

Full-time Chairs in Clinical Branches:-

It is uniformly agreed that the chief of a clinical teaching department in the Medical School requires much more time for the direction of his department than has obtained in the past, where the departmental head has been absorbed in the time-taking effort to practise. This is true whether the practice be of a consulting type or general in his own special line of work. On the other hand, it is agreed that unless such a teacher has some contact with the public and private patients, he fails adequately to influence the students, who are for the most part destined to become general practitioners. And the questions arise:-

1. How much practice shall such a departmental head be allowed to do?
2. Can a hospital afford to dispense with such services as will help to add fees to the hospital by attracting patients to fill the private services?

It is well known that in Yale, where the full-time system in all its rigidity prevails, and where the Chief is not in touch with private patients, there is a dearth of paying patients in the private wards, and the hospital suffers thereby. The work has become ultra-scientific, and the human side is to some extent lost sight of; this, I may say, is being rapidly corrected by the admission of part-time men to the service.

The general trend of opinion in the American School is this:-

The head of a clinical department should have an office in the hospital, where he may see private patients; that he may have permission to consult over such patients, though not to have private patients in hospital for treatment; that he be permitted to have outside consultations only under very special circumstances, where the hospital or the University would consider it a duty or a distinct benefit for the head of a service to give advice.

The main duty of such a departmental head should be to look after an adequate number of teaching beds, to supervise the out-patient department and the clinical laboratories, to teach students, and stimulate research.

It is a definite retrograde step for a University to allow the head of a department time to practise in an office away from the hospital, or to attempt the duties of a consultant on cases out of town. The reason is obvious:- If such a director be worthy of his post, his calls would be too numerous to give due attention to his department; and vice versa, if he is not sufficiently in demand by outside physicians, the implication is that he has not created the inspiration which a departmental head should create on the profession in general.