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St. Vincent's Hospital.

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ON

HOSPITAL INSTRUCTION.

AN

INTRODUCTORY ADDRESS

TO THE

STUDENTS AT ST. VINCENT'S HOSPITAL,

ON

NOVEMBER 4TH, 1858.—SESSION 1858-9.

BY

J. M. O'FERRALL, ESQ., M. R. I. A.,

FIRST SURGEON TO THE HOSPITAL. ETC., ETC.

[FROM THE DUBLIN HOSPITAL GAZETTE, JANUARY 1ST, 1859].

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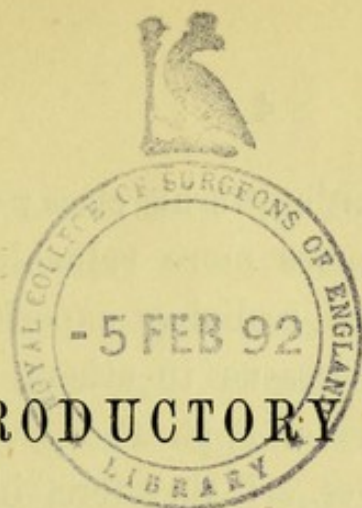
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INTRODUCTORY ADDRESS.

THE functions of the medical officer of a large hospital are twofold : the first is that of medical adviser, and expresses his relation to the sick ; the second is that of clinical professor, and has relation to the students who come to learn that art, which they are destined one day to exercise for the advantage of the public and their own good reputation. The duties of clinical professor occasion a larger expenditure of time and thought than would be required for a routine attendance on the hospital. He is obliged to dwell on many things with which he is long and intimately acquainted, for the benefit of those to whom they are still new. But this additional occupation of time is not without its advantages to himself : he learns while he teaches, and his opinions become more reliable and defined. The custom of describing in words what he observes creates a habit of more correct observation. It is true, that having spent years in familiar intercourse with disease, he may, probably, receive from any case an impression which may suggest a successful line of practice. It is his duty, however, as clinical professor, to analyze those impressions, for

the purpose of explanation, to his class ; and thus his daily experience becomes more valuable to himself. Now, this principle of realizing experience, by the fact of imparting its lessons to others, has long appeared to me capable of application to the case of the students themselves. I, therefore, in 1856, constructed for the pupils of this hospital a plan of clinical study, of which I have now been requested to offer some explanation. I shall give an extract.

“ The pupils to be arranged in pairs, and to each pair be assigned the care and registry of two or more cases.

“ The pairs to consist of one senior and one junior pupil ; the latter to be employed by the former in writing and other duties, directed by his more experienced colleague.

“ The cases committed to their charge for registry to consist of an equal number of instances of external and internal pathology, or of surgical and medical cases, as they are commonly called.

“ A registry of the principal facts of each case to be kept at the head of the bed, and the senior pupil, whose duty it is to keep it, shall be required to read the reports at each visit.

“ One morning in each week, after the visit, the class shall be assembled in the theatre, and the senior pupils shall be required to produce the finished cases or registries, and give an account of the ground on which the diagnosis has been made.”

Now, I cannot help thinking that an arrangement of this kind would prove beneficial to all parties concerned. The system of mutual instruction, which is found to work well in general education, might, I apprehend, be made equally available in the study of medicine, and facilitate the labors of both student and professor ; first, because it is irksome to a man who is every day conversant with higher problems in practice to engage himself in teaching or discussing the simplest facts of elementary knowledge ; secondly, because, if he could discharge this duty, the relative position of himself and a fresh man or junior pupil is unfavorable to that familiar intercourse and constant inquiry which is essential to every-day progress in knowledge. The senior pupil is too recently removed from his junior position to be insensible to the interest felt by his junior in matters of trivial import ; he is also justly proud of his newly-acquired knowledge, and will more readily assume the office of teacher in small matters. The habit of conversational teaching thus established becomes an incentive to himself, and causes him to seek from higher quarters the information which is required by his junior. He thus is kept in a state of inquiry which is antagonistic to indolence and carelessness on his own part. This habit of referring and being referred to benefits both parties, and is especially useful at a moment when the principal object of their inquiries is actually before them. Now, the junior pupil, on the other

hand, can facilitate the labors of his colleague, by writing what is dictated to him at the bedside. This saves time, and prevents that interruption to the inquiry to which the performance of a double duty would probably give rise. It is not always easy to procure from an hospital patient a plain statement of facts. While the junior pupil is employed in writing, his colleague has time to put his next question in such a way as to obtain an intelligible answer. The senior pupil, knowing that his words are taken down, learns to think and express himself correctly ; and the junior pupil acquires a familiarity with medical terms and phrases, and learns to commit them properly to writing. I cannot help thinking, therefore, that a greater amount of information shall, at the end of the session, have been acquired by each of the two students who work together than could accrue to either if they acted independently from each other.

The next proposal in the programme is, committing to the care of the students an equal number of cases of internal and external disease. I use those terms in conformity with custom, and not because there is any natural or real distinction between them. I could not, if I were so inclined, discover for you in the wards a single case of external pathology which could be skilfully managed without reference to the internal pathology and vital conditions of the patient. You will here witness, every day, examples of internal and external pathology; but you will find, as you advance

in knowledge, that it is still the same pathology, and that you must endeavour to acquire the knowledge and experience of a physician in both in order to comprehend it. You will see in one bed the symptoms of ileus, arising from intestinal invagination, or from stricture, pressure, paralysis, or some other form of obstruction of the alimentary tube; and you will, in the next bed, perhaps, see the symptoms of ileus arising from extra-abdominal obstruction, a strangulated hernia; and seeing these things you will learn the pathology, not of hernia or of intus susceptio merely, but of obstructive diseases of the alimentary tract. You will, in fact, recognize the essential disease, from whatever cause it may arise, and your differential diagnosis will be assisted by your previous acquaintance with all possible causes of the affection. You will be capable of grappling with the difficulties in any given case, and of bringing all the resources of your art to the aid of your client. You will be superior to the mere practitioner in one branch of your art, whose narrowed experience permits him to see, in every case, only some example of the special pathology with which he is exclusively acquainted. An acquaintance with the pathology of internal parts is often the surest ground for successful indications of treatment of external disease; and, on the other hand, he who has most carefully observed the congestions, infiltrations, suppurations, ulcerations, thickenings, contractions, and malignant diseases of visible parts, will most easily

comprehend analogous changes in internal organs. It is to the period of study I more particularly allude in these observations. It is impossible for you now to say what class of cases may eventually be the object of your preference, or may most engage your attention in practice. One man may have most pleasure in manipulation, and another may have most delight in the exercise of his faculties of observation and reflection. Time will gradually develop his peculiar preference ; and it is a curious fact, that the public will generally discover this preference, and so regulate their selection of those from whom they seek advice. One thing, however, is certain, that no practitioner can be skilful in one department of pathology who has not successfully cultivated a profound acquaintance with the other.

This principle, founded in nature, and so obvious to every man of experience, is now recognized by the several bodies who regulate medical education in Ireland. The Royal College of Surgeons in Ireland has long been a school of physic and surgery ; it has long had its professors of the practice of medicine ; and when I mention that before the time of the present able professor the chair of the practice of physic in the College of Surgeons has been filled in succession by such men as Whitley Stokes (the founder of clinical instruction in Great Britain), John Cheyne, and Sir Henry Marsh, it would be superfluous to say how the duty was performed. The candidates for its diploma

are examined in the practice of physic with as much care as if it were to be their exclusive pursuit. No candidate can obtain the diploma of that College who does not give proofs, on examination, of his knowledge of internal pathology and therapeutics. The Royal College of Surgeons does not now stand alone in this comprehensive view of education. Acting, no doubt, under the advice of their Regius Professor, Dr. Stokes, whose large intellect and liberal mind are manifest in all his opinions, the Board of Trinity College have appointed a professor of external pathology or surgery; and no candidate can now obtain the degree of Bachelor of Medicine without having attended Professor Smith's surgical lectures, and having given proofs, on examination by him, of their acquaintance with this branch of medical science. The curriculum of the King's and Queen's College of Physicians exhibits the same comprehensive spirit of progress and improvement. The Queen's University confers the degree of Doctor of Medicine on those only who have studied and answered in medicine and surgery, or internal and external pathology and therapeutics. Thus the licensing bodies of this country require, for their several degrees, a knowledge of internal and external pathology, or medicine and surgery; and thus uniformity of education, examination, and qualification, is acknowledged as a sound principle, which is henceforth to regulate the study of medicine in Ireland. Uniformity of education, as distinguished from mere

branch education, is now, therefore, the rule. It is practically admitted that no branch education is sufficient for the commonest duties of every-day practice. No man ought to be permitted to practice any branch of his profession who has not had opportunities of studying the whole science of the healing art. Whatever power eventually presides over medical education, it will be for that power to see that each licensing body insists on the requisite study for this great general purpose. There is nothing to prevent the student, in after-life, devoting himself to any speciality or branch of practice in which he may think he is likely to excel ; but the Dublin Colleges have now wisely put it out of his power to practice in any branch of his profession before he has given proofs of his acquaintance with the whole science of disease. He must be qualified to be a doctor in surgery, or the diploma in medicine will not be conferred upon him ; and he must be qualified to be a doctor in medicine before he can obtain the diploma in surgery. None of the Dublin Colleges will permit him to use their seal unless he has had a complete medical education. This is a great step in medical progress and reform ; it annihilates the narrow corporation spirit which previously prevailed in many such institutions. They have each enlarged the sphere of their utility, by adopting a uniform and comprehensive system of education, which, by creating a superior class of practitioners, must entitle them to public confidence and support.

Under such circumstances it would be injustice to the student to deprive him of the means of accumulating the required information, by limiting his attention to one class of diseases only. It has been the custom in this hospital, when treating a surgical case, to require the clinical clerk to examine carefully, and report on the condition of all the internal organs and functions of the individual. Many of the most interesting of the communications made to the Pathological Society from this hospital have originated in this way. It is also a rule, when treating a case of internal pathology, to examine carefully the surfaces and extremities of patients; and many congenital, accidental, and co-incident lesions have thus been revealed to the inquirer, although not complained of or alluded to by the patient. In *post-mortem* investigations, also, the same rule is invariably adopted, and every cavity and organ is subjected to a minute and careful scrutiny, to which the microscope is made to lend the aid which the present state of histology is capable of affording. I may here mention the facilities, I might almost say the temptations, presented to the student for acquiring pathological knowledge. At the foot of every bed in the hospital, and fixed to the iron rails, there is a long metal tray; on this are placed, every morning, several glass vessels containing specimens of the renal secretion, expectoration, discharges from abscesses and from the vesications of blisters, &c., as the case may be. The eye is thus trained to observe the different tints,

degrees of transparency, and deposits, which a walk through wards ninety feet long shall offer to his notice; and he must be a dull or careless student who does not learn some practical lesson in that morning's walk. But students are not always dull or careless; and I have often had the satisfaction of observing amongst them a discussion as to the probable nature of the liquids and the sediments, from mere external appearances, before making the final appeal to chemical tests. The apparatus for chemical analysis lies on a table in every ward; the litmus, the acids, the alkalies, test-tubs, the spirit lamp, the gravimeter, are always at hand; and every specimen and sediment, having undergone a suitable analysis, is finally transferred to the pupil's study, where the microscope is always ready for further investigation, after the morning's visit. There is here another aid to study, which is worthy of remark, and which will appear trifling to those only who have no experience in hospital practice. I allude to the scrupulous neatness of the bed-furniture and dress of the sick. The student is often deterred from making a patient and satisfactory diagnosis by the revolting incidents of poverty and neglect in the persons of the sick poor. No such obstacle is encountered here; the beds are neat, and the dress of the patient as clean as those to be met with in any class of private society. Facilities for patient inquiry into the lesions left by fatal diseases are afforded the student by the pathological theatre. It is a separate

building, connected by a small court-yard with the lecture and operation theatre, and supplied, through the medium of the most approved hydraulic apparatus, with the means of preserving perfect cleanliness. The building is twenty-four feet square and twenty-six feet high, with a lantern window at the top, through which the lighter gases immediately escape, and thus the purity of the atmosphere is preserved. Directly under this top-light is the table, with leaden cover, and an aperture in its middle, connected with a pipe, through which all liquids instantly escape into the sewer beneath the building, leaving the theatre at once free from all their inconvenience. Surrounding this table, and on a level with its top, is erected a gallery, over the railings of which the students can distinctly see every step of the operation. The instantaneous descent of liquids through the tube into the sewer, and the rapid ascent and escape of gases through the lantern of the lofty ceiling, leave the atmosphere of the theatre so pure, that a person entering it during the proceeding could not discover any trace of disagreeable odour. It is needless to say how much this arrangement tends to preserve the health of the student, who, under different circumstances, would sicken, and retreat as soon as possible from the scene of his half-finished investigation. Aids to study are not so trivial as inexperienced persons might imagine; and I really believe that many a doubtful record in morbid anatomy has resulted from haste, and a natural instinct to escape from an impure air.

I would now call your attention to a branch of medical study to which you cannot attach too much importance. I allude to the study of indications and contra-indications in the treatment of disease. This is a subject in which you will derive very little assistance from books. Authors will tell you that they have found one remedy frequently useful, and another remedy sometimes beneficial ; that they have derived advantage from the employment of a third, or that another medicine occasionally disagrees ; but the exact circumstances under which those events take place are not accurately described. Such phrases are common, even in books which otherwise possess a large share of merit. It would appear that such authors had not generally observed with sufficient accuracy the precise conditions under which their plans have been successful. We cannot doubt that they found their remedies beneficial ; but, if they really could distinguish, they certainly have not always defined the conditions to which they were especially suited. The young practitioner, who has not had hospital experience, or has neglected his opportunities, refers to his books, and prescribes, first one remedy, and then another, in the anxious hope that he shall at length hit off something useful to his patient. Now, this is rank empiricism, and such as must always spring from neglect of the study of indications in hospital practice. You shall have studied pathology in vain if you have not also carefully ob-

served the indications and the results of treatment ; and this can only be acquired at the bedside of the patient. That which is written and taught on the subject you might have learned, and even retained, and yet you might, at the bedside, find yourself at a loss to determine what medicine or combination of medicines would, at that particular moment, best agree with the patient and his disease. Medicine, as a science, is one thing, and may be cultivated in quiet and without anxiety, because a hasty generalization can be rectified at leisure. System after system have arisen and disappeared, and might continue to do so without injury if the sphere of their influence was limited to the inquirer; but medicine as an art is another thing, and involves the moral responsibility arising from the conviction that mistake is now no longer confined in its effects to the inquirer, but affect seriously another party, who, having no share in the investigation, has no power to interfere for his own safety or protection. The experimental employment of remedies, therefore, is unjustifiable, when a knowledge of their actions on the animal economy might have been acquired by diligence and observation. The simplest article in the *materia medica* is capable of producing various physiological effects, according to the dose, combination with other things, or the peculiar circumstances of the case. I cannot, therefore, repeat too often what I have long since said in this place—and every day's experience in

Hospital will supply proofs of this truth—namely, that in the management of disease we do not so much require new remedies as more exact indications for the employment of those we already possess.

There is, however, one requisite for success in clinical study which no previous arrangement can supply, and that is attention—constant, unremitting attention on the part of the student. You must not allow your mind to be diverted from the subject. The phenomena of disease will not wait for you. The student returns after a few days' idleness, but the phenomena have already given place to others, in the usual course of the disease. The want of familiarity with the links in the chain of morbid actions, and which is the consequence of such desultory application, will occasion much embarrassment in diagnosis in your future practice.

Now, gentlemen, the object of all this clinical study is, to promote that mental training which shall enable the practitioner to recognise, not only what he has already seen, but shall prepare him to investigate successfully every novel case which may present itself to his notice. It should train him to the study of the whole human frame, in a manner calculated to enable him to master the exceptions, as well as the more common forms of disease. It is this knowledge of our physical being, derivable only from observation and experience, which should give the title of physician to its possessor. I wish to be understood in my use of the term physician. I do not use it in the narrow and

unphilosophic sense in which it was employed in less enlightened times, when corporate bodies ingloriously struggled with each other for privilege and profit. I use the term physician to designate him who, whether he prescribes a lotion to an external part, or a drug for the interior, does either with the consciousness of profound and practical knowledge of the creature he is about to treat—a knowledge which can alone justify him in meddling with that exquisite framework, which is so easily destroyed by a few additional drops of prussic acid or an over-dose of strychnia. I use, then, the term physician to imply him who has that real acquaintance with the whole human organization in health and in disease which shall enable him to treat an erysipelas or a peritonitis—a dropsy of the abdomen or of the tunica vaginalis, with an equal amount of pathological experience, and which enables him, at the same time, to grasp the coincident conditions of other organs, as well the vital phenomena, on the delicate appreciation of which his therapeutic indications are to rest. The term physician, thus understood and applied, has a meaning in perfect accordance with its etymology; and it is to become physicians in this sense that you have come to this hospital, where, as in others of the justly-renowned Dublin school, clinical opportunities are afforded for the consummation of that glorious object—the successful practice of the healing art.

We have now, gentlemen, passed in review the modes

by which I believe hospital experience can be best acquired, both by professor and students, and in what manner the students can mutually assist each other in their studies. We have seen how far the machinery and arrangements of this hospital are calculated to facilitate the acquisition of this experience. We have also seen that the knowledge of internal and external disease, inseparable in their very nature, demands an uniform and comprehensive system of instruction, without which the practitioner can be only partially fitted for the duties of his profession. The opinions which I entertain on this subject have not been hastily formed; they are my honest convictions, the result of much experience and reflection, and it is satisfactory to observe that the Dublin colleges have adopted a similar view of medical education. I am not unfavorable to branch practice, if undertaken in conformity with natural capacity or inclination; but I feel assured that branch education is unsound in principle, injurious to the future prospects of the student, and inimical to the public good.

THE END.