

On the present position of the study of diseases of children in relation to medical education : an address delivered at the opening of the Section of Diseases of Children at the Annual Meeting of the British Medical Association, held in Glasgow, August, 1888 / by W.B. Cheadle.

Contributors

Cheadle, Walter B. 1835-1910.
Royal College of Surgeons of England

Publication/Creation

[London] : Printed at the office of the British Medical Association, [1888]

Persistent URL

<https://wellcomecollection.org/works/xgstb5j8>

Provider

Royal College of Surgeons

License and attribution

This material has been provided by This material has been provided by The Royal College of Surgeons of England. The original may be consulted at The Royal College of Surgeons of England. where the originals may be consulted. This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

with the author's name

6

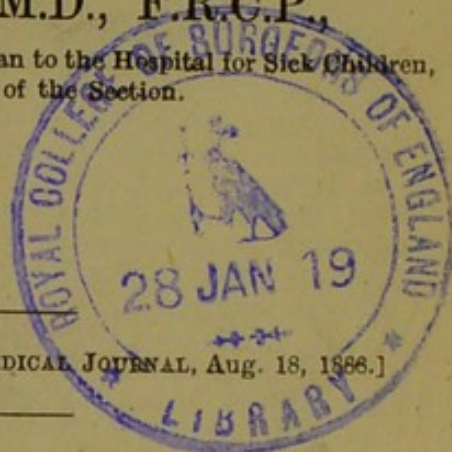
ON THE PRESENT POSITION
OF THE
STUDY OF DISEASES OF CHILDREN
IN RELATION TO MEDICAL EDUCATION.

AN ADDRESS DELIVERED AT THE OPENING OF
THE SECTION OF DISEASES OF CHILDREN

*At the Annual Meeting of the
British Medical Association, held in Glasgow, August, 1888.*

BY W. B. CHEADLE, M.D., F.R.C.P.,
Physician to St. Mary's Hospital; and Senior Physician to the Hospital for Sick Children,
Great Ormond Street; President of the Section.

[Reprinted for the Author from the BRITISH MEDICAL JOURNAL, Aug. 18, 1886.]



PRINTED AT THE OFFICE OF
THE BRITISH MEDICAL ASSOCIATION, 429, STRAND, W.C.

STUDY OF THE EFFECTS OF THE
I
IN THE
THE SECTION OF DISEASES OF CHILDREN

BY
W. R. CHANDLER, M.D.
OF THE
THE SECTION OF DISEASES OF CHILDREN



ON THE PRESENT POSITION OF THE STUDY OF DISEASES
OF CHILDREN IN RELATION TO MEDICAL EDUCATION.

THIS Section of Diseases of Children, gentlemen, cannot boast of ancient standing or a long record of regular and continuous work. It has had but a brief and intermittent existence. It did not come into life until 1883, at the meeting held in Liverpool, but in that solitary session it did useful and notable work. Dr. Gee, the President, delivered a most interesting and scholarly address, and the discussions on Rheumatism and on Infantile Diarrhoea, ably introduced by Dr. Barlow and Dr. Ballard, were most instructive and successful. In spite of this promising commencement, however, the Section did not reappear until this year 1888. We are like the American aloe, which only blooms after many years, and then dies down, flowering again only after a certain term. We, too, require apparently a period of rest, during which we slowly mature, before we are able to blossom and bear fruit again. In our case the period of incubation would seem to be a cycle of five years.

I do not know the conditions which really determine the presence or absence of a separate Section for the Diseases of Children at these meetings, but I think this intermittent recognition may be partly due perhaps to the existence, in the minds of many, of a feeling of doubt as to the expediency of separating the diseases of children from the general study of medicine and surgery—a reluctance—which I must confess I largely share—to constitute permanently anything like a distinct and separate department of this branch of medical knowledge. My distinguished predecessor in this chair declared that art was not yet so vast nor human wit so narrow that children's diseases need be made a specialty; and that he felt that his knowledge of children's diseases would be much poorer and meaner were it not for the larger experience gained at a great general hospital. I likewise, as physician to a large general hospital, as well as one for children, can confirm this experience, and heartily endorse the judgment.

At the Children's Hospital in Great Ormond Street, with which I have the honour to be connected, it so falls out that every member of the staff, with hardly an exception, is likewise attached to some general hospital and school. I believe this system is right and wise. It insures against a too narrow concentration of view upon a limited field of pathology and practice. It is a great safeguard against the worst developments of specialism.

Possibly another reason why this Section has not become permanently established hitherto is that the vast importance of the subject with which it deals is imperfectly realised.

I have said that I do not advocate the establishment of children's diseases as a distinct speciality. But, on the other hand, I would insist with all earnestness that, although a speciality may be unnecessary, a special study of children's diseases is essential to the student. No one will, I think, venture to question the high importance of the subject in any scheme of medical education. To general practitioners especially, who form the great bulk of the profession, an ample practical acquaintance with the diseases of children, and especially with the disorders of early infancy, is of vital consequence. Children form the majority of their patients, and the fragile and growing bodies of young infants are singularly susceptible of being influenced by treatment for either good or evil. They require a nicety of discrimination, a delicacy of skill in management beyond the common.

Moreover, the medical man is compelled to deal with most cases himself. Many disorders of early life are sudden of onset and acute. He cannot hold his hand and wait to consult some expert, as he can with so many of the so-called specialities. If a patient is going blind, or deaf, or has a skin eruption, or a throat trouble, there is usually ample time to confer with the oculist, or the aurist, or the dermatologist, or the throat doctor. Not so with choleraic diarrhoea, or croup, or convulsions, or intussusception. And then look at the terrible mortality amongst children—a measure of the enormous difficulty and responsibility of dealing with illness in these patients. The death-rate is eight or ten times as great as with adults; and yet to fight against this we are content to send out our students unpracticed, inexperienced, and untaught. We provide him with ample instruction in diseases of the eye, the ear, the skin, the throat, which will be of comparatively small use to him, and teach him little or nothing about the diseases of children, which would be of enormous value to him. For, notwithstanding the extreme practical importance of a knowledge of the diseases of children, but scant attention is paid to the teaching of it, and I am glad to have this opportunity of directing attention to what appears to me to be a serious blot upon our system of medical education.

It is now nearly forty years since Dr. Latham, Sir Thomas Watson and other leaders of medicine of that day pointed out the extremely defective condition of knowledge with regard to diseases of children in the profession generally, and insisted upon the urgent necessity of more adequate provision for instruction in the subject.

I am afraid the situation to-day is very much what it was then. This question is one upon which I may claim to speak with some confidence. As whilom dean of a medical school, as physician to a general hospital as well as one for children, and as an examiner in medicine almost continuously for the last ten years, I have enjoyed unusual opportunities for forming a correct judgment in the matter. When examining, I have always made a point of setting questions upon diseases of children. My uniform experience, accumulating through this long term, is that the candidates are, as a rule, lamentably ignorant of the subject. At the last examination in which I took part exactly fifty candidates passed through my hands; although many of these passed excellent examinations in the main, I cannot honestly affirm that a single individual of them all possessed a satisfactory working

knowledge of the diseases of children. Most of them, indeed, knew little or nothing of this part of medicine. It was obvious that they were destitute of any clinical experience of the common disorders of infancy. Some, indeed, had never seen a case of infantile convulsions, or of thrush, or choleraic diarrhoea, or heard the sound of laryngismus. Whooping-cough and measles were outside their experience. And yet these men may be confronted by some grave crisis, a laryngitis, or a convulsion, or an intussusception, or a case of choleraic diarrhoea, and have to deal with it, on their own responsibility, immediately on entering practice. I have more than once been told by medical men that they dreaded to be called into a case of illness in an infant, on account of the extreme difficulty which they found in making any clear diagnosis; and one even went so far as to confess that he never attempted to decide precisely what was the matter, but treated all little children on "general principles." Numbers of practitioners, no doubt, learn to treat children with accuracy and skill; but this knowledge is acquired after their student days are over, by the experience of actual practice.

It may be thought perhaps that the means of instruction have largely increased since the days of Latham and Watson. It is true that many children's hospitals have been founded, and have done good service in developing our knowledge of children's diseases; and special wards for children have also been opened in many general hospitals. Yet, on closer examination, much of this advance will be found to be illusory, and its value lessened by several drawbacks. In the first place, in all children's hospitals, in every part of the kingdom as far as I know, with the single bright exception of the East London Hospital, at Shadwell, children under 2 years of age are not admitted except in very limited numbers. The reason of this lies in the fact that they require more nursing, are more costly therefore, and they raise objectionably the death-rate of the hospital. They are accordingly practically excluded, except in special and urgent cases.

Now, it is this period of the first two years of life which is so fruitful in the diseases distinctive of infancy and childhood. It is the *representative* period. It is the period when the congenital faults of structure and of inherited disease betray themselves. It is the period when all the troubles of feeding and dentition occur, with the consequences which they involve. It is the period of congenital syphilis, of rickets, of scurvy; of diarrhoea, of atrophy, of convulsions, of intussusception. The ordinary disorders of childhood are excluded, and even more severe and rarer diseases are usually delayed until the symptoms become urgent, and the time for early diagnosis is past and gone. It is true that the out-patient departments of these hospitals, to which the smallest infants are admitted and treated by skilled and able men, afford a wide field for observation and practice in the complaints of early infancy. But out-patient practice labours under this serious defect, that the patients do not remain under continuous observation and control, and thus fail to afford an accurate presentation of the quickly varying phases of disease in infancy, or the influence of remedies upon them. There exists, however, a far more serious difficulty still.

The special hospitals for children prove after all, in existing circumstances, practically of little use to men during their student's course. They are indeed largely attended in many cases; at the hospital in Great Ormond Street, for example, there have been upwards of 2,000 attendances during the past year; but the men who thus flock to the wards and out-patient rooms consist chiefly

of qualified practitioners. They come from nearly every country under the sun; but the ordinary English medical student is as a rule conspicuous by his absence; he is sparsely represented by a few meritorious enthusiasts only. The fact that these special hospitals are situated at a distance from most of the medical schools is a serious drawback. The time of the student is already fully occupied by lectures and practice at his own hospital; attendance at the special hospital is not compulsory, the subject is not prominent in examinations, and so the man whose chief object is to get through these examinations does not find it worth while to attend. As Dr. Latham remarks on this very point, "any class of diseases not falling within the common range of professional education, and having no ready opportunities provided for its study, has a good chance of never being studied at all."

In a few instances, when the special hospital stands near, as the Evelina Hospital to Guy's, and the one at Great Ormond Street to University College Hospital, a certain number of earnest students attend with some regularity. This, however, is exceptional; as a general rule the statement is true that to the great mass of students at the medical schools these special hospitals are quite useless. If the ordinary student gains any knowledge of the subject he must obtain it in his own hospital and school. What means then exist for the clinical study of children's diseases at the general hospitals? What instruction is given there by competent teachers?

I have obtained returns from every school in London, and from nearly every other in the United Kingdom, and the information I give is based upon these official data. I find that with one or two honourable exceptions the provision at present existing for the instruction of students in this subject is utterly inadequate and unsatisfactory. In the first place, it appears that only about half the general hospitals possess children's wards, although some children are received into the general wards; in very few is any special instruction given in the subject; and in this case also there comes in the same paralysing regulation as at the special hospitals, namely, the exclusion of infants under two years of age except in urgent cases. Secondly, the infants admitted to the out-patient department are seen by the assistant-physicians together with adult patients, or, as in many instances, relegated to the obstetric department.

Now in those cases where the infants come under the care of the assistant-physicians, they are merged in the crowd of out-patients who throng the department in such overwhelming numbers, that the patients have to be seen with extreme rapidity. I can testify, from long personal experience of this work, to the extreme difficulty, or, indeed, impossibility of finding time to make use of them for clinical instruction. This can only be done by classing the children apart, and making special arrangements for the purpose. This plan has, I believe, been carried out in one or two schools with conspicuous success.

Where, on the other hand, infants are relegated to the obstetric department, the case is still worse. Occasionally, these patients are seen by the assistant obstetric physician, if he chance to take an interest in the subject. More often, however, his heart is elsewhere; he is wholly absorbed in the more attractive pursuit of what is termed gynæcology, and cares nothing for the ailments of children; so that, in the majority of cases, these infant patients, with all their representative maladies, pass to the resident obstetric officer, who deals with them as best he may; but

"Quis custodiet ipsos custodes?" What means has the obstetric assistant enjoyed for obtaining a knowledge of the subject? He has only just gained a qualification, and has been left as untaught in this subject as all other students. He has had little or no opportunity at his own hospital, at any rate, of learning this branch of practice under skilled teachers, and he has probably never sought it elsewhere. He cannot impart to others knowledge which he does not himself possess. He has to learn his work after appointment, more or less efficiently, by his own observations. The system of allotting children under two years old to the obstetric department is a vicious one throughout, unfair to the patients, unfair to the medical officer, disadvantageous to the students.

The picture I have drawn of the present state of education with regard to the diseases of children must be allowed to be unsatisfactory. It is, to the best of my belief, a true representation of the position of this question in the great majority of the medical schools in the United Kingdom. There are a few, however, which have already instituted a better order of things, and to these I would give all credit for their initiation of reform. At the Universities of Edinburgh and Aberdeen systematic instruction is given, both clinically and by course of lecture. At Owens College and at Charing Cross, in London, a similar improvement has been carried out with good results. Changes in this direction, on a more limited scale, have been made at one or two other schools. But these are the exceptions; in most of them nothing has been done; the old order remains, and the result appears in the striking deficiency of knowledge shown by the candidates in the examinations. A branch of medical art, in the highest degree necessary to the practitioner, is deplorably neglected.

As I have pointed out the fault I may be expected, perhaps, to suggest the remedy. I shall not presume to lay down any detailed scheme, but the points of main importance in any reform should, I think, be these—

1. Let the examining bodies make it clear, by insertion in their regulations and schedules, that a competent knowledge of the diseases of children will be required of candidates in the final examinations.

2. Let them also require, as a part of hospital practice, an attendance of three months on a course of clinical instruction in diseases of children, which shall include those of early infancy, at either a general or special hospital.

3. Let children under two years of age be admitted freely to the children's wards of the general hospitals and to the special hospitals.

4. Let an organised system of instruction, both practical clinical instruction and lectures, be introduced at each medical school.

