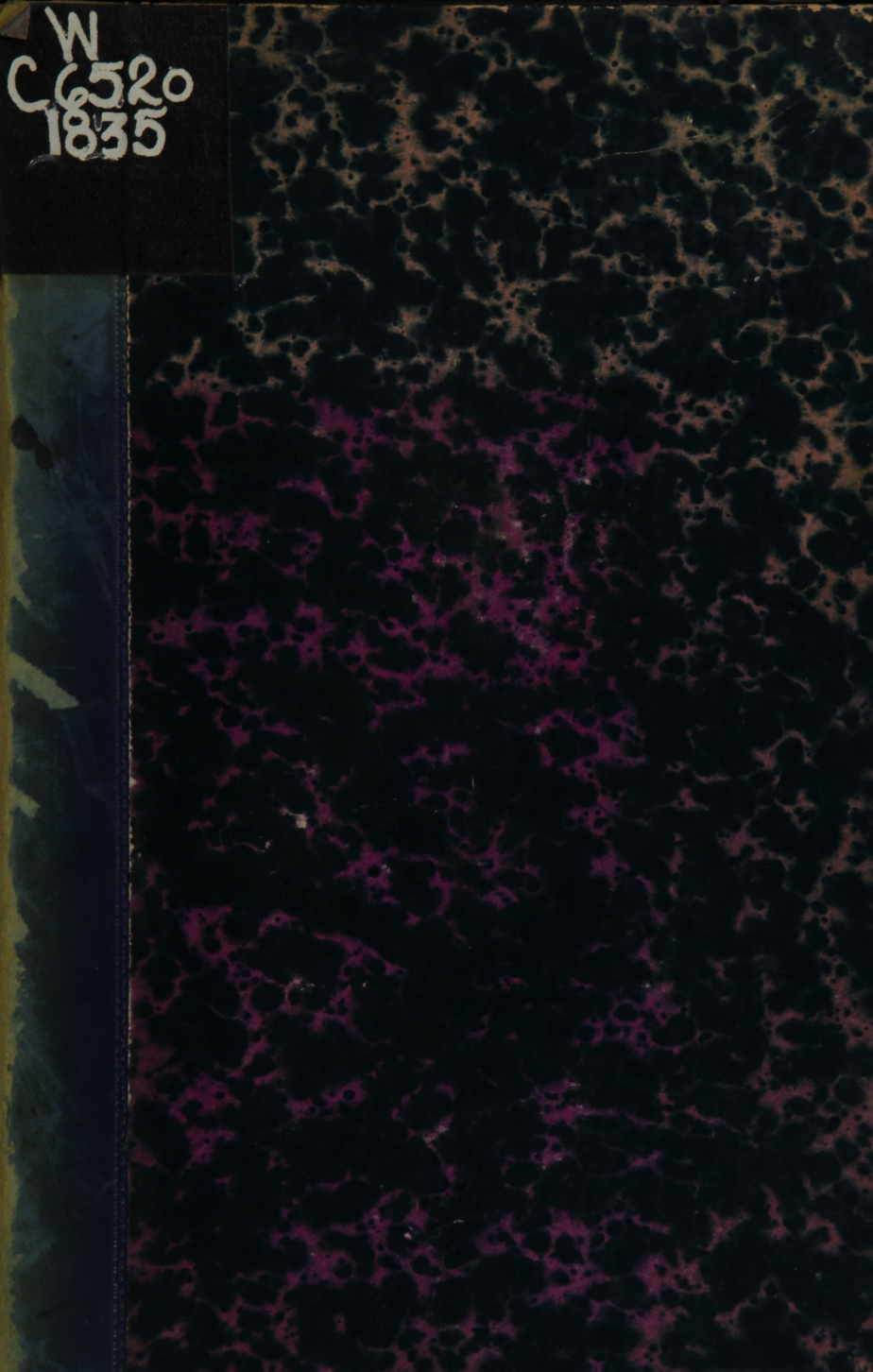


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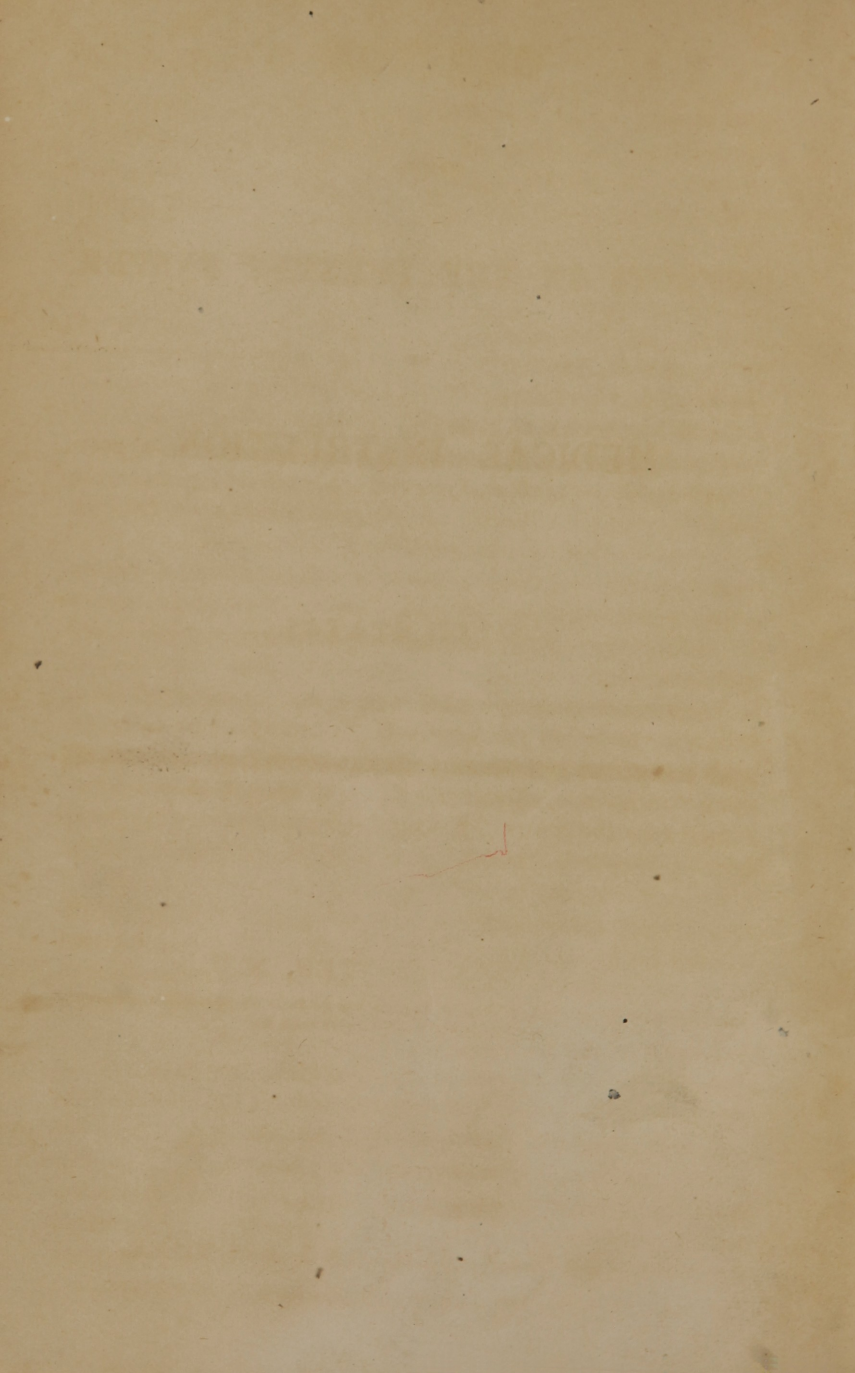
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23 ORATION

ON THE

DEFECTS IN THE PRESENT SYSTEM

OF

MEDICAL INSTRUCTION

IN THE

UNITED STATES.

READ BEFORE THE PHILADELPHIA MEDICAL SOCIETY, NOVEMBER 21, 1835.

BY

REYNELL COATES, M.D.

HONORARY MEMBER OF THE SOCIETY, FELLOW OF THE COLLEGE OF PHYSICIANS, MEMBER OF  
THE ACADEMY OF NATURAL SCIENCES, ETC.

PHILADELPHIA:

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## ORATION.

### GENTLEMEN OF THE MEDICAL SOCIETY.

As you have thought fit to honour me with an appointment usually conferred upon men already distinguished in their profession;—men too whose duties have rendered them familiar with the art of public speaking, in which they have been practised for years;—it is with no slight diffidence that I appear before so large and learned an audience. But the attempt to shield the defects of this address behind laboured apologies and studied confessions of inability, would be an indirect reflection on the wisdom of your choice, and it only remains for me to endeavour to justify your partiality.

One of the chief difficulties of the undertaking, is the selection of a suitable subject upon which to direct your attention. It has been the general custom of my predecessors to choose, on these occasions, some favourite department of the multifarious science of medicine, and to pass in review its progress and recent improvements. The last revolving year will not remain a blank among its fellows in the annals of the profession, and many highly important subjects might have been selected, had not the present situation and interests of the Society determined a departure from the rule.

As the tide of life sweeps onward, gathering force and energy as it proceeds, but perpetually curtailing the distance that separates us from the ocean of the things that have been, it is the duty of every individual embarked upon its bosom, while watching the land marks of his future course, to cast a frequent retrospective glance; that he may judge, by his experience of the past, his speed, his draft, his capacity to bear the shock of many hidden dangers, and the rude collisions that



unavoidably occur upon the crowded surface of the stream. Sometimes, retiring near the shore, he wins his way with caution and in silence, before a steady breeze; at others, he dashes boldly into the current, preferring to brave the force of the turbulent waters, and the sunken rock, rather than to rest, becalmed in idleness, beneath the safer shadow of the banks.

The same rules of conduct which should govern individuals, should also regulate the action of associations; and the body which I have now the honour to address, though usually pursuing its beaten track of usefulness, demanding and receiving but little attention from the public, has yet stepped forward, upon more than one occasion, to defend or to advance the interests of the profession. But has it fulfilled, to the utmost of its ability, the end of its existence?

This society probably embraces at the present time, a larger number of medical men than are elsewhere associated in any part of America; its purposes, in the broad terms of the charter, being mutual improvement in the science of medicine, and the promotion of medical knowledge. It is the only extensive medical institution in the great state of Pennsylvania which is governed and directed by members of the profession. Its honorary fellowship is frequently an object of solicitation with distinguished persons in far distant lands, in some of which, the possession of its diploma is said to be considered a higher recommendation than that of many instruments of greater legal importance.

The query which has just been proposed, will explain my motive in directing *your* attention to the subject of the present address.

The business of medical instruction in America, has been widely extended since the days of Shippen and Morgan,—names, alas! but seldom heard in the halls where they, and their immediate successors stood forth, the founders of our system, and ornaments of our profession. But amidst the troubles of national revolution and political feud,—personal animosity, and governmental interference,—the school of Philadelphia has continued to maintain its high and hard-earned

reputation. First in the date of its foundation, it is still the first in relative standing and importance.

In a country where the progress of improvement is so rapid as to baffle calculation, and where competition is fostered by the nature of the social institutions, some extraordinary circumstances must exist to account for a reign so long and prosperous. The explanation may be found, firstly, in the multiplicity of our charities, and the number of our libraries, which furnish such a noble field for medical observation and study; and secondly, in the accumulated recollections clustering thickly round one of our institutions, formerly the College and Academy, now the time-honoured University of Pennsylvania!

These causes have co-operated in collecting, within the precincts of Philadelphia, a mass of professional talent and learning greatly disproportioned to the population of the city; and it is this concentration that has rendered, and, under a liberal and enlightened policy, must continue to render this school the noblest fountain of American medical science.

But the possession of a capital, is not *alone* a sufficient foundation for profitable operations. The nature of that capital must be studied with care, and it must be called into play by talent for business, and untiring industry, or rivals of inferior weight, but greater enterprise, will inevitably take the lead; creating that which they require by the certain returns of industry, and leaving little to those who found their title to distinction upon gains already accumulated, beyond the bitterness of blighted ambition, or an inglorious retirement in the shade of the laurels that adorn their more fortunate competitors.

There are those still living, who witnessed the birth of the first medical school established on this side of the Atlantic. Seventy years have not completed their circuit since that event; yet, on every hand we perceive the advancement of young and vigorous institutions which emulate the honours of their parent. The march of our science advances with accelerated velocity. Not so the improvement of our school! Too long have we rested supinely in the rear of age, dreaming of the glories of the past! Excellence is estimated only by comparison; and if the immense resources of Philadelphia are



to be made available in retaining for her that supremacy in this noble study, to which she is justly entitled, they must be analyzed ! made known ! improved ! This is no mere business of interest or feeling—it rests upon us as a duty ! The private individual who has secured a competence, may wisely retire from the bustle of the world ; but, in the members of *our* profession, upon whose labours depend the dearest interests of humanity, *inaction is a crime !*

In our profession, the labour of study never ceases. *The practitioner and the professor need instruction*, no less than those who stand as candidates for admission on the porch of the temple. Those then who restrict their idea of a medical school to the institutions in which are taught the rudiments of the science, hold views too narrow for our present purpose. In speaking of the School of Philadelphia, I allude to no one college, university, or combination of teachers, but to the whole scheme of medical instruction, both elementary and profound. The field is vast, and, by necessity, my observations will be general.

The various institutions which should contribute directly or indirectly to the perfection of this school are many ; and in order to avoid all charge of partiality, I will enumerate them nearly in the order of their foundation—they are these : the Pennsylvania Hospital, the University of Pennsylvania, the Philadelphia Medical Society, the College of Physicians, the City Hospital, the Philadelphia Dispensary, the Almshouse Infirmary (now Blockley Hospital), the Academy of Natural Sciences, the Northern and Southern Dispensaries, Friends' Lunatic Asylum, the Medical Institute, Jefferson Medical College, the College of Pharmacy, the Marine Hospital, the Wills Hospital, and the Philadelphia Medical Association. To these may be added, in the order of their professional importance, the Libraries of the Pennsylvania Hospital and the Philadelphia Almshouse, the noble donation of Dr Logan, the Library of the Academy of Natural Sciences, and the Library of Foreign Languages.

A little attention to the character of these foundations will show that they are naturally divisible into five principal groups : Collegiate Schools, Subsidiary Schools, Clinical Schools, Collateral Schools, and Libraries.



In the present address our attention will be confined exclusively to the three first of these groups, and to our own peculiar relations with them, for the attempt to embrace the subject in its full extent, would carry us beyond all reasonable limits.

The character of the collegiate schools is of vital importance to society at large; and it is also most intimately connected with the personal and professional interests of every practitioner of the healing art, and every student of the science of medicine. Upon their regulations depend the public estimation of the profession, and the social standing of its members; the lives, the comfort, and the honour of thousands of our fellow creatures; and, to a considerable extent, the literary and scientific reputation of the nation. Are the requisites for graduation diminished? Immediately the country is flooded with inferior pretenders to medical skill. More slowly, the public detects the defect. The diploma ceases to be regarded as a distinction. Empiricism immolates, without restraint, its hecatombs of victims, and ignorance claims equal rank with wisdom! Are the requisites increased? The science is rendered inaccessible except to those whom fortune favours with long years of leisure and a store of gold! It is true that the social standing of the graduate is elevated by these means, but this advantage scarcely compensates for his diminished industry. Hereditary wealth is but too generally a misfortune to the student!

The depth of the interests involved in the proper arrangement of collegiate schools, and the difficulties which beset the problem, render it dangerous to touch the question lightly or in haste. If improvement be desired, it is natural that we should turn our eyes upon those noble European Institutions which surpass our own so vastly, both in system and extent; but let us not be blinded by their glory. All the grand systems of medical instruction, in foreign countries, which might serve as models for imitation, present, upon examination, defects both numerous and glaring.

That of absolute Austria, which is the most perfect in organization, feels throughout every fibre the influence of a despotism that puts the mind in splints, and tortures science upon her Procrustian couch, until the movements of the pro-

session are rendered *automatic*; and, in every operation, exact and perfectly consistent though it be, you hear—as in the chef-d'œuvre of Maelzel—the *running of the wheels*!

In revolutionary France the plans of medical instruction are new and captivating. There is all the appearance of freedom; but that freedom is so entrained by the regulations made for its protection, that, like the national government, it moves with difficulty through the cumbrous masses of its guards. Witness the present position of Louis—thrown out of the Faculty of Paris, and the constantly increasing murmurs against the system of advancement *par concours*.

In the free universities of Germany, those little republics existing on sufferance in the midst of seeming liberty, but real despotism, it may be said that there existed, while their independence lasted, no *system* of medical instruction. Learning, in every department of the science, was thrown open before the student, and he was left to choose, almost without a guide, the nature and succession of his studies. In most of these establishments the rigid examinations were made the principal, and in one of them, the only test of fitness for the honours of the doctorate. The result has been such as might have been anticipated, among a people dreamy, enthusiastic, learned, industrious and poor; whose spirit of adventure, repressed by a most jealous supervision, breathes only the mephitic vapour of the closet, cheered by the dull rays of the midnight lamp; for if it dares to burst its prison bars, to revel for a moment in the free air of heaven, and bathe its wings in the truth telling blaze of day—it dies!

With a few noble exceptions, German medicine has been distinguished for profound research and learning, with little originality: and for the wildest theories that scorn the restraints of reason. Witness the invaluable records of Meckel and the Sprengels, and the equally incalculable reveries of *Hahnemann*!

Of Italy, the land of Scarpa, Bellangeri and Tommasini, we know comparatively little. The sound of a few great names rolling back the dense mist—the moral malaria of foreign domination, has reached our ears in feeble murmurs. Her system, vast as her ruins, and philosophical as befits the birthplace of



modern medicine, is said to be imperfect in its action, from the influence of those vices which everywhere afflict the victims of political oppression. A rigid censorship at once curtails the ingress and the egress of professional knowledge. The iron has entered the soul of the queen of nations ! Her treasures,—her undying monuments of art,—and in some cases, to our shame be it spoken, even the fame of her professors have been given over to the hands of the spoiler !

The rest of Europe has but little interest for the student of medical schools, and it is time to cross the channel.

In glancing at the institutions of the British empire, the first thing that arrests the attention of the professional inquirer is the broad distinction drawn between the plans of education for the surgeon and the medical practitioner. This is a most serious defect : for although it may be well for certain individuals to devote themselves, *especially* either to the study of internal, or to that of external diseases—because the prosecution of each of these great branches of our art demands, in some situations, the possession of peculiar faculties and habits of mind ; yet the physiological and pathological laws, and even the therapeutical principles, when strictly analysed, will be found alike in both departments. Notwithstanding the well known truth of these facts, the only requisites for the surgical licentiate in England are, an apprenticeship in the family of a practitioner, a knowledge of the Latin language, and certificates of attendance upon three courses of lectures on anatomy, one on surgery, and clinical observation in some large hospital for a single term. The final examination is restricted to his knowledge of anatomy, and his proficiency in the manual and medicinal treatment of surgical cases. In Scotland, these examinations are somewhat more extensive. In Ireland, they are said to be more strict. With such an education, then, the surgeon is permitted to go forth, not as a surgeon only, but, strange as it may appear, as a medical practitioner !

As for the English candidate for medical honours,—if not content with the glory of a diploma granted by the ancient universities of Oxford or Cambridge, where graduation appears to depend more upon the observance of certain antiquated forms, than upon the qualifications of the applicant,—if it be



his object to possess himself of some more valid title to the high, and terribly responsible station of guardian over the lives of his fellow creatures, than that which is conferred by an attendance on the very partial courses of medical Instruction accessible in those universities, together with the compulsory grant of fellowship in that close-borough institution, the London College of Physicians,—he flies to Scotland, Ireland, or the Continent, in search of knowledge and credentials of greater value. Then, perhaps, if he designs to practise in the Capital, he lays his hard-earned laurels at the feet of those who rule *Apothecary's Hall*.

The School of London, with her noble hospitals and learned private lectures, is on the eve of revolution. The march of political reform has broken the repose of her professional conservatives, and Mr Warburton is now engaged in certain plans of parliamentary action, which, it is hoped, will raise her to an eminence commensurate with her resources, and the progress of the age.

Besides Oxford and Cambridge, there are four other universities in the United Kingdom with power to confer degrees in medicine: one in Dublin, resembling in its laws those venerable seats of science; and three in Scotland—namely, the Universities of Edinburgh, Glasgow, and Aberdeen. Besides these, there is the Dublin School of Physic, enjoying co-extensive powers, and a growing reputation, that threatens to outshine the fame of all her rivals.

The general resemblance of these several institutions renders it unnecessary to notice them in detail, but the University of Edinburgh has more especial interest for the American physician; for in her halls were educated those venerated men, to whom we owe the origin and early perfection of medical instruction on this side of the Atlantic:—whose influence still hovers over us, rendering the spot whereon we stand as holy ground! Her laws and mode of instruction furnished the model on which the medical department of the University of Pennsylvania was originally constructed: and, as the latter is the parent of all the medical schools of America, so the former may be considered the patriarch of those of Great Britain! It is true that she has fallen somewhat into the shade; less,

perhaps, from any retrograde movement of her own, than from the more rapid advancement of her continental rivals. Far distant be the day when the same remark may be applied to her transatlantic sister!

My object, in this hasty review of the principal European schools, has been to direct your attention to a fact of high importance, but one which has not attracted the notice it deserves. There is an obvious and natural connection between the character of the government and popular taste of a nation, and that of its medical institutions. Thus in Austria, both are military; in France, analytical; in England, aristocratic; and in Scotland, literary. This connection is the necessary result of the construction of the human mind. The force of habit is irresistible, and the differences of national government are inevitably productive of corresponding differences of perception, thought and action. *In order that institutions should be permanent, it is necessary that they should be adapted to the genius and habits of the people.*

In these United States, we have drawn from the father-land most of our customs and opinions. The common-law of England is yet in force amongst us, except where our peculiar wants and character have led to the interposition of the legislative power, in altering or destroying its action. But the necessary changes have been numerous, and all-important.

Our Medical Institutions have originated from the same source: but have they been subjected to a like revision? The general arrangement of the course of study in the American schools, has undergone but little change since their first establishment in 1768. That little consists, chiefly, in the curtailment of the duration of the curriculum, the depreciation of the requisites for graduation, the extinction of the Baccalaureate, and, in some places, though fortunately not in Philadelphia, the diminution of the number of Professors! In some particulars, these changes may not have been injurious. Had we demanded of every candidate for medical honours, the production of a Latin thesis, and those extensive classical acquirements held elsewhere indispensable, we should have excluded from the ranks of the profession some of its brightest ornaments, and most influential members. But the total neglect of all exami-



nation into the previous education and capacity of the student, which is now *peculiarly characteristic of the American schools*, is often as cruel in its consequences to the individual, as it is injurious to the interests of the public! Why does it happen that almost every alteration hitherto effected in our system, instead of elevating, tends rather to depress the character of our profession?

Gentlemen, let me not be taxed with sinking unwisely into the ridiculous, in stating an important fact, from which may be drawn a still more important conclusion. By doing so, I may be blamed for degrading the medical character before the public; but as an honourable man would scorn the insignia of a rank held by any other titles than those of real merit and superiority, so, professionally, he would shrink from the attempt to raise the reputation of his favourite pursuit upon less solid foundations. The first step toward the correction of abuses, is *the publication of their existence*. The fact to which I allude is this:

In an obscure corner of a neighbouring state, remote from hospitals or libraries—with a faculty of three professors—exists a *Medical School*. There the unwonted sound of academical applause might almost startle the dun deer from its noon-day repose in the neighbouring skirts of the primeval forest! yet there, are regularly taught the six important branches to which, by almost general consent, the science of medicine has been *restricted*! The terms of tuition are such as place the doctorate within the reach of all whose means supply the ordinary wants of nature! They are far, very far within the limit of expense attendant on a residence in the Atlantic cities, even in the humblest situation! and lest the student should chance to make erroneous calculations, the statement of collegiate fees includes the cost of, not only *the board*, but also *the necessary repairs and cleansing of the garments*! This is a strong case; but, throughout the various provincial institutions, we may observe a gradation verging toward this climax with startling rapidity! I will go farther! We are threatened with another foundation within the precincts of this proud keystone of the political arch of still more questionable merit!

Gentlemen, it is time for us to look to our position. The



days are passed when the possession of a **MEDICAL DIPLOMA** was *prima facie* evidence of a **PROFESSIONAL EDUCATION** ! The reputation of the practitioner already depends, not upon his diploma, but upon the fame of the institution by which that instrument is granted, or, *by a mere change of phrase*, upon the character of the names appended to it.

The causes of this state of things are two-fold. Firstly, the democratic tendency of our government, which makes every thing to depend upon the popular voice ; and secondly, the occult nature of our science, which renders its true interests intelligible only to the initiated. The former of these causes, it is impossible, even if it were desirable, to counteract. The latter might be partially controlled by the general diffusion of education, and by the due representation of the profession in the boards appointed to the control of medical institutions. But all improvement in these directions is resisted, or rendered painfully slow, by the unreasonable prejudices of the ignorant on one hand, and by those of the *intelligent* upon the other. Some more rapid action is demanded, to give talent its proper station, and professional skill its due ascendancy.

A systematic reformation in all the institutions which now enjoy, or may hereafter acquire the right to confer degrees, is not to be expected. The nature of our government precludes the possibility of such arrangements, and all that remains in our power is, to improve the character, and elevate the standing of particular schools, by calling into play the resources within their reach, by filling up the unoccupied ground both in the primary and collateral departments of the science, and by perfecting the methods of tuition.

To analyze the various defects in the usual course of medical instruction in this country, would require more space than I may now command : but some idea of their nature and extent may be conveyed by a comparison between the number of professors employed, the variety of branches taught, and the duration of study required, in the principal medical schools on the continent of Europe, in Great Britain, and in the United States.

At Vienna, according to accounts in 1826, the number of courses regularly delivered is eighteen ; attendance upon six-

teen is rendered obligatory upon every medical student. Besides these, there are three courses termed extraordinary lectures. The duration of the elementary studies is five years. Each medical year continues ten entire months, and is divided into two semestres; and the studies of each year are regulated by the laws. Public examinations are held at half yearly intervals.

At the University of Berlin, in 1823, there were eleven Professors, and seven Extraordinary Professors lecturing within the walls. A well regulated dispensary was attached to the lecture-room, and the diagnosis and therapeutic treatment of each case was publicly conducted in the latin tongue, by one of the pupils, under the immediate inspection of the Clinical Professors. The medical year extended beyond nine months, and was divided into two semestres.

At Gottingen, prior to its recent political troubles, there were nine Professors, who delivered twenty-two different courses; but the attendance upon these was optional with the student; his competence, upon most rigorous examination, being the only requisite for graduation.

In Italy: the school of Pavia has fifteen Professors; Padua, thirteen, with nine Adjuncts, teaching fifteen branches; Turin, eleven; Bologna, twelve; Genoa, nine; and at the last, the final examinations are made by an independent body of twelve practitioners, delegated annually from the neighbouring cities. The predominant term of study in the Italian schools is extended to five years.

In Paris, the number of regularly nominated Professors in the school of medicine is twenty-two; the term of study four years.

In Edinburgh, the number of courses on distinct branches, upon which attendance is enjoined during the four years of study, is seven. At St Andrew's, nine.

It is in London only, that we find the candidate for the licentiate admitted to examination after an attendance upon lectures during two years only, and it is also in London that we first discover a practice still more reprehensible, but which is universally encouraged in this country. I allude to the habit of permitting the student to crowd into a single winter



the simultaneous study of all the branches included in the entire course of instruction, together with clinical observation in an hospital. The obvious impossibility of directing the attention to such a multitude of subjects, of characters so various, and often slenderly connected, has produced an agitation in the medical associations of London, from which a change of system must shortly result. In their late circular, the distinguished Lecturers of St Bartholomew's Hospital call upon their coadjutors to assist them in extending the medical year from seven to ten months, to be divided into two sessions, with an arrangement of the courses which will allow the student sufficient time for collateral study and clinical observation.

From the facts just mentioned, it will be perceived that the amount and variety of knowledge accessible in the collegiate medical schools on the continent of Europe, vastly exceeds that which is furnished in those of Great Britain; and yet the better class of these latter institutions enjoy, in many respects, advantages almost equally decided, over those of our own country. Indeed, by the latest regulations adopted at *Apothecary's Hall*, the extent of information demanded of the candidate before he can receive the licence to practise under the authority of that institution, is greater than that required for graduation in the first Medical Schools in the United States! This, gentlemen, is humiliating, but it is true, and it is right that it should be made known!

The entire duration of the curriculum of public collegiate instruction, in the more celebrated continental schools, is fifty months. In Scotland, twenty-four months. In England, fourteen months. In America, *eight months!*

The number of formal public examinations to which the student is subjected, during his studies on the continent, is generally ten. In Great Britain and America, *none*.

In the final examinations, preparatory to receiving the diploma, the diagnostic acumen and practical tact of the candidate are most fully tested at the bedside in Prussia;—partially in Austria; and in Great Britain and America, *not at all!*

Clinical instruction at collegiate schools is made the primary

object in Prussia, a most important one in the rest of Europe, while in America *it is almost a matter of form.*

In Austria and Prussia there are three degrees of medical honours; in other parts of Europe, and in Great Britain, two at least; and in America, *but one.*

The glaring defects of our system of instruction, exposed by these hasty remarks, is acknowledged by all, and occasionally, temporary, and inefficient attempts have been made to counteract them: but few have had the hardihood to state them frankly and fearlessly; nor has any one presented a correct analysis of their nature and their remedy.

Time will not permit us to occupy this ground on the present occasion; but I may be permitted to take a passing notice of a few of the branches which are either neglected or misplaced in our collegiate schools.

The pathology, therapeutics, and clinical management of internal diseases, the three most important and extensive departments of our science are in many places crowded into the duties of a single chair, under the irrelevant title of the chair of the practice of physic.

Here we observe the principles of a science, the principles of an art, and the practical applications of that art—each vast enough to employ the talents of the most gifted professor for the duration of the longest life, and demanding for its elucidation, and gradual perfection, varieties of habit, perception, and mental endowment, almost incompatible, and very rarely found combined in a single individual—all heaped together without regard to reason or propriety! Fortunately an approach to more correct arrangement has been effected in certain schools, among which is the University of Pennsylvania, where division has been made between the institutes and practice. Less happy is the fate of the pathology, therapeutics and clinical management of external diseases. The duties of the chair of surgery continue to include them all; with the additional burthen of surgical anatomy! Diseases of the eye, which constitute one of the most important departments of surgery, the practice in which is made a distinct profession in many countries, and which form the subject of elaborate courses in most parts of Europe, are generally dismissed with us, after a



few hasty lectures. The three great branches of general, special, and pathological anatomy, form the subject of a single course, and comparative anatomy, a department of scarcely less importance, is passed unnoticed in our schools!

Obstetrics, and the diseases of women are naturally associated under the jurisdiction of a single chair, but it should not be forgotten that they are two departments.

The complaints of children are in great degree neglected, as are also the diseases of the skin.

Hygiene, public and private, and medical jurisprudence, form no part of the course of study in most of our celebrated schools; and where they are admitted, it is probable that the chair is more frequently adapted to the man, than the man to the chair; for they are but seldom mentioned as component parts of the great science of medicine, and are usually engrafted upon some other branch with which they have no legitimate connections.

Now let me not be understood to signify that each department, of which I have enumerated some of the most important, requires the sole attention of a special professor.

At the University of Gottingen, when the number of chairs in the medical department was but nine, there were delivered twenty-two separate courses. The faculty was here too small, and none but German teachers could accomplish such a task; but some of the Italian universities, with their extensive corps of instructors, have erred, perhaps, upon the other hand.

In these remarks I have probably communicated little that is new to the profession, though the facts may startle both the students and controllers of our schools. The necessity of reformation is universally perceived, but a timid spirit prevails in the strongest counsels. Are the means to be obtained? Will not that institution which first steps forward in the march of improvement, which dares to breast the current that threatens at once the overthrow of the profession, and of the interests of humanity, will it not be vainly offered up a sacrifice upon the altar of the public weal?

Gentlemen—Junior Members of the Medical Society, allow me to address a few words especially to you, as the represen-

tatives of the *Tiers Etat* of the profession—the Medical Classes of our Schools.

It is said that *your prospects in life—your views of the value and purposes of the doctorate*, form an insuperable barrier to the extension of the term of study, or the duration of the courses! It is said that you would fly from the halls which would offer you the means of acquiring a full and efficient knowledge of the elements of your favourite science, to avoid the expenditure of time and money required for a slight prolongation of your absence from home!

Sixteen years of observation have convinced me that the character and wishes of the Medical Class have been misunderstood. Its members approach their study ignorant of its bearing and divisions. They look to their instructors for their first opinions; and, feeling, in most cases, all the ardour of youthful attachment to the school of their choice, they rest satisfied, for a time, that “whatever is, is right!”

When, after having made some slight advances, they become prepared for a critical review of their situation, they perceive the numerous defects in the system of instruction; but, feeling themselves incapable of effecting changes which perplex the heads of older and more influential men, they come to the conclusion that whatever is, is inevitable. A large and annually increasing number remain in Philadelphia throughout the year, endeavouring to fill up the void in their winter studies by an attendance upon some subsidiary school. Those of another group hurry as rapidly as possible through the requisite winter courses, in order to escape the trammels of routine, for the purpose of continuing, as graduates in Europe, or in some of our native Clinical Institutions, those more measured studies which their proper standing and their high responsibilities demand. A third and growing party is composed of those, who, after winning their diploma, settle for a few years in a country practice, where they feel, and bitterly regret the imperfection of their education; and whence they return once more to the celebrated seats of science, to renew and to extend their knowledge, at the sacrifice of most important interests.

These facts are proof sufficient of themselves, that with a large proportion of the medical class, the two short sessions for



public study in collegiate schools are insufficient for the self approval of the young practitioner. They prove that greater expenses, and more considerable loss of time than would be required for the perfection of a philosophical course of medical instruction, are gladly encountered by the mass of students, in order to obtain much more equivocal advantages, by individual exertions often ill-directed, and always comparatively inefficient.

The mere honour of the medical diploma has passed away ; it can no longer be regarded as an object of noble ambition. Even in our best schools the labours requisite for graduation begin to be regarded as necessary evils, which must be endured in order to obtain a licence to *commence* the systematic study of our science. The most valuable portion of the first winter is lost in acquiring the habit of attention to such a vast variety of simultaneous courses ; and during the remainder of the curriculum, the mind is bewildered, and not unfrequently its powers are overstrained by the excess of its multifarious food, administered by compulsion, without the slightest system, or regard to the order and succession of the dishes. These evils are familiar to your minds ; you would escape them were it possible ; and though the means for their correction are not within your power, yet on you, in a great degree, depends the successful issue of their application.

Some extension of the time devoted to public instruction is required. A portion of each of the three years of study must be spent in the halls of a collegiate school. The annual sessions also require to be elongated. A philosophical division of the branches, and above all, a systematic order of succession in the terms devoted to those branches, are most imperatively necessary. Without these changes, it is in vain to rely upon the glories of the past ; the fame of individual establishments ; the resources of particular capitals ; or the powers and influence of particular men !

I am placed here, gentlemen, to speak the truth : without the completion of these changes, the medical schools, not only of this country, but of Great Britain also, must forever remain as they now are—secondary schools !

In England the importance of the subject has arrested par-

liamentary attention. Let us here endeavour to retain such questions within the limits which should naturally bound them; those of the profession, and the legal governors of medical institutions.

These necessary changes may be accomplished without much increase in the expenses of an education. *The want of due arrangement is the greatest error in the existing system of instruction.* Under these circumstances, can I be wrong in venturing to state, on your behalf, that if the *powers that be* should ever place the collegiate schools, or any one of them, upon a footing of liberality adapted to the progress of the science and the genius of the people; if they should ever tender for your acceptance, at some additional expense to you, but with no increase of profits to themselves, a diploma obtainable only by a course of study, systematic and complete—a diploma bearing upon its face the evidences of superior value: you will not be found wanting; you will not rest contented with inferior credentials, though purchased with inferior pains. The medical classes of our principal cities are now, as they have always been, too honourable, too high minded, too noble in their ambition to stand as a barrier against the progress of the science! When the day of renovation comes—and come it shortly must, or we must fly again, as we were wont to fly in former times, *to foreign lands for honours and distinction*—In that auspicious day, those whose feeble ambition and timid policy have led them to doubt your professional pride, and loftiness of purpose, will blush to perceive you in the van. They have forgotten the self-sacrificing impulses, the far-stretching aspirations, the untiring enterprise of early life.

Gentlemen—Honorary Members of the Medical Society. There are many and strong reasons for believing, that were a liberal, extensive, scientific reform but once effected, the consequence would be, not a diminution, but an increase of the class. The Institution which preoccupies the ground, will distance all her rivals; and having raised herself to that proud ascendancy, nothing but the most faulty legislation can deprive her of it.

In a country where the execution of a useful project treads fast upon the heels of its conception, the experiment cannot be



long delayed. The times are ripe for change, and nowhere are associated such various materials for a noble school. Nowhere do we find so large an amount of scientific capital, as in this, our favoured city.

Of all our institutions, none possess such means for the accomplishment of this important scheme, as that which laid the cornerstone of the temple of medical science in America. The University of Pennsylvania, her former glory, and her still enduring ascendancy, give to her decisions a most powerful influence. The receipts—*untaxed*—of her medical department, are sufficient to warrant the most liberal and extended scheme; and after years of luxurious inaction have laid her open to the sapping of untiring rivals, it may still be said, with little exaggeration, that the professional talent of the union lies at her command. How long will she trust to the enduring patience of those whose filial affection alone prevents their concentrated action from accomplishing the task which she so culpably neglects? Has she forgotten the days of her infancy? Have her dreams never pictured the destruction of the College and Academy? Why does she not awake? The spirits of departed greatness call on her to maintain their fame. They sit mournfully upon their clouds!

He, the patriot and philosopher, whose high renown, attested by the gifts of many monarchs, yielded in splendour to the bright-beaming benevolence of his eye; whose bland eloquence enchained the hearts of his auditors, as he modestly reviewed the vast advances of the science dearest to humanity; whose glance of joyous hope, as he prophesied its future triumphs, lit up in every breast the flame of generous ambition; let not *his* spirit mourn over the tardy advances of his art, in the realm whose early struggles he shared, and whose high prosperity cast a ray of gladness over his declining years! His venerable and venerated brother, who still assists in our medical councils, uniting the stirring interest of the present with the fading memory of a former age, let him speak of these things to his children!

But, Gentlemen, perhaps I am too sanguine in my anticipations! Though these halls are rendered almost sacred by the recollections of the past; these chairs filled by those who

comprehend the wants and interests of our science, and their destiny controlled by some of the most enlightened men of this or any other country; though the medical profession, both within, *and beyond these walls*, is rich in talent and in learning; though it is powerful, and wealthy! yet, *perhaps*, this school may rest contented with its present honours, and, *perhaps*, the medical profession may repose in its security, while the science and the age march by! *Perhaps* this noble and enlightened city, Esau-like, may be disposed to leave to other—more adventurous capitals, the task which is her birthright!

Yet if we cannot improve the general system of education, we have still a duty to perform. Humanity demands that we should develop our resources. That where the collegiate schools refuse to act, *we* should step forward to furnish information to the few who seek it. This brings me to another department of my subject.

The inefficiency of the winter courses, to which the labours of collegiate schools have been restricted, has led to the foundation of Subsidiary Schools. These are institutions of a private character, in some of which, a few members of the corresponding Faculties of Medicine participate. In those which have attracted most attention, the arrangement of the branches resembles that adopted at the collegiate schools, and is liable to all the objections urged against that system.

Philadelphia possesses two Subsidiary Schools, in one of which, Medical Jurisprudence is announced, as among the branches taught; while, in the other, Clinical Medicine is made a separate department. By means like these, some slight extension of the study is effected. But it is proved, by long experience, that no independent Subsidiary School can flourish, so long as it numbers among its rivals an association which includes a portion of a Collegiate Faculty; and the reason of this is obvious. The Professors, unable to complete the circuit of their duties during the allotted term of public instruction, employ a portion of the summer in treating of subjects omitted from necessity in the collegiate courses. As the same individuals who teach our science are formed into boards of examination, where their fiat determines the admission or rejection of the candidates for medical honours, it is



natural that the student should desire to become acquainted with all their opinions, even at the expense of some additional disbursements not included in the regular demands of the Collegiate Schools. No objection can be urged against the gentlemen concerned in these establishments for employing all the advantages growing out of their peculiar position; and the evils resulting from the present organization of the Subsidiary Schools are therefore chargeable, less upon their own internal arrangements, than upon the defects of the system of which they form a part: but the discussion of this system is one of the unquestionable rights of the profession at large. The evils alluded to, are three-fold. Firstly. These institutions stand in the way of the foundation of a truly philosophical system of medical instruction, by pre-occupying the ground, while they are forced by circumstances to follow, almost exclusively, the unnatural classification of the collegiate courses. Secondly. By supplying in part, and for the benefit of a few, the deficiencies of the collegiate studies, they divert the attention of the public from those deficiencies; and thus tend to arrest the progress of improvement. Thirdly. The close association which exists between the most successful of these Schools, and those to which they are subsidiary, precludes the success of individual lecturers, whatever be their merit, and thus prevents the student from acquiring that freedom of opinion, that independence of the dicta of his especial preceptors, which is so important for success in practice, and for the advancement of professional knowledge.

The Subsidiary Schools have been built upon the ruins of the old system of private pupilage. As there were many and strong objections to the action of that system, their influence, in this respect, is less decidedly injurious; but as it clashes with the personal interests of every one whose position and acquirements have prepared him for the business of medical instruction, and as its operation on those interests has never been investigated, the beneficial or injurious effects of that operation is still a question open to debate. Time, however, will not permit us to argue it at present, and I pass reluctantly to the still more important subject of Clinical Schools.

To Prussia belongs the honour of bringing this department of medical instruction to the highest perfection. Her hospitals and dispensaries appear to be so regulated, that while the patient is guarded with all the caution humanity demands, the profession receives the fullest amount of practical advantage. The dispensary attached to the University of Berlin is intended chiefly for the relief of those who are able to make daily visits to the lecture room, and is of course confined to few of those diseases which require an active treatment. This deficiency is compensated by the regulations of the several hospitals. Arrangements are there made, by which each student is not only required to observe the daily treatment of many patients, but, before he can become a candidate for medical honours, he must himself have treated a certain number of cases under the supervision of the Clinical Professors. His acumen in forming the diagnosis, his practical ability in therapeutic management, and his literary capacity to preserve due records of disease, for the benefit of science, are all tested at the bedside. And this investigation forms part of the numerous examinations upon which depend his final admission into the fraternity of the profession.

It would be a profitable labour to review the several hospital systems of Austria, France, Italy, and Great Britain; but time will scarce allow the necessary comments on our own, and even here we are confined to generalities. One fact, however, imperiously demands attention. In all foreign countries, clinical attendance upon hospitals consists in daily visits to the sick. Now in America it seems as though the business of clinical instruction were regarded as a thing of almost no importance! The very laws of nearly all our hospitals are made to interdict the ingress of the student, except for two short hours upon two mornings in the week! If we exclude the trivial number of internal pupils, with which some of these establishments are provided, rare happiness is his, who has enjoyed the privilege of genuine, thorough observation, upon a single case within their wards, before he sallies forth, with licence to commence his medical career and claim the confidence of the public. What is it, then, that constitutes the clinical instruction of most of those who annually leave our grandest schools armed



with their diploma?—some forty tours, performed at intervals of three or four days, throughout the wards of some great hospital, the attending physician or surgeon in the centre, and fifty or one hundred students crowding round him, on the level floor. They approach a bed. The medical attendant then, perhaps, may offer some remarks, though this is far from being universally the case, and when it does occur, a few of those who happen to be nearest perceive his meaning and observe the case. The middle of the crowd may seize some general principle, or treasure up some fact that the lecturer delivers; its application to the case before them being, like the patient, *placed beyond their ken*! Those of the outer circle occupy the time in converse upon other topics. The crowd moves on, but still some few remain to tease the patient with ill-directed queries which, could they have heard the speaker, might have been previously answered upon higher authority.

Such, Gentlemen, has been till recently the known condition of our clinical schools—of such of them at least as are not locked against all access of the under-graduate, for there are many of this class. It would be wrong, however, not to acknowledge that some important exertions have been made to counteract the errors of the system. In one of our largest Clinical Schools, legal provision has been made for the more regular observance and report of practice; and in another, individual exertion is accomplishing the same result. The profession owes a debt of gratitude to those who thus endeavour to promote its interests; but the mal-arrangement of these schools is far too deeply rooted to be reached by the unaided efforts of their medical officers. A movement of the whole profession, or the foundation of new institutions, is required before even *our* city can enjoy the inestimable advantage of a well regulated Clinical School.

One glaring defect is noticed in all, or nearly all, the Hospitals throughout our country. It is the custom of rotation in office, generally pursued by the professional attendants, and sanctioned by the laws of most establishments of this character. To you, the unhappy action of this custom need not be explained. No fact is better understood than that the interests of the patient, and the profession also, are best secured by that

system almost universally adopted in continental Europe, which gives to each Clinical Professor, or Hospital Practitioner, his separate wards, in which are found such patients only as are affected with diseases that fall within the range of his peculiar studies; where, also, his attendance daily is required, and suitable pecuniary reward repays his strict attention to his duties. In this country, but more especially in this city, the medical profession has sacrificed itself upon the altar of a false benevolence! It has continually poured forth its gratuities into the insatiable palm of an ungrateful public, that, like a sturdy beggar, still cries Give! give! but never thanks the donor! In this, as in all other ill-directed charities, the object is the greatest loser. A proper system once adopted, there is reason to believe that the funds of every institution would be increased, while higher skill would be devoted to their service.

To those among you who are strangers to the history of Medical Institutions, the question will naturally be suggested, why are the honourable and public spirited directors of our Colleges and Hospitals so tardy in correcting the obvious abuses, of which *a portion* have been detailed? The answer is a plain one, and it leads us at once to the origin of all these evils, and to the concluding section of this address.

They want the necessary lights. High minded and correct as they may be, the business which they have undertaken, is from their ordinary pursuits a thing apart. Its nature is occult, and in the several boards that rule these institutions, the only portion of the community which is never represented, is also the only portion capable of fully comprehending their true and vital interests—the *medical profession*.

This state of things exists in no other country to a like extent. In England only are discovered traces of its origin. But its want of rational apology is not the strongest argument against it; it is contrary to the temper of the people, and it will not endure; it is contrary to the genius of the government, and it cannot last.

But gentlemen, when the day, the inevitable day of revolution comes, it is necessary that some guidance, the result of previous concert, should be in readiness to prevent an anarchy injurious to the cause of humanity! to assure us *that while*



*necessity remodels, a headlong blindness shall not overturn our old and venerated Institutions.* Safety at this time requires a concentration of medical opinion and professional action. The community that rests inactive in times of impending evil, deserves to be oppressed. The several classes of schools which have passed before us in rapid review are interested parties in all questions of reform. Their stake is heavy, and the frank expression of their opinions *dangerous*. Where then shall the body of the profession find a voice? The College of Physicians is too limited in extent; its senatorial character precludes the necessary rapidity of debate. The Medical Society is the veritable house of commons of the profession, where all its grades, its wide spread interests, and territorial divisions, are duly represented. With you then, rests the duty of free discussion, the diffusion of information, the accumulation of professional influence, and the origination of whatever movements the common weal demands. I will now point out but one of many objects that require your action.

Those who exclude our influence in what are more especially our own affairs, have but one argument against our rights. They say that ours, of all professions, is most quarrelsome. They say that we are unfit for governors, because conflicting interests render us hostile to each other. Shall we pause to rebut the libel?

There are those amongst us whose acquaintance with the history of our native institutions, of whatever class, is neither recent nor narrow!—whose memory extends some years into the shadow of the past! If it be true that medical representation is fatal in its influence upon Medical Schools; what caused the old College and Academy to flourish for so many years, with an uninterrupted succession of medical practitioners among its trustees? And when a bold act of tyranny abolished that establishment, upon the ruins of which the noble Institution in whose halls I now address you was originally founded; when the semblance only of medical council was preserved, and all dominion was really given over to governmental influence; how happened it that the University languished with added income, and high official support?

And again, when the College was re-established, after the

condemnation of the act that robbed it of power and property, how came it that it preserved at least an equal rank with its more wealthy competitor, while the venerated Wistar held the double station of trustee and member of the faculty.\* If the medical department of the University of Pennsylvania has taken and preserved the proudest station among her fellows, it may be fairly attributed, in a great degree, to the amalgamation of the board of trustees with that of the much injured College, trained into order as it was, by the advice, and with the assistance of some of the brightest ornaments of our profession ! Evil for her interest was the day when medical representation in her councils ceased ! But even since that period, the proudest fame of this University has hung upon the reputation of her Medical Faculty. While that Faculty continues to be formed of the most competent men, *correctly placed*, her fame will last. When it ceases to be so formed, her fame will fall !

But away with the idle charge ! We stand on elevated ground, the observed of all observers. Our interests clash directly and continually. The honest firmness of superior knowledge, and the honest indignation expressed against abuses which we alone are capable of estimating, and which we are prevented from correcting, are often, very often, taken for defects of temper ! These facts explain the popular misconception.

Be it ours then to draw more closely the bonds of professional union, and steadily to pursue, with concentrated energy, unwearied by time, and undepressed by defeat, the one great object, which obtained, the existing system of medical instruction will speedily attain the greatest degree of improvement, of which, in a republican country, it is susceptible. *Let us cause the professional voice to be heard on professional questions.*

Gentlemen, I have dared to stir the waters of ancient pre-

\* We find the name of Dr Wistar on the list of trustees for the same year in which he was appointed a professor, and we are not aware that he resigned the first, upon assuming the duties of the second office. We are far from recommending the renewal of this connection between the faculty and the board of trustees, for strong objections may be urged against it. The proper regulation of medical representation, in colleges, hospitals, and other Medical Institutions, is a question of much difficulty, and will undoubtedly claim the attention of the Society at an early period.



judice. I have ventured to speak the truth, knowing that it must, ultimately, prevail. The outline only of the vast field which we have traversed could be given within our limits. The details, with your co-operation, may form the subject of future labours. If the Profession to which we are ardently attached, and the cause of humanity be served, my object is attained.

The times require decision. Daily the honour of the degree becomes depreciated, and daily the School of Philadelphia is borne down by the reaction ! The chasm stands wide in the Forum, and if Rome be saved,—it matters little who may perish in the gap.

## APPENDIX.

### SCHEME OF A FULL COURSE OF ELEMENTARY MEDICAL INSTRUCTION.

THE following outline of the natural classification of the principal branches of Medicine which should be taught in Collegiate and Subsidiary Schools, arranged according to their mutual dependence, and proper order of succession, is here given at the request of a few scientific friends. The scheme is not founded upon the existing systems of this, or any other country, but upon an analysis of the great divisions of the Science, and its collateral ramifications.

#### COLLEGIATE STUDIES.

##### I. *Natural History of Man in Health.*

CHEMISTRY. } Two short Courses, . . . . . ONE PROFESSOR.  
PHYSICS. }

These branches relate to the agents which act upon the living body according to mechanical laws, and should be taught with special reference to medicine. As a very large majority of students of medicine commence their studies in this country while extremely ignorant of these subjects, they cannot be regarded as part of their previous education, but must be taught in the collegiate schools.

GENERAL ANATOMY. } One short, and one long Course, . . . . . ONE PROFESSOR.  
SPECIAL ANATOMY. }

Under the first of these heads should be included such a view of Comparative Anatomy as is necessary for the student of the elements of medicine.

##### II. *Science of Healthy Vital Operations.*

PHYSIOLOGY. One great course, . . . . . ONE PROFESSOR.

##### III. *Natural History of Disease, and Science of Diseased Action.*

PATHOLOGICAL ANATOMY, and } One long Course, . . . . . ONE PROFESSOR.  
PATHOLOGY OF INTERNAL DISEASES. }  
PATHOLOGICAL ANATOMY, and } One long Course, . . . . . ONE PROFESSOR.  
PATHOLOGY OF EXTERNAL DISEASES. }

It may be remarked that it is difficult to separate Pathological Anatomy from Special Pathology, as is done in some European schools. We think the effect of such a division injurious, if not unnatural.



#### IV. *Natural History of Remedial Agents.*

MATERIA MEDICA. One long Course, . . . ONE PROFESSOR.

#### V. *Art of Healing.*

THERAPEUTICS OF INTERNAL DISEASES. One long Course, ONE PROFESSOR.

CLINICS OF INTERNAL DISEASES. One long Course, . ONE PROFESSOR.

THERAPEUTICS OF EXTERNAL DISEASES.

SURGICAL ANATOMY and OPERATIVE } Two Courses, . ONE PROFESSOR.  
SURGERY.

The two, or rather the three last branches are properly thus arranged; because Surgical Anatomy cannot be properly detached from Operative Surgery unless made a distinct professorship; for which it is too limited. Operative Surgery is obviously a therapeutic branch, and the *Materia Chirurgica* cannot be separated from Surgical Therapeutics and the Surgical Clinic; it is therefore left for tacit division between them.

CLINICS OF EXTERNAL DISEASES. . . . . ONE PROFESSOR.

OBSTETRICS.

DISEASES OF WOMEN and } Two Courses, . . . ONE PROFESSOR.  
CHILDREN WITHIN THE YEAR.

#### VI. *Art of Preserving Health.*

HYGIENE. One short Course.

This branch scarcely deserves a separate professorship in this country, and may be associated with Medical Jurisprudence and Police, with which public Hygiene is closely associated.

#### VII. *Medico-Legal Relations.*

MEDICAL JURISPRUDENCE, } One Course, ONE PROFESSOR.  
MEDICAL POLICE, and HEALTH LAWS.

Number of BRANCHES—17. . . . . Number of PROFESSORS—12.

Such an arrangement, we think, covers the ground of a good Collegiate School, *and no more*. If compelled to contract the list of branches, we could part with none but Hygiene. If compelled to lessen the number of Professors, we could only effect our purpose by associating the duties of the Clinical chairs with those of the Therapeutical chairs; by which means the number would be reduced to ten, at the expense of imposing four heavy and scarcely compatible tasks on two individuals, with the additional disadvantage of being compelled to choose our teachers of the two most important theoretical branches, from the slender list of Hospital Practitioners, whose habits and engagements often render them incapable of executing such duties. Moreover this contraction of the scheme would tend powerfully to destroy the independence of opinion which should always characterize the medical student.

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The proper object of a Collegiate course is the inculcation of correct elementary medical knowledge, such as is necessary for every young practitioner;

but there are many other subjects of public medical instruction, which are necessary or highly desirable for medical men in peculiar situations, and for persons prosecuting particular researches. These subjects should be taught in Subsidiary and collateral schools. Some of the most important of these are as follows:

**PRACTICAL ANATOMY.**—Subsidiary to the Anatomical, Physiological, and Surgical chairs.

**PHARMACY, PHARMACEUTIC CHEMISTRY, CHEMICAL MANIPULATIONS, and BOTANY.**—Subsidiary to the Materia Medica, and referable to the College of Pharmacy.

**COMPARATIVE ANATOMY.**—Referable to the Academy of Natural Sciences.

**DISEASES OF CHILDREN. DISEASES OF THE CHEST.**—Extensions of the Medical branches, and referable to the Clinical schools.

**DISEASES OF THE EYE AND EAR. DISEASES OF THE SKIN. ORTHOMORPHIC TREATMENT. MINOR DUTIES OF SURGERY.**—Extensions of the Surgical branches, and referable to the Clinical schools.

**TRANSCENDENTAL ANATOMY and PHYSIOLOGY. MEDICAL ETIQUETTE, and MEDICAL ETHICS. HISTORY OF MEDICINE, and MEDICAL BIOGRAPHY.**—Referable to Private Lectures, under the patronage of the College of Physicians.

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However complex the scheme here laid down may appear at a first glance, it can be fully carried out without any increase of the expenses of tuition, or any elongation of the term of study beyond the limits recommended in the address.











