

HOW AND BY WHOM GYNECOLOGY SHOULD BE TAUGHT.

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Gynecology should not be taught by one whose chief merit consists in having written a book. It seems that the easiest and quickest way to now secure a teacher's position is to write a book. Trustees of Colleges appear to be imbued with the idea that to publish a book is to be great and original. In the days of Hippocrates or Galen such may have been the case. Then the printers' art did not smooth the way to greatness. Then no College of Physicians' Library, with its thousands of volumes, furnished an exhaustless mine from which to dig great nuggets of originality, and, by a twist of language and the engraver's art, make believe that experience herself furnished what the copyist only appropriated. The live, every-day practitioner knows that books as written in this day and age are mostly fossils, and mostly written by fossils. That they who look to books as the quintessence of truth, the *ne plus ultra* of knowledge, if not sooner or later fossilized by their influence, are at least mossbacked ere an experience is realized that merely admits to the vestibule of our professional temple.

Because such men as Tait, Sims and Parvin write something worthy of life and the living, it does not follow that every man who "takes his pen in hand" "fills a long felt want." He who writes a book should either bear a new gospel of glad tidings to the brain-hungry men of his profession, or he should have the ability to tell the old in a way much better than it was ever told before.

The older a man who writes a book, the more ancient its doctrines, the more antiquated and worm-eaten its methods.

On the other hand, the young man who writes, is most likely to imagine that the world is holding its breath in hushed expectancy till his mental offspring drops from the press. Routine and fogginess are the bane of the old, vanity of the young. One young man has lately published a work on surgery, and with vain and touching filial piety, dedicated it to his "Papa," and, barring a part of the work written by a friend, the dedication is the best thing in it. Another, who takes great pains to let us all know that his is German, has published a small book (many thanks for its size), but however admirable its central idea and how muchsoever we may like parts of the text, he has put his picture into it so many times that the book itself is liable to be mistaken for a Dutch photograph album, containing the family photos. As we look upon the picture of his teutonic form, with rolled-up sleeves, butcher's apron, wooden shoes and fierce moustache, we can't, for the life of us, tell whether he is going to carve a turkey or kill a sheep.

To write a text-book, or even a monograph, on some special subject, often spoils what little teaching ability a man has. The author writes from his library and not from his experience or operating table. The errors of others are as often copied as their excellencies. The publishers borrow, from an unchanging and ready-made stock of cuts, the illustrations to adorn and illuminate the text. The work comes from the press redolent with new ink and resplendent in the newest binding and paper, but, alas, the text is merely a paraphrase of something better said by others. The author suddenly feels himself an authority, especially among his own students, and it will not do for him to get beyond his books, lest he have to unlearn something and contradict himself. The moment a pernicious doctrine, a false theory or a dangerous method has crystallized into a text-book statement, that moment it is fossilized for all time, so far as the author is concerned. His text-book becomes for his students a Procrustean bed, on which they are either mentally elongated or abbreviated, as the necessities of the case may require. Such men should not teach gynecology. Like lawyers they adore precedents and worship authorities. Taught by such instructors, it takes many bitter and burdensome lessons from daily experience to open the eyes of the student who goes into practice loaded with his text-book's opinions of his books.

Gynecology should not, of necessity, be taught by the son of a gynecologist. A great teacher does not always have a great teacher for a son. The incumbents of many of our gynecological chairs mistake paternal partiality and pride, for symptoms of hereditary genius in some, "little faithful copy of his sire in face and gesture," and the son is at once attached to the chair as assistant or demonstrator, heir-apparent, as it were, to all his father's greatness. Students are then compelled to accept at second-hand what is often poor enough in the original fountain itself.

Gynecology should not be taught by one simply because he is old and conservative. Age does not always bring wisdom and conservatism does not always conserve. When a man has demonstrated his incapacity to keep up with the procession, he should be permitted to rest. Never was this fact more forcibly impressed upon me than what I saw while visiting the clinic of an aged gynecologist not long since. There were twelve or fifteen men all trying to look into one woman's vagina at the same time. One, in his eagerness to see, climbed upon another's back, *a la* leap-frog, and looked over his shoulder. It reminded me of a lot of school-boys who had treed a rabbit at recess and had to twist it out before books.

"First one peeped in and then the other,
And then they all peeped in together."

Finally, one a little bolder than the others, lubricated his finger and felt. Then in succession, some five or six others did likewise. The old professor, meanwhile, stood by in solitary grandeur and, in his awful dignity, towered among them like some ancient ruin. Not one was told what to expect, not one knew what he had found. Like the boys with the rabbit, their knowledge went no further than that the thing had hair on it and wouldn't bite. Such teaching as this is conservatism gone to seed and has no more business above ground than a mole.

Most of the gynecological teaching at our medical schools consists of so-called lectures by some old professor, who has committed to memory a favorite text-book and, like a manikin with a string attachment, grinds out a paraphrase of the book to his students, once a year. The clinical teaching consisting almost entirely of the introduction of a cylindrical speculum and then inviting a select dozen or two to take a peep.

A student can come as near to a diagnosis of pelvic troubles in this way, as he can to a differentiation of hemorrhoids on the man in the moon by looking through a cheap telescope.

Most of the best work done in gynecology and most of the men best qualified to teach in our large cities are either outside of the medical schools or, on account of "influence," are compelled to hang on to the skirts of some weak institution. In Philadelphia, the Prices, Joseph and Mordecai are doing an enormous amount of the best work, and at their private hospital the most difficult and intricate questions in abdominal and pelvic surgery are cleared up on the living subject. The surgical side of gynecology is there presented to visiting surgeons with a richness of illustration, a wealth of material and by a skill unsurpassed.

In Cincinnati, Ricketts, Reed and Hall, pupils of Tait, are exponents of all that is progressive, both in the principles of diagnosis, in treatment and in the technique of operating. In Kentucky, the fact that McMurtry and Barrow are outside of any medical college shows how completely eminent skill in operating, great knowledge of the subject and marked success in results, are ignored in making up the teaching force of that Commonwealth.

Family and political influence, great wealth and the laying of medico-political pipe, too often fill the chairs of our strong medical schools. Heredity or accident mars the efficiency of the weak ones. Professors are not selected on account of great and surpassing attainments in their respective branches, but because they belong to a clique or from some other equally sordid or vulgar reason. The result is that students go to sleep on the benches and when they do finally graduate, a great deal of what has been taught them must be unlearned before they can become either useful or successful.

Gynecology should be taught by a man selected to the chair on account of great ability, backed by great success. He should have opportunity to exercise his students in practical work from both the medical and surgical side. The student himself should be compelled, not permitted, to examine, diagnose and treat the case, to prescribe the means of surgical relief when indicated. He should then be present at the operation, witness every step and see the after-treatment. By this means

he has a completed picture of the case, and the practical workings of all the medical and surgical machinery are impressed indelibly on his mind. His mistakes are corrected ere they can harm, and when he begins to do for himself his patients are spared the crude experiments that so often take the place of ready knowledge in the early period of one's professional career. At the old Philadelphia Dispensary such a method of teaching is now put into daily practice, with a result at once gratifying to the teacher and beneficial to those unfortunates who are fated to need the services of his pupils.