

On writing theses for M.B. and M.D. degrees / by H. D. Rolleston.

Contributors

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H. D. ROLLESTON

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M.B. and M.D. Degrees

BY
H. D. ROLLESTON, M.D., F.R.C.P.
Senior Physician, St. George's
Hospital; Physician, Victoria
Hospital for Children, Chelsea

LONDON
JOHN BALE, SONS & DANIELSSON, LTD
83-91, GREAT TITCHFIELD STREET, W

Introduction.

THE origin of theses for degrees dates back to very ancient times, having grown out of disputations carried on publicly between two persons of opposing opinions. This intellectual exercise, which is almost coeval with the human race, appears to have been formally initiated by St. Bonaventure, Superior of the Franciscan Order of Monks, in the 13th century, in order to control the instruction given by the teachers and to test the progress made by the students; in 1266 St. Bonaventure himself sustained a thesis at Paris.

From 1323 onwards these disputations, for though called theses they did not exactly correspond to those we are now familiar with, formed part of the obligations for the degree of Magister Artium at the Sorbonne, Paris. The author of the article "Thèse," in Larousse's *Dictionnaire universel* (1876, xv, 107) remarks that "theses are still employed in the Universities, but are less elaborate and less important, and a great number of those for the Doctorate of Medicine are unfortunately only a vain formality." Theses were first written in the language of learned men, namely, Latin, and this custom was long preserved. Sir George Humphry, one of the

most impressive teachers I have ever had, but not a great classic, was obliged to write his thesis for the M.B.Cantab. (1842) in Latin. Apparently the rule about reading theses in Latin was relaxed in 1858, for Dr. Keynes, the Registrar of the University of Cambridge, has kindly informed me that the regulation passed in May of that year is to the effect that "the candidate shall read a thesis composed in English by himself," &c. Sir George proceeded to the M.D. degree in 1859.

The objects of a thesis are: (*a*) to show how far the mind has been trained; (*b*) to stimulate the mind and to make the candidate think, so that he may be qualified not only to deal with problems but to report logically and intelligibly on what he has observed; (*c*) although it is not a necessary part of every medical man's life to write papers on medical subjects, the elaboration of a thesis, if taken seriously, is a valuable though brief education in this method. Complaint is often—and justifiably—made of the enormous amount of medical writing, but without it advance would be impossible; and, in its small way, thesis writing helps to improve the method, arrange-

clinical lectures, and there are very few published sources of information on the subject. The most readily available book on the subject is Sir Clifford Allbutt's "Notes on the Composition of Scientific Papers," published by Macmillan and Co., with which every candidate for a Cambridge medical degree should obviously be familiar.

Valuable hints on writing a medical paper, and on the methodical collection and arrangement of the material, will be found in W. W. Keen's article on "Literary Methods in Medicine."* He recommends that when a journal is read, its contents should be catalogued for future use, by cross-entry under various heads. Thus, a case of "perforation of the popliteal artery by a splinter of bone in fracture of the femur" should be indexed under "Artery, popliteal, perforation of," &c., and under "Femur, fracture of, perforation of artery," &c.; in this way material is stored up for future articles "On the causes of perforation of the popliteal artery" and "On

* Keen, W. W., *International Clinics*, Philadelphia, 1897, 7.s., I, 46 and "Addresses and other Papers," 1905, p. 213. W. B. Saunders and Co.

the complications of fracture of the femur." In fact a methodical man could, by adopting this method, be prepared to write a more or less interesting article on any subject, provided it has an accessible literature. An invaluable guide to correct punctuation, the use of italics and capitals, abbreviations, and proof correcting will be found in the book entitled "Author and Printer," by F. H. Collins and published by Henry Frowde.

To the man who has just passed his examinations the manufacture of a thesis appears a most unpleasant barrier to the attainment of his lawful degree, and his mind is often a blank as to the way he should set about it. For the M.B. at Cambridge this obstruction has to be surmounted, but the widespread reluctance to buckle down to the production of theses is shown by the large number of men who never proceed to the M.D. The difficulty that men feel in striking out in a new line, for in many instances it is the first time that they have been called upon to work and think independently, legitimately calls for help which, within the proper limits, is, I think, forthcoming from their teachers. In Paris and, I believe,

elsewhere, the trade of writing theses for sale provides a source of income to some of the younger teachers who carefully coach the candidate in the subject of his thesis, and then provide him with the material which he may or may not modify and put into his own words. "Ghosts," or men who write and sell theses and scientific papers, are not unknown in this country; but they lead a somewhat retired life; the advertisement pages of the medical papers contain notices from experienced M.D.'s who are willing to give "coaching and guidance on legitimate lines" for M.D. theses of all Universities.† It is interesting to recall that John Brown (1737-1788), the founder of the Brunonian system which divided diseases into sthenic and asthenic, at one time gained a living in Edinburgh by teaching Latin and translating theses into that tongue.‡ A friend of mine, whose literary researches some thirty years ago were responsible for the success of at least one classical work, now has a suggestive bookplate of a ghost sitting in an ancient library.

† Vide *Lancet*, Lond., 28 January, 1911, p. 63 of advertisement pages.

‡ "The Healing Art," 1887, vol. ii, p. 31.

had some twenty years' experience in advising the would-be authors of theses, it seemed to be a suitable subject for consideration.

HOW TO FIND A SUBJECT FOR A THESIS.

Even in the comparatively early days of clerking or dressing in the wards it is advisable to make notes of a suitable subject such as might be offered by the occurrence of two or more examples of a rare disease or of an unusual symptom or complication in a common disease, and to utilize this material as a text for statistical study. A subject for a thesis will often become obvious in the course of systematic reading, lectures, or clinical instruction. Thus, in the textbook description of a disease it may be mentioned that the frequency with which such and such a complication occurs is not established. This should at once suggest the incidence of this complication as a subject for investigation.

It is important to do the work necessary for a thesis as soon as possible, for though comparatively easy while in constant touch with a hospital and its wards, laboratories, and records, it is difficult

to do it when in practice in the country. For the same reason it is advisable to start on an M.D. thesis directly the M.B. thesis is accomplished, while the methods of the necessary work are still fresh in the mind. For the M.D. more is required than for the M.B.; and though it is not essential, work done in a bacteriological or pathological laboratory is specially suitable. It is seldom that the work necessary for an M.D. is carried to a successful conclusion away from the hospital. At Cambridge the M.D. thesis can be read soon after the M.B. is taken, though the candidate has to wait until he is of standing to take the higher degree. That this advice is not unnecessary is shown by the large number of M.B.'s who never proceed to the M.D. degree. It is true that a man in country practice may devote his hard-earned yearly holiday to compiling an M.D. thesis, but it is very seldom that this occurs. Men in remote country districts, however, may be able to write an acceptable M.D. thesis on less severely technical lines, such as the medical history of the district, the problems of public health, local diseases, or dangerous trades.

TITLE AND SUBJECT OF THE THESIS.

When a subject has been chosen the first thing to do is to frame a satisfactory title which explains clearly but in the fewest possible words the scope of the thesis. At Cambridge this title must first be submitted to the Regius Professor for approval, and until it is accepted it is well to wait in case a suggested alteration may render vain any labour undertaken. At Oxford this preliminary is not required.

It will perhaps be advisable to give a few examples of bad and good titles and subjects. Indefinite titles such as "On gastric ulcer," "On the treatment of constipation," are inappropriate because the field of the thesis is too extensive and no indication is given as to the part of the subject that is to be tackled. On the other hand titles such as "The etiology of gastric ulcer in males" or "On the treatment of constipation by appendicostomy" are satisfactory, as the scope of the inquiry is strictly defined. Whilst a thesis devoted to the complete description of a common disease—for example, acute pneumonia—would hardly commend itself, one

on the same lines dealing with a rare condition such as "Amyotonia congenita" or "Osteogenesis imperfecta" should pass muster.

The reader of a thesis is supposed to maintain a proposition, and the Regius Professor or his assessor to bring arguments against it. Though the scope for theses is exceedingly wide, the proposition to be maintained must admit of some argument and not be a self-evident truth. As bearing on this I may mention that the late Regius Professor of Physic at Cambridge, Sir George Paget, felt unable to argue against the proposition—proposed by a candidate for the M.B. degree—"that mother's milk is the best food for infants," and so did not accept the subject.

As examples of subjects which seem suitable I may suggest the following: "An inquiry into the influence of climatic conditions on the incidence of appendicitis" (or of perforation of a gastric ulcer or of gastric hæmorrhage); "On the incidence of venous thrombosis in heart disease"; "On the association of endocarditis and malignant disease"; "On the cyto-diagnosis of ascites"; "On the incidence and significance of thyroid enlargement in rheumatic

fever ”; “ On the association of lymphadenoma and lardaceous disease ”; “ On the blood-changes produced by *x*-rays ”; “ On aplastic anæmia ”; “ On the etiology and symptoms of granular kidney in early life ”; “ On the histological changes in the pituitary gland in arteriosclerosis ” (M.D.); “ On uræmic rashes ”; “ On persistent hæmaturia in chronic nephritis.”

WHAT A THESIS SHOULD BE.

A thesis must contain evidence of research of some kind or another; for the degree of M.D., as already mentioned, the research should be original and, if possible, a practical one on some problem of clinical medicine, pathology, or bacteriology. But a good statistical investigation without any practical work in a laboratory is also acceptable. For the M.B. of Cambridge, and, as far as I know, this is the only M.B. degree for which a thesis is demanded, an analysis of a group of cases with a review of current opinion, and with perhaps some statistical work, is, generally speaking, sufficient. The Regius Professor of Physic

German is the inaugural theses or dissertations in those languages. A complete set of the theses for the Doctorate in Medicine of Paris is kept at the library of the British Medical Association, 429, Strand, W.C., and can be consulted there. Fortunately, they are indexed under subjects and authors, for there are several hundreds every year. The value of these theses of course varies very considerably. A more trustworthy method, though it appears at first more laborious from the enormous amount of literature which is at once presented on any subject, however obscure it may seem to us to be, is to turn up the subject in the "Index Catalogue of the Library of the Surgeon-General of the United States Army." This can be consulted in any large medical library—such as those of the Royal Colleges of Physicians and of Surgeons or of the Royal Society of Medicine—and the works or articles thus indicated are generally available in the same library. Permission to use these libraries can be obtained without difficulty from a Fellow.

From the notes obtained from a survey of the literature a scheme of the points to be investigated in the cases which are to form the

statistical basis of the thesis should then be drawn up. Provided with this scheme, the next step is to go through and abstract the notes of 50 or 100 cases either in the Registrar's records or in the *post-mortem* book, according as the thesis is on clinical or on pathological lines. Large sheets of paper should be taken, and a tabular statement of the necessary details of each case should be made in columns, the points to be investigated being inserted at the tops of the columns. On the left of the sheet the year and number of each case should be noted, so that if necessary the original notes can be referred to again without loss of time; for it often happens that when the inquiry is half or fully done, some question crops up which makes it desirable to go through the cases again. The sex and age of the patient should always be noted, as this will enable a conclusion to be drawn as to the sex and age incidence of the symptom or morbid condition.

However good the notes, it often happens that there is no statement about some of the particular points on which the investigation is undertaken. This is only what might be expected, as the notes

could never be taken from all the special points of view which various thesis-writers might have in their mind's eye. In this event an entry of "not mentioned" should be made.

The data thus collected should be analysed; for example, if the subject of the thesis is "the incidence of itching in lymphadenoma," the percentage of cases of lymphadenoma in which it was present is worked out, then the percentage of its incidence in males and females, then the age at which it appears most often, the percentage of its incidence in various decades, and so on. In fact, once started on an investigation of this kind the writer usually finds that fresh points of interest arise. The results obtained by the analysis of the cases form the main part of the conclusions of the thesis.

ARRANGEMENT OF THE THESIS.

As a preface there should be a brief statement of the scope of the thesis. Then give a condensed account of the cases investigated, mentioning the number examined and the period of years over which the inquiry has extended. For example, that the records for ten

years have been examined and x cases of lymphadenoma found among xx cases admitted to the hospital, so that the percentage incidence of lymphadenoma among the cases admitted to the hospital is obtained.

Then give the other results and percentages *seriatim*. The full notes should not be introduced here, but are more conveniently given in an appendix. The results can then be compared with those abstracted from textbooks or other sources, and any points of divergence mentioned, and, if possible, an explanation of any difference suggested. The conclusions which are mainly based on the analysis of the collected cases should be given in as few words as are compatible with clearness. They should be numbered, and given in the order of their importance, for example: (1) Itching in lymphadenoma is rare, it occurs in ? per cent. of the cases; (2) it occurs more often in the ? sex (or equally in the two sexes); (3) it occurs most commonly in the ? decade, and so on. After the conclusions the more detailed tabulation of the cases should be given in an appendix, and lastly the references.

It should be added that in a thesis devoted to a full account of a very rare disease—and this is more suited for an M.D. thesis—the arrangement is necessarily different; the sections should be arranged in the following order: Introduction; historical remarks; etiology; morbid anatomy; bacteriology; pathology or pathogeny; the clinical features, signs, and symptoms; the prognosis; the diagnosis and differential diagnosis; treatment; tabulated cases; references.

REFERENCES.

References to authors quoted in the text should be arranged in alphabetical order at the end of the thesis and numbered. When this list contains one contribution only of any author, it is hardly necessary to put any number after his name in the text; but when two or more contributions of the same author, or of authors of the same name, are quoted in various parts of the thesis, the number affixed in the list of references to the contribution in question should be put in brackets after his name in the text, and it is perhaps safer to add the year of publication of this paper. This is the

Quarterly Journal of Medicine, Oxford, 1915, VIII, 121, if the VIII. be transformed by the printer into XIII., the date still remains to help the reader; or if the year goes astray, it may be hoped that the number of the volume will remain as an indication of the source. An additional reason for giving the year is that it may be of use to the reader in connection with the history of the evolution of the subject and the priority of the various authors' work. It is unnecessary to put in the abbreviations vol. and p. as long as the number of the volume is put in Roman and that of the page in Arabic figures. It is advisable when journals of the same name come out in different parts of the world, such as *Lancet*, Lond., and *Lancet*, Tiel, to put after the name of the journal the place where it is published.

Lastly, there is no piece of advice more often neglected than that of "verify your references." References are continuously copied from one paper to another, with the result that more and more mistakes creep in until the last state of the reference is a hopeless puzzle. The author's Christian name may even take

prose writings. An eminent physician, whose writings are a pleasure to read, had, I believe, saturated his mind with Addison's *Spectator*. Professor Osler's essays ("Æquanimitas," "An Alabama Student") recall the even flow and Anglo-Saxon of the Bible, though I have no knowledge that this is a conscious effort, and Sir Thomas Browne, whom he so obviously admires, may be the more immediate source. Sir Clifford Allbutt offers many models, such as John Morley, George Trevelyan, Hardy, Barrie; and among medical writers, Sir Thomas Watson and Sir James Paget. To these I may add W. H. Dickinson, and Gee who never employs a superfluous word.

In writing the thesis leave wide spaces between the lines and at the margins for subsequent alterations and additions. The more often it is revised the smoother will it read; and it is advisable after writing the first draft to put it aside for a week or two and then go over it. The task of correction and improvement is thus made both easier and more effective, as it may then be plain that sentences or paragraphs should be put in a different order, or even be trans-

ferred to another part of the thesis. Much trouble can then be saved by the use of scissors and paste, but it is often better to make a fresh draft. Most really successful works have probably been rewritten more than once before they went to press. Quite commonly the writer of a thesis is at first possessed by the fear that he will not be able to write enough, and feels that he can put down all he has to communicate in ten minutes. This not uncommonly leads to the insertion of padding. But as a rule, when finished, the thesis does not err on the side of conciseness. It is indeed a good rule to go critically over the completed work to see in how few words the argument can be expressed. I have heard that Phil May used to make a very full drawing first, and then erase every line except those absolutely essential. Kipling is said to employ the same method with his verbal sketches.

Lastly, it is well to get a critical friend or teacher to read the thesis; for a passage, though perfectly clear to the writer, may bother the reader. It may perhaps be added on behalf of the critic that the privilege of reading a thesis is enhanced by its being typed.

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JOHN BALE, SONS AND DANIELSSON, LTD.

23-91, GREAT TITCHFIELD STREET, LONDON, W.

