Two Years' Experience as an Assistant

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To one in the possession of a sound mind and a sound body there is no more delightful task than that of ascending one of our Highland 'Bens.' Though it may lack, to a great extent, the fascination of danger which pertains to the ascent of loftier peaks, its claims are far in excess than our own, yet it has a charm peculiar to itself. If, indeed, the element of danger is present in only a limited degree, still there are difficulties and discouragements quite sufficient to try the determination and to tax the physical powers of most adjuring mortals. To enjoy thoroughly such a task, one must have youth on his side, must be accustomed to active exercise, must feel in short, that most pleasurable and necessity of controlling power in every muscle.
Our pedestrian professes himself to be in excellent condition. He judges himself, it may be, some dozen miles from the object of his ambition, which is the clear autumn air, standing out bold relief against the bright blue of an October sky. He knows he has a long distance of difficult country to cross but with his excitement and the undoubted miracles all obstacles his eager to be off. He steps out briskly along the first part of his route which lies in a short distance on a well-made road. Then he makes his way across the heather by an off-beaten sheep-path and onwards, till he comes to more difficult and broken ground. Here, amidst bog and boulder, he has often to leave the track and seek a more secure footing for crossing some peat-
At length, he begins to ascend this his daunting path of ascent, to prove to take, what seems to him "short cuts", but what prove mere delusions & dreams. By this time, he has made some progress in his ascent he loses sight of the summit, but pushes his way steadily upwards, although not always in the direction of his object. Yet, in, he strives, & at last reaches the spot he has been making for, in the hope that from thence he may get a glimpse of the summit. Also, for his hopes, he sees only another dark hillside, but the goal to not be seen. This is overcome from the vantage-ground thus gained, he sees in front of him a rugged path, which, he joyfully accepts as the prize to be won. This route...
his flagging energies for what he considers the final effort. He is undaunted only when he has struggled to its top or when success appears to have crowned this effort. His disappointment is all the keener that it was unexpected; still there is nothing for it but to buckle to again. So brutually heielf up, he plods manfully on, to be again defeated, it may be, or on the other hand to have his hopes realized.

It has often occurred to me that the medical student's career, in many ways, resembles the climbing of a mountain. He starts, as a rule, enthusiastically. In the beginning of his course he has an easy road to travel. He feels himself well on his journey, when he has left the preliminaries behind. As he
Afterwards his earliest professional studies, he feels the path
going rougher, the obstacles more
difficult of conquest. Some
times, in alone, takes in “short-cuts” in the form of trammels
which like the “short-cuts” in the other journey turn out
elusive terrors. And, thus
he goes onwards to what he con-
siders the periphery of his
ambition — the obtaining of his
Bachelor’s Degree. But like the
mountain-climber, he pricks
stead what he thought the “highest
summit” of his journey,
is only a place to pause for
breath, before beginning ano-
ther as_dunes faster — that of
obtaining the higher degree of
Doctor of Medicine. I remember
well, when I began my studies
how little I thought of the wir-
ing of a thesis. If only, I got
my Bachelor’s Degree, the former
would naturally follow. Difficult
this seem ought at a distance
either in time or space. But,
when I came to look at the
matter closely, consider how
to set about it writing these
pages, I found myself at the
terribly threatened with
an obstacle of no small width.
What was to be my
subject? After much consi-
deration, I decided to try, in
the matter of choice, now this
way, now that, I determined
to take up some subjects which
had presented themselves to me.
During my work as assistant
in a large general practice,
in a busy town, in the south
of Scotland. Having obtained
this appointment after months
after graduation I still con-
tinuing to hold it, I am prac-
tically excluded from entering
lists of what is usually under.
stood as original research, after which came more pencilled notes reading the following lines, from "The life of Sir Robert
Chardin." Sir Robert is re-
calling his student days
amongst many excellent ex-
tracts from the lectures of
John Barclay, then vicar of
Galloway:

"Gentlemen, while camped on
your tents in the dissecting-room,
be aware of making anatomical
disclosures; and above all be
afraid of pushing too with them into
point. Our precursors have
left no little to discover. You
may perhaps fall in with
a trifling supernumerary mus-
cle or tendon, a slight division
extra branchlet of an artery, or
perhaps a minute string tying
of a nerve—what will be all.
But beware! Publish the fact it,
then chances to one upon will
had it shown that you have been fruited long ago. Anachrony may be likened to a harvest field. First, come the reapers, who, cutting upon unruddered ground, cut down great store of corn from all sides of them. These are the early anatomists of modern Europe, such as Vesalius, Fabricius, Fallopio, Malpighi & Harvey. Then come the gleaners, who gather up last lems from the bare ridges to make a few leves of bread. Such are the anatomists of last century, Valasalla, Cunmannius, Haller, Urbanow, Vig d'Azyr, Camper, Herter & the two Illianzes. Last of all come the gleaners who still continue to pull up after grains scattered here & there among the stubble, swaddle home in the evening, poor strips, cackling with joy because of their success.
Gentlemen, let us the sequel.
To such an opinion so vividly expressed by one of the pioneers of the Edinburgh Medical School, we must bow with all that deference, due to so great an authority. We might even go further. Generalising his dictum apply it to Medical Science as a whole, we are not afraid of being accused of high treason, in these times, when almost daily, the name of some new microcosmos or bacterium is being added to the family tree of Microorganisms, in which, as Dr. Barclay's categories their discoverers belong to a question still not quite decided. Is there any change in its place.
Raising aside this aspect of the question there are many reasons which render it un-
possible for one largely engaged in private practice to undertake scientific research, even
should he be fortunate enough to be endowed with those natural gifts without which it is
useless to contend against the difficulties of work of this kind. Perhaps the greatest obstacle of
all is want of time. By this, I should not have anyone suppose that his every hour is
taken up by professional duties though a very large proportion of it is so, but any
more time that falls to his lot is so liable to be broken up upon that even a very small
amount of consecutive leisure cannot be reckoned on a circumstance, which, in itself,
would render most work of an experimental nature entirely out of the question.
Then come the difficulties of
obtaining a suitable place for his camp and out of work of this kind. If such accommodation be not available in the house in which he lives, or, at least, in its vicinity, it is practically useless, and I venture to think that it is only in very exceptional cases that this occurs. But, even if a room has been obtained there is the more onerous and difficult task of supplying the necessary apparatus and instruments for whose accommodation it is more than likely, the existing arrangement of the room will require to be altered. Another very great impediment is the want of a good scientific library, when books of reference can be consulted, many of which it is entirely out of the power of the graduate of a few years' standing to possess. Another
class of literature which, it is almost
absolutely necessary for the scientist
to scan closely, week by week, or
month by month, as the case may
be, is the periodical scientific
literature of our own and other coun-
tries. It is impossible for a prac-
titioner to acquire these or that
unless some large scientific
library be open to him. He is at
joined of a daily curriculum of
full to this work.
These considerations, I think,
show conclusively, that it is
quite beyond the power of a
general practitioner to engage in
original research within generally
accepted meaning of the term. I
have the more strongly insisted
on this point, as there is a
feeling abroad among gradu-
ates of the degree of Bachelor of
Medicine, that it is only by un-
consciously work of this nature
that one can ever hope to attain
through the clique. Now, I feel convinced that this is quite an
illuminous belief, though at the
same time I am aware it is
a belief that prevents many
men from presenting a theory.
There is surely as much scope
for scientific investigation with
daily rounds of the physicians
as in the experimental labora-
tory. No fact faces itself more
permanently upon the practi-
tioner's notice than that each case
he sees has its own special fea-
tures & differs in some respect or
other from the official form.
Thus it becomes necessary for him
to conduct a scientific investiga-
tion on each patient he sees &
this can only be done satisfac-
tory by following scientific me-
thods. Each medical man is
thus bound to be a scientist as
well, unless, indeed, he contents
himself with the most empiri-
am. He daily conducts investigations of the greatest moment, both to his patient's health and his own professional reputation. Now, it seems to me, that the investigations of the practitioners are as well worthy of record as those of the so-called scientist. They form as fitting a subject for a thesis. Have even gone beyond this, for the subject-matter of these pages consists for the most part of the practical application of these scientific principles to the Art of Medicine, in the simplest possible manner. My object is to enter more fully into the question of those details of private practice, which one only acquires by coming in contact with the cases themselves to which one finds himself woefully deficient when he first takes up his career.
can of his "Aetna Matel". Trivial
they may be to themselves. But
it is only by their careful appli-
cation, that a successful care
is accomplished. This by attention
to these so-called "trifles", that
the monotony of a sick-bed is
made more endurable, that pain
is alleviated, that disease is
overcome & even death averted.
Any means which contribute to
so weightily an end can scarce-
ly be called "trifles". Yet it is on
this account that I feel justi-
pied in making choice of my
present subject.
The newly-fledged graduate, who prides himself suddenly launched on the sea of general practice, has to encounter, perhaps, more than his own share of discouragements. His past experience fails him again and again, as he is called upon to face difficulties, which he has not only not previously met with but of whose very existence he was unaware. Such experience, as he has acquired, has been gained in the wards of an hospital Hospital practice differs in many important respects from that of the private practitioner.

The individuality which distinguishes the accomplished physician are not readily learned and amidst the busy routine of such an institution, but are only to be acquired by actually coming face to face with the difficulties which ultimately they
outcome. Yet it cannot be denied that it is these qualities, which, added to intelligence, make the successful medical man. I shall endeavor to point out some of the most common of these difficulties, to indicate the lines on which they are to be met. For this purpose it will be convenient to compare the conditions of the patient treated in hospital with the patient treated out of it. Before entering somewhat into detail, let me give an example to illustrate the prejudices in which one is placed in general practice.

One frosty day, when the streets afforded a very dangerous footing to passengers, owing to the snow having partially melted, but being caught in the act, as it were, by the frost, it converted into a glass-like surface, I was her-
old woman, who had slipped and fallen in stepping on to the pavement. On arriving at the scene of the accident, I was informed, she had been taken into the post-office which was at hand. I found an old cowman, upwards of 70 years of age, suffering great pain in right hip, unable to put her foot to the ground. Anything like a thorough examination of the injured limb was impossible in a public office, but from the history I got of the fall, from the symptoms, from her age, I naturally suspected a fracture of the neck of the femur. On inquiring, I found her home was about 2 miles out of town, whether her condition necessitated her being conveyed at once, with the least possible friction to the injured limb. How was this to be done? The apparatus
at my disposal was simplicity itself: a couple of bandages, a few short splints made from the lid of a box procured from a neighbouring grocer. Using the sound foot as a splint, I bandaged the injured one to it, just above the ankle and again about midway between the knee and the hip excluding the torn and dirty clothing. Then as the longest piece of cord was much too short, I extended from axilla to foot that to content myself with fixing it round the lower part of the body and thighs so that it commanded the knee joint at least to a certain extent. The means of conveyance was my next care. A cab was the only vehicle at all suitable which could be obtained, it was by no means well adapted to my purpose. One had to make the best of it, some filled up the
Space between the seats with a
footstool & some cushions lent
by one of the witnesses of the ac-
cident. The great drawback was
that the length of the cab was
less than that of the patient,
making it impossible to let her
lie quite straight out but by
placing her obliquely from corner
to corner, she had a position,
almost fairly recumbent. A friend
of the patient was seated beside
her with instructions to let me
know if anything went wrong.
I manned the box to keep the
driver to the most direct parts
of the road & prevent anything
like a quick pace. In due course,
we arrived safely at our destina-
tion, but unfortunately to end
our troubles but to encounter
fresh ones. I proceeded to make
an examination of the scene,
and as a result, found the only
beds were very old-fashioned.
sides. Boxes, certainly, they were:
for they were built into the wall,
the openings cut them guarded by
sliding doors, which, when fully
opened, left a space for columns
about 3 feet in length. Some-
thing plainly must be done
at once, to provide a temporary
resting place till a protected
stand could be set. I decided
to knock off the whole front
of the bed-doors & all, but an
unexpected obstacle presented
itself, in the shape of the old
lady's husband, who would not
for a moment hear of the de-
spoliation of his household
gods. Argument seemed lost
in vain till it was only after much
trouble that I could pacify
him into allowing me to knock
off the offending structure. Even
then, it was under protest,
with a disclaimer of responsi-
bility for such wanton destruc-
nor was it such an easy task after all, for the workman who was substantial, resist the attack of a heavy axe and hammer, necessary weapons of offence. At last it was accomplished, the patient got into bed and slowly undressed. Next came the question of suitable apparatus, to keep the limb at rest after I had made out it was really a case of vertebral fracture of the neck of the femur. A long splint was urgently needed. Having noticed a splint outside I got a man from a neighbouring cottage to break off the loft bar with his help it was sawn to the necessary length. By the aid of a sheet to be managed to make the old lady fairly comfortable till next day when we had our own bed-stead procured from suitable appliances brought
out. I may say, in Kentucky, that the did well for a time but died at the end of the fourth week from a Compound Pneumonia. I have taken this case not for any official purpose but merely as an illustration of cases often met with in a country practice, which have to be treated on the spur of the moment with such means as can be got from any available source. It is unnecessary to point out the advantages circumstances of the hospital surgeon who is called upon to treat such a case. When a patient seeks admission to an hospital, he does so, as a rule, voluntarily. If he is admitted he is perfectly aware of the fact that one of the conditions of his residence there is obedience to those in authority. This alone is probably enough to secure his unflinching atten-
lion in the orders of his attendants, but generally, there is another powerful agent at work. The hospital he selects as his refuge in time of trouble is one in whose reputation he believes. His belief in the hospital as a whole, he extends to all its staff, so that even the young house-surgeon or clinical clerk enjoys in some degree the confidence of the patient. Is not this in itself an advantage which the young practitioner can only hope to gain after years of hard work and the exercise of much judgment and tact? In practice, the patient is too often apt to consider himself, his medical attendant's master, and feel justified in carrying out, as much or as little of the treatment as seems good to him; or to offer various plans of his own deciding on.
more commonly of his friends' suggesting. Not only has the practitioner to satisfy his patient's wishes or to overcome them with speech, delicate fact that, while he is really carrying his point, the patient imagines he is having it all his own way, but he has also to allay the anxiety, satisfy the varied and often rather unreasonable demands of the patient's friends. In the hospital, he loses to a great extent his individuality with the influence of his friends: he is then as a case for treatment - in fact as a mere passive agent. Then again contrast the nursing arrangements of an hospital with those of private cases, when the patient is in poor circumstances. In the hospital, you have a staff of trained nurses, where
...dedicated entirely to nursing their patients. In the other case, you have first to find your nerve to stand her. In far too many cases, the raw material from which your selection has to be made, is of the most unpromising description. Ignorance, stupidity, or indifference are most commonly displayed to an almost incredible degree, rendering futile all your efforts in the way of treatment. That, too, very often, simply by making no attempt to carry out your orders. On one occasion, an old woman, who was detailed in these tactics, on being asked why she sent for the doctor at all, if she were not prepared to act upon his instructions, frankly replied: "Just to save reflections." It may readily be unapplied how dif...
ficult it is to deal with people of this class, especially as they will not \textit{per se} refuse to protect them after carrying out your orders, when appearances are decidedly against their having done so.

A point which we often hear urged against professional nurses, is that they are mere strangers, that none can make to good a nurse as one who is bound to the patient by ties of blood or of friendship. I admit that a friend has a more personal interest in the recovery of the patient than is willing to make great sacrifices for his sake. But in a case of serious illness, where the life of the individual is at stake, apprehension for her friend’s safety is apt to overcome the non-professional nurse and reduce her to a state of emotional excitement which is not necessary.
higher degree
beset, incompatible with the gra-

ty of the situation.
In hasty times of this nature,
there is another resource, to
which the friends of the pa-

tient must included as often
as not—burn. I refer to alco-

hol stimulants. Sometimes
one can excuse the friends,
who, worn out by anxiety &
want of sleep, have recourse to
a small quantity of alcohol.
but it is hard to be so lenient
to that person, who, with a
member of their family at
death's door, so far forget all
decency as to render them
helpless in memorium of all
around them. Take for instance,
a case of perpetual con-
umbriously that occurred in the
course of my experience, when
the husband & mother-in-law
were helpless from this cause.
The only other person avail
able for nursing purposes, was so deaf & stupid as to be practically useless. In this case, I had to pay the penalty of the moral & physical unfitness of the patient's friends to act both as doctor & nurse. Remained with the patient for the greater part of the night. In regard to the choice of nurse from amongst the members of the household, that the personal qualities of the medical attendant are shown, his ability to select from amongst these, the individual most fitted for the duties of this post, demands an amount of observation & of knowledge of character only to be acquired by long experience & careful study.

All the foregoing considerations lend, undoubtedly, to others, that as regards nursing also, the
Hospital patient is in the vast majority of cases infinitely better off than the private patient. As a consequence, that the amount of care and responsibility which falls on the medical attendant is correspondingly increased.

Let us now turn to the internal surroundings of the patient. Here again, the hospital patient enjoys advantages unknown to the same class of private patient. In the hospital, the distinctions between rich and poor are annulled. The poorest inmate is surrounded by favourable conditions only known outside its walls to the fortunate possessor of wealth that always been his heir. He is lodged in a well-situated, well-lighted, well-appointed ward. How different the circumstances of the private
Patient: Living in some crowded neighborhood, with all its unsanitary surroundings, there is often barely sufficient light in the house to distinguish between night and day. In such circumstances it can scarcely be wondered at that the house is anything but clean, while the number of inmates huddled below one roof excludes the idea of a pure atmosphere. Almost invariably the air is foul tainted to a suffocating degree; very rarely indeed, is the opposite extreme of temperature met with, except in cases of the greatest devastation. The want of ventilation is not always the result of bad construction of the apartment, but often of the ignorance of the attendants of the patient. Who seem to think that fresh air is a luxury to be avoided in
every care of illness to make the most strenuous efforts to prevent its entrance. This unfortunate circumstance that the art of carpentry is even in this nineteenth century far from perfect that loosely-fitting doors and window sashes still baffle the attempts to make them airtight. In this way some fresh air enters the room but we must take more Strin- gent means than these. The most endeavour to obtain the pure atmosphere of the hospital ward by the simplest and most inexpensive methods. The following are a few of the ways in which this may be accomplished in the poorest homes with little or no expense.

If the window open from the loft, it may be drawn down a few inches with a piece of coarse gauze nailed over the aperture.
so as to break up the air through-put draughts: or if it only open from the bottom, the place recommended by Sir Douglas Kaldenau in his Health lecture may be adopted: the space raised from the foot of the pace 3 inches. Into this open space a piece of hard is accurately fitted so that the air enters entirely between the two spaces. Other simple methods of ventilation, are to have a number of small holes made in the upper panes of the window, or to have an arrangement of gills like a Venetian blind. The old's being so inclined that the air will enter and be directed to the roof. Then, however, have no advantage over the first-mentioned methods. On is almost unnecessary to say, that an open fireplace is of the greatest aid to ventilation. So
Certainly the best means of heating the sickroom—a means, also, which is always always at our disposal. In the hospital ward, care is always taken that the temperature shall be as nearly as possible the same, throughout the whole extent of the apartment. Now it does not occasionally happen, in private practice that the room is so large or the very imperfectly heated in some part of its extent. If this happen, a small paraffin oil stove is a very useful adjunct to the ordinary fire to addition, may be used to heat a bennett's pot or spray, if required. Objective is sometimes taken to this stove on the ground that it causes a disagreeable smell. I have been it used repeatedly, but have had no reason to com-plain, so I suspect, when.
the smell occurs, it is due to mismanagement of the stove, as is often the case with the ordinary paraffin lamp in unskilful hands.
I have drawn attention to the atmosphere of the sickroom in regard to two of its aspects - its purity and its temperature - but there are two other points to which I must briefly refer. Here are, the saturation of the air with steam or with some therapeutic agent. In hospitals there are many varieties of apparatus for this purpose. Special arrangements adapted for their use. But since we have to content ourselves with means simpler because, for instance, if only a slight amount of moisture is requisite, nothing acts better than an ordinary kettle placed on the fire-list.
Kept at the boil, the steam issuing from where steam is directed into the room; if a greater degree of saturation be required, an ordinary tea
Boschets-Kettle will accomplish this. Suppose, however, this cannot be obtained of the case insistent.
Take in all the resources of the situation and make the best of them. A newspaper or a piece of pasteboard rolled round a
stick, a lead at intervals may be fastened to the front of the kettle: a piece of tarp pipe may be similarly adapted or a
piece of lead piping joined to the kettle by a short piece of
India-rubber tubing. These all possess the advantage of being inexpensive yet very effective methods.
In many of the diseases of the respiratory system, the condi
tions of the atmosphere of
these localities have been
found to exert a beneficial influence on the course of the disease. The physician practising among the wealthier classes, finds his patient may be, to breathe the fresh air of the ocean, or a voyage to the Mediterranean, to the Cape, or to Australia; or to breathe the pure mountain air of the higher altitude spots at dawn; or St. Moritz; or to inhale the fragrant odours of the pine forests of Arcachon; but the physician practising among the poorer classes has made resources at his command. He can only endeavor to imitate these favorable conditions, with it must be confessed, very partial success. He cannot it is true, by a supply of sea, or mountain air, this patient, most of his patient, fungus odours, but he can produce
the organic impurities of the
air of the sickroom less vi-

ersious by saturating it with

some antiseptic agent. The

air may be purified by means of the vapour of

some astringent substance.

In an hospital, the newest form

of apparatus, are available

for this purpose, but, outside,

we have to use less costly

means to accomplish the end.

Perhaps, the most generally

used of these is the ordinary

bronchitis bottle, with an ar-

rangement at the end of its

tube, containing a piece of tow

which receives a small quan-

tity of theselected remedy.

Another very easy method

is to take a shallow porcelain

dish - a saucer will do - to

support it on a metal

stand which can easily be

suppressed if need be. Keep it
with water, on the surface of which a small capsule will float—this will a small quantity of, for example, Euca-
alyptus oil. Apply heat to the water, the stump is done.
Simpler still, is to take a handful of boiling water, then
on its surface a small quantity of the Eucalyptus oil when
this is readily destabilized. Even
on unsupervised tubes of pasti-
board, but lead is may be used
on the same principle as the Bunsen's Kettle with a
small piece of lead.
I tried safety a simple & bili-
neum apparatus, which I
found to act excellently. It
is merely a water-bath adap-
ted to the purpose. It is made
often heated by a Colza oil
lamp. It consists of a lower
compartment which contains
water, into which fits another
acceptable for the substance to be used.

In regard to all these points, we have seen with what dif-
fiiculties the physician has to
grapple in his attempt to
render his patients' circum-
stances comparable to an ade-
quate with those of his more
fortunate neighbour. And if
we extend our survey to
other details, the result will be
that of each of them is to em-
phasize these differences
still more.

The bed on which the patient
lies rests in hospital, how much
more comfortable, how much
more suitable for the treatment
of disease, than the great major-
ity which it is the lot of the phy-
sician to endeavour to improve.

The oldfashioned box-bed (al-
ready mentioned) really a kind
of cave of pure air, the beauty
Aramaid & Camofride four-poster, the equally objectionable chaff or feather bed.

How different is the quiet & cheerful ward of the hospital to the druing & dirty scene in some rooms & cellars through which patient must be its influence in hastening the recovery of the invalid.

What an advantage the hospital patient has in the way of food how difficult it is for the medical attendant to remedy the many defects in regard to this important matter outside the hospital walls when we find that the most ordinary articles of diet are not even decently cooked & that when any special dish is ordered for the patient, the order, if it is to have any chance of being carried out, must be accompanied by a
practical demonstrations, not
least must minute restriction
of price, how often has the
physician to repair from
prescribing on account of the
want of funds on the part
of the patient to known this. All these matters, can scarcely,
it appears to me, be called un
important, for such cause
much anxiety to deserve great
vigilance on the part of the
general practitioner.

He might take up in the same
way other branches of medical
practice, but enough has been
written to show conclusively, I
think, that the young practi
tioner finds himself surrou
ded by a "sea of troubles" on
entering into practice. I have
made no attempt to enumerate
these troubles. My object has
rather been to endeavour to
point out their general
naturally by means of a few indi-
vidual examples, it shows that
these difficulties have as their
principal cause the great
variety of conditions under
which a patient is treated
within and outside an hospital.
Does not this seem to suggest
that medical education is not
yet as perfect as it might be?
The last half century has seen
many sweeping changes in re-
gard to the important ques-
tion of medical training. The
old system of apprenticeship
has all but disappeared from
our midst that been replaced
by one, which, in many respects
is vastly superior to its bene-
priable predecessor. But maybe
we have gone too far? Are
there not some advantages
lost to us by our new sys-
tem? If the graduate of the
present day had some similar
experience to that of the old apprentice, he would certainly find himself much more familiar with the work of private practice, for this, after all, is the object to which the mass of graduates intend devoting their life's energies. We cannot return again to the old system with entire, but might not some modification of it be devised whereby the student would be enabled to spend some months at least in the daily routine of private practice. That the need of such an arrangement is being seriously felt among members of the profession is manifest from the correspondence on this subject that has been going on for some time past in the pages of the leading Medical Journals, as well as the discussions at a meeting of the General Medical
Council, numerous societies.
Is there not a danger of making Medical Education too narrowly scientific? Is there not a tendency to require from the student a too minute knowledge of, at least certain subjects in his curriculum—subjects which are often designated the scientific part of his studies? But why should these confine themselves the name of scientific? Are not the practical parts of his education, as much entitled to be called "scientific", as these?
I do not, by this, mean for a moment, to underestimate the value of these studies. Medicine rests on a tripartite basis of Anatomy, Physiology, and Pathology but it is the devotees of these branches of knowledge, we look for the data which, when skillfully applied are to be the means of her future progress, both in the application of these
In practical purposes, as much a scientific work as their discovery! Are not these very data useless, unless some master-hand is found to interpret and adapt them to the needs of humanity? In the same way, the student who is entirely trained in the hospital lecture-room, even though he be a man of most brilliant parts, a consummate skill is useless, unless he have the virtue from which he must have studied human character. Suppose him who have naturally a bad manner to have seen only hospital practice, when (as has already been pointed out) the patient is practically a passive agent, then the instability is, that his intellectual power, his wisdom, this skill would be all alike of no avail. People will not employ a man unless they have confidence in him.
can gain this without an intimate knowledge of human nature. This is an important part of the Doctor's work to gain this confidence, for the end of medicine is the healing of disease. Medicine is not an exact science. No problem cannot be solved with mathematical precision. The object of his solicitude being Man, it is impossible to apply the same rigid rules to any 2 cases. If the "Study of Man" is Man" then Medicine may indeed claim to be the greatest of all the learned professions. In it studie man in all his aspects, physical, intellectual, moral. In the solution of such a mighty problem we cannot afford to refuse any help. Every means must be put forward. While, however we accord our gratitude to the
true scientist, who, working
day after day, it may be night
after night at his laboratory,
purps to unravel the tangled
threads of Nature's roof. Let us
not forget that after these
knots have skillfully disen-
tangled, the roof must be teamwork
by another workman riot, its
finished form that it is not
but this is accomplished, that
Maneroid receive acknowledg-
ment the benefit, it has de-
vised from the united labour
shied of both these workman
in their personal spheres.