity or knowledge, but merely to circumvent the crammers."

Upon such a spirit and such a system of examination no university can be built.

The following table (Table IV) shows that so far as medical education is concerned this fact is becoming more and more realized.

The *percentage* of matriculated students registering as medical students has heavily fallen during the past twenty-five years—from 20 per cent. in 1890 to 5 per cent. in 1905; and the *number* of such students has fallen from 273 in 1895 to 152 in 1905:

TABLE IV.—Results of the Matriculation Examination.

Year.	Number of Candidates.	Number Passed.	Number and Percentage of Matriculated Students Registering as Medical Students.	Number of these Registering in Eleven London Hospitals.
1880	1,400	680	137 (20 per cent.)	91
1885... ..	1,900	1,094	181 (16.5 per cent.)	99
1890	2,762	1,278	226 (17.6 per cent.)	123
1895	3,420	1,710	273 (15.9 per cent.)	117
1900	4,341	1,917	218 (11.3 per cent.)	69
1901... ..	4,198	2,121	167 (7.8 per cent.)	77
1902... ..	5,108	2,426	182 (7.5 per cent.)	—
1903	5,929	2,821	182 (6.4 per cent.)	—
1904	6,708	3,255	179 (5.4 per cent.)	—
1905... ..	6,718	2,824	152 (5.3 per cent.)	70

Such is the outcome of the examination policy and system of the University of London, 1838–1905, in relation to medical education. Such a system may have much that is commendable. But it is a system in its essence and in its results so false to the real requirements and objects of medical education that it is not surprising that it should not have contributed to the prosperity of medical education in the centre where such a university spirit prevails.

(2) PROFESSIONAL EXAMINATIONS.

As the result shows, the same spirit extends to the conduct of all the subsequent professional examinations.

If there is any merit in the matriculation examination, the result must be that the University of London succeeds in securing a particularly well-educated and intelligent set of men as its undergraduates in medicine, subsequent education of whom any University might well be proud to undertake. As has been seen, however, the University of London leaves them to procure their medical education

where they like, at the cost of other institutions and schools.

The following shows the place of study selected by the successful candidates in the *Preliminary Scientific* examination held in January, 1907:

Part I.—Out of 80 successful candidates, no fewer than 19 received their preliminary scientific training in the following institutions:

University Tutorial College	...	...	4
University Tutorial College and Birkbeck Institute	...	...	1
"Private study"	...	...	3
Derby Municipal Technical College	...	...	1
Cheltenham	...	...	1
Epsom College (and London Hospital)	...	...	3
University College, Bristol (and Guy's)	...	...	1
University of Liverpool	...	...	2
University of Birmingham	...	...	1
Victoria University, Manchester	...	...	1
University of Leeds	...	...	1

Part II.—Out of a total of 35 successful candidates, no fewer than 14 received their education in schools other than the London hospitals.

Intermediate Examination.

Out of 55 successful candidates 11 received their education in other than London schools:

University College, Cardiff	...	...	4
Victoria University	...	...	3
University of Leeds	...	...	3
University of Birmingham	...	...	1

It is difficult to understand how the interests of the University of London or of medical education and science can be advanced by allowing no fewer than one-sixth (13 out of 80) of their future graduates to receive their preliminary scientific training in tutorial institutes and "private study."

The following shows the results of the professional examinations:

1899-1905.	Number of Candidates.	Number Passed.	Percentage Rejected.
Preliminary Scientific...	1,890	983	48
Intermediate ...	1,682	1,096	35
M.B. ...	1,367	781	43

In any other university, the fact that after going through the educational course which the University in its wisdom deems sufficient no fewer than 40 to 50 per cent. always fail to pass their examination, would be a sound reason for holding an official court of inquiry into the capacity of the professors responsible for such a waste of their students' time. The University of London has, however, no power of control over and no power of dismissal of the teachers (all over the country) whom it relies upon to educate its students. It possesses, however, the power to infuse a different spirit into its policy, and thereby materially promote both the interests and usefulness of the Faculty of Medicine in relation not only to London medical education, but also to medical education and science as a whole. This can be done not by any change involving *lowering* of its standard, but merely by changes showing a truer appreciation of the most urgent requirements of medical education and medical science in London.

IV.

MODIFICATIONS OF UNIVERSITY POLICY SUGGESTED BY FOREGOING FACTS AND CONSIDERATIONS.

Concentration is indeed called for, in the interests of university medical education in London. But the first direction that *Concentration* must take must be one of *endeavour* on the part of all concerned to remove the obstacles which at present (1) effectually deter students from entering the Faculty of Medicine at all; (2) and at the same time inflict a serious injury to medical education in London by driving out year by year its students to other schools to get the university degree which not only they but the public more and more require as a stamp of successful medical education.

Good as the material may be which the University now admits into its Faculty of Medicine as undergraduates, no

less good and far more abundant is the material which it yearly rejects or repels by the *character* of its entrance examination. For medical attainment is a plant of slow growth. It can grow out of soils less artificially manured than that which (by combined ingenuity) crammers and examiners consider necessary for its development. The education which enables a boy of 16 or 17 to "write ten octosyllabic couplets on a sunrise or a sunset," or "give an account of the letter H," or "state in what years of the present century the 29th of February has fallen on a Sunday" is not necessarily the one which teachers of medicine find best fitted to develop the peculiar faculties of observation and judgement in medical education.

It is in the power of the University to free university medical education in London from the chief incubus—for it is the chief one—pressing so heavily on London medical education during the past forty years; from the cause—for it is the chief cause—depleting year by year its schools. It can recognize what all other universities have recognized—that the character of the knowledge required by a student prior to entrance upon medical studies is not the same as that required by one entering upon the study of arts, or classics, or science.

The boy who at the age of 17 to 20 has not shown some recognizable capacity for classics or mathematics is not likely to develop that capacity at a later date, however long he may study. The capacity which a boy may have for medical studies—possibly for the highest attainments in such studies—is an absolutely unknown quantity at the age of 16 or 17, and may remain unknown for 10, 15, or 20 years later. Since, then, the course he has to run is so much longer (and requires careful development of other powers and faculties) why burden him at the outset with unnecessary and useless equipment?

If this be admitted—and no lowering of standard, but only sound common sense, seems to be involved in the admission—it is quite possible, and compatible with the highest standard of university medical education, to devise an entrance examination for the Faculty of Medicine more adapted to the future needs of the medical student, and less the sport of crammers and examiners than the one now existing.

Till this is done all efforts to remedy the present unsatisfactory conditions of university medical education in London are doomed—and rightly doomed—to failure. For, however imposing the superstructure may be—however great may be the efforts made in other directions (afterwards to be considered) to promote such education—the basis of the whole superstructure will remain as it now is.

That basis is, that the University leaves the responsibility of educating its students to others; and the students admitted into its Faculty of Medicine are only those deemed suitable for admission by a set of examiners and crammers whose chief aim it seems to be to outwit each other without the slightest regard to the important interests of medical education or the credit of the University, both of which they sacrifice.

UNDER the will of the late Mr. John Thomson of Tunbridge Wells each of the following institutions receives a bequest of £1,000: St. Bartholomew's, Guy's, the London, Westminster, King's College, St. George's, Charing Cross, the Middlesex, St. Mary's, University College, the Brompton Cancer Hospital, St. Thomas's, the Royal Free, the Great Northern, the West London, the National Hospital for the Paralysed and Epileptic, the Royal London Ophthalmic Institution, the Hospital for Consumption and Diseases of the Chest, Ventnor; the Brompton Consumption Hospital; the Hospital for Sick Children, Great Ormond Street; the Victoria Hospital for Children, Chelsea; the General Hospital, Tunbridge Wells; and the Royal Hospital for Incurables, Putney. Sums of £500 each are left to the Earlswood Asylum for Idiots and the City of London Hospital for Diseases of the Chest; and £250 each to the Surgical Aid Society and the Eye and Ear Hospital, Tunbridge Wells; also £150 to the Tunbridge Wells and Rusthall Dispensary. A number of Glasgow institutions, including the Royal Infirmary, the Western Infirmary, the Victoria Infirmary, the Cancer Hospital for Sick Children, and the Hospital for Skin Disease, are also left considerable sums. The residue of the estate, which would appear to be about £20,000, is directed to be divided between Guy's Hospital, St. Mary's, Westminster Hospital, the Glasgow Royal Infirmary, and the General Hospital, Tunbridge Wells.