

## LONDON AND THE OVERSEAS POST-GRADUATE.

THAT London should be the Mecca of all English-speaking post-graduates has for long been the ambition of the Fellowship of Medicine, and recent events encourage us to hope that this ambition is in course of realisation. While Mr. Carson was in Canada and America this summer, he took the opportunity to obtain the views of the leaders of medical education in Canada and in some of the principal cities of the Eastern States of America, and found a universal agreement that London should take the lead in the provision of post-graduate facilities, and an enthusiasm and willingness to help.

The Fellowship of Medicine has now interviewed the High Commissioners for all the Dominions in London and the representatives of the American University Union, and on all sides the most ready sympathy and offers of assistance have been received. A detailed scheme is in course of preparation, and it is hoped that within a short time arrangements will be made whereby all would-be post-graduates visiting this country will be systematically referred to the Fellowship of Medicine in order that their course of study can be mapped out and every assistance given them to obtain their requirements. Our President, Sir Arbuthnot Lane, is at present in America, where he is using his great influence to cement a union between the Fellowship of Medicine and the post-graduate institutions of America.

### *The Needs of the Overseas Post-Graduate.*

The majority of overseas post-graduates can give three to six months to study in this country. A certain number come from the Dominions, chiefly from Australia and New Zealand, to obtain the Fellowship of the Royal College of Surgeons of England, and these are at present accommodated in the undergraduate hospitals. A rather larger number are content with Refresher (Intensive) Courses, or take these courses with other forms of tuition. Americans comprise the bulk of these, together with post-graduates from India. The majority require advanced work in the Special Departments, particularly urology, oto-rhinology and laryngology, pathology and bio-chemistry. There is a definite demand for actual contact with patients, with the responsibility of treating them. Operations on the dead and living body are also asked for rather than instruction in such operations.

### *How we are Trying to Meet Them.*

1. By arranging Intensive and Special Courses at the 60 hospitals affiliated to the Fellowship of Medicine.

2. By drawing up our programme at least 12 months ahead, so that visitors from a distance may make their arrangements.

3. By making this programme as complete as possible.

4. By bringing the activities of the Fellowship to the notice of overseas students by a wide diffusion of the new Journal, by notices in the medical journals of the Dominions and America, and later by arranging agencies in the large towns.

5. By appointing correspondents to the Journal in the Dominions and America.

6. By reserving clinical assistantships in the affiliated hospitals for post-graduates, and keeping a register of vacancies.

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## Reviews

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### NEUROLOGICAL FRAGMENTS.

By HUGHLINGS JACKSON. With Biographical Memoir by JAMES TAYLOR. London: Humphrey Milford, Oxford University Press. 12s. 6d.

ONE of the few real geniuses of medicine was the shy, modest Hughlings Jackson, beloved by all who were privileged to know him. He published no great book, all his writings are scattered in the medical journals. The present book includes a list of his papers, which amount to about 300, his 21 "Neurological Fragments" which appeared in *The Lancet* from 1893 to 1909, and a lecture on "Neurological Fragments" delivered before the Hunterian Society. From these the reader can glean something of Hughlings Jackson's genius and his philosophic outlook.

The notice of him by Dr. James Taylor, with which the book opens, directs us to Hughlings Jackson's main achievements. Before he came, nervous diseases were a mere chaos. Bright and others had recognised that certain muscles are represented in the cortex; Jackson, by his observation on many cases, was able to enunciate the doctrine of cerebral localisation; and physiologists, by experiment, confirmed his conclusions. From his work comes the phrase Jacksonian epilepsy. He was the first to insist on the importance of the use of the ophthalmoscope in nervous diseases, and to tell us that vision may be good although optic neuritis is present. He taught us much about aphasia. But this is by no means all; everything he wrote was suggestive, as, for example, his conception of the nervous system as having three levels. Unhappily all this, and much else, is buried in old medical periodicals. The book before us has dragged some of his writings into the daylight they deserve; we wish for another volume like it, reprinting others of Hughlings Jackson's papers. Dr. James Taylor's account and the accompanying reprints of appreciations by Sir Jonathan Hutchinson and Dr. Mercier give us a delightful picture of Hughlings Jackson himself. The work affords an excellent pen-portrait of the man himself, one of the greatest of British physicians, who, by sheer power of observation, combined with a rare imagination and insight, was able to put both physicians and physiologists under a debt they can never repay, and who, in the words of Sir James Paget, "had given lucidity to physiology and guidance to surgery."

The Oxford University Press has done real service in publishing this book.

## EDITORIAL NOTES

WE have been gratified to receive many encouraging expressions of appreciation of the clinical articles which appeared in our two first numbers. We welcome the endorsement of our conviction that they would prove of considerable value. We are confident, also, that in this respect the present issue will in no way fall short of the standard set by its predecessors. Our ambition will always be to present essentially practical treatises, preserving as far as possible the spirit of the lecture as actually delivered.

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Sir WILLIAM HALE-WHITE has been good enough to contribute a subject in which he has always taken a particular interest. He draws attention to the frequency of empyema as evidenced by the statistics at Guy's Hospital over 17 consecutive years, and no surprise will be experienced at hearing the average annual number of cases in the medical wards alone is 46.5. But a mortality-rate of 29 per cent. is certainly an alarming piece of information, whilst, as Sir WILLIAM points out, various unfortunate sequelæ among many recoveries are a matter of common experience. Sir WILLIAM directs attention to the differentiation of the two varieties of empyema, that in which pus collects in the pre-critical stage and that in which the empyema follows the pneumonia. Undoubtedly many fatalities would be avoided if this distinction were fully recognised and resection of a rib postponed whilst aspiration is undertaken as a temporary and perhaps even as a curative procedure. Doubtless the doctrine *ubi pus ibi evacua* holds good in this instance as in general, but it is only comparatively recently that the special requirements of thoracic surgery have been recognised.

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Dr. BURRELL has been conspicuously successful in the very difficult position which the introducer of a course of lectures must always experience. He is necessarily anxious to avoid any encroachment upon the preserves of the succeeding lectures or of stealing their thunder. Dr. BURRELL'S lecture can certainly claim attention for its own sake. His views upon the necessity for early treatment are dogmatic and uncompromising, an attitude which will be unhesitatingly supported, and will help to stiffen many practitioners in the difficult position in which they are frequently placed by recalcitrant sufferers.

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The contributions of Dr. SYMONDS and Mr. CARSON are examples of many which we hope to publish in the future. Detailed descriptions of clinical cases with a running commentary have always provided a particular attraction, although the compilation is a far more difficult matter than is generally supposed.

Among the letters we publish are two which approach the subject of post-graduate teaching in London from very different angles, and we hope that their publication will stimulate other readers to contribute their experiences and opinions. We think that the complaint expressed by "B. J." in company with others of his colleagues has some basis in fact. But his complaint only illustrates one of the great difficulties with which teachers of post-graduates will always be compelled to contend. In the case of special courses the problem is in general much more easy of solution; special methods of examination, the introduction of new instruments of precision, will always afford the specialist an ample opportunity to demonstrate something of advantage to any audience however experienced or inexperienced.

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But the position of the teacher of general medicine or surgery is very different. His audience may well be composed of some members as experienced as himself; some who are willing to receive a revision of what they already know; and some who are from various circumstances so "rusty" that the very fundamentals are acceptable. The young lecturer is always advised to "talk down" to the most ignorant in his class. This may be true enough of the undergraduate, but it is easy to believe with "B. J." that an elementary standard may on occasion be a source of ridicule and annoyance. It must be seldom, indeed, that a general course can be so uniformly excellent that no complaint of the character raised by "B. J." is possible. A good general course may be compared with a good dinner in which it is not necessary to partake of every dish to have an admirable sufficiency.

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With our other correspondent's letter we do not intend to deal at any length. He is a well-known teacher at an undergraduate school, and it is clear that he expresses a distinctly personal opinion which may receive little, if any, support from others in his position. His letter is, however, of peculiar interest in view of "B. J.'s" conclusion that the undergraduate schools do not appear to be the most suitable for the needs of the post-graduate.

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A satisfactory indication that the advantages of London as a centre for post-graduate teaching are being more and more appreciated is the steady increase in the number entering the Fellowship of Medicine. During the first nine months of this year the total is already in excess of that during the whole of 1924. The increase is approximately equally distributed among British, Overseas Dominions, and Foreign Post-Graduates.

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A new edition of the British Pharmacopœia is now in the course of preparation by the General Medical Council. Few medical productions can have educed more controversy than this work. To

some the compilation is beyond reproach; to others, many and drastic alterations would make for improvement. It would be of considerable interest to us to receive from those readers who may have had extensive acquaintance with the *Pharmacopœia*, any views they are willing to express.

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Of all pieces of advice that can be given the post-graduate none can be advanced with greater confidence than exhortation to join the Royal Society of Medicine. Quite apart from the opportunities of hearing and seeing at meetings of the various sections much that is interesting in clinical study, the advantage of utilising the magnificent library is inestimable. Every periodical in the world of medicine is available in the luxurious reading room, and any new work published can be borrowed with the minimum of delay. Subscribers who live in the country enjoy the privilege of having books posted to them and of references investigated and checked. From time to time social evenings are held with opportunities for conversation and for meeting colleagues from all over the country. It is customary for a special lecture or demonstration to be given on these occasions.

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Two recent visitors from overseas to the office of the Fellowship of Medicine have raised the same question—whether post-graduate courses can be arranged for them at the various provincial centres. These, of course, are accustomed to provide facilities for their own post-graduates and arrangements are made locally, but it is evident that overseas visitors would find it of the greatest convenience if their individual requirements could be satisfied by an appeal to a central agency. London must clearly be such a centre, and it is hoped that in the course of time the Fellowship of Medicine will be linked up with all the provincial schools and hospitals in a completely organised post-graduate system adapted to every emergency of the kind suggested. An important statement from the Fellowship of Medicine will be seen on another page.

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We desire to direct special attention to the course which is being given at the Hampstead General Hospital from Dec. 7th–Dec. 19th. Owing to a misunderstanding the programme circulated in the November issue describes this course as identical with those hitherto undertaken by the hospital. But following the example of the London Temperance and other hospitals, the Hampstead General Hospital course will be given daily between the hours of 4.30 and 6 P.M., a procedure which we are well aware is proving an attraction to those practitioners who find it impossible to spare the major portion of a day but can arrange for the more limited period. Incidentally, the same error involves the Prince of Wales's General Hospital, which is announced

as giving a limited time course from Jan. 11th–Jan. 23rd, instead of an all-day course which has been the invariable practice of this hospital for the past 15 years.

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A course of eight lectures on "Psychology and Education" is announced from the Tavistock Clinic, 51, Tavistock-square, W.C. 1. The course will be delivered by the Director of the Clinic, Dr. CRICHTON MILLER, on Thursdays, at 6.30 P.M., at the London Day Training College, Southampton-row, W.C. 1. The first lecture will be given on Jan. 21st, 1926. Fee for the course is 1 guinea (15s. 6d. for parties of ten and over), single lectures each 3s. 6d. This course, with others delivered by members of the Tavistock Clinic, should be carefully noted. The lectures are particularly adapted for those who desire elementary instruction in the investigation of psycho-pathological conditions and the methods of treatment by those who have specialised in this fascinating branch of medicine.

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A special course in infants' diseases for medical officers of Welfare Centres and others is to be given at the Infants Hospital, Vincent-square, Westminster. The course begins on Nov. 30th and is continued every afternoon, including Saturdays, until Dec. 13th.

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The Hospital for Diseases of the Skin, Blackfriars, is holding a course in dermatology from Dec. 7th–Dec. 19th. The course will consist of instruction in the out-patient department from 2.30 every afternoon, and includes a venereal clinic twice a week from 5.30 to 7 P.M.

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The Fellowship of Medicine announces two important arrangements for 1926, the dates of which should be noted as well as the respective hospitals and lecture rooms. The following series of lectures will be delivered on Thursdays in the Lecture Room of the Medical Society of London, 11, Chandos-street, Cavendish-square, W. 1, at 5 P.M. :—

Jan. 21st, 1926 : Dr. Herbert Spencer, "Abdominal Palpation in Pregnancy." (With Lantern Demonstration.)

Jan. 28th : Dr. H. C. Cameron, "Catarrhs and the Catarrhal Child."

Feb. 4th : Dr. J. W. McNee, D.S.O., "The Treatment of Renal Disease."

Feb. 11th : Dr. S. A. Kinnier Wilson, "Sudden Cerebral Lesions."

Feb. 18th : Dr. R. A. Young, C.B.E., "Artificial Pneumothorax as a Means of Treating Pulmonary Tuberculosis."

Feb. 25th : Mr. Frank Kidd, "Some Points in the Treatment of Tuberculosis of the Uro-genital Tract."

March 4th : Dr. E. P. Poulton, "Dyspepsia."

March 11th : Colonel F. E. Fremantle, O.B.E., M.P., "The Economics of Public Health."

March 18th : Mr. H. W. Carson, "Hernia."

N.B.—These lectures are open to all members of the profession.

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It is also intended to hold special demonstrations in clinical surgery weekly during the year. The

following arrangements have been made for the months of January and February.

Mon., Jan. 11th, 1926 : 5.0, St. Mark's Hosp., Mr. J. P. Lockhart-Mummery.

Tues., Jan. 19th : 2.0, London Hosp., Mr. H. S. Souttar.

Wed., Jan. 27th : 2.0, Westminster Hosp., Mr. E. Rock Carling.

Thurs., Feb. 4th : 2.0, London Temperance Hosp., Mr. H. J. Paterson.

Mon., Feb. 8th : 2.0, Prince of Wales's General Hosp., Mr. H. W. Carson.

Wed., Feb. 17th : 2.0, St. Peter's Hosp., Mr. J. Swift Joly.

Thurs., Feb. 25th : 2.0, Royal Northern Hosp., Mr. Gwynne Williams. \* \* \*

Information relating to all courses can be obtained from the Secretary of the Fellowship of Medicine, 1, Wimpole-street, W. 1.

## Letters to the Editor

### POST-GRADUATE COURSES: A SUGGESTED IMPROVEMENT.

SIR,—May I call attention to an improvement that would conduce to the popularity of the Fellowship of Medicine.

Advertisement is made of courses to be held at various hospitals. The great majority of these are given as announced, but, for a few, post-graduates, who enter their names and pay the fees, are subsequently told that the course will not be held because not enough post-graduates have entered for it and the fee is returned. What that means is that some are put to the expense of securing a locum tenens, of a journey to London, and of living in London for a time, in the justifiable hope of attending a particular advertised course, and then find that, through no fault of their own, their enthusiasm and expense are in vain, for no such course is given.

This, I submit, is quite wrong and reacts on the defaulting hospital, for future post-graduates are naturally shy of trying to work at a hospital at which, from previous experience, they know the course may not be held. The defect lies not with the Fellowship, but with certain hospitals. I would plead that all courses announced are held whatever the number of entries.

Yours faithfully,

November, 1925. DISAPPOINTED POST-GRADUATE.

### POST-GRADUATE TEACHING IN LONDON.

SIR,—I have, as you will observe, not delayed to take advantage of your invitation to express an opinion upon post-graduate study and teaching in London. If I write from a somewhat restricted angle I am hopeful that my contribution will stimulate a discussion which will lead to some valuable conclusions. For various reasons I prefer to be anonymous; but you will, I venture to believe, be willing to stand as sponsor for me, and agree that my position entitles me to claim a certain amount of experience in the subject under discussion.

In his foreword in the first number of the *Journal*, Sir W. Hale-White refers to "the peculiar difficulties inseparable from work in London." To this I feel disposed to say, "Aye, there's the rub." For London is a law unto itself. The colossal proportions of everything associated with the Metropolis astound even the most patriotic Americans. It is not so much the difficulties of organisation to which I refer, as the fact that the whole of our lives is colossal and influenced by the mere circumstance of distance. It is the distances which kill as well as the pace we travel. We have no time for post-graduate work, our lives in London are one perpetual rush to get to the next appointment, always just a little late. And those of us who are on the staff of a teaching hospital soon learn the extent of the obligations which our position demands.

We teach undergraduates often upon subjects in which we are not in the least interested, but our official position brooks no denial. Is it any wonder that we are disposed to turn a reluctant ear to the persuasions and entreaties of the Fellowship of Medicine to join in their scheme of educating the post-graduate? Services given under such circumstances are given grudgingly; they are often given at considerable inconvenience. From the very nature of the undertaking the obligation is necessarily entered into long in advance, at a time when future arrangements cannot possibly be anticipated. It may well be that when the time comes, a mid-morning engagement completely disorganises the whole morning's work; I well remember a personal experience of this type and the annoyance it occasioned.

But is there any other reason why the continental post-graduate schools are so much more successful? It is many years since I had the opportunity of study in the clinics at Berlin, Paris, and Vienna, and perhaps my recollections have become somewhat distorted by time, perhaps after-war conditions too are different. But, rightly or wrongly, the impression I preserve is that there is some fundamental difference making for inferiority here. It may be that their standard of living is lower than ours; it may be that work for work's sake appeals to them. But it is not unlikely that besides being better teachers by temperament, they realise that teaching in itself is worth while, for although it brings no immediate result there is hope in the future. For the world of teaching is itself a process of graduation, and the assistants may aim ultimately at professorships, if not in their own university, then elsewhere. This I admit is a pessimistic letter, but I do not feel that we shall ever control post-graduate teaching in London if it is to be left in the hands of people who have already quite enough to do and to whom this additional obligation is a burden and a bore. Some scheme must be found to employ teachers with whole-time posts, or those who, with comparatively little to do, can be subsidised to an extent which will attract the right type of teacher.—I am, Sir, your obedient servant,

November, 1925. "NON OMNIA POSSUMUS OMNES."

SIR,—I have spent the last four months in London, taking advantage of the various post-graduate courses which are held under the auspices of the Fellowship of Medicine, and I have thought that a few words of friendly criticism may be of some interest and perhaps also of some service. I must explain that I am a colonial general practitioner with particular interest in surgery, but in a situation which makes an application to all branches a necessity.

I have not found, on the whole, that the general courses I have taken have been of great value. They have included an occasional good lecture or demonstration, but the average is undoubtedly poor. This was more conspicuous in a course taken out at one of the teaching schools, and the complaint, which is not merely a personal one but which was supported by several of my colleagues, relates to the attitude adopted by most of the lecturers. I am afraid they cannot have been very well acquainted with the capabilities of the "G.P.'s" attending the course or their requirements, but they seemed to have the impression that we had forgotten all we had ever learned in bygone days and must be taught all over again. This objection was not so conspicuous in another general course at a non-teaching hospital, and I wonder if the conclusion which may be derived from this difference is some support of the statement of Sir William Hale-White's, that undergraduate schools are not suitable for the post-graduate. May it not be the case that teachers of the undergraduate acquire a frame of mind reflected in their teaching, which is proper enough no doubt for the unqualified, for whom they can hardly be too elementary, but which I can assure them is very irksome to the qualified? The special courses were, with very few exceptions, of very great interest and value.

I am, Sir, yours faithfully,

November, 1925.

B. J.