

**Medical Training. What is it to be—(continued).**

acquiring, are the lecturers, especially the lecturers on surgery and medicine. In most hospitals the only course of lectures of any value is the course that is given at 9 A.M., and that is only of value because it forces the student to overcome the weakness of the flesh, and to leave his bed at an unaided hour of the morning. There is little advantage in hearing a gentleman with a poor delivery set forth facts more plainly put in a text-book. Every student feels that most of the lectures he listens to are waste of time. This is not the fault of the lecturers. They are usually most competent surgeons or physicians on the staff of the hospital. It was on account of their skill they were appointed to the hospital staff, not because they were great speakers or teachers. A man may be an exceedingly good bedside teacher, and yet of the poorest as a lecturer.

But there are men capable of giving great addresses full of deep thought and full of stimulating ideas. If nine-tenths of the lectures in every medical school were allowed to lapse in favour of small classes and demonstrations and the few great lecturers were invited to visit schools in rotation, and give at each two or three lectures every session, such broad reviews as they would give would

stimulate the audience, and help students of all degrees to digest and arrange the knowledge they had acquired in class-rooms, dissecting-rooms, wards, laboratories, and in private practice.

Maybe it would be well to confine pre-graduate examinations to the more ordinary branches of medicine and surgery, midwifery, and diseases of women, and to give diplomas in the special subjects such as diseases of the eye, the ear, the nose, and throat, and so forth, after qualification, and after post-graduate courses. The attempt to acquire in the course of the student career full knowledge of all the subjects that have become recognised as special subjects leads to a but crude assimilation of varied knowledge. It would be possible perhaps to devise a curriculum and a system of examination which should allow a man with safety to the public to be launched on a bread-winning career, and to hold out as an incentive to further studies hopes of post-graduate diplomas in special subjects for which he had abilities, and in which he took interest. Such schemes bristle with difficulties, of course; but if one could be devised which set the medical man on his career more practically able to diagnose the ordinary run of cases and more ambitious to acquire further knowledge, both the public and the profession would benefit.

## THE HISTORY OF EPIDEMIC INFLUENZA.

SPECIAL interest attaches at the present time to the history of previous epidemics of influenza in view of the serious pandemic prevailing. The history of influenza is supposed to date from a very remote period, although authentic information regarding its earlier appearance in Europe and in this country is not available. The first epidemic of a catarrhal fever similar to influenza was recorded in the year 1173. Subsequently, similar epidemics, varying in number from four to eight per century, occurred during the fourteenth, fifteenth, sixteenth, seventeenth, and eighteenth centuries. Between the years 1800 and 1850 there were ten epidemics of influenza. A widespread epidemic which invaded many countries occurred during the years 1830-33. In 1837 there was a serious epidemic in this country, half of the population of London being attacked. Ten years later a particularly severe type of influenza, somewhat similar to the present type, made its appearance, and there were many deaths from respiratory and cardiac complications. At this stage the influenza virus appeared to have exhausted itself, or the resistance of the people had been so increased by previous attacks that they had become

more or less immune, for no serious epidemic occurred in this country for forty years, and the existence of such a disease had come to be entirely forgotten except by the older inhabitants. But the year 1890 brought a sudden awakening. In May 1889 influenza appeared in Siberia, and by autumn had spread over Russia. The newspapers of that time record the appearance of a curious epidemic disease in Russia, which greatly interfered with the industrial and social activities of that country. At first it was thought that some new mysterious malady had appeared, but it soon became evident that it was our old friend, or, rather, enemy, influenza. It quickly spread through Poland to Central and Southern Europe, and by the end of December it had reached London, from whence it spread to the provinces. The present epidemic, which originally appeared in Spain, bears a close similarity, in its distribution and the rapidity with which it spreads, to the great epidemic of 1889-90, while in type it conforms to the epidemic of 1848. From a study of the history of influenza in the past it will be seen that while we must expect outbreaks of this disease at varying intervals of time, we may anticipate after each epidemic a lengthened period of immunity from attack.

## THE RURAL POPULATION.

THE ravages of the war and the falling birth-rate call for increased effort towards conserving and increasing the rural population of England. In the rural districts there is a better standard of health and physical well-being, while the infant mortality is lower; and that notwithstanding the fact that in many rural districts the internal home conditions, more especially the bedroom accommodation and cleansing facilities, compare very unfavourably with those in urban districts. Apart from such important questions as food production and rural industries it cannot be too definitely realised that the national health standard, which has been seriously impaired in consequence of the drain on the

virile manhood of the nation, will most rapidly and most efficiently be raised by increasing the rural population and improving the conditions of rural home life. For obvious reasons many people prefer town life to country life, so that it is necessary to provide inducements and incentives to live in the country. Such inducements include good wages, good housing accommodation, educational facilities, increased transport and travelling facilities and means for amusement and recreation. The rural population is the chief source to which we must look for a higher and increasing birth-rate, and in order to replenish the wastage in human life which has resulted from the war every effort must be made to revive and increase the life and activity of rural England.