Remarks

ON

ORGANIZATION IN THE PROFESSION.

MADE AT THE OPENING OF THE NEW BUILDING OF THE
NOTTINGHAM MEDICAL SOCIETY.

BY

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THERE is an organization in the profession and an organization of the profession—the one deals with the mutual relations of medical men with each other and with the public, the other is concerned with his relations to the State, and with the Faculty of Medicine in its corporate capacity. Each of us has affiliations with his university, or with one of the Royal Colleges, and is under the control of the General Medical Council, a State body, representing largely the corporations and universities, which deals with medical qualifications and has disciplinary powers. To the British Medical Association, a voluntary society, has been left the task of attempting a general organization of the profession; and it has now over 22,000 members, a magnificent home in London, a good library, and one of the largest and best medical journals in the world. There are numerous organizations, but the profession is not yet self-controlled through any one representative body, as it certainly should be in this democratic age. Just how the present conditions could be changed would puzzle Aristotle to say.

The organization about which I propose to speak, while different, is of equal importance, and is a process by which the individual is helped to get the most out of himself, and by which he can do the greatest possible amount of good in the community. Its influence is much more subtle, wide-reaching and dominant, but owing to certain inherent obstacles it is very difficult to bring about. Than medical practitioners no men need more acutely the benefits of co-operation, and yet they are notoriously difficult units to unite. Once split off from the parent college or school a majority of practitioners live lives of isolation, often indeed of great loneliness. Even in a city a very busy man may see surprisingly little of his colleagues, and what is worse he may desire to see still less. A man mentioned to me the other day that sometimes a month passed in which he did not exchange a word with a fellow practitioner. Living a buried life his motto is of necessity that of Descartes—*Qui bene latuit bene vivit*. Men react very differently to this seclusion and restraint; the best find all they ask in the intense human interest of the daily round, and against much drudgery and more discouragement they place in the balance much affection and more gratitude. It is in the very nature of the work of the medical man that he love himself last, and no matter what we may do in the way of organization, the profession never can be put on a purely commercial basis. To combine in due measure the altruistic, the scientific and the business side of our work is not an easy task. In the three great professions, the lawyer has to consider only his head and pocket, the parson the head and the heart, while with us head, heart, and pocket are all engaged. The labourer is worthy of his hire, and the man in every trade and in many callings gets the cash equivalent for the daily round, but with us this can never be so. In every department of the profession the amount of unremunerative work is, and ever must be, enormous. I do not count the public appointments, with the too often beggarly pay, nor the public service given to the people so freely in their hospitals, but the specialist and consultant, no less than the general practitioner, constantly has his heart involved, and the "good debts" of practice, as I prefer to call them—the "loans to the Lord," as Sir Thomas Browne would say—amount to a generous sum by the end of each year. As a matter of interest I looked over the records of two of the busiest weeks I ever had in practice; in one 20 per cent., in the other 15 per cent. of the patients were unremunerative, from a pecuniary standpoint, yet they were people whom it was a pleasure to be able in any way to help.

Having thus briefly cleared the ground in a statement of the attitude we should have towards our work, let me

deal with the concrete conditions existing here, and, with the advantage of the ignorance of a stranger, tell you how the profession of this city and county could be organized, so as to help each man to get the best out of himself for the good of the community.

You have a city of 250,000 inhabitants and a populous county. The basis of helpful organization exists in two institutions—the Medical Society, with its library, the new home of which you have asked me to open to-day, and the General Hospital. Around these centre the chief interests of the profession, and to these alone will I have time to refer.

Of the value to the local practitioner of a medical society and of a library we are all agreed. How common the experience to enter a cold cheerless room in which the fire in the grate has died down, not from lack of coal, not because the coal was not alight, but the bits, large and small, falling away from each other, have gradually become dark and cold. Break them with a poker, get them together, and what a change in a few minutes! There is light and heat and good cheer. What happens in the grate illustrates very often the condition of the profession in a town or county; singly or in cliques the men have fallen apart, and, as in the dead or dying embers, there is neither light nor warmth; or the coals may be there alive and bright, but covered with the ashes of discord, jealousy, and faction. Like the poker bringing the elements together, the medical society may do three things. It is the most important single factor in the promotion of that unity and good fellowship which adds so much to the dignity of the profession. I have no idea of the state of the atmosphere in Nottingham—whether you are united and harmonious, or whether you fight amongst yourselves like cats and dogs—but the large "turn out" this evening suggests that the former condition prevails. In this matter, so far as my observation goes, everything depends upon the influence of the seniors, whose attitude of mind determines whether the young men grow up in a state of wretched discord or in one of pleasant comradeship. I have known a clever old Shimei, of a quarrelsome disposition, ruin the profession of a city for a generation; on the other hand, a strong old man with a good heart and a smooth tongue may keep the peace, even among Ishmaelites.

Dining in a company of doctors one day in a well-known town in the United States, I was very much impressed both by the good looks and the cordiality of three of the seniors, who had practised in the town for nearly half a century, and had always been on the best of terms; I asked them to go the next morning and have a photograph taken together for me. For a good many years that photograph has hung just above the sofa of my examining room, and is shown with special pleasure. Underneath it is written, "Behold how good and joyful a thing it is, brethren to dwell together in unity." Immunity from strife is not difficult to acquire. There are those in whom it is natural—the happy souls, born under Mercury, the Abou Ben Adhem's—"may his tribe increase!"—who love their fellow-men spontaneously; but in a great many this immunity has to be acquired, and we catch the infection of good fellowship amid just such surroundings as we enjoy to-night.

The medical society has a second great function—in post-graduate instruction. To each member it should be a sort of clearing-house of his clinical experience. It costs no little trouble to arrange an attractive programme for each meeting—a few good clinical cases, the more important pathological specimens of the week or the fortnight, and a short, pithy paper provocative of discussion. Debate should be encouraged, particularly among the younger men, and I would urge the seniors not to feel bored, as it is often the only way in which a junior can get experience in speaking. But it is only fair to demand of him the two essentials—brevity and lucidity. A third equally important function is the support of a library. You have made a good beginning, and it was a pleasure this afternoon to look over the many interesting and useful books which have been collected. Only do not try to do too much, as nowadays it is not necessary. A few good journals and the new books are all that the members should ask of the Library Committee. Special books, and the important monograph wanted by members, can be had from the library of the Royal Society of Medicine, or from the

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library of the British Medical Association. It is nice to see that you have already begun to put on your walls the portraits of your distinguished Nottingham physicians, among them I see that fine pair, father and son—the Ransoms; the latter deeply mourned in his premature death. But I miss the portrait of that “strange mystical man,” as he has been called, with a vast and dreamy genius—Marshall Hall—who was physician to your General Hospital before going to London. Every scrap of writing of local interest should be here, and the library should be the repository of the books and pamphlets written by Nottingham men; and all the MSS. and documents relating to the medical antiquities of the city and county. From experience in other cities I know what pride you will all take in the growth of this new home. In its present condition it is a credit to your energy and enterprise, and I think you will find that before a year is over you will double your membership, and you should look forward to having on your list every practitioner in the city and county.

Turning now to the second important factor in your local organization, the General Hospital, how may it be made of value in the education of the individual members of the profession, so that they may do the greatest possible good in the community? I know full well that there is often a little hostility on the part of practitioners to the large general hospital, some thinking that as a charity it is abused, others feeling that the men on the staff have perhaps an undue advantage in the battle. I maintain that the physicians and surgeons and specialists of a general hospital in a city of this size form the most valuable single asset of the profession, and, collectively and singly, they should be nurtured, fostered, and encouraged, and used wisely and well, by the practitioners at large. The hospital should be made the consulting centre, to which doctors bring freely that large class among which the majority of the members of the profession practise, the members of which are able and willing to pay small fees for ordinary services, but who are quite unable to meet the expenses of operation, or of the assistance of specialists. This is a perfectly legitimate use of the staff of a general hospital by the practitioner, and with the careful investigations that now are made by the almoners there is a minimum of abuse of the charity.

I wish to deal more particularly with the function of the county hospital in post-graduate education. As a class, doctors do not appreciate enough the importance of continuous education in their professional life. To be up to date a man must keep in touch with the advance guard of the profession, and this is not easy to do in any course of reading however thorough; he must come in contact with the men who are doing the work. While it is not too much to ask that a man should break away every few years from the routine of practice and go to a post-graduate school, there is another and easier way—the post-graduate school may be brought to him. Here comes in a function of the very first importance in a county hospital of this size—you can do your own post-graduate work. The Nottingham General Hospital has always been well managed. I see in the *Journal* of John Wesley that on February 4th, 1784, he preached the charity sermon for it, and on July 8th, 1786, he notes: “I walked through the General Hospital. I never saw one so well ordered. Neatness, decency, common sense shine through the whole. I do not wonder that many of the patients recover. I prayed with two of them. One of them, a notorious sinner, seemed to be cut to the heart.” Going through the wards to-day John Wesley’s comments hold good. The hospital is well ordered, neat, and clean, resembling in these points all of the English provincial hospitals. Nowhere in the world does one see tidier or more cheerful wards, and nowhere are the patients better tended. But if the general hospital is to do its share in the internal organization of the profession of each city and county, the governors and the staff will have to wake up to the scientific needs of a modern hospital, which it is not too much to say have been sadly neglected.

As we are likely to see a rapid extension of the post-graduate work, I would like to refer to the scheme which was discussed at the last International Medical Congress at Budapest, under the chairmanship of Professor Waldeyer. An International Committee has been formed for the promotion of post-graduate study. The idea is to

have in different centres medical extension courses, which will enable physicians to supplement their knowledge without making heavy material sacrifices. “In large towns and cities scientific centres are to be formed as places of instruction, in which the hospitals on the spot should be made use of, and the physicians capable of teaching should act as instructors.” Already in Germany, according to Professor Kutner’s recent report, extension courses have been organized in more than fifty centres. Let me take an illustration: In Dusseldorf, a city of about the same size as Nottingham, courses were given in general pathology and pathological anatomy, social medicine, bacteriology and immunity, internal medicine, children’s diseases, surgery, gynaecology and obstetrics, and the various specialities. There were in addition throughout the year special courses on various subjects, such as diseases of the nervous system, surgery of the abdomen, diseases of the heart, and syphilis, all free. The attendance upon the courses, held for a week or ten days, has been from 25 to 100 or more. It may be known to you that the German Government has established in a number of the large manufacturing cities academies for practical medicine, which serve as centres of this post-graduate propaganda. This work you could do in connexion with the general hospital, and with a proper organization it could be undertaken at every county hospital. It should not be difficult to induce the Government to support this scheme so far as to give a small annual grant to cover the necessary expenses of printing. The post-graduate courses could be arranged to meet the new demands; for example, in school inspection they could be co-ordinated with the various schemes of social economics at present before the community—child-saving, social purity, etc. The county hospitals furnish the machinery to carry out this work; but before it could be properly organized certain changes are essential. Money must be spent on the development of the scientific departments which are nowadays essential for the treatment of patients and the study of disease. Every county hospital should have a good pathological laboratory; a clinical laboratory, with its bacteriological, chemical, and physical departments. The new developments in bacteriological and in vaccine treatment render it imperative that all this work should be done in the hospital itself, and by men who have had thorough training. In this way an institution may extend its benefits to the practice of every doctor in the county, who looks to it for the opportunities to continue his education, and who should regard it as his chief adviser in all difficulties and worries. An increasing number of practitioners recognize that the home clinical laboratory is just as important as the dispensary, and for such men it is invaluable to be within easy reach of skilled advice.

To extend the work of the county hospitals, so as to make them centres of post-graduate teaching, would require a readjustment of the present organization; but this is not the occasion on which it could be profitably discussed. The members of the staff of the hospital have the matter in their own hands, and what I wish to urge is the responsibility that each one of you should feel to make his department a centre of information for the profession of the district. You who do the work would get the greatest good, as you will grow in wisdom and increase in value as sane advisers; the hospital would be benefited, as its influence would be helped, as working in the open, with keen eyes upon you is a great stimulus in diagnosis, and even in treatment; the general practitioner, frequenting the wards and special departments, will be able to maintain a circulation in his “grey cortex,” active enough to counteract the benumbing influence of routine, in which way alone he may avoid the fate of the purely practical man, who, as so well characterized by Disraeli, practises the blunders of his ancestors. And, lastly, the public will be the gainers, as men keenly appreciative of the rapid progress in medicine will render a better and more intelligent service—the public in this will find a return for the ungrudging support which they give to the hospitals.

I have refrained from touching upon the larger organization of the profession, but I have briefly presented to you a gospel of salvation in that minor organization of the narrower circle in which you work as men and as doctors. Nor have you to go far afield—not to the Royal Colleges, not to the universities, not to the General Medical Council, not to the British Medical Association, but each one for

himself, each one for his brother, must work it out *here*. Duly used, this society is a rock of salvation against those sins of the heart which so easily beset us—mutual distrust and mistrust and jealousy, breeding discord and the strife of tongues; and duly used, the county hospital is a way of salvation from those sins of the head—intellectual apathy, complacent self-sufficiency, and the careless habits into which even the best of us are only too prone to fall.

Clinical Lectures

ON

ANATOMY AND MORBID ANATOMY IN CLINICAL SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL

BY

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LECTURE I.

GENTLEMEN,—The subject of my first lecture is anatomy in clinical surgery. Anatomy is the foundation of all surgery, and I shall try to show its bearing upon clinical surgery. It is impossible for me to impress too deeply upon you the importance of a thorough knowledge of human anatomy. If you do not already possess it, I urge each one of you to study a small fragment every day. He who will read, mark, learn, and inwardly digest a single bone in the course of a week will find that, after a while, he has a splendid equipment.

I was led to choose this subject by an incident which happened in the wards but a few days ago. A youth had had his hand crushed by machinery. He had lacerated wounds on the back and in the palm of the hand. The index finger had been seriously damaged. In place of the proximal interphalangeal joint there was a gaping wound, with bone protruding. When this state of affairs was seen I naturally tried to form an estimate of the extent of the injury, and of the subsequent utility of the hand. I therefore asked the dresser in charge of the case—a gentleman who works hard and is most earnest and attentive in the performance of his duties—whether the patient could feel with his finger and thumb. This point had not been investigated, and yet the youth could not feel with either finger or thumb. Consider for a moment what consequences this omission might entail. There is now an Employers' Liability Act, and under it the patient is entitled to compensation for the damage he had sustained. But if the medical man under whose charge he happens to be is not acquainted with the extent of the injury, obviously the sufferer may not obtain a suitable recompense. Then there is the employer. He is entitled to a just and accurate report, for upon that the extent of his liability may depend. But the consequences of this omission may also be very disastrous to the medical man in charge of the case. If as witness in a court of law—and every one of you will have to testify in courts of law—he fails to display adequate knowledge, it will be harmful to his reputation. At the present moment, however, I am more interested in the psychology of this case than in its surgery; I am concerned to know why the dresser's mind did not start a proper train of thought, leading on to correct knowledge of the extent of the injury. He was not thinking anatomically. Had he thought anatomically he would have passed in review each structure. He might have proceeded from the surface of the depths of the hand, or he might have considered the structures in the order given in a familiar textbook, such, for example, as *Gray's Anatomy*. Then he would have begun by asking what injury the bones had sustained. The other day a medical friend had his hand crushed. His case was considered in anatomical order. The question of an injury to the bones was raised. He hardly seemed to appreciate the desirability of an x-ray photograph until one had been taken, and showed that two of the metacarpal bones were broken. He held an accident insurance policy. So the bones will

be passed in review, and photographed on the slightest possibility of damage. Next come the joints. An injured joint should not be overlooked: broken into, full of blood, inflamed, it may be stiff unless the injury has been recognized and movements begun early. Then come the muscles and tendons: divided tendons may require suture. A hand with ununited tendons is not of much use. Continuing the order in Gray, pass in review the arteries, veins, lymphatics, and nerves, and, where the trunk is concerned, the viscera; the cranium, with the brain and special organs; the spinal column and its nervous contents. If, gentlemen, you investigate every injury in due anatomical order, it is not likely that you will overlook any grave defect. Injuries to the limbs sometimes necessitate amputation. In deciding this question proceed again in anatomical order: estimate the amount of destruction to the skin, fascia and muscles, bones and joints, damage to the great vessels and nerves. The leg will gangrene if the superficial femoral vessels be torn. There are hardly any other channels than these to supply the lower limb with blood. I recall a little tragedy which took place very suddenly and very quietly. A man had a popliteal aneurysm. The surgeon exposed the superficial femoral artery, and when the aneurysm needle was passed between it and the vein a thin stream of dark blood ran slowly but steadily from the wound. The artery was tied, but those who saw that stream of blood knew that the vein had been injured and that the leg would gangrene, which it did. To cut off nearly all the arterial supply from the lower limb is a critical thing to do, but to injure the vein at the same time so that it fills with clot, thus obliterating the only channel for the return of the blood, is an overwhelming disaster. Then the great nerves should be passed in review. Complete division of the great sciatic nerve, taken with the other injuries, might lead you to decide upon amputation. But remember that sensation may be absent in a limb whose main artery has been damaged.

The kind of anatomy which is required in clinical surgery is not minute, but at the same time entails a correct knowledge of the limits and extent of the various cavities of the body. Given a swelling in the region of the knee-joint, the first thing to decide is whether it be inside or outside the capsule, or whether both inside and outside, with a communication through an opening in the capsule. A swelling outside obscures the anatomical structures on the outside of the capsule—such, for example, as the tendons on the inner or outer side of the knee, or the patella. But a swelling inside distends the capsule and lifts it up, together with the structures lying upon it. If you are properly acquainted with the limits and attachment of the capsules of the joints, it will help you very much to decide these rather difficult questions. After having made up your mind on anatomical grounds where the swelling is situated, then you will decide whether the swelling is fluid or solid. If fluid, you will try to decide the nature of the fluid; and if solid, whether it is the result of inflammation or of new growth.

Anatomical thinking will help you to avoid the pitfalls which beset injuries to the head. We often see a paragraph headed "Drunk or dying?" The history is usually as follows: Some one is found insensible upon the pavement. It is not known how he got there. He may have fallen, he may have been knocked down. At all events he is insensible and suffering from alcohol, or disease, or may be concussed. Concussion is a state of insensibility accompanied by shock. The boxer who is knocked out is suffering from concussion. Under proper conditions of rest and warmth, the concussed patient recovers consciousness, and proceeds to his home, or it may be to prison. There he gradually becomes drowsy, then unconscious, and dies of compression. Whenever the bony cavity in which the brain resides is suddenly encroached upon by fluids or by solids the brain ceases to perform its vital functions, and unless the pressure of the fluid or solid is taken away death ensues. This is what happens in these cases of "Drunk or dying." The injury was enough to cause concussion, but at the same time lacerated a vessel inside the skull. The blood accumulated within the skull, diminished its capacity, and compressed the brain. Now, such cases as this cannot be overlooked by those who have learnt to think in anatomical order. Every case of concussion calls for the most grave consideration, and my