

The London medical schools.

Contributors

Gilbert, William, 1804-1890.
Royal College of Surgeons of England

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THE LONDON MEDICAL SCHOOLS.

OF the members of the different professions and occupations practised in England there are none more justly respected than our medical men, not only fulfilling as they do the ordinary duties of good citizens, but, as a rule, making themselves liked and treated with confidence by the great body of those with whom they come in contact. In fact, it would be almost impossible to find any house in which the family doctor is not looked upon as a trusted friend. Again, hardly worked and badly remunerated as the greater portion of the profession indisputably are, there are few among us—the clergy themselves not excluded—who perform more acts of charity, or with greater cost of labour to themselves. And yet, during the period of their medical education, there is—if police and newspaper reports are to be trusted—no class or profession of young men who come more frequently into collision with the authorities, or exhibit more frequent instances of ungentlemanly behaviour. It has been computed that during the last year, comprising the disgraceful riot which took place in Mr. Spurgeon's Tabernacle, in which many unoffending persons were seriously assaulted at a public meeting, the objects of which did not meet the views of the medical students there assembled, no fewer than four hundred, out of the two thousand medical students in London, have come directly or indirectly under the notice of the police. It has further been calculated that more medical students have misconducted themselves in the metropolis during the last winter sessions than the students of all other professions put together, not excluding those of the Universities of Oxford and Cambridge.

Many reasons have been given for this extraordinary difference between the unruly conduct of our medical students, and the admirable behaviour of the profession at large; but none of these reasons appear to be of a very satisfactory nature. Some describe them as having always been rowdies, from whom nothing better might be expected. Yet among a large proportion of the young men that enter the profession, it would be difficult to find examples of higher talent or more gentlemanly instincts. Yet even these are so fully aware of the bad odour in which our medical students as a body are held, that when not positively engaged in their studies, they frequently conceal the fact of their studentship, and only acknowledge themselves as members of the profession when they have obtained their diplomas. Some cause must exist for the present unsatisfactory state of things, and if the subject be rightly considered, it

will very probably appear that the fault lies considerably more with their teachers and the bad organization of our medical schools, than in the natural manners and habits of the students themselves.

Before speaking at greater length on the students as a body, let us cast a glance at the present organization of our metropolitan medical schools, and the conclusion, we submit, will be that anything more ill-arranged or derogatory to an honourable profession it would be difficult to imagine. Instead of there being one governing body, authorised by Government to control the whole, no matter whether the London University, the College of Surgeons, or any other, each hospital is allowed to have a medical school of its own, without any other supervision than the professors of the school itself, the great object of each being to attract as many pupils as possible to themselves, and to draw pupils from the other schools. The unprofessional reader, if in the habit of occasionally casting his eye over the columns of the medical periodicals, must have noticed, prior to the commencement of the sessions, numerous advertisements inserted by the different medical schools, detailing the course of instruction to be pursued in them, each offering attractions to students greater than those of competing schools, and that frequently with an amount of self-laudation which could hardly be surpassed by a theatrical manager. They go still farther, and offer at the same time long lists of prizes to be competed for, of greater value, if possible, than those offered by other schools. Nor, as a rule, is any beneficial stimulus produced by these prizes, for we learn from the College of Surgeons itself that the rejection of candidates for diplomas, at their pass examinations, are comparatively quite as numerous among pupils holding these prizes as those without them.

A very reprehensible, and, we hold, unfair custom, has of late years been introduced into the competition between the medical schools—that of employing (always, be it understood, with the consent of the Charity Commissioners) the charity funds of the hospitals for the advancement of the interests of the medical schools attached to them. This is principally done, we admit, in the case of the wealthier hospitals, whose funds are in excess of the requirements of the patients, though even here exceptions may be found. For example, nothing is more common than to find in the columns of the newspapers urgent appeals to the public in support of the London Hospital, the income of that institution being considerably less than its necessary expenditure; and yet we find¹ that two years since, although the hospital had given no less than £350 per annum for the maintenance of the medical school, this sum was increased for a certain period to £2,000 per annum. It may be urged, and with truth, that a small interest was to be paid upon the

(1) See *Lancet*, May 13th, 1876.

advance; but it should be borne in mind that the funds of the hospital were contributed for the maintenance of the patients, and not for the furtherance of any private enterprise, as our medical schools, under their present organization, indisputably are, however praiseworthy the object of the enterprise may be. Guy's Hospital, again, we understand, has also received permission from the Charity Commissioners to apply the sum of £40,000 out of the funds of that institution to the improvement of its medical school; and St. Thomas's, on its removal from the borough of Southwark to its present position opposite the Houses of Parliament, was also allowed, by the permission of the Court of Chancery, to use the sum of £30,000 in the erection of their school buildings. And yet the annual income of this institution is insufficient, owing to the enormous amount that the governors have expended on their new building, to accommodate more than half the number of patients for whose welfare the hospital was originally endowed, and which, from its size, it is perfectly capable of holding.

But perhaps the best example of the cruel waste of the charity funds of many of our London hospitals for the advancement of their medical schools is that of St. Bartholomew's. As one good example is often equivalent to many arguments, we will attempt to prove by comparing the efficiency of its medical school with that of another equally celebrated—the University College school—for the support of which not a shilling has been taken from the charity funds of the institution, that the cause of medical science is in no way advanced by a practice of the kind, while a great amount of injustice is done to the sick poor for whose welfare the funds were originally contributed. If we succeed in the attempt, we hope that the reader will agree with us, that the application of the charity funds of these institutions is not only useless, but morally unjustifiable, as well as nursing an unfair competition with other schools deriving no support from the charity funds of the hospitals to which they are attached.

Before drawing a conclusion let us place before the reader the objects for which St. Bartholomew's Hospital was founded. And this is the more necessary, as it will show how little real authority, apart from the permission of the Charity Commissioners, the Governors of St. Bartholomew's Hospital derive from their original charter (and which, by the way, is the only authority by which they hold the whole of its corporate funds) to apply any portion of their assets to the furtherance of their medical school. The Letters Patent, dated in the 36th year of the reign of Henry VIII., after stating that although the monastery had been dissolved, yet for the future the charitable purposes for which it was founded would be continued, "the King, desiring nothing more than that the true works of piety

and charity should not be abolished there, but rather fully restored and renewed, according to the primitive pattern of their general sincerity, and their abuses of the foundation of the same hospital in lapse of time lamentably occurring, being reformed, have endeavoured, as far as human infirmity will permit, that henceforth there be comfort for the prisoner, shelter to the poor, visitation to the sick, food for the hungry, drink to the thirsty, clothes to the naked, and sepulture to the dead administered there, and that other works of piety be performed there to the glory of Almighty God, and the common utility and happiness of our subjects."

We will not detain the reader by attempting to narrate the different changes which have taken place in the management of St. Bartholomew's Hospital from its foundation to the present time, or the manner in which these alterations were effected, all of which, it should be understood, have been carried out without any further authority than that of the Governors for the time being. That St. Bartholomew's Hospital has hitherto been of incalculable service to the public, and is so to the present day, no one can doubt; at the same time it is indisputable that, by degrees, many of the objects of charity, especially incurable diseases, for which it was originally founded, are no longer admitted, nor are any of its funds applied save to those cases which, strictly speaking, may be beneficial to its medical school. It may be said, and with great justice, the funds of St. Bartholomew's Hospital, the richest in the metropolis, are far greater than its requirements; but it may be asked whether, such being the case, the surplus might not be applied to the re-erection of its two branch hospitals, one in Kent Street, Southwark, the other in the north of London, rather than to the increase of the profit of their medical school, to the prejudice of other schools equally meritorious, and which are maintained by the fees of the pupils alone. St. Bartholomew's Hospital at the present time, we understand, has no fewer than five hundred and fifty pupils, the average fees of each being, possibly, £30 per annum, amply sufficient, it might be considered, for the remuneration of its staff of professors. And yet the Charity Commissioners, by way of increasing the attractions of this school, have not only allowed the Governors of St. Bartholomew's to appropriate land for their school buildings, possibly to the value of £40,000, besides donations at different times, each of the value of £5,000 or upwards; but within the last few months they have permitted them to apply the sum of £50,000 towards the extension of the buildings and the advancement of the School of Medicine.¹

(1) It must not, however, be imagined that the University College Hospital school is the only one which receives no pecuniary assistance from the funds contributed towards the support and maintenance of the patients. On the contrary, the teachers at St.

Let us now compare the qualifications of the professors of the two schools we have chosen for our contrast, St. Bartholomew's and University College Hospital. The conclusion in the mind of our readers will be, that, if the tree is to be judged by its fruits, no advantage whatever has been obtained by the application of the enormous sums of money to the interest of the former. Among the Professors of clinical medicine at University College Hospital we find the names of Sir William Jenner, Dr. J. Russell Reynolds, and Dr. Wilson Fox; Dr. Sydney Ringer, Professor of Materia Medica and Clinical Medicine; and Dr. Henry Charles Bastian, Professor of Pathological Anatomy. In the obstetric department are Drs. Grady, Hewitt, and John Williams. On the surgical side we have the names of Mr. Erichson, Mr. Berkeley Hill, and Mr. Christopher Heath, with a staff of other gentlemen, professors of specific departments, whether in anatomy, chemistry, forensic medicine, &c., quite equal to those of any school in Europe. In St. Bartholomew's Hospital are names to be found equally honourable in every respect. On the medical staff we find the names of Sir George Burrows, Dr. Harris, Dr. Black, and Dr. Andrews. Among the surgeons are those of Sir James Paget, Mr. Holden, Mr. Calender, and several others; while in other branches of the science are Dr. Greenhalgh, accoucheur; Messrs. Power and Burnon, ophthalmic surgeons, with many professors of special departments equally celebrated. The reader may judge from these names that men of great eminence are to be found among the professors of the two schools; in fact, it would be difficult, if not impossible, to claim any superiority for either. Let us now look at the results of their teaching. We find from a report in the *Lancet*, 17th January, 1876, that in the previous year, at the pass examination of the students at the College of Surgeons, University College had only 10 per cent. rejected, while at St. Bartholomew's they numbered no less than 17 per cent. Against this it may be argued in favour of St. Bartholomew's that possibly the year 1876 was an exceptional one, and that this marked difference no longer exists. However this may be, it is certain that the rejections at St. Bartholomew's are still considerably in excess of those of University College.

But great as the number of rejections at St. Bartholomew's may appear to the reader, it still holds by comparison among our metropolitan medical schools a very honourable position. The number of its rejections are much smaller than those of the other hospitals, in which sums of money have been taken for the furtherance of their medical schools, which, from the same report in the *Lancet*, we find gradually increasing till it reaches St. Thomas's, in which the

George's Hospital, the Westminster, and several others, depend solely upon the pupils' fees for their remuneration as professors to the schools.

number of rejections amounted to no less than 56 per cent. Nor have the other hospital schools much to boast of, for we find at St. George's Hospital that in the same year the rejections were 30 per cent., and the Charing Cross 44 per cent. We also find that in the same year, of the 727 pupils from the different medical schools who presented themselves for the primary examination, 223, or 30 per cent., were rejected; and at the pass examination, out of the 518, no fewer than 126 met with a similar fate.

Let us now inquire into this melancholy state of affairs. The question naturally arises, who should bear the blame? It may be easily proved that the whole does not lie on the heads of the students, but a considerable portion on those of the professors, as well as on bad organization. Nay, more, we are not altogether certain that a considerable share is not due to the Government itself, for the apathy that it has shown in the matter, especially when the high importance of the advancement of medical science to the welfare of the population is taken into consideration. Let us first turn to the medical students themselves. At the commencement of each session a large number of fresh pupils arrive in London, for the purpose of attending the different medical schools. The greatest portion of these enter at those schools which offer the greatest attractions, whether in scholarships, prizes, or appointments (the latter, by the way, frequently to be paid for by additional fees of greater or less amount), as well as on the recommendation of others who have been brought up at the same schools, and who still preserve a good feeling to the associations connected with them, as well as respect for their old professors. On first entering their names at the different schools, they generally attend to their studies assiduously enough, but unfortunately before long a considerable number of them find that the metropolis contains other attractions, such as music-halls and places of amusement of the same description, which possess too many temptations for them to withstand. Unfortunately the manner in which they frequently pass their evenings in these places leaves them but ill-disposed for the next day's lectures, and by degrees, being without any supervision, many of them mere lads, they get more and more idle, squandering the modest sums supplied them by their friends (for it should be borne in mind that medical students are seldom the children of wealthy parents), till at last they get reckless and indifferent, avoiding the dissecting-room and other disagreeable portions of their studies, confining themselves generally to passing through the wards with a crowd of other pupils, so great as to render the acquirement of knowledge almost impossible. The following year their studies are pushed more in advance, but being comparatively ill-grounded in the rudiments, they learn little, and this state of things continues till it is time for them to go up for

examination, the unfavourable results of which we have already mentioned. And yet it would be impossible to find among the students of different professions a body of young men of greater natural intelligence, or who, if under proper supervision and control, would profit more successfully by the opportunities afforded them. It should further be borne in mind that the unfortunate results of many of these examinations do not fall solely on the pupils themselves. During the time of their studentship they are, as a rule, maintained at the cost of their parents, and as every rejection necessitates a candidate residing at least another session in London, a further, and possibly a heavy cost, is thrown on the pockets of those who for the most part can ill afford it.

It may perhaps be urged that notwithstanding the defects which may be found in the organization of our medical schools, there are at the same time none superior to them in Europe, and that this is proved by the admirable skill and science of a large body of those who have received their education in them. Never was a greater fallacy. On the question whether our schools are superior to any others in Europe, we will not detain the reader. It would be hard to find any medical school in Europe which did not maintain that its own professors were superior in skill and science to any others, and to decide which should bear the palm, among such different evidence as would be brought forward, would be an impossible task within the limits of our space. We have fortunately an opportunity of forming a conclusion on the question far more perfect than could be done by any comparison with the continental schools, and the reader, if not a member of the profession himself, may judge with perfect facility and accuracy on the matter by simply referring to the documents on which we shall base our contrast. And we shall do this the more readily, inasmuch as it would go far to prove that the eminent teachers of whom we boast in London, are by no means superior, if in fact they are equal, to many of those whose names are hardly known in England. We are alluding to the Calcutta schools, established for the purpose of instructing the Hindoos in the medical sciences.

The reader is possibly aware that after many efforts, and as many failures, to establish medical schools in India, in the year 1830 the Directors of the Honourable Company determined for the future to relinquish all attempts to instruct the Hindoos in the science of medicine, under the plea that the native youths were "*incapable of receiving instruction in a science whose terms and ideas were so foreign to them.*" And certainly from the results of all the different experiments which have been made, the directors may fairly be excused for the conclusion they had arrived at. Apart from other considerations, so strong was the objection the pupils entertained to the study

of anatomy, that even for the school established in 1828 two wooden skeletons had to be brought from London for the purpose. Further than that, although we find that salaries were positively offered to the Hindoo pupils to go through a course of anatomy, or even attend an anatomical demonstration on a dead body by a lecturer, they positively refused the money rather than lose caste by taking it for such a purpose. Some idea may be formed of the state of things existing in Calcutta prior to the above-named decision of the directors, from the following abstract of a report by Professor Tytler at the opening of the schools in the year 1828: "The fourth class (anatomical) begins," he says, "with the reading of all the treatises on anatomical subjects, and these, I confess, are very inadequate. It is necessary, however, to give the pupils a general idea of their contents, and also to exercise them in reading, in which the committee will have observed so many are sadly deficient. I then commence the reading of the anatomical tracts which I have myself compiled, but which are still in manuscript, and of which I get transcripts made by slow and laborious degrees. In doing this I demonstrate osteology on the skeleton. I then show the thoracic, abdominal, and pelvic viscera, with the principal blood-vessels and nerves, as can be done on the bodies of sheep, explaining the physiology as we go on."

Notwithstanding the objections made by the East India Company directors to continue the medical schools, a new one, the basis of the present college, was opened in Calcutta in 1835, with no fewer than fifty pupils. For some time the new experiment showed very little signs of success, owing apparently to the insuperable objection of the Hindoos to the study of anatomy. At length a sudden change took place, and one which has led to the present high reputation of Calcutta College.¹ A certain Hindoo student named Madutudun Guptu, and a few others, rising superior to the prejudices of their earlier education, boldly flung open the gates of medical science to their countrymen, by dissecting, with their own hands, a human body which had been prepared for them for demonstration. "Unless the difficulty connected with anatomy," Dr. Harrison, the president, remarked, "had been thus happily got over, the whole scheme of the college must have been a failure." The experiment was by many considered a very doubtful one, and great praise is due to those who had the tact and skill to conduct it to a successful termination at so early a stage of the proceedings. A secure foundation for a sound professional education being laid, the other steps became comparatively easy. Again the council of the college remarked, in a report dated 14th February, 1839, "This most necessary part of medical education has since been pursued with unremitting zeal by the students, and the dissecting-rooms at the medical college of Bengal, are not surpassed by similar establishments in any part of the world.

(1) From Surgeon Macleod's History of Calcutta Medical Schools, 1870.

One of the strongest prejudices of the Hindoos has thus been overcome, and the first and most important step to a rational system of medical education in the East, accomplished."

The Calcutta Medical College went on with considerable success till the year 1845, when their rules underwent a rearrangement, so as to bring the course of lectures within the regulations of the Royal College of Surgeons in London, the University of London, and the Apothecaries' Society of London, in order to enable the Calcutta College to qualify for the examinations of these corporations. The regulations require that no single professor should lecture on two distinct branches of medical science, except anatomy and physiology, and *materia medica* and medical jurisprudence, which might be taught by the same man; and that each course should consist of not less than seventy lectures. From that time the Calcutta College has continued to progress in a most satisfactory manner. The examinations appear to become almost more rigid year by year, till at length the educational test has reached a point possibly stricter than that of the Royal College of Surgeons of London, and this, not only with respect to the scientific studies, but in the general educational tests as well. The Calcutta University educational test, which is required for every student prior to his first scientific examination, is in every respect as severe as that of the matriculation examination for the London University—probably more so, as the language (English) in which the candidate has to pass the examination, is not his own. He is examined in English literature, then either in French, Latin, German, Arabic, Hebrew, or Persian, at his own choice. He is further examined in Euclid, arithmetic, algebra, history, and geography. For the first license in medicine the conditions are as follows:—Completion of nineteenth year of age; three completed sessions of medical study, such as anatomy, chemistry, *materia medica*, and physiology, practical chemistry, and practical pharmacy, and having dissected during three years, and having performed twelve dissections in each term. The examination is written, oral, and practical.

For the second licentiate examinations the conditions are:—Having passed the first examination two years previously, and having subsequently attended two courses of seventy lectures on medicine, surgery, and midwifery; two courses of fifty lectures each on medical jurisprudence, and one course of twenty lectures on the diseases of the eye; the dissection of the surgical regions, and having, during two sessions, performed operations; having conducted six labours; possessing a certificate of three months' attendance at an outdoor dispensary; fifteen months on the surgical and medical practice of a hospital, with clinical lectures; three months' attendance on the practice of the eye infirmary; having as clinical clerk and

professor drawn up six medical, and six surgical cases; and a certificate of general conduct and character from the principal. These examinations are written, oral, and practical, the latter including practical toxicology, the examination, &c., of cases, post-mortem examinations, and other subjects connected with medical science. Beyond these subjects there are examinations for the degrees of Bachelor and Doctor of Medicine, both of which are of extreme severity; in fact it would be difficult to name any college in Europe, in which greater care is taken by the professors and managers in testing the abilities and efficiency of candidates applying for their diplomas.

Having purposely dwelt somewhat minutely on the education of the native students of the medical school and College at Calcutta, with the intent of proving to the reader that the examinations are at least as severe as those of London, it may naturally be supposed that the number of candidates rejected, would at least be equal to those of our metropolitan medical schools. Such, however, is very far from being the case, for unflattering as it may appear to our national pride, the candidates rejected are, proportionate numbers taken into consideration, less than one-third of those of the London medical schools. And yet, according to the generally received opinion among us, the professors of the London schools are the most eminent in Europe, while those of Calcutta, though, as may naturally be supposed, men of no ordinary skill and ability, are comparatively little known. Many excuses are urged by the professors of the London schools for the greater number of rejections of their pupils, over those of the Calcutta medical school. One of the most common of these is, that although the Hindoo has a greater facility for learning by rote than the English pupils, the power of retaining in the memory what they have acquired is considerably less, and no matter how brilliant the examination of a Hindoo pupil may have been, it not unfrequently happens that in a few years afterwards he has forgotten most of what he has learnt, while the scientific knowledge of the English pupil, based on a more solid foundation, has steadily increased. But this excuse is hardly borne out by facts, for by comparing the reports of the operations performed in the different dispensaries and hospitals in India, we find that the mortality attending them is not more, frequently not so much, as in the London hospitals. And it should be understood it is not solely to the minor class of operations that we allude, for their amputations are fully as successful as those of the English surgeons, and in lithotomy, that great test of surgical ability, they are, judging from the published reports, if not more successful, fully on a par with our most skilful operators. In medical science, as shown by the returns of the different dispensaries in India, their treatment of

fever and other diseases will bear favourable comparison with those of our own physicians. The real secret of the greater success of the Hindoo pupils may be traced to the absence of music-halls and other places of amusement of a similar description, as well as a greater amount of surveillance and control exercised over them by the professors.

Let us now touch on another point—how far Government interference is necessary in insisting on a reorganization of our London medical schools. As they are at present constituted they not only inflict a very great wrong upon the hospital patients, but upon many of the hard-worked and poorly remunerated members of the medical profession besides. Let us commence with the patients. It may be urged that it would be impossible for the sick to be treated with greater kindness and humanity than they are in our London hospitals. This statement is perfectly true as far as it goes—that is to say, as far as regards the in-patients; but even here an objection may occasionally be found. In all foreign hospitals, when a patient is once admitted he remains in it, if he pleases, till he is cured or death relieves him of his sufferings. In our London hospitals it not unfrequently happens that a patient who has remained some weeks in the wards without any improvement taking place is quietly told that, as he can receive no further benefit, he must leave; no inquiry being made whether he has a home to go to, or friends to receive him; and some new patient is admitted in his place, whose ailment is likely to contribute by its cure not only to the renown of the doctor, but also of the school, by the comparatively lessened mortality of the hospital. In our two greatest hospitals, those of St. Bartholomew's and St. Thomas's, this plea would be totally indefensible, as there is not a line in the charter of either which authorises an act of the kind. In some of the special hospitals these regulations act with great cruelty upon the patients. His time having expired, without any hesitation he is turned out, to find a lodging where he may, the out-patient's letter he receives when he leaves being frequently considered by him in no better light than his death-warrant. Another most objectionable point may also be mentioned, immediately affecting the school of medicine in many of our hospitals—those in which, for the accommodation of pupils, the dissecting-rooms are allowed to be on the ground-plan of the hospital, thus giving power to the students to follow, without first changing their dress, the physicians and surgeons on their visits to the patients. Some idea of the number of bodies required for the supply of the larger schools may be judged from the fact that no fewer than eighty are required during the session for the dissecting-rooms at St. Bartholomew's Hospital alone. Some few years since a commission was started by the proprietors of the *Lancet* to inquire into the state of the different

workhouses in London, and on no subject did the commissioners animadvert more severely than on the fact that the dead-houses of many were allowed to be on the ground-plan of the building; and yet in many of our London hospitals not only are the dead-houses allowed to remain in them without objection, but the dissecting-rooms as well. An excuse is frequently urged by the professors of the different hospitals that the dissecting-rooms are always carefully disinfected; but this is a simple absurdity, as may be seen from the following fact. In the midwifery class of St. Bartholomew's Hospital pupils are prohibited from attending midwifery cases while engaged in their studies in the dissecting-room. At many other hospitals this is not the case; but on comparing the mortality returns among this class of patients, it will be found that such deaths in St. Bartholomew's Hospital are not more than one-half of those of other hospitals where these excellent regulations are not put in force. Of the gross neglect occasionally shown, of indifference to the subject of infection from the dead bodies in the dissecting-rooms in hospitals, where these are allowed to form a portion of the buildings, the reader may form some idea from the following fact—certainly an extreme one—which came under our own especial notice. On entering the hall of one of our hospitals to which a school of medicine is attached, we noticed a strong odour, evidently emanating from a corpse in a high state of putrefaction, not only filling the corridor and ground-floor, but which could be traced even into the accident ward as well. On making inquiries into the subject, we found that a professor of surgery was giving a lecture to his class on some operations, and for that purpose a dead body had been brought out of the dissecting-rooms into the clinical theatre, and that the same thing had occurred twice before, to the great annoyance of the patients. We attempted to bring the fact under the notice of the Local Government Board, but were informed that that body were allowed to exercise no authority whatever over the metropolitan hospitals or schools.

Another abuse may also be detected in our system of medical education, which, we believe, is unparalleled in Europe; that is the great power and license placed in the hands of medical students in prescribing for and attending on patients. In fact, in many of our hospitals, with the exception of the time when the medical officers are paying their visits, and these, as an average, do not occupy more than two hours out of the twenty-four, the whole responsibility is thrown upon two or three students who have obtained a qualification; while these, in their turn, when they quit the hospital, leave the whole charge to students of one or two years' standing. Not long since, on examining the applications of casual patients for one week at a certain hospital, we found that full 50 per cent. had been seen by students without any qualification

whatever. We could further quote instances in which the most serious accidents, requiring the greatest professional skill, have frequently remained in a hospital for two or three hours together before any qualified surgeon could be found to attend them. Even in the largest hospitals serious cases of fracture are attended by pupils in the second year of their studentship, and frequently these are passed over, day after day, from one student to another. We were one day present in a certain non-medical charitable institution, when a tall, powerful-looking man in the dress of a journeyman bricklayer applied for relief. As a strike among the trade was then existing in London, he was informed that no relief would be given to him; that the society was not formed to support men on strike, and that he had better apply to his union funds for assistance. "I am not on strike, sir," replied the man; "I am a cripple."—"You don't look like one," said the secretary, noticing his powerful build.—"I am for all that, sir," he replied. "I have lost the use of my right arm." Thinking the man was an impostor, we asked him to show us his arm, and found that it had been broken, and set in a most unskilful manner. We then asked him who had attended him. He said that he had been to the ——— Hospital, but that he did not know the names of any of those who had seen him. "Indeed," he added, "I never saw the same young gentleman two days running."

We could quote many other instances of the same kind, but the above, we submit, is sufficient to prove how much power is placed in the hands of our medical students, and that without the slightest interference or remonstrance on the part of the Government authorities. In fact, the very amount of practice which is left in the hands of students in our different medical schools is frequently held out as a temptation for pupils to join them. In midwifery practice this is especially the case, and is not only injurious to the patients themselves, but a direct injury to the poorer class of medical practitioners in the metropolis. Of this some idea may be formed from the following fact. On looking over the list for the ensuing month of the names of patients to be attended by medical students in one of our smaller hospitals, we found that there were no less than sixty applicants, and this too in a locality where the working-classes were receiving good wages; quite sufficient to enable them to pay a professional man to attend their wives. We could quote more than one instance in which the public are entreated to subscribe money to hospitals for the purpose of supporting the lying-in institutions attached to them, so that poor women may be attended in their own houses. And yet, if the subject were further investigated, it would be found that, in point of fact, they are merely subscribing to the midwifery school of the institution, which has no charitable element

connected with it. All this is radically bad. That this branch of the profession ought to be studied no one can dispute; but why should not the pupils be told off to the different lying-in wards of our parish workhouses, where they might be taught that branch of medical study under the supervision of the surgeons attached to them, who, as a rule (certainly if the mortality returns may be considered as a test), are fully equal, if not superior, to the most eminent obstetric physicians in London? A system of the kind would combine with it another advantage. A fee paid to the resident medical practitioners of these infirmaries would not only increase the very moderate stipends they receive, but the present class of out-door patients would then be able, for a comparatively small sum, to select their own medical man, instead of accepting the services of any lad whose name may be first on the rota, and who, if indisposed to attend, passes the order on to one of his acquaintance who may be willing to accept it, and who very possibly quits the post-mortem room for that purpose.

Another abuse may be found in the out-patients' departments of our hospitals, especially those which have schools attached to them. It is generally imagined, and with reason, that the physicians and surgeons of these hospitals are men of great ability, and the working-classes naturally argue, if we can obtain gratuitously the opinions and assistance of men of the highest eminence, why should we pay those whose skill is decidedly inferior? In this conclusion, however, they do an injustice both to themselves and the general practitioners in the neighbourhood. A very large proportion of these patients are seen in the hospitals by mere students, their attendance occasioning considerable loss of time, as well as remaining, possibly for some hours, in a crowded and vitiated atmosphere; and an enormous injury is done to the medical practitioners in the neighbourhood as well.

There are other objections to the present organizations of our metropolitan medical schools, but we submit that those we have already brought under the notice of the reader are sufficient to prove that a great and radical reformation ought to be effected in them. But in what manner, it may be asked, is this to be done? In the first place, as we before hinted, there should be but one governing power authorised to superintend and have the management of the whole. No dissecting-rooms or schools should be allowed to be within the hospital buildings, a system which is most detrimental to the patients. No pupils, with the exception of those who are engaged as dressers, clinical clerks, &c., should be allowed within the hospital buildings, except during the visits of surgeons and physicians, or for attendance on the clinical lectures. The number of pupils for each hospital also should be limited, as

there would be but little difficulty in proving that the greater the number of pupils attached to a hospital, the heavier is its average mortality. From an article in the *British Medical Journal*, October, 1876, we find that in two hospitals alone, having dissecting-rooms on the ground-plan of the building, and with, possibly, a full third of the whole of the medical pupils within the metropolis between them, there were in that year alone no fewer than one hundred and fourteen cases of pyæmia and erysipelas, out of which no less than thirty-four proved fatal; while in the Poplar Hospital, for surgical cases alone, in which there is neither dissecting-room nor medical school, but which received more serious cases than the two hospitals alluded to put together, there was not a single case during the whole of the year. Again, instead of the dresserships and other minor hospital appointments being paid for by extra fees, they should be selected by competition from the whole body of pupils within the metropolis, and if the same rule could hold good with the assistant surgeons and physicians as well it would be a great advantage to the profession at large. At the present time science and skill, as well as advanced medical knowledge, has but little to do with the selections of these appointments, personal interest being far more effective than either. There would be no difficulty in proving, also, that, till very lately, even if the practice be now totally extinct, money was brought to bear in the choice of the medical staff of the hospitals; in fact, it is said that it was not altogether extinct at the time of the election of Sir James Paget at St. Bartholomew's Hospital, and the thanks of the profession are due to this gentleman and his supporters, who resolutely determined that his skill and reputation should alone form the basis of his appointment.

WILLIAM GILBERT.

