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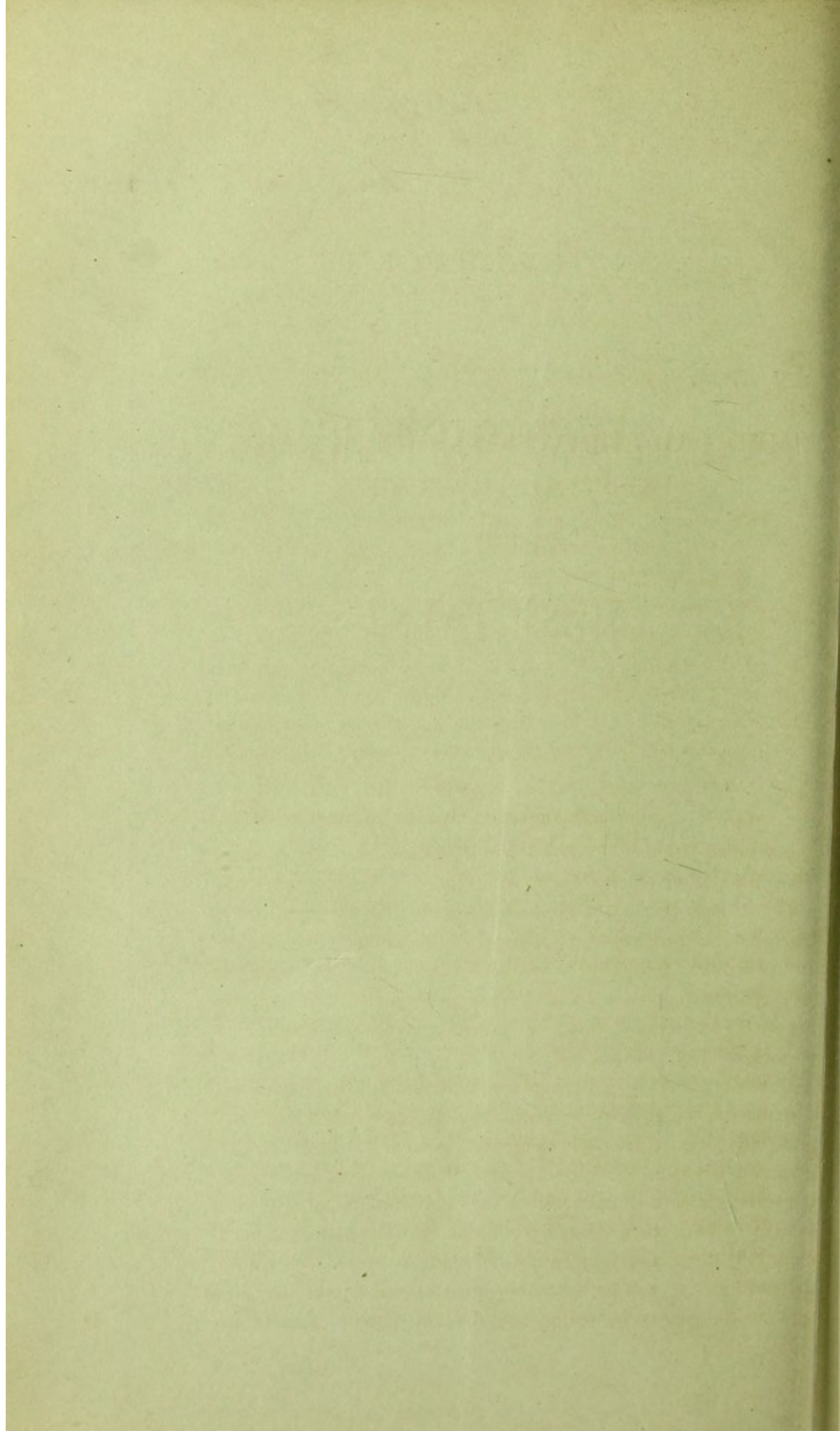
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ON THE REFORM
OF THE
OUT-PATIENT DEPARTMENT
OF OUR
HOSPITALS.

BY
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FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; PHYSICIAN IN ORDINARY TO HIS
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MEDICAL EDUCATION: OUT-PATIENT HOSPITAL PRACTICE.

THE following letter has recently appeared in the *British Medical Journal*. Dr. Parkes's pamphlet on Medical Education advocates views similar to those which I entertain, and has encouraged me to believe that there are good grounds for urging a change in our present system. I therefore am desirous of obtaining a further consideration of the principles which I advocate, and offer the letter to my medical brethren, in a new dress, though otherwise unaltered.—E. H. S.

17, Manchester Square, Feb. 18th, 1868.

MY DEAR SIBSON,—You are aware that, ever since we have worked together at St. Mary's Hospital, I have advocated the utilisation of the out-patient department for the purpose of teaching our students, and leading them to independent thought and practice. I have seen no reason whatever for altering or modifying my opinion; and I have great pleasure in complying with your request that I should put my views on the subject on paper.

In the present curriculum of medical education, no provision is made for bridging over the chasm between "walking the hospital" and private practice, except in the case of the more diligent and persevering students who fill our house-surgeoncies; but even those do not fulfil all the requirements of a perfect system of education. I conceive that the out-patient department ought to, and may easily, be made a means of forming that bridge. It will be necessary materially to modify the present arrangements regarding the class of patients alluded to;

but the modifications are calculated to benefit the hospital, by putting a check upon the pauperising system of admitting, almost without distinction, all applicants for relief, and by allowing a more perfect control being exercised; they are still more calculated to benefit the deserving patients, and to give to the medical officers an interest in work which now is often performed in a most hasty and perfunctory manner from the numerous disadvantages connected with it.

Let me consider, in regard to the question before us, successively, the students, the teachers, and the patients.

The *Students*, under the present system, visit the wards of the hospital with the physicians and surgeons, and, if they have carefully attended their systematic lectures and listen attentively to the clinical teaching, may pick up a general knowledge of their profession sufficient to qualify them to pass their examinations; but it is not until they are face to face with disease alone, and have to determine the treatment upon their own responsibility, that they discover their weakness and the very limited amount of positive, practical knowledge they have attained. It is a very different thing, listening to the directions of others, and taking cases under the supervision of their teachers; and standing by the bedside of a patient, and determining the issues of life and death, without anyone to share the responsibility. I believe that the present system is fraught with much scepticism on the one side or callous audacity on the other; those who do not adopt either of these extremes go through an amount of mental suffering during their initiation into independent thought and practice from which I wish to save them. Moreover, although I should be the last to abridge in any way the term of study in the wards, we all know that the routine of ordinary practice does not bring before us so many severe and typical forms of disease as are presented to us there. The student's mind, from seeing disease only in its most dangerous aspect, becomes warped, both as to diagnosis and treatment. He naturally is always disposed to bring his great guns to bear upon the treatment of disease, and learns comparatively little of the early inroads of morbid affections, of prevention and alleviation. In the out-patient department, he sees disease much more as it is presented to him in private life; and to take him first into the

Assistant-Physicians' rooms, and subsequently into the wards, as is generally done, appears to me to reverse the natural order of things. The student should first learn a general theory of disease, the outlines of diagnosis, nomenclature, and treatment, then see the typical forms as presented in the wards; and, not till then, correct his knowledge in the out-patient rooms, and extend his experience as to nosology and therapeutics by carefully watching and—in part, at least—prescribing for the patients that may be entrusted to him, under the guidance and responsibility of a teacher. I would allow the cases to be followed home, that the student might learn the importance of domestic and hygienic influences, and that he might early feel the weight of responsibilities that attaches to a medical man. But the notes of the cases should be taken with care and regularity; and I would leave it to the judgment of the teacher to determine in how far the student should be allowed to direct the treatment. If my plan were approved of and properly carried out, none but third and fourth years' men (I would prefer excluding the former) should be permitted to enter the out-patient rooms. I do not wish to weary you with details; and, therefore, pass on to give you my views as to the position of the

Teachers (Assistant-Physicians and Assistant-Surgeons, as they are commonly, but I think improperly, called) under the proposed scheme. If they took office for the sole purpose of carrying out their present work for a probationary period of two or three years, I should say nothing against it. But I hold it cruel to condemn a man of education and superior acquirements for ten, fifteen, twenty, and more years, to the wretched system of out-patient prescribing, as it at present exists. It is soul and body killing, without benefit or reward after the first few years have elapsed, and fraught with many disadvantages both to the hospitals, to the patients, and to the medical officers, to which it is unnecessary to allude any further at present. Give the latter a higher interest in their work, impart to them the noblest of all privileges, that of training the student by the means at their disposal, and you relieve them of unnecessary drudgery, while you infuse a spirit into their work which will make it intellectually as interesting and as profitable as the posts that connect them exclusively with the in-patients at a

later period of their career. But it is perfectly possible that, if the poli-clinical system of teaching were duly carried out, the present system of rotation would be altered; and that the Senior Physicians and Surgeons might wish to take their turn in the out-patient department, in order to see that the students did their work well, and to give the other teachers the opportunities of studying the severe forms of disease admitted into the hospital. That, however, by the way. The subjects to which the teachers would be able specially to attend (I now speak only as a physician) would be, among others, the various forms and the physical diagnosis of thoracic disease, the varieties of dyspepsia, skin-diseases, the slighter forms of rheumatism, catarrhal affections, the early stages of fevers, and the exanthemata. What do students see of early phthisis in the hospital? what of the many forms of gastric disturbance? what of cutaneous eruptions? To put all other considerations aside, is it allowable to permit a whole class of students, or even a majority of them, to percuss and auscultate a severe case of pneumonia or pericarditis? to worry a patient suffering from recent hemiplegia, with typhoid fever, or with peritonitis, by close examinations and questionings? And yet the teacher, whose heart is in his work, tries to give every one an equal opportunity, if he will avail himself of it, of acquiring the knowledge of his profession; but how much less anxiety on this score will he feel, if he knows that the student will go through a fair field of observation before he quits the school, and that he will there perfect himself in all the technical details of examination, diagnosis, and prescribing?

To sum up, I wish to make the Assistant-Physician and Assistant-Surgeon essentially Teachers. They are to guide the student into independent practice; to see that he makes the proper examinations of the patients put before him, takes proper notes of their cases and prescribes for them, and follows them up until a cure is effected or they pass from observation.

Let me conclude this lengthy, and, I fear, somewhat tiresome, letter by a few remarks about the

Patients.—Their cases would receive an amount of attention which it is impossible for one man to bestow upon them now. Those requiring home treatment would be visited, and the changes

in their condition noted and reported to the Physician or Surgeon; and the student would unavoidably, from being required to use his own eyes, nose, ears, hands, and brains, acquire an insight into the phases of disease, the influence of domestic arrangements, the real humanity of the medical art, if I may so say, the general aspect of morbid phenomena, which he never gains at present during his school-life. Speaking from personal recollection, I should say that few incidents in my professional career have left a more vivid impression upon me than those connected with the first patients I visited in their own homes. In the hospital, the student acquires a habit of looking upon the patient simply as an object of observation, a nosological curiosity: let him see the patient in his own home, and a thousand appeals are made to his heart and understanding, of which he would otherwise have remained unconscious.

But it will be objected, You extend the operations of the hospital, and increase the work and expenditure; your system is good in the abstract, but our means will not suffice to realise it; the governors and subscribers have sufficient difficulty in providing for the maintenance of the present necessities of the institution, and you wish to add to their burdens. I do not think that this argument will prove as weighty as some may regard it. On the contrary, if we bear in mind the constant complaints that are now made with regard to the abuses of the out-patient department, the well-authenticated statements as to the numbers of well-to-do persons who abuse charity by availing themselves of its advantages improperly, the waste of medicines, the uncertainty of their being taken, the positive frauds which are on record, we shall be prepared to admit that the system proposed will enable us to weed out the improper applicants; that there will be a greater probability of detection, and greater certainty of control. You are aware that complaints as to the irregularities in our out-patient department referable to such abuses are among the standing difficulties with which our Medical Committee and Weekly Board of Governors have to deal.

While a full and thorough realisation of my scheme would enable us to confer more full and real benefits upon our deserving sick poor, we should, on the one hand, acquire more certain means of sending the real pauper to the workhouse infirmary,

and, on the other, of frightening away the well-to-do mechanic and tradesman, whose means and position do not justify their becoming recipients of charity.

I am, my dear Sibson, very faithfully yours,

EDWARD H. SIEVEKING.