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Teviot Place then; Fifty-Five Years Ago

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Abstract

Having studied my preclinical subjects at Oxford and taken a B.A. degree in Physiology, I came home to Edinburgh in 1922 to do my clinical work. I thought it might be amusing and interesting to contrast our work, habits and behaviour at that time with what they are now, for the students of today are like everything else, different from what we were over half a century ago.

To begin with they are, on the average, undoubtedly of a higher intellectual standard. In my day almost anyone could become a medical student provided he was not so completely halfwitted as to be unable to pass the simple matriculation examination demanded and provided his parents were ready to pay for him. Thus a number had indifferent intellectual qualifications.

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FIFTY-FIVE YEARS AGO

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To begin with they are, on the average, undoubtedly of a higher intellectual standard. In my day almost anyone could become a medical student provided he was not so completely half-witted as to be unable to pass the simple matriculation examination demanded and provided his parents were ready to pay for him. Thus a number had indifferent intellectual qualifications.

Scottish universities were always more democratic than those of Oxbridge and in them there was invariably a sprinkling of lads o' pairs whose parents in humble circumstances had often made incredible sacrifices to send their sons to college, and Andrew Carnegie's scholarships helped many to maintain themselves in rather straightened circumstances. On the whole, however, most medical students in the university then came from middle class homes, often with a hereditary medical background. In Edinburgh too, at that time the extra-mural school was flourishing, comprising a very cosmopolitan collection of students for whom practically no academic entrance qualifications were required at all. Thus every year had a tail of "chronics" failing repeatedly at their examinations but allowed to continue indefinitely if they liked till they finally passed. A plough rate of at least 20 per cent at professional examinations was common and the bloomers of the "chronics" constituted the jokes and banter which enlivened the luncheons for the external examiners.

All those connected with the selection of medical students nowadays agree that today's students are far superior intellectually to what they were, resulting from their very stringent selection from a broader spectrum of society consequent on the elimination of the financial barrier. In Edinburgh, for example, 150 students a year are now carefully selected from over 2,000 applicants and the extra-mural school has vanished. No wonder they are very able young people! Practically no-one fails in professional examinations nowadays so that there is a feeling that they might be abandoned altogether in favour of progress reports. The acceptance of medical students depends almost entirely on the number of A and O certificates they have collected. This is reasonable for the State is now largely responsible for their education and there must therefore be no suspicion of nepotism, influence or final status. Acceptance by examination is free from such drawbacks and on the whole examinations do distinguish intelligent people from stupid ones. Nevertheless they do not necessarily select those who are kind, who have common sense and who are likely to have a deep interest in and sympathy for their future patients — qualities as important for a practising doctor as high intelligence. It has been claimed that if examination results are combined with an interview, that would go far to resolving this difficulty, but does it? A ten minute interview may tell us if a candidate is tidy and has nice manners, and should two candidates be indistinguishable academically it is better to choose the one who is clean and pleasant, but it does not give much more information. Indeed it may give an advantage to a flashy extrovert than to a decent introvert. At Harvard their likely candidates are taken for an observation weekend in the country. The encounters between them and their interlocutors must be very artificial unless the victims are plied with alcohol and their

veritas observed *in vino*. To judge from the excellent results our present system of selection seems to be most satisfactory. Nevertheless, to end this encomium of modern medical students on a rather sour note it is possible that they may not be quite so dedicated to their future profession as were some of their more doltish predecessors. For instance in my day I heard little chat about "overtime" or "industrial action"!

For many years after the first World War the University admitted some 250 medical students a year. There were also large numbers of extra-mural students doing their clinical work in Edinburgh. Apart from midwifery, paediatrics, infectious diseases and psychiatry, those hordes of students were all taught in the Royal Infirmary. Craigleith Hospital, as the Western General was then called, had been a poorhouse until converted into a military hospital during the 1914-18 war, but by 1920 it had again reverted to the parish and then to the municipal authorities. Many years elapsed, however, before it developed into the great teaching hospital it now is. None of the numerous other hospitals in Edinburgh or its environs were used for teaching apart from the Simpson, the Sick Children's, the City and the Royal Hospital at Morningside. Thus the wards of the Infirmary were overcrowded with students and in popular charges it was sometimes difficult to catch a glimpse of the patient being demonstrated.

Until the start of the National Health Service in 1948 the Royal Infirmary was controlled by a medical superintendent — usually a retired R.A.M.C. major-general or colonel — and a secretary and treasurer. These two men, with the help of a few clerks and typists, ran satisfactorily what was then the largest voluntary general hospital in the U.K., and there were very few committee meetings of the staff. Of course medicine has now become more complicated and the N.H.S. has bred many problems. Nevertheless the large number of officials required to control the hospital nowadays is surprising and the spawning of so many committees is regrettable as they occupy much of the time of the clinical staff.

Until the commencement of the National Health Service the staff of the Infirmary and the other hospitals in Edinburgh was an honorary one earning its living by private practice. Like so many Robin Hoods they mulcted the relatively rich so that for some hours a day they could look after the poor for nothing and have the prestige of being on the staff of a great voluntary teaching

hospital. The clinical professors got from the University what we would now consider derisory salaries of a few hundred pounds a year. The Professor of Therapeutics, the first of whom was appointed in 1920, was the only full-timer at £1,000 a year and had charge of the clinical laboratory. There were eight medical, eight surgical and three gynaecological charges besides the special subject units of E.N.T., ophthalmology, dermatology and V.D. Each charge was staffed by a chief, an assistant chief, a clinical tutor and a houseman, which seems modest compared with the modern mostly full-time staff.

Nearly all the work in a medical charge was done by the house physician under the direction of his chief. If the assistant physician was on good terms with his senior he was allowed to take part in the work of the ward and in the teaching of the students. Otherwise his work was confined to the medical out-patient department on the ward's waiting day and to deputising in the ward when his chief was on holiday or ill. I well remember one assistant physician looking into the ward for some purpose when his chief happened to be there. Seeing him the latter stopped his work, stalked down the ward, shook his assistant by the hand and said "Good morning Dr., and what can I have the pleasure of doing for you?".

The work of the clinical tutor on the medical side was confined to one or two hours teaching in the morning and service under the assistant physician in the M.O.P.D. On the surgical side he was more active, for besides teaching the students "bandaging and instruments" he usually assisted his chief at operations and often in his private practice. Though he got his keep the houseman worked without pay for 24 hours a day for seven days a week with a few interrupted hours for sleep. It was an eagerly sought appointment!

The chief would usually arrive at his ward between 10 and 11 a.m., see his patients, teach or operate and leave between 1 and 2 p.m. Apart from the waiting assistant surgeon who stood by for emergency operations the care of all patients in the great institution then devolved upon newly-qualified housemen . . . and the ward sister. The latter, in those days, were great ladies of considerable clinical experience. Their whole life revolved around their wards and indeed their sitting rooms and bedrooms opened on the ward corridors from which they popped out should anything unforeseen occur. Their salary was £80 a year and they often retired to penury. They really took the veil as they seldom married. The

honorary staff, the housemen, the nurses and students admired, feared and often loved them.

Just as the students were different in the 1920s so were the patients in the Infirmary. They were usually very poor people, ready to sit patiently, sometimes for hours, in ward corridors and out-patient departments in the hope of benefiting from the advice of the honorary staff. When admitted to the wards they were often dirty, malnourished and lousy. It must have been a traumatic experience for often gently nurtured probationer nurses to clean them up. The wards were redolent with the aroma of sassafras oil with which the patient's scalps were annointed. Even small shopkeepers felt it a little disgraceful to go to a charitable hospital and were prepared to expend their small savings on being treated in the Queen Mary Nursing Home in Chalmers Street or in a private ward at the Chalmers Hospital at two to four guineas a week. How different it all is now when patients feel that the state hospitals belong to them and rightly expect a degree of civil service from their staffs!

As students we certainly had plenty of theoretical instruction but owing to our vast numbers in the Infirmary it was important to become a junior houseman in order to gain practical clinical experience. Such positions, of which there were usually two or three to each charge, were eagerly sought. On the surgical side the "juniors" acted as dressers, shavers of abdomens, wheelers of trolleys and occasionally holders of forceps and retractors at operations. On the medical side we helped with case histories and with simple laboratory procedures, which are now all sent to central laboratories. These were often done in the side-rooms of the wards: red and white blood counts, haemoglobin estimations, sputum examinations, urine tests, test meals, occult blood in stools and so forth. Only Wassermanns, blood and urine cultures, blood chemistry (blood sugar curves and renal function tests were big science in those days) and the pathological examination of tissues were sent to central laboratories staffed by the University. Many of the results obtained by the housemen and their "juniors" were often most inaccurate. Doubtless the system provided good experience for them, though very time-consuming, but was not so good for the patients. On the other hand it is so easy now for housemen to send specimens with unthinking requests for every conceivable sort of biochemical, bacteriological and radiological examination that all these services are being over-

used at great cost in money and manpower.

Owing to the great number of students who had to be taught in the 1920s considerable regimentation was necessary, to which we were quite ready to submit. Like dumb driven cattle we knew just where we had to be from morning to night. We were lectured to perpetually — at least three or four times a day. Each professor attempted, usually very ably and personally, to cover in his course of lectures all the essentials of his subject during the time allotted to him in the curriculum. There we would sit poised over our notebooks to get it all down almost to the extent of the "good morning" with which the professor might greet us. If we were diligent note-takers, if the notes were legible and if we learned them thoroughly it was hardly necessary to read anything else to get through our examinations. This persisted up till the last war. I became a professor in 1936 and well remember how some pathetic little joke I made in a lecture would reappear in examination papers afterwards. On reading the scripts one felt a little like a dog returning to its own vomit.

Of course we were lectured to far too much and it is good that students are now stimulated to be more productive and less purely receptive, but the modern tendency to decry lectures altogether is excessive. There are many principles that can be taught as well to 100 people in a lecture theatre, and with a great saving of teaching time, as to five in a tutorial. Lectures should not attempt to replace textbooks, to comprehend the whole subject or to instil a mass of facts; they should attempt in the course of an hour to leave two or three important principles in the minds of their audience illustrated by examples, and they should amuse, stimulate and indicate what is important to read.

From the sawboneses of Dickens' day to the time when I was a medical student we were always regarded as the rowdiest, most drunken and disreputable of the students. Indeed in polite society one hesitated to confess to being of their number. People were often astonished by our rapid metamorphosis into respectable citizens after qualification. Our Saturday night frolics in which we made ourselves objectionable to the citizens were not, however, protests against authority — indeed we were rather obsequious to our seniors — but just high-spirited hooliganism like the Corinthians of long ago who rioted in the town and assaulted the watch. This tendency found full vent during the rectorial contests to elect some

notable statesman, admiral or general as Lord Rector, involving appalling combats with flour, eggs and soot. The subsequent address by the distinguished man we were supposed to have honoured by our suffrages was invariably made inaudible by our interjections and missiles, including terrified fowls projected from the galleries of the McEwan Hall. Not surprisingly we seldom saw the Lord Rector again. He at once appointed as an assessor some decorous Edinburgh W.S. who thereafter deputised for him at the University Court but had little or none of the contact with the students as is the case with the modern Rector. In respect of behaviour medical students as in other things have changed: they now seem to constitute the respectable "establishment" of the undergraduate population.

Another of the things which have changed greatly since the 1920s are the clothes worn, though this perhaps applies less to medical than to other students. I was at my old College at Oxford recently where some repairs to the roof were taking place and it was hard from their dress to distinguish the dons or the undergraduates from the labourers on the scaffolding. In my day we all wore suits at classes or in the wards – often seedy and shiny but conventional garments. I remember one Saturday morning going into the ward in plus four knickerbockers, being about to play golf in the afternoon, and plus fours were then the conventional uniform for that pastime. My chief, who was examining a patient looked up at me with the greatest distaste and said, "Sir, this isn't the gun room". It is hard to imagine such a remark these days.

It is difficult to believe that the inspired romanticism of the poems of Rupert Brooke was what then most appealed to the youth of the country. At the back of them was an old-fashioned patriotism. Patriotism seems to be a rather fuddy-duddy expression nowadays, to be discarded in favour of protests against the form, conventions and establishment of society (we did not indulge in protest marches in the 1920s!). Doubtless this tendency started before the last war when in the Oxford Union they passed the famous motion that they were no longer interested in fighting for King and Country. Yet within a short time the same students were piloting the Spitfires in the Battle of Britain, manning the Malta and

Murmansk convoys or among the soldiers of the Eighth Army at Alamein. Doubtless it would be the same now.

Then as now the Royal Medical Society played a great role in our undergraduate life. It was splendid when we held our meetings in the magnificent old Hall in Melbourne Place with coal fires burning at each end, in the middle the Senior President on a rather unsteady eminence, his officers below him resplendent in dinner jackets and the members on plush-covered benches to one side. The other rooms were hardly on the same plane: a cold common stair opening on some rather bleak rooms containing our great library. Its historic volumes were only very rarely consulted by some visiting scholar. Our exiguous undergraduate subscriptions were insufficient to insure or rebind them. Moth and rust consumed them and an occasional thief would break through and steal. Although we retained some of the library's gems – the dissertations in the youthful handwriting of famous medical men and the volumes particularly relating to Edinburgh – we were nevertheless much criticised for selling the library for which we got a considerable sum. Though I must take a considerable share of the responsibility for the sale I am confident that we were right in what we did.

I was a Junior President of the Society and for weeks before the Presidents' Annual Dinner, which was much as it is now, rehearsed the toast of the City of Edinburgh which I had to propose. Delivered without a note I hoped it would sound extemporary but it was probably more like a recitation. In our new, comfortable and convenient quarters we have many advantages, including the presence of women students. I am sure that when their admission was proposed I would have opposed it violently. How wrong I would have been! Besides being decorative and enchanting they have contributed much else. Apart from the splendid Hall of Melbourne Place the only thing I regret in our new home is the status of our noble bird who sits crouched on the floor like one in the zoo. Perched on the roof of Melbourne Place he surveyed the view with his eagle eye: to the north the Forth, to the south the Pentlands, to the west the Castle, to the east St. Giles and Holyrood. How lucky we are to study medicine in such a noble setting!