adopted by the House of Delegates as the sense of the Medical Society of the State of California in session in 1912.

(19). *Consultation by Members of the State Society Resident in Adjacent Counties or Elsewhere with Members of the Profession that have been Dropped from their County Unit.* The Committee, while recognizing the justice of the proposition believes it will be difficult to enforce its provisions. The Committee recommends that the question be referred to the Council for further consideration and with instructions, if possible, to give it effect.

(20). *Changing the County Registrars from County Recorders to County Health Officers.* The Committee recommends that the Society at this time go on record as favoring an improvement in the present method of recording our vital statistics.

(21). *Non Practising Members.* The Committee recognizes that this is an exceedingly difficult question and recommends that it be referred to the Council for action.

(22). *President of Society as active Member of Council.* The framers of constitution seem, as a rule, to have separated the executive from the legislative branches of the government. The constitution of this Society follows the general rule. The President is ex officio, a member of all Committees and is present as he sees fit, but does not vote. The Secretary is present at every Council meeting but is not a member of that body. Past experience has shown no occasion on which a different rule would have benefited the Society. The Committee recommends that the resolutions be not adopted.

(Signed) JAMES H. PARKINSON,
Chairman.
F. R. BURNHAM.
RENÉ BINE.

Each section having been adopted as read, or as amended, or as substituted, as herein above printed, it was then moved, seconded and carried that the report be adopted as a whole.

Thanks to Committee. It was moved, seconded and carried that the House of Delegates express its thanks for the earnest and arduous work of the Committee.

The newly elected President, O. D. Hamlin, was then escorted to the room and presented to the House.

Thanks to the President. J. Maher moved that a vote of thanks be extended to the outgoing President for the splendid manner in which he had conducted the affairs of the Society for the year and for the excellent and satisfactory way in which he had presided at the present session of the Society. The motion was put by the Secretary and unanimously adopted.

The minutes of the Second Session of the House of Delegates were then read and approved as read (and as above published).

There being no further business, the House of Delegates adjourned sine die.

PHILIP MILLS JONES, Secretary.

ADDRESS OF THE PRESIDENT.*

THE MEDICAL EDUCATION PROBLEM.

By THOMAS W. HUNTINGTON, M. D., San Francisco.

It is hardly to be expected that anything original can be advanced bearing upon the general subject of medical education. The work of the Council of Medical Education of the American Medical Association, seconded by the efforts of President Pritchett, Abraham Flexner, Arthur Dean Bevan, and many others, has exhausted the subject from the standpoint of modern ideals. General policies have been finally determined and it remains only to call attention to some of the perplexing details which confront all teachers associated with university medical departments.

In that delightful volume of letters, entitled "The Corner of Harley Street," Dr. Peter Harding, writing to a prospective medical student, says: "The eyes of humanity are turning slowly but very surey to *the man who knows,*" and asks significantly, *"Are you prepared to know?"*

This query forcefully interprets the spirit which animates present day teaching, and suggests a grave pedagogic responsibility; that of attracting to medicine a sufficient number of students, who, in point of time and energy and money, are willing to *meet the cost of knowing.*

Disclaiming any feeling of complacency regarding the present status of medical achievement and with hopeful prophecy for the future, it is to be said that the long series of deplorable failures and fateful tragedies which beset and belittle medical experience in the past, were logically inevitable, until the advent of Dr. Harding's "Man Who Knows."

In the past two decades, changes in medical educational policies have been kaleidoscopic. In this field of human endeavor, there has been a complete reversal of form and we have come to realize that advance has been revolutionary rather than evolutionary. The few universities which, as pioneers, have developed medicine on the newer and higher plane, and have exemplified the academic idea, have attained results brilliant beyond expectation. This achievement has been made possible, only by generous financial support. The cost to the institution has risen rapidly, until, at the present time, it is variously placed at from five hundred to one thousand dollars per annum for the individual student. Tuition fees are a negligible quantity, and it is manifest that accredited, efficient medical teaching is possible only when it participates liberally in the resources of institutions which enjoy governmental support or which attract large private benefactions. In a word, we are close upon a time, when, under the law of the survival of the fittest, the weaker schools will be forced to abandon the field, while those of repute will find it necessary to seek a secondary or post-graduate relation to the university. Schools of the poorer type and with meagre facilities will, undoubtedly, continue for a time, but there seems only one ultimate solution for their problem.

On the other hand, institutions which assume the

* Read at the forty-second annual meeting of the State Society, Del Monte, April, 1912.

responsibility of medical education, must be held to a strict accounting. There must be no turning aside to avoid obstacles; no broken faith in meeting obligations. "A university with educational patriotism," says Dr. Pritchett, "will not take up this work unless it can do its duty by it. In return for university support it will demand of its medical school a fulfillment of university ideals and give it university support or discontinue its effort to do what it can only do badly."

The sooner the profession and the general public realize that there must be a reduction in the number of schools, and a corresponding improvement in their efficiency, the sooner will a rational basis be established. In support of this idea, the profession of the country, individually, and through its organizations, has a distinct duty to perform. Every worthy physician, realizing the blighting, withering influence of unpreparedness, should without hesitation, and in no uncertain terms, warn those who are looking to a medical career that cultural training of the university type is both essential and mandatory, and that matriculation upon the basis of a high-school diploma or that elastic, misleading alternative, "an equivalent," is no longer tolerable.

There was a double purpose in prescribing two or more years of university work as a prerequisite for matriculation:

First: The world is coming to understand that liberal education, as related to vocational work, is not a fetish, and that symmetrical mental development is possible only in association with cultural study. Thereby, the student acquires the art of classification of knowledge and the ability to think logically, and he begins his professional work with clearer vision and maturer judgment. The best achievement of the undergraduate is a broad scholarship which conforms to true intellectual ideals and gives promise of a generation of medical men who will maintain a far higher average in point of efficiency and manhood than their predecessors. The great need of the present day is for men with a big background and large measure of reserve force; and it is to be said that achievement, physical or intellectual, which is worth while comes not to the man who is continually working up to the limit of his capacity and endurance, and who is struggling continually against the handicap of undertraining.

Secondly: The curriculum prescribed for the pre-medical course, while cultural in its general trend, may and should be highly specialized and intelligently co-ordinated. A fairly adequate knowledge of French, German, chemistry, physics, and biology is essential in every stage of progress; without it, the student will, very soon, discover the utter hopelessness of his efforts to keep in the race.

Much sympathy has been expressed for the "poor boy" who aspires to a medical career. It has been urged that the exactions of university schools present an insuperable barrier to the man of limited means, and that medicine will ultimately become a rich man's profession. President Pritchett unhesitatingly declares that the plea for cheaper schools for the "poor boy" is nothing less than a specious plea for the poor school, and it may be added, that the history and traditions which spring from educational policies in America are a sufficient guarantee that the poor boy is entitled to and must enjoy an equal measure of privilege and opportunity to that of his more fortunte brother.

The financial problem of the university is a veritable nemesis, and it is no secret that our own state university is perplexed, beyond measure, in an effort at its solution.

For several years, she has made liberal appropriation for the first two years. A deficit in the conduct of the University Hospital, amounting to ten or twelve thousand dollars a year, has also been cheerfully met.

But despite this fact, the Board of Regents is awake to the seriousness of an impending crisis. In order to hold the students of the first two years and provide adequately for clinical training in the third and fourth years, there must be acquired, at an early date, an academic hospital of modern type and full equipment. Upon her ability to meet promptly this vital need and upon her willingness to live up to a high standard of academic patriotism, depends largely the future status of the university in the realm of medical education.

The people of California should be awake to three facts:

First: That the human family is the most valuable asset and its conservation the most important function of the state.

Second: That the cost of education, in general, must be accounted as a financial investment, and not charged off as a financial loss.

Third: That the best way for the state to secure the benefit of scientific medicine is to pay for it, and pay liberally.

Communities are clearly within their rights in demanding, for medicine, the same measure of encouragement and support as is enjoyed by the departments of agriculture, animal industry, mining, and engineering.

The initial outlay, from the achitectural standpoint, runs into magnificent figures. A science building, to meet the needs of the first two years, will entail an expenditure of one hundred to one hundred and fifty thousand dollars. To this, there must be added twenty-five thousand dollars for equipment.

The one great necessity of the clinical years is a modern "Class A," fireproof hospital. Admitting that such hospital is to be built in units with provision for future growth, the first investment will not fall short of three hundred fifty thousand dollars, with an added fifty thousand dollars for equipment. This would provide for one hundred beds, and the necessary clinical laboratories, and a comfortable home for training school nurses. President Brookings of Washington University of St. Louis, is of the opinion that an

expenditure of five thousand dollars per bed is the requirement for an up-to-date academic hospital.

It is perfectly clear that a liberal budget must be provided for the operation of both departments. The amount required for hospital maintenance will depend entirely upon the number of free beds maintained, the number of patients who pay for maintenance, and the scale of charges for private patients.

It is the expectation of all teaching hospitals that a fairly large number of free beds will be maintained by private benefaction and endowment. It is also desirable that a considerable number of patients will be able to meet their actual per diem cost to the institution. Experience has shown, conclusively, that patients of this type, the self-respecting poor, afford far better material for teaching purposes than the distinctively pauper class. In this way, the financial problem will be easy of solution, and the deficit insignificant.

While the university hospital will always be the rallying point, the great center of activities of the medical school, it is equally true that the wards and clinics of municipal hospitals, with their large volume and infinite variety of material, should be utilized to the greatest possible extent.

Arthur Dean Bevan rightly says: "It would be best for all concerned if our great municipal hospitals could be conducted as scientific institutions, presided over by teachers and investigators of strong medical schools. Municipal authorities should learn that the hospital will best serve the interests of its patients and the community, if, at the same time, it fulfill its function as a center of teaching and research."

The technic of medical teaching, from matriculation to graduation and completion of an interneship, contemplates overlapping and perfect correlation of laboratory experience. The hospital wards, the surgical and medical operating rooms, are to be regarded as integral parts of the general laboratory system, and teachers in all departments, in the future, will be required to qualify as laboratory experts of a high order. The day is fast closing when selfish interest, educational enthusiasm or altruism of a high order will be accredited as teaching qualifications.

The most hopeful tendency of modern times is that the teaching function, or at least its direction, is to be exercised and inspired by specialists in the science of pedagogy, men who possess peculiar fitness for organization and leadership, and what is more important, who have in large degree the power of initiative in the field of investigation and research. In a word, the head of a department, upon whom is to rest the greater pedagogic responsibility, must represent something more than the successful practitioner capable of attracting and holding a large private clientele.

It will be necessary for such teachers to devote many hours continuously and daily to classroom, laboratory and ward work, and it is a matter of common experience that, whatever be the minimum time exaction, many teachers, of their own volition, place no limit upon their hours of service. This means large personal sacrifice, for it is obvious that men capable of such service could easily, in private life, earn far more liberal incomes than can be covered by any institutional scale of compensation.

From the standpoint of the pure science teacher, the prevalence of inadequate facilities, on the one hand, and low salaries, on the other, offer poor encouragement for men of the right type to engage in this work as a career. Already the demand is greater than the supply, and there may be a danger, as Barker says, that "the cradle of science nurseries will be robbed, and that arrest of development, due to neglect, will follow. It can only be hoped that, under the stimulus of larger inducements, the field will, in time, prove more and more attractive."

The relation of the clinical teacher to his institutional obligations seems not to be definitely settled. The main differences of opinion are upon the following questions:

Shall the heads of departments be paid a salary, and be required to devote their entire time to teaching, ward work and investigation, or shall they be paid less and be allowed to conduct a private practice, with or without an outside office?

It is probable that either plan, under proper restrictions, will prove satisfactory, always with the understanding that the first obligation is to the school and that private interest must not conflict with official duty.

The question of income is somewhat simplified by allowing the teacher to conduct a limited number of pay cases in private rooms of the hospital, thereby enabling him to increase his income substantially. It is only fair to the wealthy class that they be allowed to share the services of men, who, through long training and much hospital experience, have become conspicuous for their skill and wisdom.

Hewlett is of the opinion that teachers who do a reasonable amount of consulting practice exert a better and far wider influence upon communities, and that the adoption of a system whereby the professor can do no private work would force the promotion of many green men, and so lower the standard of a professorship.

It is not within the power of any individual teacher to follow out and attend to the infinite variety of details which are the never-ending routine of daily experience; and the perfected system of to-day contemplates re-enforcement of the staff by a liberal allotment of highly trained assistants. In the selection of his aids, each professor will find opportunity for the exercise of his very best discretionary and executive faculty. The responsibility of special investigation ought not be entrusted to the senior student or an interne. While the novitiate should be assigned the task of following material from the bedside and operating room, he should be under the constant guidance of a master whose function it is to supervise and direct the investigation at every stage, and to pass upon the validity of findings. Close daily contact and companionship with one who works with precision, who speaks with authority, and

who is imbued with the true scientific spirit is an inspiration, and constitutes one of the fine privileges of student life.

In closing, a word is to be said in behalf of that very necessary adjunct to the teaching staff, the hospital interne, his function and his equities.

It seems probable that, in the near future, a year's interneship, prior to graduation, will be made compulsory. Under such a regime, the status of the fifth year student will need to be clearly defined. His position is one of dignity and trust and his jurisdiction, though limited, should be fully acknowledged. He certainly must not be expected to play the role of orderly or drudge. In every department of hospital conduct, the interne is indispensable and his duties most exacting, and if properly directed, will find his time of greater value to the institution than in transcribing of histories and notes. The original records he must prepare, but I sincerely hope to see the time when every hospital will maintain a bureau of records, presided over by an expert clinical accountant.

Institutions can well afford to make a fairly liberal appropriation for the care and comfort of their internes; adequate quarters, good food, and facilities for physical exercise and recreation will yield a splendid return on the investment.

At this point, those interested in medicine, as teachers or students, should be admonished regarding a sentiment which is of exceeding import and finds expression in the command, BE YE HUMANE.

With propriety, these words which suggest the spirit and the substance of the humanities, might be written upon the portals of every school and every hospital. There is a possible danger lest, in the flush of scientific achievement, with over-confidence of power and false pride of jurisdiction, we forget that the patient is of the common brotherhood.

"There is a lesson in every patient," says Osler, "aside from the malady from which he suffers." It is equally true that this lesson finds best expression in the exercise of human sympathy.

Let us not confuse the function of the schoolman and the doctor. Before his class and in the laboratory, the first is both student and oracle; at the bedside, he is a benefactor and friend.

The general scheme of which the foregoing is little more than a syllabus, has been developed to the end that human endeavor may be more fruitful, and that human life may be sweeter for the server and the served.

REPORT OF THE SECRETARY AND EDITOR.

To the House of Delegates of the Medical Society of the State of California.

Gentlemen:

The By-Laws require the Council to report to you the financial condition of the Society and the data in relation to our publications, and for that reason these topics are not mentioned in this report.

Membership. During the year 1911 twenty-four members died and twenty resigned; the resignations were in nearly every case caused by removal from the state. One member was suspended. The total membership on December 31st, 1910, was 2,087; on December 31st, 1911, it was 2,118, or an increase of 31 in spite of the loss of 44 by death and resignation. The American Medical Association requires that the exact membership on the first day of April be reported every third year, for the purpose of reapportionment of the House of Delegates of the A. M. A. The number of members reported for 1906, 1909 and 1912 are as follows: 1,783; 1,861; 2,030. It is seen from these figures that the Society is slowly growing though the rate of growth is not as high as it should be. Most of the future increase in membership will have to come from the larger centers of population, as most of the smaller counties now have enrolled nearly every eligible practitioner. Furthermore, quality is to be considered as well as quantity and as the activities of the Society are very important it is well that all applications for membership should be carefully scrutinized.

The medical defense work of the Society is of great importance and it is absolutely essential that county societies keep their records and collect their dues in a proper businesslike manner. It is recommended that Section 13 of Article VIII of the By-Laws be amended so as to make the date of delinquency March 1st instead of April 1st, and further amended by adding the words: "Any physician who has been a member in the previous year and who has not been reported as a member in good standing for the current year on or before March 1st, shall be dropped from the roll of members and shall receive none of the benefits of membership from March 1st until such time as he shall again be reported in good standing." This amendment, if passed, will deprive such delinquent members of the benefits of our medical defense during the period of their delinquency.

The volume of work passing through the office of the Secretary is steadily increasing, due in no small measure to our increased work in providing information in regard to locations, changes of address, etc.

In regard to our publications, the report of the Council will deal in detail; the editor can only say that the year was passed with rather less than the usual number of complications in spite of the increased size of the JOURNAL. To the Publication Committee, to the Advertising Committee and to all those who have given assistance, he wishes to extend his thanks.

Respectfully submitted,

PHILIP MILLS JONES, Secretary.

REPORT OF THE COUNCIL.

To the House of Delegates:

Gentlemen:—Your Council takes pleasure in presenting to you the following report of the work done by the Society for the year 1911.

JOURNAL. The JOURNAL was increased in size 16 pages and published more original articles in