Introductory address delivered at University College London on the occasion of the Opening of the Medical Session on October 3rd, 1881 / by George Vivian Poore.

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INTRODUCTORY ADDRESS,

Delivered at University College, London, on the occasion of the Opening of the Medical Session, on October 3rd, 1881, by GEORGE VIVIAN POORE, M.D., F.R.C.P., *Professor of Medical Jurisprudence, University College, Assistant Physician to University College Hospital, &c.*

GENTLEMEN,—My first duty is to bid you all a hearty welcome, and to express the hope, on behalf of my colleagues and myself, that those who make their first appearance here this evening may find in University College, an *alma mater* in the fullest sense, and that those who to-day return to continue or conclude their studies may find the coming session bring them perceptibly nearer, or allow them to reach with ease, the goal towards which they are hastening.

I would congratulate the new comers on the choice which they have made of a profession. It is a profession, no doubt, which makes very trying demands upon both our industry and patience, and I may safely say that those of you who are really capable of studying will never finish the work which you begin to-day. Nevertheless, if you honestly study and honestly practice, you will be compensated in various ways for your labour.

Among the advantages which our profession offers, I may enumerate the following—

1.—You will be taught in some degree to read the book of nature and you will practically learn that science is the pursuit of truth : that truth at all hazards and regardless of all consequences is at once the keynote of science and morality.

2.—Our profession is, perhaps, the least monotonous of all. No two cases of disease are exactly alike and the types of disease afford us a great variety.

3.—It is a minor matter, but not unimportant, that a doctor's life, especially in the country, is necessarily spent to a great extent in the open air and in healthful exercise. How great a blessing this is I need not say.

4.—In medicine more than in any other profession the best man wins. Purchase is almost useless ; Nepotism is fairly extinct, and there is no possibility of anything analogous to Simony.

5.—You will enjoy a position of great independence. Your only necessary master is your own conscience, and although some of you will be obliged to place your necks beneath other yokes you will do so with your eyes open and of your own free will. As a profession we enjoy a singular freedom from State control, and there can be no doubt that the advantage of this is immeasurable. Medicine is free to develope and expand in accordance with natural laws, unshackled by bonds forged for it by persons who adopt the view that "principles" are for planets other than the earth. Medicine is controlled by no "first Lord," who in various ministries has been "everything by turns and nothing long," and there is nothing analogous to the Ecclesiastical Courts to tell us upon which side of a patient we should stand when we feel his pulse, and whether Gregory's Powder should be wrapped in a blue paper or a red. May this state of things long continue. It will be a bad day for medicine if it ever becomes a battle ground for editors and politicians, or is subjected to the despotic tyranny of a small majority.

6.—The great charm of medicine, after all, is the not unfrequent opportunity which it affords of feeling that your services are appreciated, and I trust that many of you will often experience that "content surpassing wealth" which is afforded by a satisfied conscience, and gratitude, which has been well merited.

Having alluded to the advantages of medicine as a profession, it is only fair that I should enumerate some of its disadvantages—

1.—It is not an easy road to wealth, and if money-making be the main object of any here present, I can tell them that scientific medicine is a poor trade. Still a competency is to be earned in medicine at least as easily as in any other professions.

2.—Medicine is no road to influence or power. Numerically we are poorly represented in the lower house of legislature, and no member of the medical (or of any scientific) profession has as yet been allowed to take his seat alongside the squires, warriors, lawyers and Clergymen who form the Upper House of the Legislature and the Privy Council.

3.—One of the minor drawbacks to medicine is the fact that there are no "business hours." The Medical man is supposed to have no need of regular food, rest or relaxation but to be always ready at a moment's notice, to obey the calls which suffering, real or fancied, may make upon him.

4.—A greater drawback is the fact that a successful man can scarcely hope to enjoy his "ease with dignity" in the evening of life. The comparative quiet of the woolsack or the Judicial Bench, and the sweet seclusion of the Prebendal Stall or the tranquil Deanery have no counterpart in medicine, and I fear it will not sound very encouraging to some of you to hear that a great success will mean that you will have to work harder as you grow older and

that your declining years will be minced, as it were, into pieces of some fifteeen minutes each and administered to others with the regularity of clock work.

With these few remarks on Medicine as a Profession, let me now pass on to speak of Medicine as a branch of knowledge. It is common enough to hear people speak of "Medicine and the allied Sciences," but, as a matter of fact, medicine can scarcely be said to have any individuality *as a science*. It may be defined as "the application of various branches of knowledge to the alleviation of human suffering," but without the so-called collateral sciences, it could have no existence whatever. It may be compared to one of those figures which we sometimes see in the intricate tracery of a Gothic window, or the elaborate pattern of a rich Mosaic. In these traceries and Mosaics, one may discern forms of great beauty and symmetry, which, although they are perfectly defined, seem to have no true outline of their own; but depend for their shape, regularity and beauty, upon the intersections of adjacent figures. A clearly defined and many pointed star may be the result of the intersections of many equal circles. Remove the circles and the star ceases to exist. Remove one of them or allow the circles to vary in size, and the star will lose much of its symmetry and beauty. So it is with medicine as a science. It has no outline of its own, and its perfection depends upon a due proportion being maintained in the amounts of the various so-called natural sciences which enter into its composition.

There are those who hold that the student of medicine has but little need of special training in the natural sciences, but such a position I believe to be untenable, and if I have to say one thing more emphatically than another to the first year's students, it is to advise them, not on any account to neglect their purely scientific studies. They are the very foundation of your professional knowledge, and without a solid foundation, no firm or worthy superstructure can be raised.

How can a man hope to rightly comprehend that most complicated of all machines, the human body, with its levers, pumps, and elastic canals, unless he be first furnished with the principles of mechanics and hydraulics? Who will say that a proper knowledge of such an optical instrument as the eye, or of the many optical instruments used in medicine, is attainable without some acquaintance with the laws of light; or that the intricacies of the ear, and the art of "auscultation" can at all be understood by him who knows nothing of the laws of sound? The laws of heat must be studied in order to appreciate the difficult problems afforded by the animal temperature, its variations in health and disease, and the means of influencing it by therapeutic agents; without the principles of chemistry, we should be intellectually

lost in the human laboratory, and unable to employ chemical agencies in the treatment of disease; and electricity is so correlated with the other physical sciences, and of so much service both in diagnosis and treatment that its separate study has also become essential. Neither can we altogether neglect geology and meteorology, since conditions of soil and atmosphere are now recognised as such important factors in the causation and relief of suffering.

It is scarcely necessary to insist on a knowledge of those sciences which are called "Biological." *Anatomy* and *Histology*, formerly the mere handmaids of medicine, are now recognised as sciences worthy of independent study, and are as necessary to us as is a chart to the navigator; while *Physiology*, which teaches us the use and mode of action of the anatomical and histological elements, is perhaps the most indispensable of all the preliminary studies of the medical practitioner.

Zoology and Botany are not so absolutely necessary for us as are the other sciences, but it is evident that they are very necessary as preliminary studies for the Biologist, to whom we look for instruction, for without a study of the simple forms and conditions of life a proper understanding of human anatomy and physiology is not attainable, and in so far as they teach us the conditions of existence of the various vegetable and animal parasites which affect the human body, from "Micrococci" upwards, they are necessary for us as *surgeons and physicians*. This list of sciences is truly formidable, but I nevertheless assert that there can be no true study of medicine without a knowledge of the principles of all of them; and for my own part, I have never had any difficulty, as a teacher of clinical medicine, in discriminating easily, by a perusal of their clinical reports, between those students who have and those who have not had an insight into the principles of pure science.

Scientific principles are to the physician and surgeon what the sextant and compass are to the navigator. Without them he cannot rise above the rank of a lighterman or a ferryman, but must be content to remain a mere "pill-monger," or a chirurgeon of a base mechanic sort. With them he may fearlessly launch his bark upon unknown seas, and may have the good fortune to extend the frontiers of science, or discover, as it were, new continents to give a wider scope to the art which he professes.

Now the possession of a sextant or compass does not make a navigator, neither does the mere possession of any amount of scientific knowledge make a medical practitioner. It is quite conceivable that a student (if we can imagine such an one) who had accumulated in his own small head the combined wisdom of all the professors of a faculty of science, might be surpassed, in the

work of practical medicine by one whose purely scientific knowledge was far inferior.

Medicine is an Art, and the father of medicine has truly said "The Art is long," and the mere scientist, be it remembered, is no more able without special study to practice medicine than a professor of acoustics is necessarily able to play upon the flute. And a patient might justly say as Hamlet did to Rosencrantz and Guildenstern, "s' blood, do you think that I am easier to be played upon than a pipe?"

It is more than 2000 years since the Physician of Cos gave utterance to the aphorism which begins "The Art is long." At that time medicine was but a green shoot just showing above the soil; now it is a huge tree with enormous trunk and myriads of leaves and branches, and its growth is still observable from day to day. Hippocrates' patients measured only six feet by two, and the external inspection of them with the unaided eye was a matter which could be accomplished in a few moments. At the present day, when, magnified by the higher powers of the microscope, Man is practically as high as Mont Blanc, and about a mile in width across the shoulders, and we physicians, metaphorically speaking, laboriously crawl over him like pigmies on some huge hill-side. The convulsions to which he is subjected, the geological formation, the flora and fauna which flourish on the surface, or are found in its ravines and deep dismal subterranean caverns, are all recorded as accurately as may be by bands of workers each told off to their allotted task. The activity of these workers, and their desire to erect landmarks for the guidance of others, is best shown by the fact that about 20,000 original papers issue from the medical press of the world in the course of a year, so that the man who would keep himself abreast of modern medicine would have to read something very like a million of "original" papers in the course of a professional career. If Hippocrates, with something like a sigh of weariness, said two thousand years ago "The Art is long," what would he not have said in this year of grace, when his successors met in Congress in this city and, dividing themselves into 15 sections, made nearly 400 important communications to each other in the space of one short week?

These facts give some idea of how much there is to learn after the preliminary science has been mastered. They also show how useless it is to inveigh against "*specialism*" in medicine. Specialism is a law of nature, inseparable from the growth of knowledge and perfectly inevitable. One might as well complain that the oak tree has leaves and branches, while the acorn has none. All that we have to contend for is this—that every man before settling down to practice some special department of medicine shall be made to take a comprehensive survey of the whole art. That before a man be-

comes a *Pilot*, and devotes his whole attention to the navigation of one port, he shall first be fully instructed in seamanship and ocean navigation, lest the ships entrusted to his care be wrecked by his incapacity and want of knowledge. As for those who have not the ambition to take a comprehensive survey of the whole field of medicine, but are content merely to traffick in smooth waters and in sight of land, they must be content to rank with ferrymen and lightermen, with barbers and chiropodists.

If these points be kept in view, there is no fear that the general practitioners and the physicians and surgeons, in the widest sense —our ocean navigators, for whom there must always exist an urgent need—will ever regard their specialist brethren with anything but friendliness. Their invaluable services will be received with thanks, and in medicine, as at sea, we shall often see the proud three-decker making signals for a pilot off some harbour's mouth. It is to be hoped, however, that our pilot specialists will carefully abstain from exaggerating the dangers of their particular ports, and from their besetting sin of giving new names to well-known head-lands, and putting mark buoys over imaginary shoals.

Not only has medicine grown to this alarming extent, but the sciences collateral with it have increased at at least an equal rate, and we are thus brought face to face with the practical difficulty of accommodating the education of the medical student, which, theoretically, should cover no small part of the whole range of human knowledge, to the limits of a single lifetime. If Hippocrates were to come amongst us and re-edit his works, assuredly he would not alter his first aphorism, "Life is short, and the Art is long." After learning the customary amount of classics and mathematics, which are necessary in order to cultivate the mind and enable him to acquire further knowledge, the medical student at the age, let us say, of 18, and with an expectation of life of exactly 40 years, enters upon that special training which is to enable him to earn his living. If professors of economics would tell us, in respect of those who have ultimately to support themselves, what proportion of life should be devoted to *learning* before the serious work of *earning* should begin, the ground would be cleared for the consideration of medical education, from a practical point of view, provided, which is not likely, that professors of natural science would consent to be guided by the professors of a sister science, which has lately been relegated to Jupiter or Saturn. The medical student has hitherto devoted from 10 to 15 per cent. of the 40 years which he has to live to his special training, *i.e.*, to the acquisition of a knowledge of Mechanics, Hydrostatics, Optics, Acoustics, Heat, Electricity, Magnetism, Chemistry, Zoology, Botany, Physiology, Anatomy, Histology, Pathology, Materia Medica, Therapeutics, Medicine, Surgery, Midwifery, Ophthalmology, Otology, Laryngology, Derma-

tology, Medical Jurisprudence, Hygiene, and Logic. In the first half of his course the student learns the principles of natural science, and in the second half he learns to apply those principles to the alleviation of human suffering, or, in other words, he learns the medical art.

Most of the chairs of natural science in this country have been established to meet the wants of medical students. They were originally mainly filled by medical men who had paid some special attention to these sciences, and there was this advantage in such arrangement—that the special needs of the medical student were made the first and not a subsidiary object with the professor. With the growth of science this arrangement has come to an end. Medicine has served as—

> . . . . . "Young ambition's ladder,
> "Whereto the climber upward turns his face;
> "But when he once attains the utmost round,
> "Looks in the clouds, scorning the base degrees
> "By which he did ascend."

The sciences are subservient to medicine no longer, and no man of sense would wish that they should be so; but, nevertheless, we must take care that medical education does not become wholly subservient to the voracity of pure science, and that the gods of the scientific Olympus do not make a triumphal progress with the dead body of Æsculapius trailing in the dust behind their victorious chariots.

There is some evidence that some of our scientific friends, as is but natural, adopt towards medical education the view of the Tanner in the fable, who held that for the defence of a beleaguered city there was "nothing like leather."

Some, again, take, I think, the impossible view that a medical student ought to become, in the highest sense of the word, a physicist, chemist, or biologist, as the case may be, and speak rather scornfully of that "minimum of knowledge" which is his need. Seeing that the attainment of anything like a complete knowledge of either of these branches of science is the work of a lifetime, such views must end in a collapse more or less complete of any efforts to endow the general practitioners of this country (the backbone of our profession) with a scientific grasp of their art. What is really wanted is to teach the medical student to read these various sciences for himself when he needs, as he often will, to consult them; and to show him, as objectively as may be, those great principles which have already found applications in the healing art. Our effort should be to lead him to think; to induce him to try to be wise, and not to

cram his head with details, many of which are very far from being facts. As Cowper says—

> "Knowledge and wisdom far from being one,
> Have ofttimes no connection. Knowledge dwells
> In heads replete with thoughts of other men:
> Wisdom in minds attentive to their own.
> Knowledge, a rude unprofitable mass,
> The mere materials with which wisdom builds—
> Till smoothed, and squared, and fitted to its place,
> Does but encumber whom it seems to enrich.
> Knowledge is proud that he has learned so much;
> Wisdom is humble that he knows no more."

There is one branch of medical knowledge which most certainly "does but encumber whom it seems to enrich," and which I think we should strive as much as possible to be rid of altogether. It is a branch of knowledge, if indeed it can be spoken of as such, which is entirely of our own creating, which has, in times past, brought much deserved ridicule upon medicine, and which, albeit that it seems to me to savonr more of pedantry and quackery than of wisdom, has, I fear, become with most of us a vicious and incorrigible habit. I allude to *medical language*.

The unwieldy proportions which this cumbersome branch of knowledge has assumed may be judged of by the "Dictionary of Medical and Scientific Terms," which is now in course of publication by that useful body, "The New Sydenham Society." This dictionary, a work which reflects the greatest credit upon its learned compilers, was commenced more than two years ago. It already consists of 800 closely-printed large octavo pages, and the compilers have as yet only reached the third letter of the alphabet. If the present proportions be maintained, the dictionary will extend to some 8,000 pages, and will contain more than 300,000 terms which the already overweighted student will be expected to master, and if the present rate of word-making is maintained by medical and scientific professors, the appendix, which will be necessary when the work is completed at the beginning of the next century, will be bigger, possibly, than the parent book. Why is it that doctors and men of science seem entirely to forget the use of their mother tongues? What excuse have we, who inherit the most expressive language in the world (the language of Shakespeare and Milton, of the Translators of the Bible, of Huxley, Herbert Spencer, and Sir Thomas Watson), to offer for this huge collection mostly of Pedantic Jargon, which never formed a part of the language of communication of any nation which ever lived upon the earth? I fear that we are as deserving of ridicule in this matter now, as we were in the days of Molière and Fielding; and as I firmly believe that this fatal love of

long words has contributed not a little in the past to check the advance of medical science, I trust I may be excused for dwelling upon the subject for a few minutes.

In making use of language to express our thoughts, we ought to be sure—(1) That the words used really express the idea which it is wished to convey; (2) That they are the shortest; and (3) That they are the most familiar words which are available. Words must be as objective as possible, *i.e.*, they should bring the subject with the utmost vividness before the mind's eye: and therefore those words to which the eye, and the ear, and the mind have been accustomed for the longest time (vernacular terms used from infancy) are the best; and as it is equally obvious that a word of two syllables requires twice the mental attention that is necessary for the comprehension of a word of one syllable, it is clear also that other things being equal, the shortest words are the best. We need not be, as almost seems the case, under any superstition that scientific facts, if they be facts, differ from common facts and require other than common words for their expression. Neither need we fear that by the use of short vernacular terms, our literary style will be otherwise than improved. Let us rather take comfort from such a masterpiece of English composition as Gray's Elegy, in which the words of more than two syllables, other than present participles, may almost be counted upon the toes and fingers. To compare the feeling produced by reading a stanza of this exquisite poem with that evoked by the perusal of a paragraph of what passes for English in some medical writings, would be like comparing the pleasurable movement of a first-rate carriage on our wooden pavements with the lumbering joltings of a springless waggon over a corduroy road.

If the advantages of expressing ourselves simply are so obvious, why, it will be asked, do we continue to use the polysyllabic gibberish which passes current as the language of science, but which proves, I think, that we have not yet come to a right comprehension of the scientific use of language? The only justification which can be given for it is the desire, which we all must share, that there should be a common language to serve for the interchange of thought between scientific men of all nations; and the fact that these specially coined words are possibly comprehensible to a select clique of some few nations is supposed to compensate for the fact that they are not only perfectly incomprehensible, but absolutely repellent to the millions of all nations. Do not let us suppose that the terms we use are "classical;" far from it. Hippocrates and Celsus, were they to revisit the earth, would be as little able to understand them as are the classical scholars of the present day. We owe only a very small minority of them to the fathers of medicine. Those great men, be it remembered, wrote their great works in their own vernacular,

well knowing that if a man wishes to express himself with clearness and without ambiguity or fear of being misunderstood, he must use the language with which he is most familiar, and which conveys the most definite ideas to his own mind. By using a language "not understanded of the people" for the expressing of scientific facts, we undoubtedly seriously curtail the area from which we draw our scientific recruits; and I take it that one explanation of the scientific fervor which pervades the whole of Germany, is to be found in the fact that scientific terms are in that country very largely derived from the German vernacular and that he who only knows the German language is not necessarily confronted in a German scientific book, with words which compel him to close the volume almost as soon as opened with a sigh of helplessness and hopelessness. There may be those who still think that it would be an advantage to science if Latin were still its common language as it was two centuries ago, but it is hardly conceivable that science would have advanced by leaps and bounds as it has done if its professors had continued to express their ideas in a language which could never become, like their vernacular, really a part of themselves and the active machinery of their thoughts. It must be admitted that our long words have not hitherto been of much use as a means of international communication. The scientific work of the French and Germans is still a sealed book to us, unless we have mastered the French and German languages, and those who listened to the Polyglot discussions which lately took place at Burlington House must have been impressed with the fact that, however desirable a common language for science may be, we never were farther from its attainment than at present.

Now the only branches of knowledge which have anything like a common international language are *Mathematics*, *Chemistry*, and *Music*, and in these international communication is only possible as long as professors rigidly adhere to the use of the symbols which have come to represent the elements of their respective sciences, and as soon as they attempt to write or talk about the facts which these symbols represent, all mutual interchange of thought is at an end. Now in order to have anything like an international language for medicine, the first step must be to definitely settle upon a set of names, or a code of symbols to represent the elements of Anatomy and Histology. This we have already got to a certain extent, but there is not yet a perfect international agreement as to the names to be applied to some of our best known anatomical elements. As a sample of this I may allude to the fact that the nerve which we call *musculo-spiral* is universally called *Radial* on the continent; and that several muscles of the hand and arm, have one name on the continent, and another name in this country. I will not weary you by giving other instances, but I would suggest to the

promulgators of International Congresses the desirability of appointing a committee to settle once and for all the names by which the anatomical and histological elements of the human body are henceforth to be known. I do not of course mean to suggest that existing names should be altered. Utterly bad as many of them are, we have become accustomed to them by use, and the very antiquity of many of them, and the fact that some are derived from the names of the older anatomists, serve to give an historic interest to dry facts, and to remind us how laboriously and slowly our knowledge has been pieced together by the great men who have preceded us.

Although we are, I think, bound to accept and continue to use existing names, it is, nevertheless, interesting and instructive to compare the Saxon anatomical and physiological terms, so wonderful in their simplicity and striking individuality, which originally came to us by the light of nature with those which have since been added by the light of science. We cannot conceive simpler words, or words less liable to misconception, either by the eye or ear, than *head*, *neck*, *eye*, *nose*, *skin back*, *mouth*, *tooth*, *leg*, *arm*, *gut*, *touch*, *pain*, *ache*, *taste*, *smell*, *sight*, *sound*, *sweat*, and many other most expressive monosyllables, some of which we happily still continue to use, while others have long since been cast aside as "vulgar" (whatever that may mean).

Although we still use the simpler words, we seem half ashamed of them, for whenever we get a chance we make use of our hybrid jargon, and give our pure-bred Saxon the cut direct. The chances are that if a medical writer wishes to speak of the *mouth*, he calls it the *oral orifice*. The *nose* becomes the *olfactory organ ;* the skin of the back is the *dorsal integument ;* touch is *tactile sensibility ;* pain is an *algesic phenomenon ;* a fit of the *stomach-ache* is a *gastralgic crisis ; tears* become *lachrymation*, and *sweating* a *diaphoresis*. In compound words this tendency is more marked, and it is strange how completely we have cast aside the pure Saxon *lore* in favour of *logy*, an Anglo-Greek mongrel. The man who talks of *ophthalmology* or *odontology*, would certainly not consent to use such expressions as *eye-lore* or *tooth-lore* ; and the professor of *anthropology* would certainly tell us that he had nothing to do with *folk-lore*. Now I believe that even in scientific anatomy each nation would do well to adhere, as far as possible, to its own vernacular monosyllables, for since anything like a common medical language is not to be dreamt of, and since it is necessary to learn French and German in order to understand French and German medical writings, these terms, which are always amongst the simplest and oldest in the language, are never a source of difficulty. The Greek and Latin terms given by the older anatomists, cumbersome and singularly inexpressive as many of them are, must be retained ; but if they be retained, they must be retained *in their original form*,

If these original terms be translated into the vernacular, we get a worse confusion than ever. Let me illustrate this by an example. Some 300 years before Christ, Herophilus, a Greek anatomist of the Alexandrian School, described that C-like bend of the gut, which is just beyond the stomach. This bend being about as long as twelve fingers are wide he called *the dodekadactyl.* and this term was ultimately translated by the Latin writers into *duodenum*, the word which is now in common use. Although the word itself is neither short nor expressive, it should be retained and used in its Latin (the commonest) form. The Germans, however, are not content to receive the old word merely as a symbol, but, looking back to its original form, they have had regard to its original meaning, and have perversely *translated* it into their own vernacular, and thus *the dodekadactyl* of Herophilus has become the *Zwölf-finger-darm*, or twelve-finger-gut of modern Germany. Now although an anatomist may know all about the *duodenum*, it does not, I regret to say, necessarily follow that he knows how the name arose, or what is its meaning; and although he might be well enough acquainted with German to translate the three words, Zwölf, Finger, and Darm, he might be sorely puzzled to know what was alluded to. I could give you many other instances in which the Germans have thus disguised landmarks which would otherwise be easily recognisable by all. Our barbarous technicalities are merely symbols, and if literally translated, they are often misleading, as the meaning we attach to them is usually arbitrary and purely conventional. Thus the man who was under the impression that "Bacillus Anthracis" (which according to the Latin and Greek dictionaries means the *little rod of the coal)* was a new name for a patent poker was sadly mistaken. When dealing with anatomical elements, anything like variety of expression is not to be thought of. To speak, for example, of the "Latissimus Dorsi" in one sentence, and of "the broad muscle of the back" in the next, is only likely to puzzle the reader and throw him off the scent. In like manner the way in which the French speak of the "Teres Major" as the Grand Rond, and of the "Serratus Magnus" as the Grand Dentelé, is merely misleading.

I believe that the establishment of an absolute international agreement as to the names to be given to the few hundred elements with which we have to deal, is a matter really worth striving after, and a fit subject for the consideration of an international committee. Perhaps such a committee might have some power given to it of altering names, for the unwieldiness of some is out of all proportion to their utility, and it would almost seem as if some names were meant to bear an inverse proportion to the size and importance of the thing designated. We must be very far off from even so much community of expression as is enjoyed by chemistry, when one of

our most insignificant anatomical elements rejoices in the name of "levator labii superioris alœque nasi." Possibly we might be allowed to speak familiarly of this little muscle as the "sneerer" just as men and women whose names occupy many lines in the parish register are habitually known to their familiars as Jack or Gill, as the case may be.

If we had one common name only (instead of an indefinite number as is now the case) for the elementary factors of our frames and tissues, and if diseases were named solely with reference to their anatomical seat and the process producing them, we should have attained, I believe, as far as it is possible to attain, a code of expressions capable of international use. As international communication is the only conceivable reason for employing other than vernacular words, so is it also a reason for adhering to our vernacular terms outside the restricted province which I have defined. For international communication we must make ourselves familiar with each other's languages. That is certain. And it is manifestly of importance that each nation should try to keep its language pure in order that it may be the more easily learnt. The practice of concubinage with the dead languages merely has the effect of producing a mongrel language (as unproductive as are all other mules), of huge bulk and monstrous form which has to be learnt as an additional study.

I may here mention incidentally that the universal adoption of the metric system of measurement would do more for the facilitating of international communication than the coining of any number of words.

It seems to be the pitiable ambition of some writers to seize upon a trifling fact and to give it the longest name they can invent with the aid of a lexicon, and if such a practice be not vigorously discouraged, medicine may become again what it once was, "a rhapsody of words." Some, possibly, are under the impression that their dictionary-made expressions may gain for them a reputation for classical learning. They cannot afford, as did John Hunter, to rely for their reputation upon the facts which they discover, and who when he was twitted with his want of knowledge of Greek and Latin, wrote thus characteristically to a friend—"Jesse Foot accuses me "of not understanding the dead languages; but I could teach him "that on the dead body which he never knew in any language dead "or living." The defence has lately been put forward for scientific jargon that every trade or profession *must* have its own technical terms. I confess I cannot see the *necessity*. The tailor, as far as I know, derives no advantage from calling his smoothing-iron a "goose;" and seamanship is not advanced because a sailor's "companion" is one thing at sea, and another thing on shore. It seems to me that technical terms ought, as far as possible, to be dis-

couraged, because the coining of new words when they are not wanted, and the giving of strange and conventional meanings to common words, must increase the difficulty of acquiring any art or handicraft. Many technical terms are maintained for selfish and trades union purposes, and with the object of covering a simple matter with a veil of secrecy. Let medicine take care that she be not suspected of similar unworthy objects.

Many of our long words exercise a most unwholesome fascination upon the student, and I have known some who appeared to think that a parrot-like use of words was the main object of medicine, and who have talked, for example, of "Sclerosis," as if the word itself had some magic power of explaining every symptom of disease, and defined at once the process at work and its situation. I may be wrong in supposing that our English equivalent "hardening" would be more likely to make the student think, not only of the *hardness*, but also of the "why?" and the "where?"

Words (which are but the shadows of facts) are, unlike natural shadows, very often not true. It has been most unfortunate that such a word as "vivisection" should ever have been applied to so mild a process as that of pricking an animal with the point of a lancet. The word is so vivid in itself, and so calculated to raise in the mind all the horrors of the inquisition and the writhings of witnesses under cross-examination, that we cannot be surprised at a cardinal and a judge combining together to suppress the practice utterly. Sometimes the shadow will remain, although we are unable to find the substance. Such a shadow is the word "Homœopathy." If the term "*like-cure*" had been used, just as "*water-cure*" is used for Hydropathy, the proper limits of its application would long ago have been determined, and the word would never have been worshipped to the same extent as a Fetish by the faithful among the public.

Among unworthy motives which have induced us to have long words, must be reckoned the desire to appear more learned than we are, and there was a time, perhaps, when there was very little true knowledge behind the verbiage which was the chief stock-in-trade of the profession. Now, however, times are changed. Pathology, or the study of disease, has become a true science, and we are no longer content merely to translate the symptoms of which the patient complains into Greek or Latin, as the case may be, and call it a diagnosis. We now recognise when a patient comes to us complaining, for example, that he has lost power on one side of his body, that by calling his trouble "Hemiplegia," we make no forward step. It is merely telling him in Greek what he had confided to us in English. It is rather a step back, for it throws what has been called "the decent obscurity of a dead language" over a matter which is self-evident. Our duty now is to discover the *cause*

of his symptoms to form a *judgment* or *diagnosis* on the disease process at work and its exact situation, and to make a *forecast* or *prognosis* as to his chances of recovery and the best means of bringing it about.

There is in human nature a tendency which is expressed by the words "Omne ignotum pro magnifico,"—a tendency to put an undue value upon the unknown. It was this natural tendency which led the hero of Warren's famous novel "£10,000 a year" to make the fatal experiment of applying to his hair the pomade called "Cyanochaitanthropopoion," and it is the same tendency which leads the public to buy anything, no matter how common or how worthless, to which the vendor has given a name which is utterly incomprehensible to them. By pandering to this tendency I doubt not that medical terms have been in reality an unspeakable, though delusive, comfort to the public; and that the lady who was told by the physician "that there was still in her husband's lung a perceptible amount of '*whispering pectoriloquy*,' although the '*ægophony*' had happily completely disappeared," derived from the information the same kind of consolation as did the old woman who, listening to a deep and learned sermon by her rector, found solace in "that blessed word Mesopotamia."

The advantage of using plain language is nowhere more manifest than in courts of law, where the life or reputation of a fellow creature may depend upon your making yourselves perfectly understood by the twelve plain men who constitute the jury. If, however, you do not cultivate the habit of using simple terms at all times, you will find that they are not forthcoming when you want them, and if you cannot tell a plain unvarnished tale, you will lay yourselves open to the imputation that you cannot speak plainly, because you do not understand the question. You must always bear in mind that not only the jury but the counsel and judge also are probably completely ignorant of terms which to you have become a second nature. Reporters for the press are also equally ignorant, and unless you are very careful you will probably be mortified by finding that owing to a non-comprehension of your language by these gentlemen, your evidence, when it appears in print, will seem to you and your professional brethren a mass of rubbish.

I trust that what I have said will lead you to think seriously on this important matter of medical language, and I would finally impress upon those who are beginning their studies, how necessary it is to be sure and understand every technical phrase they come across. To those who are soon to be adding to our sum of knowledge I would say be merciful to posterity; do not coin new words if you can possibly help doing so, and re-

member the simple lines of good George Herbert—

"Let forrain nations of their language boast
What fine variety each tongue affords;
I like our language, as our men and coast,
Who cannot dresse it well, want wits not words."