Medical schools 100 years ago

What were our medical schools and our medical students like a century ago? Of course the buildings were usually rather stately Victorian edifices, the teaching hospitals imposing, often ancient structures with their Nightingale wards. Look at the old faded group photographs of the student classes and 'firms'; the numbers are much smaller, the sex entirely male in most schools, the vast majority are white and the dress uniformly a suit and tie.

In those days, the start of the academic year, with its new entry of medical students, was marked by a formal introductory ceremony, with a keynote address by the Dean or by some other important member of staff. Many of these addresses were published in extenso in the medical journals of the day, and were often accompanied by long leading articles on the state of medical education and related topics. Today, they make interesting reading. So many of the problems and topics of the present were lively issues a century ago and many remain as ongoing items of debate today.

For example, the address by the surgeon Mr TF Hugh Smith, at King's College Medical School, pointed out:

'the immense amount of work that the student of today has to get through in comparison with that of his predecessors, and also how much more strenuous the medical student's career has become'.

Moreover, as noted in a leading article in the *British Medical Journal* (Anonymous, 1909) at that time, the University of London was insisting that prospective students were required to have passed in all five subjects concurrently in the matriculation examination as a requirement of entry to its medical schools. Students were therefore defecting to the new provincial schools and to those of Scotland and Ireland, where they could sit the examinations of the licencing boards without having to take this initial troublesome hurdle.

Professor Harold Ellis *is Emeritus Professor of Surgery, Guy's, King's and St Thomas' School of Biomedical Sciences, London SE1 1UL*

A leading article in the *Lancet*, introducing the start of the academic year, discusses the unsolved problems that the new students will encounter in their clinical practice. Although antisepsis, anaesthesia, serum therapy, vaccination and malarial prophylaxis remind the student of victories that have taken place over the course of the previous century, 'Cancer, Bright's disease, insanity, epilepsy, plague, acute rheumatism, tuberculosis and sleeping sickness are only a few of the enemies for which mankind must look to medicine for delivery by prophylaxis or by cure'. You can tick off for yourself what has been achieved since those words were written 100 years ago.

The same article in the *Lancet* went on to give words of encouragement to the fledgling doctors:

'Despite the traditional hardness of the medical man's (sic) life, it is true to say that given good health, industry, an ordinary self discipline and a facility for social intercourse – a quality by no means to be neglected during the student's life – a practitioner who has passed through the modern curriculum of medical education has capitalised the expenses which it has entailed into a well-assured means of earning a decent living. If during that period he has developed to a pronounced degree certain scientific or technical or personal attainments, he has a very good prospect of making a very good living, even though his expenses will become larger in proportion to his income.'

These cheerful remarks are countered by a letter from a Dr J Booth-Clarkson, of Ayr, Australia, who writes in the same issue: '... a few home truths to prospects; instead of the usual platitudes of having its own rewards, it is well to point out, in no uncertain voice, that in no other profession or calling are the results so meagre in "profits and pleasure" for the majority, as usually understood, especially under present conditions'. How many readers of this article and this letter agree or disagree today, a century later?

What of female students in 1909? They were excluded from most medical schools. It was not until the Goodenough Report on medical education was published in 1944 that the recommendation was made that all medical schools in the country should admit women. This became the norm in the late 1940s in the immediate post-war period. It is interesting, therefore, to read the address of the Dean, Dr Elizabeth Garrett-Anderson, at the opening of the 1909 winter session of the London School of Medicine for Women. She, of course, was the first woman to qualify in medicine in this country – after a tremendous battle – in 1865, with the Licentiate of the Society of Apothecaries diploma. The school had opened in 1874, and later became the Royal Free Hospital School of Medicine for Women. It was an upbeat oration: 'The prospects and surroundings of those who become students at the London School of Medicine for Women are infinitely superior to those women who, in ones or twos or threes, entered schools primarily intended for male students; such women have to live lives of extreme seclusion and their student career is of a much less kindling and stirring character than that of the women at the school in whose halls they were now assembled.'

She noted that the field of opportunities for women doctors was expanding; for example, by the recent introduction of compulsory medical examination for school children, which would be a remit for female graduates. Two hospitals in close proximity to the school were entirely staffed by its graduates. No less than seven students had presented theses for the London MD and all had passed, while the first of its students had obtained her MRCP. Finally, there was an appeal for £4000 to free the school from its building debts!

Today, of course, women equal or outnumber men in our medical schools. So the arguments of 100 years ago continue concerning medical education – the syllabus, the remuneration, the buildings and so on. It will probably be the same 100 years hence. **BJHM**

Conflict of interest: none.

Anonymous (1909) The university and the medical schools of London. *Br Med J* **ii**(2545): 1087