

HUMANIZING MEDICAL EDUCATION

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In one of his historical essays, John Fiske says that the increased geographical knowledge of the European world in the fifty years immediately following the discovery of America by Columbus was so great as to require the next two hundred years to digest, assimilate and utilize this knowledge. This statement may with equal truth be applied to our present-day knowledge of the human body and its diseases, their diagnosis, prevention, and treatment. In the last half century, modern medicine and surgery have developed. More has been learned regarding the human body and its diseases than in all the preceding centuries of civilization. Our profession has been so busy learning newly discovered facts that there has been little or no opportunity in this era of analysis and investigation for synthesis or generalization. New discoveries have crowded so fast on each other that there has been no time for taking stock or for adjusting educational methods to meet new conditions. The medical school has, through force of circumstances, become a part of the modern university. But the modern university has become something radically different from the university of yesterday.

In his "*History of Mankind*", Dr. Henry Van Loon gives an interesting account of the medieval universities. "They were found", he says, "wherever a few teachers and a few pupils happened to find themselves together. Now-a-days, when a new university is built, the process is as follows: Some rich man wants to do something for the community in which he lives, or a particular religious sect wants to build a school to keep its children under supervision, or a state realizes the need of educating doctors, lawyers, and teachers. The university begins as a large sum of money which is deposited in a bank. This money is drawn out to construct buildings and laboratories and dormitories. Finally, professional teachers are hired, entrance examinations are held, and the university is on the way. But in the Middle Ages things

were done differently. A wise man said to himself, 'I have discovered a great truth. I must impart my knowledge to others.' And so he began to preach his wisdom whenever and wherever he could get people to listen to him, like a soap-box orator. If he was an interesting speaker, the crowd came and stayed; if he was dull, they shrugged their shoulders and continued their way. By and by, certain young men began to come regularly to hear the words of wisdom of this great teacher. They brought copybooks with them and little bottles of ink and goose quills, and they wrote down what seemed to them to be important. One day, it rained. The teacher and his pupils retired to an empty basement or to the room of the professor. The learned man sat in his chair and the boys sat on the floor. That was the beginning of the university, the 'universitat'—a college of professor and students in the Middle Ages, when the teacher counted for everything and the building in which he taught counted for very little."

So the university was originally built around a man who had a new idea which he wished to impart to others. It was said in New England a hundred years ago that a college consisted of Horace Bushnell sitting on one end of a log and a student with a Greek textbook on the other. Here were all the essentials for the college of that day—the learned teacher and the responsive student, who by personal contact with his teacher absorbed his wisdom and profited by his experiences. But the modern college teaches more than the "humanities". With the development of the natural sciences in the latter half of the 18th century and the first half of the 19th, and the application of scientific discoveries to industrial life, came the demand for technical training in laboratories and workshops.

Naturally, this had a marked effect on our universities. Law and theology, which consist of principles, precedents and moral maxims, can be taught from textbooks today, just as they were two hundred years ago, but the development of the natural sciences and the addition to the university curriculum of courses in mechanical, electrical, and mining engineering and other technical sub-

jects has made the university of today a great workshop instead of the quiet and secluded retreat which it was a century ago.

On no other profession has this development of modern science had so marked an effect as on the teaching and practice of medicine. In the last hundred and fifty years has developed practically all of our accurate knowledge of physics, chemistry, and biology, the three sciences fundamental to a knowledge of the human body, its workings, and diseases. The modern microscope, as perfected by Lister and Amici in 1836, has, in less than a hundred years, developed the new sciences of histology, pathology, biology, and bacteriology. So that instead of a medical training of one or two short courses of lectures, the medical student of today must have the most thorough preparation and must undergo the longest, the most severe and the most expensive training required of any present-day profession.

Medical education has undergone a complete revolution and has produced changes not only in educational methods, but also in the character and type of physician, that have not as yet been fully realized.

During the Colonial period of our history, the only trained physicians in this country were men who had gotten their medical education in England or on the Continent and who had later come to this country. Naturally, such men were few in number. The scarcity of physicians in the growing colonies led to the custom of a young man who desired to become a physician "reading medicine" with an older and established practitioner and fitting himself to treat the sick through personal instruction by his preceptor and the study of the medical textbooks in the physician's library. Such an arrangement was not only the best that could be made under the existing conditions, but it was also by no means an ineffective system of training. The young man of seventy-five years ago who "read medicine" with his preceptor and who, incidentally, took care of the horses, put up and delivered the medicines, and acted as general office boy, while he received a quality of instruction along scientific lines which would not be recognized today by any medical

school, also received something which the medical student of today lacks. He was in constant and every day contact with his preceptor. He saw the patients who came for diagnosis and treatment. He assisted often in their treatment. He rode for miles in the old-fashioned doctor's gig with his teacher, and from the older man, with his years of experience and trained observation, he acquired all of his scientific knowledge and in addition his knowledge of the practical or applied side of medicine as a profession. He learned how to handle not only the patient, but, what is often more difficult, the patient's relatives and friends. He learned not only all that the doctor knew of medicine as a profession, but also all that he knew of medicine as a business. He acquired, in a word, that personal knowledge based on individual experience that can not be taught in laboratories or by textbooks, but that can only be acquired from man to man.

It was this crude but essentially human training which made the old-time family doctor the confidant and father confessor of his patients, as well as the man of influence and leadership in the community, an essential factor in medical education which the highly scientific, thorough and exhaustive present-day medical curriculum has not yet been able to supply. The doctor of fifty years ago was essentially human, even if he was not always highly educated. The doctor of today, with his exhaustive and expensive training, his highly technical ability, his thoroughly equipped office and laboratory, and his equally fully equipped hospital around the corner, is not in as close contact with his patients, either individually or collectively, as his professional forefather of half a century ago who did not have one-tenth of the medical knowledge of today but knew far better how to use, effectively, sympathetically, and understandingly the knowledge which he did possess. The human element is lacking in the training and is consequently lacking in the product.

The story of the development of medical education in this country is an intensely interesting one. But it is not possible at this time to consider it in detail.

The problem today is not how to raise the standard of scientific instruction (that is practically solved), but

how to adapt our present-day educational methods so that the medical graduate of today may be as capable and efficient along practical lines as was his professional forefather of two generations ago, who, with a far less comprehensive and adequate training, was able to exercise a far greater personal influence. Everyone agrees that physicians today do not have the influence or enjoy the public confidence of their predecessors, though they are much better educated and far more capable. How can this confidence be restored without sacrificing our high scientific standards?

The defects of our present-day medical education are widely recognized. At the alumni dinner of the Carnegie Institute of Technology, Dr. Thomas S. Baker, the president, said, "We are giving too much importance to methods and not enough to substance; too much importance to courses of study and not enough to the individual teacher. College and school executives are so enmeshed in a maze of administrative details that they are in danger of building up systems rather than in building up faculties. The greatest need of American education is simplification." Dr. Ray Lyman Wilbur, president of Leland Stanford University and president of the American Medical Association, says, "The social responsibilities of the profession are enormous. Are we going to fit in or be fitted? The social aspects of medicine are inevitable. We need to smash the present curriculum and revamp it to bring it up to the medical requirements of modern knowledge. Present medical courses are in some ways ridiculous. We now take twenty-five years of the life of the best young men in the country preparing them to become physicians. We standardize the work so that when they have finished they are all alike." Dr. Richard C. Cabot of Boston says, "The psychical side of practice is more than half of the practitioner's job and makes or mars him. Men intending to study and practice medicine must face the fact that medical schools give practically no attention to the psychic side of the doctor's work. How to deal with people,—that is the problem. The doctor must learn the

psychology of human approach. This is absolutely necessary in his education, but he is never taught it."

Nor are such views confined to the leaders in medical thought in this country. Sir James Mackenzie, probably the leading English authority on diseases of the heart, in his recent book on "*The Future of Medicine*" says, "The chief difficulty is in the fact that there is no teacher with a broad outlook on medicine who can see all the different branches in their proper perspective. Fifty years ago, progress was being made on certain lines which tended to a clearer conception of what medical education was, because the teachers were men who had taken a broad outlook. At the present day, there is not a single teacher in a school of medicine capable of taking that broad outlook. When any attempt is made to modify the instruction necessary for the general practitioner, every kind of individual connected with education is consulted except the one individual capable of showing from his own experience where medicine fails, that is, the general practitioner himself."

The situation, today, is radically different from that of fifty years ago. In those days, the surgeon taught anatomy, operative surgery, surgical diagnosis, and operative technique. The medical student who worked with Sir Astley Cooper, John Hunter, Everhard Home, Syme, or any of the other great surgeons of that day, learned from them, not every anatomical fact regarding the human body, which it is not possible for anyone except the professional anatomist to learn or retain for any length of time, but those anatomical facts which are necessary and essential for the proper practice of surgery, and he learned them with an exactness and a thoroughness which remained with him through life. From the same teacher, he learned his surgical diagnosis and his operative technique. He stood beside and assisted him in the operations. He learned the after-care of his surgical patients but, most important of all, he learned from these great leaders not only how to handle surgical conditions, but also how to handle patients suffering from surgical conditions. Just as the student of the early days who "read medicine" with a preceptor learned the

practical and applied side of medicine, so the student of surgery learned courage, self-control, and resourcefulness from the greatest men of his day.

Today, the medical student learns his anatomy from a bachelor or a master of science whose work has been limited entirely to the dissecting-room and the laboratory. He learns his histology from another laboratory man; his pathology from a teacher, most of whose time has been spent in the morgue and in the preparation-room; his physiological chemistry from a professional chemist; his X-ray diagnosis and treatment from the electrical specialist. The eye he studies under an ophthalmologist; the ear under an aurist; the throat and nose under a laryngologist and nervous diseases from a neurologist. Nowhere at any stage of his long, expensive and crowded course is there any opportunity for him to come in contact with some broad mind which will help him to digest this tremendous mass of information pouring in on him from all sides and many sources. Nowhere on the faculty is there a single man who is interested in the problems which will confront the doctor in the first few years of his professional career. Above all, nowhere in the curriculum is any attempt made to tell him anything about the practical, everyday problems which are going to confront him. He is taught all about the human body, but he is taught nothing about human beings.

As a result, he leaves his alma mater, even after an internship in a hospital, loaded down with the very latest knowledge of all the innumerable branches of present-day medicine and surgery, full of information given him by experts who are twenty or thirty years ahead of him in point of experience, equipped with all of the technical knowledge of tests, examinations, analyses, methods of diagnosis and methods of treatment, without having had a single hint during the entire six years of his course as to how he can secure patients on whom to exercise this enormous accumulation of knowledge, how he shall keep them after he has gotten them, or how he can collect enough money from them to pay his professional expenses and make a living for himself and his family. In

a word, the science of medicine is taught today as never before, but practically everything that could possibly help the student to a knowledge of the practice of medicine has been eliminated. He is taught all about medicine except how to practice it.

The result is that the young medical man goes into practice without any clear ideas of the relations between himself and his patients individually; between the doctor and the public, either individually or as a class; between the doctor and his professional associates. No one has told him of such things in medical schools. He soon gets some amazing shocks. He believes that the so-called "regular" school, to which he of course belongs, is not only the only one which has a right to exist, but the only one which is accepted by the public as reputable or honest. Yet he sees great lawyers, judges and business men patronize osteopaths and chiropractors, Christian Science healers and nature doctors. Naturally, he is confused and irritated. He was taught nothing in his medical course regarding the history or development of his profession, and, of course, nothing regarding the numerous sects, cults and so-called schools of medicine which have always existed. He knows, in a contemptuous and superior way, that homeopaths believe in "similia similibus eurantur" and that the only medicine they are supposed to give is little sugar-coated pills. He knows that Christian Science was founded by Mrs. Eddy. He knows that osteopathy and chiropractic consist in using massage or some modification of it in strange and wild ways, but who is responsible for these sects, how they originated and why intelligent people support them, he does not know. He has never been told anything about the history of sectarianism or its various manifestations. He regards all sectarians as quacks and fakirs and looks with contempt on any layman who would patronize them.

He feels, and rightly, too, that a medical man should be judged by the quality of his work, the standing of the college from which he graduated, and the hospital in which he served as an intern. He can not understand why intelligent laymen should pass him by and patronize a Christian Science healer or a nature doctor. He is

amazed, hurt, and disappointed because no one has ever told him anything about popular psychology, the eternal appeal of the charlatan or pseudo-scientist. His college professors should have told him something about the various cults and sects and how to meet them, but they were all far too busy lecturing on pure science to waste time on such absurd subjects. So he has to learn by hard knocks because no one has ever told him how his own profession reached its present state.

When the young practitioner considers his legal status, he is also puzzled. He believes that his diploma, and especially his state license, constitute him a privileged individual, and that he is "recognized by the state," whatever that may mean. He believes that a medical practice act exists for the purpose of protecting him from competition by preventing everybody except regular physicians from treating the sick. He regards all health laws as commendable or desirable. If some of these laws impose compulsory restrictions on laymen, it is necessary for them to submit for the public good. He views compulsory vaccination and quarantine regulations as perfectly proper restrictions on the layman. So far he is right. But when the state or federal government imposes regulations or restrictions on him, in the form of laws for the restriction of the use of alcohol or habit-forming drugs, his wails of protest are heard afar, because his professional and personal liberty is thereby interfered with. No one ever told him in his medical course that medical practice acts are for the protection of the people and not the doctor, and that his cherished state license is in no sense a "recognition" or endorsement but is simply a police permit to do business and legally is in the same class with an automobile license. So again he has to learn by hard experience or remain in ignorance, because no one has ever told him anything about his legal relations.

Early in his practice, the young doctor comes in contact with some one of the many medico-social bodies which have developed so numerous in the last twenty-five years. The Red Cross, the National Tuberculosis Association, the Cancer Society, the Society for the Pre-

vention of Blindness, ask him to support them or work with them. Again, he is confused. What are laymen doing in the field of medicine? What ought they to do? What should be the doctor's attitude to such bodies? What are the social relations of the doctor and the medical profession? What is State Medicine and what effect will it have on him? What are Health and Industrial Insurance? What is Contract Practice? What shall he do about all these things that surround him every day and that his teachers never told him about? He doesn't know because during all the years of his training he never knew there was such a thing as medical sociology—that great field that has developed so rapidly in the last twenty years. His teachers were all too busy to tell him anything about it. And again he has to suffer because no one has told him.

Then practical and financial questions arise. How much should he charge for his services? How can he collect his accounts? Who is liable, in complicated and perplexing cases, for payment for his services? How can he, an expensively and thoroughly educated technician, develop into a successful business man, as well? He has the technical training for his work. How can he succeed as a practitioner? Has any one told him? No. There is not a medical school in this country where any instruction is given on how to practice medicine as a business. Yet the most highly trained man will be a failure and a dead loss to himself and society unless he can make enough to support himself and family, pay his bills, and save enough for postgraduate work and invest enough to secure him for old age. Is any medical school teaching medical economics? If they are, it isn't mentioned in the catalogues. Yet the business side of a profession is quite as important as the technical side, if one is to be successful. The practical advice that the medical student formerly got from his old preceptor has no counterpart in the present-day medical curriculum. He not only makes mistakes but he loses money because no one has ever told him how to manage his business.

After the young doctor has been in practice for anywhere from one to five years, some other doctor asks him

to join a medical society. This is the first time he has heard it mentioned. In the last twenty-five years, our medical organizations have increased in membership, efficiency and influence more than in the preceding seventy-five years. Has the medical student been told anything about medical organizations, their purposes and advantages, and that it is his duty and privilege to join the county, state, and national bodies just as soon as he is eligible? Not that I have ever heard. I recently had occasion to talk to a senior medical student of one of the leading medical schools of the country. In the course of the conversation, I mentioned the American Medical Association. To my surprise, he hadn't the slightest idea what it was. I said to him, "In the four years you have been in college have you never heard the American Medical Association mentioned?" He said, "No, Doctor, except I remember one spring one of our professors dismissed his class early because he had to catch a train to go the American Medical Association meeting, but I hadn't any idea what it was. That's the only time I heard it mentioned."

Christ said to his disciples, "The children of this world are wiser in their day and generation than the children of light." B. J. Palmer, the founder of chiropractic, may be short in science but he's long in common sense. Every student who matriculates at the Davenport Chiropractic School joins the National Chiropractic Association the day he enters the school. We let four thousand of the brightest and best trained of young men spend from four to seven years in school studying medicine, and send them out to become the doctors of the future and never tell them a word about our own organizations. After they have had four or five hard years of bumps and mistakes we go around and try to organize them. Brilliant idea! But why not begin to organize the medical profession at the door of the medical school? Common sense, isn't it?

Finally, after enduring all the knocks and rude awakenings incident to the first years of practice, comes the last straw. The young doctor is sued for malpractice. It may be inspired by a jealous business rival, stimulated

by a firm of ambulance-chasing lawyers, brought by a dead-beat patient to scare the doctor from collecting his bill, or the consequence of an unforeseen but unfortunate outcome of a complicated fracture or a wilful and disobedient patient. Does the doctor know his own rights, responsibilities, and liabilities before the law, so that he can protect his own interests? Not from anything he has learned in college. Yet the principles of the common law as applied to professional responsibility are comparatively simple and could easily be presented in such a way as to be of enormous value to the student. "But," you say, "most medical colleges give a course in medical jurisprudence." True. But most, if not all the time for such a course is devoted to criminal law and the legal aspects of insanity. Few doctors, even after they have been practicing for years, have any clear ideas regarding a physician's rights, obligations, and responsibilities as applied to the problems of everyday practice.

What does the student learn in our present-day medical school? He learns the science of medicine. Nowhere, so far as I know, has any attempt been made to teach him or even advise him on the applied art of the practice of medicine. When the University of Pittsburgh Medical School, a few years ago, decided, what was perfectly true, that their graduates were being turned out without any knowledge of the history of their profession, a course in medical history was added to the curriculum. But who gave the course? The professor of history in the University, a non-medical man, whose only knowledge of the history and development of the medical profession was gained from textbooks. In order to cure the danger of specialism, another specialist was added.

Our present-day medical curriculum, then, is deficient in that it lacks a humanizing influence at three points of contact.

First, the instruction, today, is exclusively by specialists, each interested in his particular line. The student does not anywhere come in contact with a broad, highly trained mind, capable of synthesizing the entire field of medical knowledge for him, adding the experience and practical knowledge that has been gained through years

of effort, giving the medical student the sound, practical advice which he needs, especially in the first few years of his medical career. There is nothing in our present medical curriculum to bridge the gap between the medical student of today and the well-grounded medical practitioner of ten years from now.

Second, the student, both in college and in the hospital, looks on the patient simply as one unit in a large mass of clinical material. Himself a machine-made product, with but little individuality in his training, he regards the patient in much the same light. Nowhere is he taught to consider the patient in the hospital or in the clinic as an individual entity which he must learn to understand quite as thoroughly as he does the disease from which the individual patient is suffering. He is taught to treat diseases rather than human beings.

Third, and most important of all, the medical student at no time during his four-year course receives any instruction or even any advice regarding his own individual place in society, his relation to his patients, the public, or the medical profession as a whole, the personal relations of the medical profession, or how the present-day situation came about. Yet all this knowledge, which would make possible an entirely different social viewpoint from that now held by most physicians, could be made a valuable part of the present-day medical curriculum. Even if it were necessary to sacrifice some of the numerous specialties which now occupy so much time, such a course would be well worth the while. But such a sacrifice is not necessary. One hour a week, during the four-year course, is ample for this purpose.

During the first or freshman year and before the student has had his mind distracted by a multitude of other subjects, one hour a week, throughout the freshman year, should be given to the history of medicine. This important subject should be taught, not in the perfunctory and dry manner in which most historical matter is presented, not in the fragmentary and divided way in which some of the special departments present the history of their own subject. It should rather be given as a series of informal talks on the early history and development of

medicine among primitive peoples; its growth among the Greeks, the Jews, the Egyptians, the Romans, and the Arabians; its condition and limitations during the Middle Ages; with a summary of the important advances which were made; an account of the development of the natural sciences in the 17th and 18th centuries and the influence of the development of physics and chemistry on medicine; an account of the slow development of the microscope and its final perfection; of the influence which this discovery had on biology; of the development of organic chemistry by Liebig; of cellular pathology by Virchow; of bacteriology by Pasteur; and of present-day surgery by Lister; of the marvelous development of the last fifty years and of the men who made this development possible, with a summary of the leading men in the different fields who are at present regarded as leaders. Such a course would not only be intensely interesting, if illustrated with lantern slides and moving picture films, but it would also give the young medical student the historical background which he is, today, entirely lacking.

In connection with each epoch or period of medical development, attention would be called to the different sects, cults, and schools which prevailed at that time. Most physicians, I have found, are familiar with and bitterly hostile to the cults of their own day, which they regard as entirely unique, present-day phenomena. They do not realize that every period in medicine has had its own peculiar brand of pseudo-medicine; that every generation has had its fads and its sects; that before the chiropractor was the osteopath; before the osteopath, the eclectic; before the eclectic, the botanical doctor and the Thompsonian; before that, the homeopath; before Hahnemann, the Perkins' tractors, Bishop Berkeley's tar-water, and the stone extractors of previous generations. There has always been the sectarian, the faddist, and the follower of fantastic cults. Attempt to suppress him is the breath of his nostrils and only gives him so much free advertising. The only way to combat him is to learn his own particular fad more thoroughly than he knows it himself so that he can be the more readily refuted and discountenanced. This would

avoid the spectacle which we often see of learned physicians, known throughout the country, appearing before legislative committees and being made monkeys of by shrewd, adroit quacks who did not have a fraction of their knowledge but far exceeded them in ability to present a subject to a lay audience.

In the second year, an equal amount of time—one hour a week—should be devoted to a discussion of the social side of medicine. Under this head would be discussed the relation of the individual physician and the medical profession to society as a whole, both in previous generations and today; a discussion of the relation of the medical profession to other professions, as lawyers, ministers, etc.; the relation of the allied professions of dentistry, pharmacy, trained nursing, and the midwife; the growth of the social public health movement of the last twenty-five years, including such organizations as the National Tuberculosis Association, the American Society for the Control of Cancer, the American Child Health Association, and all of the other organizations, nearly one hundred in number, which have developed in this field since the beginning of the present century. The lack of reliable knowledge on these subjects has not only caused much confusion and division of opinion among physicians, but has prevented the profession from exerting its united influence for the guidance of public opinion and the protection of the public health, as well as its own legitimate interests.

In the third year, an hour a week should be devoted to the economic side of medical practice. Business methods, systems of bookkeeping, and cost accounting, correct methods of charging and collecting, as well as advice on investments, would be taken up. Here, also, would be discussed the advantages and disadvantages of government service, the Army, Navy, and United States Public Health Service, public health and industrial work, as well as such important economic problems as health insurance, contract practice, fee splitting, group practice, etc.

The fourth, or senior year, should have an hour a week devoted to the instruction of the graduating class in medi-

cal ethics and organization for half the year, the remainder to be devoted to a course of lectures on medico-legal problems of the physician, telling the men about to enter the actual practice of medicine what the law provides and the courts have ruled regarding a physician's rights and special privileges, liability for professional services, the law of expert testimony, of malpractice, of privileged communications, of birth, death, and marriage registration, of legitimacy, insanity and criminal procedure, so far as it touches the everyday problems of medicine. Only one who has followed the subject for many years has any idea how diverse and perplexing are the problems that arise in the physician's daily life, how sorely he needs advice on these problems and how to meet them, and how much annoyance he could be spared by practical instruction at the beginning of his professional career.

The adoption of such a course, covering a large and important list of subjects not found today in any medical curriculum, would only require one hour a week throughout the four years. It would not be necessary to omit or greatly curtail any of the courses now being offered. In the hands of a teacher who understood his subject and who put into it vitality and human understanding, it could easily be made one of the most valuable and popular courses in the entire schedule.

It is impossible to turn back the hands of time. The old preceptor with his wise, kindly, practical advice is gone forever. Our medical schools are today giving better, more scientific and valuable training than ever before. But with all their highly specialized courses, expensive laboratories, and expert teachers, they fail to provide any substitute for the old preceptor or any humanizing touch by which the medical graduate of today is qualified to deal with and solve not only scientific problems, but human problems as well. If to the thoroughness and accuracy of the present-day curriculum the saving grace of personality and human experience can be added, the medical graduate of tomorrow can begin his professional work with a far greater assurance of real success than is possible today.

Universities are something more than buildings; teaching is something more than laboratory equipment; professional training, in the highest sense, is more than technical instruction. Our medical schools must not be satisfied with anything short of that training which is not only of the highest scientific quality, but also of the broadest practical value. While the curriculum in our medical schools today is perhaps more crowded and over-weighted than that of any other course of technical instruction, a place must be made in the four-year medical course for instructing the physician of the future in the spirit as well as in the letter of his work. He must be told the history of his profession, not in a perfunctory recital of names and dates, but so as to make him understand the heritage of effort, experience, knowledge and sacrifice which the great men of previous generations have handed on to him. He must be taught his duties and his responsibilities to his patients and to his community with as much care as he is now instructed in anatomy, bacteriology, and chemistry. He must be shown his duty and his responsibility to his profession and to his individual professional associates, and he must be given as sound instruction in the business of his profession as he is now given in its science. In a word, he must be taught the vastly increased scientific knowledge of today, plus the practical, personal inspiration of the old system, so that each graduate of our vastly improved medical colleges of today may be not only the best trained man in his community, but also the man with the largest, broadest, and deepest human understanding and sympathy.