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

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THE object of the articles concluded in the present one has been to consider:

1. How far the alarm about the state of university medical education in London is justified.

2. If justified, what factors have been at work to produce it.

3. How far it is possible by removal of these factors to remedy the defective conditions existing.

I. With regard to the first point, I was unwilling to accept mere general statements as to the decline in the medical schools without testing them in any way in my power. For as I pointed out by way of prelude to any considerations and conclusions which might follow, at no time in the long history of medical education in London have the equipment or teaching facilities of its medical schools even approached those at present supplied by these schools. The accuracy of this conclusion is known to all, and has been testified to in recent letters by two of the most distinguished scientific teachers whom any university could possess—Professor Starling and Professor Leonard Hill. The former points out (April 20th) that while in 1892 his course for physiology amounted in all to 180 hours, in 1900 the same students had to attend 260 hours, and at the present time the course occupies 350 hours.

And Dr. Leonard Hill has recently testified from his own experience as a teacher and examiner that the teaching in London has never been better, and is nowhere excelled.

If under these circumstances university medical education in London is in difficulties—if the number of students in the London schools are falling off as was asserted—the causes for this had to be sought for in other directions than the equipment of the schools or the efficiency of the teachers. I endeavoured to ascertain by the only official data uniform for all university centres and medical schools—namely, the registration data as to “the date and place of commencement of medical study as certified by the student himself, and the official of the school where he began his medical studies”—what movements had taken place during the past forty years between London and other university centres of medical education. These data had been brought together by me about eighteen months ago not with a view to advocate any particular policy, but solely for my own information as to the present position of the London schools.

I hoped to find that the diminished entry into the London schools was shared proportionally by other schools, and was solely the result of the diminished entry of students into the medical profession which set in about 1894. The results show that this is not the case. London has been affected relatively more than other university centres; the number of students registering in its schools for their whole course has been falling more or less steadily for the last thirty or more years. Whereas these used to constitute over 40 per cent. of the total students registering in England and Scotland they now constitute some 20 to 25 per cent. There was ground, therefore, for concern about the actual and relative prosperity and popularity of London medical education; prosperity of the medical education had not been associated with the university policy in their great centre (London) as it had to a notable degree been associated with the university policies pursued in other great centres—especially Cambridge and Edinburgh.

II. With regard to the possible factors responsible for this. I considered to what degree the decline could be ascribed to—

1. The diminished entry into the medical profession.
2. The competition of other university centres.

3. The difficulty of the task assigned to the London medical schools in carrying on at their own expense, without endowment, and *without the slightest pecuniary support* from the university whose students they educate their great task of English medical education (for London still educates one-fourth to one-third of all the students of England and Scotland).

4. The handicap placed on them by the peculiar *examinational policy* of the University—namely,

(a) A matriculation policy which repels numbers of excellent students who would otherwise enter its faculty and its schools, not by its standard but by its *character*; and which has reduced the percentage of its matriculated students who enter the Faculty of Medicine from 20 per cent. in 1880 to a little over 5 per cent. in 1905.

(b) An examinational policy with regard to the Professional Examinations, which aims at a high percentage of rejections (irrespective of the quality) as the chief criterion of the standard of the University, and rejects anything from 35 to 48 per cent. of those examined.

CONSTRUCTIVE REFORM IN UNIVERSITY AND INTER-HOSPITAL POLICY.

Necessity for a Combined and Liberal Policy

At the close of my last article I began to consider what remedies seemed to be suggested by the various facts and considerations to which attention had been drawn.

The object of the articles has been to invite attention to the problem of medical education in London, not in relation to the individual schools in London, but in relation to other university centres. How urgent is the necessity for viewing it in this wider aspect some of the recent letters and criticisms contributed to your correspondence columns amply testify.

The statistical figures supplied in my recent articles have taken up an undue proportion of your space for the last three or four weeks. One would almost gather from the character of the comments that I had invented the figures which I have been at pains to bring together, for any information either to myself or others that they may be capable of affording. For the benefit of the many who have not time to read articles on medical education I may be allowed to point out that the “statistics” referred to are really the official registration figures supplied by the General Medical Council as to “place and date of commencement of medical studies as certified by the student himself and the official of the institution where he registers.”

In the articles referred to these data are used by me in one definite relation, namely, to ascertain “through what centres or schools of medical education do parents elect to enter their boys as medical students—in the belief that they may get the education and the qualifications and degrees which will ensure them every reasonable prospect of success in their profession.”

The conclusion to which the figures point is the one known to every one acquainted with London medical education, namely, that students are more and more being attracted to other university centres than London. And if, as my severe critics admit, “nobody doubts this,” I am at a loss to understand why I should be gravely called on to test the accuracy of the registration figures by “biometric tests,” and by head-splitting mathematical formulae, the mere reading of which makes one giddy. Now that I have supplied the figures, it is open to any one to apply any test—biometric or mathematical—which he may think fit, or put any interpretation upon them that they appear to him to justify.

The correspondence, however, brings out the point, namely, that my critics appear to be even more concerned about the conclusions which *they suppose* I intend to draw from these data than with the data themselves. It is feared that “my deductions are intended to serve as a basis for immediate action, and likely to be accepted without question by the many who have no leisure to examine the data.” The words “concentration” and “centre” which I used and shall continue to use in their ordinary English sense—not in the local and parochial sense attached to them of “South Kensington Institute of Medical Science”—appears to have equally frightened others. Had they kindly waited till they had learnt the

conclusions I intended to draw from the various facts and considerations I had adduced, they would have learnt that the "concentration" which appears to me necessary is not the narrow local one (so strongly advocated by some, so strongly reprobated by others) of one particular centre for all the students of London. The *Concentration* which appears to me called for is one of *University Policy and Inter-Hospital Policy*, with the following objects:

(a) To liberalize and raise the character of the Matriculation Examination governing entrance into the Faculty of Medicine.

(b) To offer more *Educational* inducements to their students to come to London for the whole of their course, and thereby secure for them a more uniform education than that which they now receive.

(c) To utilize and contribute to the support of (*pro rata* according to the number of university students), the many excellent laboratories already provided adjacent to the great hospitals of London; and

(d) To widen and raise the character of London University education (a) by allowing all university students (and for that matter all other students as well), if they so desire to supplement the education they receive in the particular school of which they are members by additional courses that may be offered them in other schools. Every student in London would in this way have the opportunity, at present denied him, of becoming a real *student of London*, with all the unique educational facilities and clinical material which London can place at his disposal throughout the whole of his career.

The adoption of such a combined policy on the part of the University and medical schools would give an enormous stimulus to university medical education in London, would tend by honourable competition among its students and teachers to raise the standard of education, and would give a corporate character to university medical education, and place a responsibility upon its many excellent scientific and clinical teachers such as could do nothing but enhance the credit of the University, and prove a great incentive to its teachers.

I believe the policy here briefly outlined—the details are matters for the Faculty of Medicine and not for general discussion—to be practicable, and the only one which will effectively meet the needs of university medical education in London at the present time. For the problem presented is not the narrow one of whether one London school is prosperous at the expense of some other London school, but the much wider one of how London as a whole—as one *University Centre*—stands in relation to other university centres of medical education. To endeavour, with whatever success possible, to place the problem on its higher plane and remove it away from local controversies, has been the sole purpose of the articles and data I recently supplied.

The interesting circumstance that the facts I have supplied have been decried by those who (wrongly) feared that they were intended to lead to other conclusions, is perhaps the best testimony as to the degree of impartiality with which I have presented them.

CONCLUSION.

As I have shown, the so-called "crisis" which is stated to have "arisen" in the London medical education is not a crisis at all, but a chronic condition which has existed for the past twenty to thirty years, and has only been masked by the increase in the number of students entering the medical profession between the years 1880 and 1895. It does not depend upon the absence of any one individual centre in London where London University students could get all their scientific education. As a matter of fact, at least half a dozen or more of the London schools could each quite comfortably accommodate all the university students who come yearly to London. It cannot, therefore, be remedied by the provision of such a centre, however well equipped and endowed. Considerations of area and distances in London would alone render such a scheme unworkable. It depends upon more general and widespread causes connected with (1) university policy and (2) isolated hospital policy.

As I have stated at the outset, the University has shown by inviting to its councils and affiliating as its schools all the medical schools of London that medical education is one of the subjects which more than any other it has endeavoured in its recent reconstitution to place on a broader and firmer basis.

Every one must recognize and sympathize with the peculiar difficulties of its task in face of the historical origins, independent constitutions, and isolated policies of the schools thus affiliated. Each school views every proposal from the point of view of what it conceives to be its own individual interests. And in the absence of any clear defined policy on the part of the University, this is the only course they can rightly pursue. For each school is the inheritor of honourable traditions of work and success, whose continuity they have no right to imperil by any hasty or ill-judged action on their part in handing themselves over to the care of those who have no particular interest in their future, some of whom even assert that the sooner they are crushed out the better.

My own sympathies are with both—with the University which is called on to drive a team pulling in many directions—but no less with the schools which are thus driven, and are left at the end of the day's work to provide and pay for their own accommodation and support and resume the same task the following morning.

If the University desires—as it undoubtedly does—to influence and control university medical education in the schools, it must do *what every other university does*—namely, assume financial liability (partial in the first instance) for the education of its students and the upkeep of the laboratories in which they are educated.

On the other side, it is no less necessary for the schools to sacrifice some portion of their independent policy and give University students the run of all their hospitals. This combined policy is one of "give and take," and the result would be all to the advantage of the *University Student of London* and of the University, and without any disadvantage to any one.

SLEEPING SICKNESS.

At the invitation of the Colonial Office a conference of the various powers and colonies concerned was opened at the Foreign Office in London on June 17th, to consider what international measures can be taken to check the spread of sleeping sickness. The disease, as is well known to readers of the *BRITISH MEDICAL JOURNAL*, has prevailed to a most serious extent in the Congo Free State and in Uganda. It has appeared in the French Congo, in the Portuguese possessions and in the Sudan, while German East Africa and Rhodesia and British Central Africa are undoubtedly threatened. The countries represented are Great Britain, Germany, France, Portugal, the Sudan, and the Congo Free State. The delegates are:

Germany.—Herr von Jacob, of the Imperial Colonial Office, Dr. Ehrlich, and Dr. Fülleborn.

Congo Free State.—Colonel Lantonnais, Vice-Governor-General Commandant Tonneau, M. Rutten, and Dr. van Campenhout.

France.—Dr. Kermorgant, Dr. Paul Gouzion, Professor Blanchard, and Dr. Laveran.

Great Britain.—Lord Fitzmaurice, Sir W. Foster, Mr. A. W. Clarke (Foreign Office), Mr. H. J. Read (Colonial Office), and Sir Patrick Manson.

Portugal.—Dr. Correa Pinto.

Sudan.—Colonel Hunter and Dr. Balfour, of the Gordon College, Khartoum.

Lord Fitzmaurice, Parliamentary Under-Secretary to the Foreign Office, has been chosen President of the Conference, and in his opening address said that the object of the British Government in proposing the Conference was the hope that the several countries responsible for the good government and prosperity of tropical Africa would be willing to co-operate in the struggle against sleeping sickness; he submitted the following as the chief points for consideration: (1) An annual or biennial conference of delegates from the several countries interested in sleeping sickness; (2) a central bureau to extract and circulate all new literature on the subject; and (3) the assignment of definite points for investigation to particular countries or individuals. Under the latter head he mentioned the questions whether the trypanosome undergoes developmental changes in *Glossina palpalis*, whether other species can convey the trypanosome, the geographical distribution of the infecting species, the part played by the vertebrate fauna, the best methods of exterminating *Glossina palpalis*, for preventing the introduction of the infection, and for controlling its spread, and, finally, the experimental and therapeutical study of drugs believed to destroy the trypanosome.