

A plea for liberty of medical teaching : a letter addressed to the General Council of Medical Education and Registration / by John T. Arlidge.

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A

PLEA FOR LIBERTY

OF

MEDICAL TEACHING,

BY

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A LETTER ADDRESSED TO THE GENERAL COUNCIL
OF MEDICAL EDUCATION AND REGISTRATION.

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1874.



TO THE MEMBERS OF THE GENERAL COUNCIL
OF THE MEDICAL ASSOCIATION AND THE PUBLIC

The object of this Association is to promote the advancement of the medical profession and the public health. It is a body of men and women who are interested in the progress of medicine and the welfare of the community. The Association is a voluntary organization and its members are elected by the General Council. The Association is a body of men and women who are interested in the progress of medicine and the welfare of the community. The Association is a voluntary organization and its members are elected by the General Council.

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TO THE MEMBERS OF THE GENERAL COUNCIL OF
MEDICAL EDUCATION AND REGISTRATION.

Gentlemen,

As the matter of Medical Education is placed by the Government of the country very considerably under your immediate control, and as it is one of the foremost questions of the day, I venture to lay before you, with all due respect, some considerations thereon, which, to my mind at least, appear of the last importance, and which will I trust commend themselves to your attention.

Under existing laws, and the bye-laws of Medical Corporations, the education of students for the practice of medicine is made almost a monopoly of the metropolitan towns in each division of the kingdom, but especially so in England. Keeping this last named country chiefly in view, (albeit the remarks I shall make apply with more or less force and accuracy to Scotland and Ireland) the truth of this assertion is sufficiently demonstrated by the fact that London far outnumbers all other towns having medical schools, taken together, in its crowds of students.

The attraction of young men to the largest cities of the kingdom, and particularly to London, in the pursuit of medical knowledge is inevitable; because, speaking generally, the opportunities for instruction, both in the way of schools and teachers, may fairly be expected to excel those to be found in smaller towns. Hence there appears *prima facie* reason for the enactment of regulations to encourage the resort of students to great educational centres.

Yet, granting this, it is, in my humble opinion, nevertheless true, that the regulations for study now in force operate too entirely in the way of centralizing medical education during the whole curriculum, and of depriving provincial institutions of their due share therein.

I am aware that there is nothing in existing regulations actually prohibitory to the establishment of a medical school in any town in the kingdom boasting a hospital of fair dimensions; yet practically

those regulations are prohibitive of the attempt by reason of the conditions prescribed to constitute a recognised school. For to fulfil those conditions it becomes necessary to erect special school-buildings, —including theatres for lectures, class-rooms, dissecting-rooms, laboratories, libraries and museums, and, further, to organise a large staff of lecturers and teachers, who, on their part again, must obtain sanction to discharge their functions from more or fewer medical corporations. Now it may be urged that requisitions of this sort are right and proper as a guarantee of the fitness of schools and instructors; and I do not presume to question that, at least to a considerable extent they are so, in those instances where a school is instituted to supply the *entire course* of education, and to be duly certified or recognised for that purpose. But whilst salutary to this end, those requirements are assuredly inimical to all endeavours to render the numerous county and other hospitals scattered over the country available, as they might and should be, to the purposes of education.

The present regulations for medical education are, in truth, based on far too limited views and principles; on views and principles derived not from serious consideration of the actual and necessary conditions and sources of education, but in a great measure the outcrop of accidental circumstances and of the traditions of past times. The main principle appears to be, that medical knowledge is attainable only where a hospital is connected with a complete school organization of an approved pattern; and with this principle are associated (1) the traditionary belief that efficient means of instruction and qualified teachers are to be found only in metropolitan towns, and (2) the fallacious notion that attendance upon lectures and the acquisition of knowledge are equivalent conditions.

The lamentable result is, that the vast field for learning the profession, existing in the numerous provincial hospitals or infirmaries, lies waste, to the detriment of those connected with these establishments, and to the serious loss of the profession at large. Of late years this waste has augmented. While the system of apprenticeship was in force, pupilage at provincial infirmaries was universal, and the advantages of those institutions were shared in not only by the in-door, but also by out-door pupils, the apprentices of of practitioners of the neighbourhood. But now that system has well nigh died out, and in its place no sufficient motive is proffered to students to

avail themselves of the benefits of infirmary training during any part of their career. The time spent in such training counts for nothing, or almost nothing in the prescribed curriculum, and consequently very few parents are prepared or willing to incur the additional cost of it, and few students care to lengthen the period of their education and delay the acquisition of their diplomas to practice. Whence it comes to pass, that an exceedingly small number of youths are enrolled as pupils of county hospitals, and almost all enter direct, from the general school where they have been taught as boys, to the medical school; in too many instances ill-fitted to benefit by the special instruction they receive, and insufficiently disciplined to the circumstances and conditions of life with which they are surrounded in a great city,

To advert to one or two other like contingencies following on this neglect of provincial institutions, I would notice the additional cost inflicted upon parents by the enforced sending away of their sons to some distant recognised school for the whole of their educational career; and, likewise, the moral disadvantages of severance from home and home influence of the youths themselves, particularly when their destination is the great metropolis with its numberless temptations.

Such considerations may perhaps be held to be only incidental, yet they are not unworthy of note when estimating the merits and demerits of the present system of medical education. The attempt to shew that provincial hospitals are valuable centres for acquiring professional knowledge seems superfluous, yet it may be well to make a few reflections on the subject. In the first place, it is an indisputable fact that there are not a few county hospitals exceeding metropolitan hospitals in accommodation for the sick, but unlike the latter unutilized for educational purposes, because they are not associated with a recognised medical school. There are likewise numerous other provincial infirmaries in the same position, which, if not so spacious, are nevertheless well suited to impart most valuable practical teaching. Again, many counties can boast not merely of institutions for the sick equalling in magnitude some of the more renowned London hospitals, but of hospitals also having a larger extent of practice, and particularly of surgical practice, than is to be met with in their metropolitan rivals, of equal or of even greater accredited accommodation.

Farther, I am prepared to maintain that the practice to be seen and shared in by pupils of provincial hospitals surpasses in utility,

variety, and fulness, that which can be obtained in metropolitan hospitals; whilst, at the same time, the opportunities of enjoying it are greater by reason of the proportionate fewness of students to the number of patients under observation. For the comparatively few pupils of a county hospital, unlike the crowds who throng the wards of London hospitals, can have individually the attention of the medical officers, their personal instruction in examining and in prescribing for patients, in dressing, and in performing minor operations: so, for the same reason, a greater variety of medical and surgical duties can be entrusted to them, and a wider field of observation afforded, especially of popular and common maladies. Furthermore it must happen that, from the fact of larger demands being made upon their own resources, upon their wit, readiness and invention, they will gain a better knowledge of the requirements, of the duties, and of the responsibilities of their adopted profession.

Experience has shown that the now prevailing custom of transferring raw youths for special training in physic, from school forthwith to the metropolitan hospitals, has largely failed to secure that practical acquaintance with minor professional matters which is so greatly needed in after life, and which pupilage at county hospitals is so well calculated to bestow. For it is a well-known fact that Examiners have repeatedly complained of the ignorance of candidates for diplomas of those minor details referred to; and the officers of provincial infirmaries, moreover, can endorse the complaint with respect to many candidates who present themselves for the appointments of House Surgeon and House Physician, and who, nevertheless, are usually certified as the best men of their school.

But over and above the waste of the means of instruction attributable to the present educational system, it is chargeable with many positive disadvantages to provincial hospitals and to their medical officers. In the first place, since no inducement is held out to young men to attend those hospitals, there is an almost entire lack of pupils to act as clinical clerks and dressers, and, as a result, a larger paid staff is needed to perform duties that would otherwise be fulfilled without cost to the charities.

Again, the absence of pupils operates detrimentally to the medical staff of those institutions. It withholds assistance they require for the medical examination and the watching of patients, and for record-

ing cases, and, in addition, the valuable stimulus derivable from the necessity of teaching. The absence of these advantages cannot be otherwise than prejudicial to the staff as practitioners, to their profession as a science, and in some measure to the interests of their patients.

The foregoing considerations, although many others could readily be added, seem sufficient to demonstrate how unsatisfactory and injurious to all parties are the present regulations for medical education. The characteristic feature of those regulations are the *restrictions on the liberty of teaching*. Those restrictions I hold to be remnants of a bygone policy of patent rights and privileges accorded to corporations, and of conditions of society no longer existing. The power of medical corporations to legislate in favour of their peculiar interests has of late years been much curtailed, and as it is likely to undergo yet further limitation, I will not attempt to discuss it. That the reasons for the restrictions in question are now mostly obsolete it needs few words to prove.

In former times the means of medical and scientific instruction, and teachers fully competent to give such instruction were, without doubt, limited almost entirely to the great metropolis and to a very few of our largest towns; whence it happened that, although our venerable English Universities had done something towards providing for the education of medical men, schools of the modern type in connection with hospitals took their rise in London, and so tended to make that city the centre of English medical education. Moreover, as the teachers, the examiners, and the legislators were the self-same individuals, it is no wonder that the conditions laid down were based on the principle, that medical education was pre-eminently the special province of the metropolis, and the rightful prerogative of its hospital physicians and surgeons. It may indeed be allowed that, so far as London could claim to itself the exclusive possession of an efficient educational machinery, it was wise to insist on the attendance of students at its schools. The complete monopoly of the London schools was however impracticable; for besides the English, Scottish, and Irish Universities, enjoying ancient rights and privileges as places of medical education, schools were established in several of the larger cities of the kingdom endowed with all the appliances for teaching exacted by the London Boards, and from which recognition could not

be withheld. The development of the means of instruction has, in late years, proceeded at a rapid rate throughout the country. Provincial hospitals have greatly multiplied, and, as well in construction as in organization and in the means they can offer for instruction, rival the metropolitan. With the growth of hospitals has proceeded simultaneously the formation of a body of provincial physicians and surgeons of ample experience and knowledge, and, though for the most part untried, yet, as may be safely added, apt to teach. For if it so happen that the very largest and richest cities of the kingdom, and pre-eminently London, present superior attraction to the more able and ambitious men of the profession, yet it will not be contended that they monopolize "all the talents," or all those individuals who can become competent teachers.

Moreover, it must be remembered that the course of training young men for the profession has been of late years materially changed. Before the medical curriculum had assumed its present form, the system of apprenticeship was in vogue, and the attendance enforced at a recognised medical school was the complement of an education commenced and carried on over a period, in olden times, of seven, and in later years, of five or three years, in the surgery of a private practitioner, or in a county infirmary. Under that régime, there was a recognition of the possibility and utility of medical knowledge to be gained in the country; and if the system was clumsy, uncertain in its results, and somewhat wasteful of time, it nevertheless was largely serviceable, as many men now eminent in their profession can testify from personal experience. Modern medical legislation has been, with regard to this mode of utilising instruction and experience extrinsic to "recognised" schools, a measure of suppression little short of annihilation.

I have hitherto argued in favour of enlarged liberty of teaching with especial reference to medicine and surgery, and to county infirmaries as fitting centres of instruction in those subjects. But I would lay claim to still more extended liberty of imparting instruction without the machinery of the pattern recognised hospital schools, and urge that the state of society as now existing, the state of science, and the requirements of the age demand the extension.

The advance of science, its diffusion among all classes, and its necessity to most arts, manufactures, and trades, are circumstances

which have diffused its teaching and its teachers to every town in the kingdom possessing a stirring, intelligent, and advancing population. The great English Universities have recognised by their "local examinations" the ability to obtain scientific education outside their own pale, and have encouraged its advancement by awards of distinction. To recognise the same fact would seem a fitting course on the part of those who control medical education. And it would be an act of wisdom on the part of the same authorities to disown the hollow principle of estimating the progress and the completeness of the education of students by the number of lectures attended; as though bodily presence in a lecture-room implied the getting of knowledge, and the oral delivery of scientific truths in a set course of lectures possessed in itself a special charm as a means of instruction. With the exception of clinical teaching, and of subjects admitting of demonstration, how small in truth, in other branches of study, is the advantage of a lecture over that derivable from the careful perusal of a text-book; how often does it happen that the lecture is but the rehearsal of what the lecturer has already made accessible to all his hearers in a published work; and how wearisome the hours spent, especially by senior students, in listening to the recapitulation of facts discoursed on in previous series of lectures!

But to return to the subject of what may be termed extra-academic instruction, I would remark that, with regard to the collateral sciences, botany, chemistry, and natural history, no sufficient ground is discoverable for restricting their teaching to specified medical schools of the authorised pattern. Can any rational principle be advanced for enforcing a rule that botany shall be learned only within the walls of a lecture-room situated in a crowded city? Surely, if reason or common sense dictated the regulations, it would rather be directed that that science should be taught in the country with objects for demonstration ever accessible around. At all events, if knowledge must be acquired by medical students within statutory districts, an enlargement of the area for botanical instruction, may well be accorded at the present period, when the votaries of the science are to be met with, ready to impart instruction in it, in every provincial town.

Again, as to chemistry; the demands of art and manufacture have made this science imperative on many other, besides medical

students; and in consequence efficient teachers and laboratories are to be found in all the principal cities of the kingdom. It would be difficult, therefore, to show cause, at the present time, why youths should be compelled to study the science in certain "recognised" medical schools; these favoured spots being, in some instances possibly, less eligible for teaching it than those disowned and disesteemed.

Farther, as to the acquisition of the knowlege required of natural history, similar arguments may be adduced. For though both zoology and comparative anatomy, when pursued as advanced subjects, require museums and other appliances for demonstration, yet their elementary truths can find expounders in every centre of population, and that modicum of information may be obtained which satisfies the requirements of the ordinary examining Boards.

With regard, therefore, to each of the collateral sciences named, the important question presents itself, whether it is not both advisable and proper to place no restrictions on the place of study, and to encourage their acquisition as a part of education preliminary to their entrance on the strictly professional curriculum, by permitting students to pass an examination in them which shall be accounted sufficient for the ordinary diploma for practice. But, should this course not be sanctioned, the benefit of previous initiation in those sciences before attending the possibly more recondite lectures at the final school, cannot be disputed, and should be taken into account in fixing on the future extent of study demanded.

Moreover, on the great general principle, that it is not the place of study or the opportunities of instruction which make the successful student, but the aptitude and diligence of the latter, I would claim yet farther liberty of teaching in respect of most other branches of medical knowledge.

I can perceive no valid reason for making *Materia Medica*, as distinct from therapeutics, the subject of instruction exclusively in "recognised" medical schools. Therapeutics is a subject to be rightly learned only when there is a due comprehension of disease and of diseased action, and therefore to be imposed only on the advanced student; but *materia medica* on the contrary is one chiefly of demonstration and experiment, though capable of little elucidation by lectures. It is besides a re-echo of much of what is taught by the sciences of botany and chemistry, and to some extent by that of

medical jurisprudence. Indeed, under the name of *Materia Medica*, a vast amount of dreary, unprofitable information has been inflicted upon medical students, (less probably of late than in former years); the lecturers and special examiners in the subject seeming to have confounded the requirements of medical men with those of pharmaceutical and manufacturing chemists. But keeping out of sight any such mistaken apprehension of the subject, and regarding *materia medica* to imply a knowledge of the physical features and accredited properties of drugs, and of their derivation and preparation, as set forth in the *Pharmacopœia*, I look upon it as a subject to be readily acquired wherever the student, possessing beforehand a moderate acquaintance with chemistry and botany, can have access to specimens, and can secure the aid of a well-instructed medical man or pharmacist as a demonstrator. If this opinion be correct, it is clearly no essential regulation that enforces the pupil's attendance at a "recognised" school and forbids his getting the requisite information elsewhere.

The practicability of a student mastering the elements of anatomy and physiology and of histology, apart from the organization of a special school, may be made equally clear. Unquestionably a dissecting-room is an essential appurtenance to the complete teaching of descriptive and surgical anatomy; yet osteology may be taught and learned wherever a skeleton is procurable, and no mean amount of anatomical knowledge acquired,—especially of medical anatomy, in the post-mortem room of every hospital. Moreover, the amended provisions of the Anatomy Act make it possible in most Infirmaries legally to prepare and preserve "subjects" or "parts" for dissection; and if the permission to study anatomy without the accessory of a "recognised school" were conceded, the facilities to do so would not be wanting, nor would the cultivation of the science be neglected. In short, if encouragement be given, nay, if only the inducement that would follow on the mitigation of the present arbitrary conditions of education be afforded,—teachers and the means of teaching the first principles of professional knowledge, including the collateral branches, would be forthcoming, in every town which, by possessing a good county Infirmary, could attract to itself the youth of the neighbourhood destined for the profession.

But here, let me remark in order to prevent misconception of my views, that I am far from advocating the multiplication of "recognised

schools" wherein the *entire* education of pupils may be had. On the contrary, I should consider the attempt to institute such schools,—on the approved model, in provincial towns generally, a wasteful mistake and a misfortune. Even where the attempt is made, it is often soon found a wasteful mistake with reference to the staff of lecturers, who are heavily mulcted in pocket by the establishment and maintenance costs; who can get no adequate return for their expenditure from students' fees, and who can derive neither a stimulus to their labours, nor satisfaction, in exchange for their pains in preparing and delivering the formal and lengthy courses of lectures required by examining bodies, from the scanty occupants of the benches of their lecture-rooms*

So, likewise, is it a misfortune to students to receive their whole education at small local schools, for a considerable portion of the medical career of every student ought to be spent in one or other capital of the empire. Such a course is needed both for the sake of enlarged culture, of uprooting local prejudices and limited habits of thought, by association with large bodies of students drawn from all parts of the country; and for the purpose of listening to the teaching and witnessing the practice of those leading men in each department of the profession, who, by natural selection, will be especially found in those capitals.

To proceed. In proposing to utilize county hospitals generally for the purpose of medical education during a portion at least of the period of study required, I have the great advantage, not only of theoretical arguments, but likewise of practical illustration. In France the proposal has long been put in practice, and the important distinction established between primary and secondary schools. The primary, or rather final schools, are those of Paris, Montpellier, and Nancy (—the last in lieu of Strasburg). At these centres alone can a medical degree, or a license to practice, be obtained; and at these must the latter portion, some three years, of the required curriculum be passed. The secondary schools, in various parts of France, are much more numerous, and are legalised for affording instruction during the first two or three years of student life.

In this arrangement we have, in my humble opinion, a model worthy of imitation, and no sufficient reason appears against its adoption, and the conversion forthwith of our larger provincial hospitals into secondary schools and recognised educational centres for—

*See Note A—Appendix.

for example sake—the two first years of the student's career. As matters now stand, some English county infirmaries obtain, on application to the London medical corporations, the recognition of their practice for six months; but this privilege is far beneath their desert; for no one can gainsay the advantages, as heretofore remarked upon, they offer to students as places for clinical observation and practical instruction. But if with these advantages there be coupled also facilities for the study of the subjects generally comprised in the medical curriculum, these provincial hospitals would have a most rightful claim to recognition as secondary schools, whereat the earlier years of student life might be passed. And I hope to have already succeeded in proving that much of the knowledge demanded of medical students can be imparted and received in connexion with those provincial institutions.

Before quitting this topic,—the ability of provincial infirmaries to serve as “secondary schools” of medicine, let me observe that even if this ability be disclaimed, the value of those institutions for practical training remains unimpeachable. For no one can deny their capacity for teaching by practical observation and experience. And this being true, and this alone, there remains the best argument for their increased utilization and for reparation of the many evils that have ensued upon their past neglect as places of instruction; and, without enlarging on the matter, it seems under any and all circumstances an imperative duty to more fully recognise than is done at present, the medical and surgical practice of county infirmaries; so that senior students, if not others also, may be attracted to them for the sake of the vast field of experience they offer, and may thereby acquire that practical fitness for and readiness in practice, which can not be gained so thoroughly and easily in metropolitan hospitals.

At the risk of some repetition, let me further observe, that, if provincial hospitals be allowed their due place in the educational organization of the kingdom, an invaluable impetus will be given to the advancement of medical science throughout the realm, and a most useful impulse lent to the officers of those institutions, by being called upon to act as teachers, and to exhibit in their practice the latest lessons taught by the experience of the professional world. There is no extravagance in the assertion that whatever superior excellence and attainments metropolitan hospital physicians and

surgeons may acquire, or can display before the world, above their provincial brethren, they are, in no small degree, attributable to the position they occupy as teachers, to the opportunities they enjoy of exhibiting their attainments, to the necessity imposed upon them of minutely studying their cases with the view of discoursing on them, to the healthy rivalry inevitable among teachers of different schools, and to the vast aid in prosecuting researches rendered them by intelligent pupils. The concurrence of like conditions could not fail to benefit the staffs of provincial infirmaries, and therewith benefit also education, science, and the public. If we reverse the picture and review the results of the absence of such conditions, we cannot conceal the fact, that they must be inimical to their professional usefulness, status, and prospects.* Among other consequences of their absence, it affixes to them a badge of inferiority to the fortunate occupants of chairs, however shadowy, in recognised schools, who stand forth before the public as individuals peculiarly qualified to teach their profession; and it equally deprives them of both the direct and the indirect professional advantages accruing to teachers as such, from the relationship established between them and their pupils. Other ill results have been previously touched upon and need not be recapitulated.

It is another point worth mentioning, that the elevation of county infirmaries to the position of "secondary" medical schools would promote the *general education* of students. For it would be quite compatible with the amount of professional work required of the pupils at such schools, to associate with it continued attendance on classes contributory to general information and culture, whereby a better preparation would be attained for profiting by the advanced special education of the final school and for a future honourable position in life.

When commending the division into two periods of the term of study, it would be an omission not to note the signal benefits that would follow therefrom, both to lecturers and students, at the final schools. As it is, the former have to adapt their lectures to the apprehension of complete tyros; and, session after session, to repeat the same elementary matter, and not unfrequently at the sacrifice of subjects rightly included in their course of vastly more importance. But were students previously well-grounded in a provincial school,

they would be prepared to follow those teachers in the exposition of the more advanced truth, and in the prosecution of original enquiries, and thereby the progress of science as well among teachers as the taught would be materially promoted. The point in discussion would admit of much wider argument and illustration, but I forbear to enlarge on it in this letter.*

Yet this one proposition may be submitted; that, to render English medical science what it might and should be, some radical change is needed in the constitution of our educational establishments; whereby encouragement may be afforded teachers to persevere in scientific pursuits, in place of making their office a mere stepping-stone to professional reputation and practice. The creation of 'final' schools would be a movement towards this desirable end, by saving lecturers from the weariness and inevitable routinism following on perpetually repeated elementary teaching, and by giving them scope for instituting more elaborate researches.

As an argument in favour of dividing education between two centres of study, I may observe that the ancient Universities of Oxford and Cambridge have, for a long period, admitted the principle of making a metropolitan or foreign training complementary to that of their own schools. As provincial medical institutions they have undertaken the education of their students for a certain term of years, but before admitting them to a degree, have required their attendance for a fixed period at hospitals and classes elsewhere;—exhibiting in all their prescribed conditions a commendable liberality.

On the other hand, the University of London, although a model of liberality in respect of its degrees in arts and in science, asking no certificates of class attendance in particular privileged colleges, but satisfied by its own examinations of the fitness of candidates for the honors it confers, has, in regard to medical degrees, not emancipated itself from the narrower principles of the medical corporations, but has continued to demand evidence of study in certain "recognised" schools or colleges, as though medical education alone required the stilts and props of protection, and cannot be as effectually tested in the matter of results as can the teaching of science.

It is a safe proposition to advance, that the primary duty of those who guard the portals of the Profession is, to assure themselves that those they admit are fully qualified to practice their profession.

*See Note B—Appendix.

It seems an equally safe one to assert, that the way and means to this end consist in making examinations so searching and efficient, so experimental and practical, that no *ignoramus*, and no scion of a cramming process can get through. On the other hand, it is an equally defensible position to uphold that it can be but a very minor part of their duty to satisfy themselves that candidates have come from certain privileged areas of instruction, and have attended a fixed number of lectures delivered by certain privileged teachers at prescribed seasons. Every degree of importance assigned to these circumstances of study is tantamount to so much indifference to the essential qualifications for practice, and signifies simply an act of patronage of places and persons. Indeed much might be urged in favour of medical education unfettered by conditions of place or of time, provided examinations could be made truly tests of knowledge and experience. But, omitting arguments to this end, I would humbly press upon the Medical Council the propriety of greatly relaxing the present restrictions upon medical education, and thereby to bring into beneficial operation all those many means and opportunities for training young men to the profession which are to be found throughout the kingdom, particularly in towns possessing infirmaries. In other words, what I would plead for is, liberty of medical teaching, and the overturning of those artificial barriers which make medical education an affair of place rather than of opportunity, efficiency, and convenience, and consequently a monopoly of a few favoured cities to the prejudice of all others.*

In conclusion, I solicit an unbiassed consideration of the foregoing representations and arguments, and

Have the honour to remain,

Gentlemen,

Your obedient, humble servant,

J. T. ARLIDGE, M.D., and A.B., (Lond.)

Fellow of the Royal College of Physicians of London. Physician to the North Staffordshire Infirmary; formerly Lecturer on Botany at the late Aldersgate-St. School of Medicine, and on Anatomy at the late Grosvenor-place School of Medicine, and Student in Anatomy at the Royal College of Surgeons, &c.

Newcastle-under-Lyme,

March 2nd, 1874.

*See Note C—Appendix.

APPENDIX.

NOTE A.—The above sentiments expressed relative to multiplying schools in the country, hold good also with reference to London. Rivalry in teaching, the ambition of hospital medical men to be attached to schools, and other causes, have concurred in establishing a sort of rule that every London Hospital should have a school connected with it. I consider this circumstance has acted detrimentally to the education of the profession. It has lead to a multiplicity of lecturers, of lecture rooms ill furnished with students, and of lectures of indifferent quality and of meagre illustration. The lecturers themselves often assume their function as an imposed task, and only as a prelude to some other with which they have greater affinity, or which promises more direct benefit to themselves; and therefore with respect to efficiency and earnestness in its discharge no great amount can be looked for. And the proposition may be confidently advanced that a “recognised” school is not necessarily an efficient one, and that recognised teachers are not necessarily proficient, even in London.

It would, on the other hand, be a most desirable consummation to subvert this plan of attaching a medical school to every metropolitan hospital. It is but a plan, so to speak, of accidental origin, and stands in strong contrast with that obtaining on the Continent; as especially instanced in Paris, where every hospital is a concurrent portion of a general organization for teaching the profession. Considering the length of time the separate school system of London has been in vogue, and the interests involved in its maintenance, together with the vast magnitude of the metropolis, it would be impracticable to copy the Parisian plan, and to amalgamate all the schools into one great central establishment. Yet an approximation to it appears practicable enough, by the coalition of more or fewer contiguous schools together, with hospital practice in common. There are what may be termed several distinct hospital areas or regions in London; each possessing an hospital of large proportion with its attached school, and, commonly, one or more smaller hospitals in the immediate neighbourhood, of which probably one is encumbered with a school, maintained, from a feeling of rivalry and of hospital propriety enforced by custom, in the presence of its big rival, though with little gain to its staff.

Now common sense alone suggests that coalition would give strength to teaching, make teaching better and be a most economical proceeding both with regard to men and money. It would be easy to point out natural groups of London hospitals, with accessory dispensaries, and those interlopers,—the special institutions, which would be worked together with infinite advantage to students of the profession. All this involves self-immolation on the part of the smaller hospital schools and their corps of lecturers; yet some solace is discernible for a few of the displaced teachers by giving them the position of agrégé professors, and thus finding them scope for their energy and talents.

It would here be out of place to indicate the details of such a plan of amalgamation as proposed: what these must be generally is however readily conceivable.

NOTE B.—If freedom be accorded to students to avail themselves of the instruction to be gained in provincial infirmaries and educational institutions other than the fully recognised schools, and to count the time so occupied as an integral part of the period of study imposed on them, it would be necessary further to permit them to present themselves for a first medical examination, prior to their removal to a metropolitan or final school. And in order to incite them to the diligent employment of the two years spent at the primary school, it might advantageously be provided that failure to pass such examinations should be attended by the forfeiture of six or twelve months recognition of the period of study already enjoyed. A first medical examination might well comprise Botany, Chemistry, Materia Medica and Pharmacy, and the elements of human and comparative Anatomy and Physiology.

NOTE C.—Since the foregoing letter was written the “Report of the Committee of Reference for an Examining Board in England, to the co-operating Medical authorities” has been issued, and I am pleased to find that it, in several points, recognises the validity of the principles I have insisted upon. It considerably lessens the burden of lectures heretofore imposed upon students; it recognises the capacity of other institutions than recognised hospital schools to impart instruction in several collateral sciences, and also in practical professional knowledge. It permits students to acquire a knowledge of Chemistry and Botany, and of Materia Medica, wherever they conveni-

ently can, and to pass in these subjects within twelve months after registration, without producing certificates of attendance on a course of lectures on each of them at a recognised medical school. With respect to Botany and Chemistry (excluding Practical Chemistry) it goes still further and allows those sciences to be taken up at the preliminary examination. And, finally, with reference to Hospital practice, it accepts certificates of attendance and clinical instruction from hospitals generally which contain a fixed minimum of beds, although without associated schools of a prescribed model.

This loosening the bands which have hitherto circumscribed medical education within narrow and arbitrary limits, without tangible or sensible reasons, is an event which must exercise a great and most salutary effect upon the whole profession. The names of the distinguished men appended to the Report offer a guarantee for the correctness and excellence of the conclusions arrived at, and for the fulness and fairness with which the whole aspect of medical education has been reviewed.

J. T. A.

