to teach something of the general principles to the students. I would not be satisfied merely with a course of demonstrations.

I do not agree about confining our teaching to the idea of the general practitioner—the apothecary type. We expect to teach a large proportion of the better-class practitioner—the man who is really an interested and enthusiastic physician.

If we had an extension of the hospital hours we would solve a great many of our difficulties, and it would help if we had some of the out-patient departments in the afternoon.

With regard to the question of the vacation, it is surely strange that in the fourth and fifth years of his apprenticeship to one of the most important professions a student should be allowed to idle for three and a half months. No other profession would allow it.

LXXII.—SUGGESTIONS FOR THE UTILISATION OF THE POOR LAW HOSPITAL FOR TEACHING MEDICAL STUDENTS.

By T. Y. Finlay, M.D., Medical Superintendent, Edinburgh Poor Law Hospital.

In some of the earlier papers read before this Club—and I refer especially to those of Sir James Mackenzie and Dr. Robertson—great stress was laid upon the study of disease from the preventive point of view. Sir James Mackenzie drew attention to the out-patient department of the Infirmary as a centre for the study of the early stages of disease, whilst Dr. Robertson advised the teaching of medicine not only as a curative but also as a preventive science and art, its preventive application to individuals and to all diseases—in other words, a clinical form of preventive medicine. An adequate study of disease in its development is what is required in clinical teaching, for it is important to the patient that the first beginnings of disease should be detected and its subsequent development arrested if possible. This is the knowledge which is most required in general practice from the very first.

Up to the present, medicine has been taught mainly from the standpoint of curative measures, and the student's attention has been directed to the study of the signs, symptoms, and treatment of disease in its fully developed form. The reason for this is obvious—the student has to rely chiefly on the Infirmary for his clinical teaching, and before the patient finds his way to the Infirmary wards his disease is more or less serious; hence it is that the pronounced, fully developed type is presented to the student, and his interest is apt to be concentrated on this to the neglect of the less serious and less developed stages of the disease, though these are equally if not more important from every point of view. Again, the Infirmary patients do not stay and only very seldom do they return, therefore the opportunities of
following the development of disease are correspondingly very limited. Sir James Mackenzie points out the knowledge which comes to the men in general practice who can follow the health history of their patients from year to year, and he advocates the appointment to a chair in clinical medicine of a general practitioner who could give the students the results of his continuous observation of cases.

With the view of suggesting another method of solving this question, I have thought it might be useful to consider the facilities for clinical study and teaching which are offered by the poor law hospital. The poor law hospital receives patients who, when they are ill, have no other resource than that of coming to the hospital. There are two types of these patients—first, the chronic invalid, and second, the person suffering, for example, from some painful symptom, not severe, but which is sufficiently bad to prevent him doing his work and earning his living for the time being. Both these types of cases are excluded from the Infirmary wards—the first because the accommodation is not sufficient to retain them for prolonged periods to the exclusion of acute cases; and the second is the type which presents itself at the out-patient department and, not being considered sufficiently ill to warrant indoor treatment, consequently next seeks admission to the poor law hospital. Now, these two types bulk largely in the clientele of the general practitioner, who has little opportunity of studying them in his student days. The chronic cases remain in the poor law hospital for a prolonged period, if not permanently, whilst the second class of case comes back repeatedly, and gradually there are accumulated observations on the development of their illnesses which are invaluable for the study of disease. It is in the number of such cases (on an average 1000 a year excluding re-admissions) that the poor law hospital can offer the opportunity which is not sufficiently provided in the Infirmary. The essential feature of the poor law hospital is that within its wards are to be seen cases of almost every description from infancy to old age. It may, therefore, be likened to a general practice with this advantage, that all the patients are collected together under one roof and under the close observation of trained nurses.

The only poor law hospital of which I have any experience is that of Craiglockhart under the Edinburgh Parish Council, so that the following remarks are based entirely upon my experience there.

Let me first give you a brief description of the hospital to show that it is run along modern lines, and is up to date in hospital equipment, thus offering facilities for teaching purposes.

The hospital itself is built mainly on the pavilion system. There are about eighteen wards, with, in addition, a maternity department and side-rooms for the isolation and treatment of special cases, two
open-air sheds, a modern and fully equipped operating theatre and sterilising room, a dispensary for drugs, a clinical laboratory for side-room work, an out-patient department in connection with the poorhouse proper, a suitable post-mortem room, and the usual administrative offices. At the present time, as a war emergency, several more wards in the adjoining poorhouse have had to be devoted to hospital cases. This has been rendered necessary for the accommodation of the sick poor from Craigleith and Seafield, both of which buildings are at present otherwise utilised. In all there are about 500 beds available for patients at the present time.

In normal times the staff consists of a principal medical officer, a consulting surgeon—Mr. Beesly; a consulting eye specialist—Dr. Traquair; two assistant medical officers and two unqualified clinical assistants—though during the war even this small staff has had to be reduced—a matron, assistant matron, night superintendent, charge nurses, and probationer nurses.

The name of every patient on admission is noted on a card index and a number given to each, which is also noted on the medical history sheet. Each time the patient returns he retains the same number, so that the medical history sheet bears not only a record of the condition at one admission, but forms a complete account of the whole of the patient's medical history, no matter how long or how often he has been in hospital. Thus is constructed a valuable record of disease over many years, and in many cases up till the time of death, with, in addition, the post-mortem findings at least in the case of nearly all but unclaimed bodies. It is a well-recognised fact that in general practice the treatment of many cases resolves itself into the treatment of symptoms, for a large majority of them do not conform to text-book descriptions; so also at Craiglockhart a large number of such cases present themselves—they come not once or twice but many times, and each time records are kept, so that in many cases, when each of these records is read as a whole, the various stages of disease can be followed out and studied until the fully developed disease, as seen in the Infirmary, shows itself. Further, I can foresee much useful information being collected from these records for the preventive treatment of disease, which to be complete should not only include a description of the symptoms, but also any facts—and I speak of facts in the broadest sense—which may in any way be connected with the onset of the symptoms—weather conditions, diet, exposure, mode of living, over-exertion—in short, any condition, moral or physical, leading up to each of these stages of disease.

It may be of interest to briefly describe the general type of cases dealt with at Craiglockhart Hospital. In the children's ward there are about 500 admissions in the year. Some of these children are admitted suffering from skin diseases such as scabies, impetigo, and ringworm,
whilst others are tuberculous, congenitally syphilitic, and in a large proportion infants suffering from nutritional disabilities. There are about thirty confinements in the year, and the patients are admitted in both early and late pregnancy. The births as a rule are normal, but every now and again interesting abnormal cases are dealt with. Surgical operations are performed by Mr. Beesly on one afternoon a week, and of these there are an average of 100 to 150 per annum. Most of the surgical cases are tuberculous or malignant, though many of a general character also are admitted. Dr. Traquair holds an eye clinic, when many instructive cases present themselves. Of the medical cases there are always a good number of chronic and senile heart disease, aneurysm, arteriosclerosis, chronic bronchitis and emphysema, asthma, senile pneumonias, fibroid lungs, chronic rheumatism, rheumatoid arthritis, senile chorea, cerebral hemorrhage, locomotor ataxia, paralysis agitans, hemiplegia, cerebral softening, not to mention the normal changes resulting from old age. Other cases are those of general pediculosis, scabies, venereal disease, and leg ulcers. In this rapid sketch I have only mentioned a few of the many diseases which have to be dealt with, but sufficient, I trust, to give a general survey of the work involved in a poor law hospital.

It seems to me that there are possibilities at Craiglockhart for teaching both the junior and senior student of medicine, and I offer the following suggestions for the consideration of the Club:—

I. A junior course for the beginning of medical study. I have long thought that Craiglockhart Hospital offered excellent scope for such a course, but as I find that Dr. Fowler has already dealt with this subject in a former paper before this Club, I shall not trouble you with any details. There is ample material at Craiglockhart for teaching everything which he includes in his suggested course of clinical physiology. Take only one example from his list: Where better than in the poor law hospital could be taught the effect on the functions of the body and on symptoms generally, of exhaustion and debility, of pregnancy, the menopause, and of old age?

II. Another opportunity offers in the large number of excellent cases suitable for teaching physical signs. When I was a clinical tutor in medicine at the Infirmary the difficulty often was to get enough suitable cases to teach from. One was dependent upon the cases in the ward for the time being, and these did not always show unmistakable typical physical signs necessary for teaching the junior student. At Craiglockhart, on the other hand, there is no lack of such patients—for example, chronic heart and lung cases who are permanent inmates and therefore available at all times. After having mastered gross lesions the student is in a better position to make out and appreciate the physical signs in less advanced cases.

III. Thirdly, courses on chronic diseases and clinical preventive
Discussion

I. Medicine for senior students would be valuable in preparing them for general practice. Such a course would naturally come in the final year after the student had completed his course in clinical medicine at the Infirmary. Such a course has already been arranged to begin next winter—Professor Gulland is to hold a class on Saturday forenoons in the October term—subject to the final approval of the Edinburgh Parish Council at its next meeting.

IV. Lastly, the subject of infant welfare is one which has become very important, and one with which the medical student should be made familiar. I know of no other institution in or around Edinburgh except Craiglockhart which has more unique opportunities for practical training in infant welfare. The material includes pre-maternity cases, maternity cases, nursing mothers and their infants, a nursery for healthy infants, and wards where the nutritional diseases of infancy can be studied. At present the student's experience is limited to what he learns at the Maternity Hospital and the Sick Children's Hospital. There is thus a very important gap in his training, namely, the practical study of the normal healthy baby, and the knowledge of how to prevent disease in infancy. Dr. Fowler remarks in his paper that "at present we have no material for showing the student how to manage a healthy infant from birth onwards." Now it is exactly this material that is available at Craiglockhart and which could be used for teaching purposes. From what I have said it will be evident that there is all the material at Craiglockhart for a very complete course on every aspect of infant welfare. I may say that such a course of practical training is at present being held—the Committee of the Edinburgh School of Social Study and Training having obtained permission from the Edinburgh Parish Council for the teaching of their students at Craiglockhart, and it only awaits the approval of the Parish Council to have a similar course available for the medical student.

In conclusion, I think that we are fortunate in Edinburgh in having a Parish Council which is in sympathy with the medical school and anxious to co-operate with the university in extending its teaching facilities.

Note.—At a meeting subsequent to the reading of this paper the Edinburgh Parish Council unanimously consented to clinical teaching being carried out at Craiglockhart Hospital.

DISCUSSION.

Dr. Chalmers Watson.—Twenty-five years ago I was house physician at a poor law hospital, and I formed there a first-hand impression of its extreme value as a teaching institution. It is not so much the lack of material in the Infirmary wards as some defect in our organisation which
has increased the tendency of the student to do less clinical work. There is no question of the value of the material at the poorhouse and of the willingness of the Infirmary staff to take advantage of it, as they find it would be useful, provided it is not going to detract from the already extremely limited time that the students spend in the wards. Sir James Mackenzie laid stress upon the importance of watching disease in the making. We do not lay sufficient stress on the early signs of deterioration in health, a knowledge of which can be acquired by careful study of the antecedents of our cases. There is no question with regard to the advantages of the poor law hospital in connection with child welfare, infant feeding, and the diseases of children.

DR. RAINY.—I have on several occasions been able to borrow from the poor law hospitals quite a number of cases illustrative of a special condition for lecture purposes. They have advanced cases and types of cases that we cannot possibly get at the Infirmary. I cordially endorse the opinion that these poor law hospitals should be made much more use of than they are at present.

PROFESSOR LORRAIN SMITH.—I gather that Dr. Finlay contemplates the student spending half a day or a day at the poor law hospital?

DR. FINLAY.—I suggest that Saturday forenoon only should be devoted to the poor law hospital, where the student would take up more than one branch of a subject at once.

LXXIII.—REPORTS OF STUDENTS' SOCIETIES.

At the request of the Pathological Club, the Royal Medical Society took into consideration the subject of medical education from the point of view of the undergraduate.

A series of discussions were held in which, in addition to the members of the Society, other students, representative of all years, took part. A special committee of the Society subsequently drafted a report which was forwarded to the Pathological Club. The members of the Women's Medical Society, who had taken part in the Royal Medical Society's discussion, submitted a separate report.

These reports, which covered the whole of the ground, agreed in the main in their criticisms of the existing curriculum and in the suggestions made for improving it. They have proved most helpful to the Club in framing its report, in which a number of the proposals made by the undergraduates, particularly in the direction of increasing the facilities for practical work, have been incorporated.