British Medical Association

ONE HUNDRED AND THIRTY-SECOND ANNUAL MEETING, MANCHESTER, 1964

President's Address

"Then and Now"

E. A. GERRARD,* V.R.D., M.D., F.R.C.O.G.

Brit. med. J., 1964, 2, 207-210

By tradition the President of the British Medical Association takes office at a point in our annual proceedings where the Representative Body has finished its deliberations and when the Scientific Meeting has just begun. By tradition also he addresses an audience which is partly medical and partly lay, and it therefore behoves him to speak about things which may be of interest to both.

When I first began to give consideration to this Address I thought of many possible subjects, and one which came to my mind was that of controversy. I rather liked this idea, being the kind of person who has always revelled in debate. Indeed, though it now seems a very long while ago, I still remember the first time that I attempted to talk on my feet. It was towards the end of 1914 during a debate which took place in a school which in those days was sited only a few hundred yards from here, in a building where some of us robed yesterday prior to the service at the Cathedral. Our discussion was on the then burning topic of conscription, and older boys spoke passionately on both sides while I, a junior, waited impatiently for my turn. At long last it came—and then that awful feeling which I am sure you have all experienced at some time—the rapid thumping of the heart, the cold sweat breaking out on the forehead, and the devastating dryness of the mouth! Seconds passed which seemed like hours, and then at last just four words came, "I support the motion," and that was all. Since then I must have spoken quite a good deal in public and there have undoubtedly been occasions when I have said a little too much.

About Controversy

My inclination to talk about controversy was also stimulated to some extent by a chance remark which one of my non-medical friends made to me after one of these Annual Meetings of ours. He said, "What a funny bunch you B.M.A. chaps are; for, if you are not quarrelling with the Ministry of Health about financial matters, you seem to devote so much of your time to arguing amongst yourselves." He had, of course, misunderstood the purpose of our meetings, in which we gather together each year to discuss matters of importance in the scientific and clinical as well as in the medico-political fields. Indeed, it may perhaps surprise some people to know that, by

when this particular meeting ends, clinical and scientific matters will have occupied by far the major portion of our time. Such, in fact, has always been the case. My friend had also failed to realize that, if there are occasions when we seem fiercely to disagree, this stems back to our early scientific training, in which we are taught to approach each problem with an open mind and to subject any new proposal to critical examination and free and full debate.

Controversy certainly seemed to be rather an attractive theme, for many fascinating quarrels have taken place in the medical world, not least in this City of Manchester, where we find ourselves to-night. For instance, St. Mary's Hospital, to the staff of which I belong, came into being in the year 1790 as a result of a dispute which had occurred between Charles White and three of his medical colleagues, and the Trustees of the Manchester Infirmary. The reason for the dispute was that the Trustees were proposing to increase the staff, and the surgeons thought this to be a reflection on their own ability to do the work. Indeed, they felt so strongly about it that they handed in their resignations and established the Manchester and Salford Lying-in Charity, which subsequently became St. Mary's. Another instance concerning my own hospital, and this time a *very* serious one, was when in 1850 the obstetricians quarrelled most bitterly with the Management Committee because they had decided to save money by supplying the patients with cheap English brandy instead of the better quality from France.

A Changing Picture

However, after due consideration, I decided in the end that it might be more appropriate at this particular time for me to talk to you for a little while about matters which are more in keeping with our Scientific Meeting, which began this afternoon. The overall theme of the programme is "Medicine in the Sixties: The Needs Arising from a Changing Pattern of Diseases," and it could be relevant, therefore, for us to look back together to 1929, when the B.M.A. last met in this town, and consider some of the ways in which the picture has altered in the intervening years. An exercise of this kind can, of course, be quite illuminating, because, apart from a mighty adventure such as the introduction of a National Health Service, changes tend to be evolutionary, and their effect is often so gradual that one is hardly aware of them. In the time at my disposal it is obviously not possible to deal other than

* Clinical Lecturer in Obstetrics and Gynaecology, University of Manchester; Surgeon for Women, St. Mary's Hospitals.

sketchily with a subject like this, and I shall content myself, therefore, by outlining a few of the things in the clinical field which come immediately to the mind of a very ordinary doctor, such as myself. You may well say, "Why only in the clinical field?" If so, my answer would be that I am neither a scientist nor an administrator, nor do I think it seemly to discuss medico-political matters on an occasion of this kind.

Being as I am a gynaecologist, you will perhaps forgive me if I first take a look at things in my own sphere. Thirty-five years ago I held the post of Resident Obstetric Surgeon at St. Mary's Hospital. Almost half of our patients were admitted as emergencies, and the thing which worried us most was the ever-present danger of puerperal sepsis. This was our most serious problem, for infection was a potential killer at that time. Indeed, so serious was it that I have known a young woman be admitted to the labour ward, have an easy delivery, and be dead within four days, despite everything we did to try to save her. The advent of the sulphonamides in the nineteen-thirties and the antibiotics in the 'forties has, however, changed the situation in a very remarkable way. Haemorrhage was also a major problem, for a blood transfusion could rarely be arranged. Nowadays, thanks to the National Transfusion Service and the good people who act as donors, the position is a vastly different one. Stored blood is immediately available, backed up by a day-and-night service which is geared to provide no fewer than a million bottles a year.

These are but two of the great changes that have taken place in the obstetric field, but there have been many others as well, including a radical reduction in the incidence of eclampsia consequent on a general improvement in the standard of ante-natal care. The midwives and the doctors are undoubtedly better trained, and the Central Midwives Board and the Royal College of Obstetricians and Gynaecologists should be given much credit for this. We must not, however, be complacent; for, though maternal mortality in childbirth has been reduced to a tenth of what it was in 1929, which is a very wonderful thing, there is still a good deal more to be done, particularly on the baby's side.

Progress in Surgery

In the field of surgery tremendous advances have also taken place, and once more we owe much to antibiotics and the ready provision of blood. There is, however, something else which may at times be overlooked, and this is the very great progress which has been made in anaesthesia. In my young days there were comparatively few anaesthetic specialists, and this meant that in many of the smaller hospitals anaesthetics were given by doctors who were lacking in experience. Ether, being the safest, was the anaesthetic of choice. It had, however, the disadvantage in abdominal operations that the patient was not always completely relaxed. Thus the surgeon could encounter technical difficulties, and post-operative complications might subsequently arise. Compare the picture now. The anaesthetist, who in the old days was sometimes rather unkindly called the surgeon's whipping-boy, is a highly skilled technician and an equal member of the team. Armed with selective anaesthetics and with the assistance of relaxant drugs, he has made the surgeon's task infinitely simpler, and I for one am grateful to him—or her—for many of our best anaesthetists are women nowadays. I am also grateful to the wise planners who have brought this situation about.

There is, however, more to it than this. The advent of modern anaesthesia along with hypothermia, extracorporeal blood circulation, pressure chambers, and the like has allowed the surgeon to venture successfully into realms which were previously beyond his reach. The surgery of the brain, the lungs, heart, and blood-vessels, and, more recently, the transplantation of organs, are ready instances of this. And what about the patient? Operations are not only carried out more

safely but also more smoothly, which has made a very big difference where he or she is concerned. Yes, we have come a long way since 1929.

The surgeon, has he changed? I believe he has, and in more ways than one. He is a physician and a biochemist as well as a surgeon, and there is much less emphasis than there was on the purely operative side of his work. After a long period of training, it is more or less taken for granted that he will operate well in his own particular field, and he does. I say in his own particular field, because specialization within both medicine and surgery is something which has developed over the years, and, though we still have general physicians and general surgeons, most of them tend to have a special interest in these days.

The Realm of Medicine

In the realm of medicine, and I include general practice here, things have also moved apace. Aids to diagnosis are more readily available, and this, of course, is an advantage we all enjoy. Radiology has advanced tremendously with many specialized techniques, and new radiodiagnostic methods are being developed all the time. The pathologists, the biochemists, and the microbiologists are widening their particular fields, and we now have a race of clinical pathologists who are only too ready to give their assistance on the therapeutic as well as on the diagnostic side. The control of anticoagulant therapy is an outstanding example of this. And, speaking of therapy in general, the advances have been so great that one cannot help but wonder just where it will all end. New drugs—and here one need only instance the antibiotics and the steroids—have brought new problems in their train, and, unless they are used with discretion, one may easily find oneself faced with a situation that is actually worse than the original disease. For, if the truth be told, there is hardly a drug in the pharmacopoeia which may not, in some individual, produce a troublesome side-effect, and it's really high time that patients as well as doctors became fully aware of this. Let us take an example, a simple drug like aspirin if you like. Every now and again one runs across a patient who cannot take aspirin at all, and this seems strange with a preparation which has been a household remedy for quite a long period of time. The position becomes clearer, however, if one remembers gastroscopic studies which were carried out over 20 years ago. They showed, amongst other interesting things, that one aspirin tablet could produce a local reaction by the gastric mucosa which was greater than that caused by a tot of neat gin. Is it any wonder, therefore, that, knowing all this, many doctors are extremely unhappy nowadays about the growing tendency among patients to want to prescribe for themselves, and, moreover, to ask for drugs to fulfil their social as well as their medical needs?

The reason is perhaps that over the years, thanks to the Press, the radio, and television, people have become so much better informed, and in many ways this is a very good thing. For instance, I had occasion recently to explain to a patient at my antenatal clinic that, as she was rather on the small side, she would need to have a caesarean section for the birth of her child. I told her gently that there was nothing to be anxious about as the operation was a very safe one in these days. Her answer was quite illuminating, for she said, "Don't worry, doctor; I saw one done on the 'telly' a few months ago, and if that's all there is to it I'm not bothered at all." On the other hand, there are possible dangers if patients know a little too much. Our present anxieties regarding the amphetamines are a ready example of this.

There is also the question of the oral contraceptives which are becoming so popular nowadays. One realizes, of course, that from the patient's point of view this method of contraception has certain attractions. The trouble, however, is that many people, including myself, are doubtful whether, over long

periods, the use of this type of contraception is wise. What are the facts—and I trust that the medical members of my audience will forgive me if I try to explain the position in simple terms. These pills, which contain two types of hormones, are used to suppress ovulation, and the bulk of evidence so far available goes to show that they do this by depressing a secretion of the pituitary, which may be described as a master gland, situated at the base of the brain and linked up through the blood stream with a group of ductless glands to which the gonads belong. This, in turn, has an effect on the ovary, and the result is that ovulation does not take place. Wherein lies the snag? The snag is that what was previously a balanced mechanism has now been disturbed. Does it matter? In the short term there has not as yet been much evidence that it does, and many doctors, including myself, use preparations of this kind quite often in the treatment of gynaecological disorders, such as dysfunctional uterine bleeding and endometriosis.

Recently, however, there has been evidence to suggest that these tablets should not be taken by diabetics, and as there is a similar link between the pituitary and the pancreas, which is another member of this group of glands, this naturally makes one wonder if they will prove to be safe in the long term. Indeed, it may be many years before we shall really know, perhaps not until large numbers of women who have taken them for this purpose over long periods of time have passed through the menopause. Meanwhile, it should be understood quite clearly by everyone, and I include husbands here, that if women take drugs of this kind for social rather than for therapeutic reasons they are taking part in a mass experiment—call them guinea-pigs if you like. At this point I should perhaps make it quite clear that I personally have no religious or other objection to the practice of contraception as such. It is this particular method which I have my anxieties about. My worries are, of course, shared by a large number of doctors, and many warnings of this kind have been given before. Unfortunately, however, people tend to believe what they want to believe, and therein lies the rub.

Progress in the Specialties

Apart from the advent of numerous new and potent drugs—and one might mention cytotoxic preparations here and their use in the treatment of cancer—there are other therapeutic methods which have advanced quite considerably over the years. In this respect an example which springs readily to the mind of a Mancunian is radiotherapy, in which tremendous strides have been made, not least at the Christie Hospital, which is sited in this town. In the field of mental health great developments have also taken place, and if one has occasion to visit a progressive mental hospital nowadays one finds an entirely different atmosphere. The symbolic bunch of keys is largely a thing of the past, and the advent of therapeutic communities has created for the patients a completely new interest in life. As a result they look quite different, and if one is to judge by what one sees at Cheadle Royal, which some of you visited two evenings ago, I believe they are vastly happier than ever they were before.

In other specialties great progress has also been made. For instance, in otology we have had the fenestration operation, the provision of modern hearing-aids, and the achievements of that devoted band of workers who are concerned with the education of the deaf. In this latter sphere I am proud to say that, thanks to the genius of the Ewings, Manchester has led the world. In orthopaedics there has been the development of reconstructive hip surgery in which my colleague John Charnley has played such an important part. In ophthalmology one should mention corneal grafting, which relieves certain types of blindness and which has been such a tremendous boon. One thing, however, is holding up this work, and this is the fact that, despite a good deal of helpful publicity, grafting material is still in short

supply. What a pity this is when one knows that the situation would be altered quite radically if only more people would register as "eye donors" just as so many are now prepared to donate blood. One realizes, of course, that there are many folk who hesitate to take this step, just as there are others who cannot bring themselves to make a will. On the other hand, we are all mortal, and what could be nicer than to know that, when we are no longer here, a part of us might perhaps continue to live and bring sight to someone who would otherwise be blind? You will realize, no doubt, that I am now using this platform to make an appeal for eye-donors, and I make no apology for this. I should, however, be most grateful to anyone who will help this good cause along. The procedure for registration is very simple. All one has to do is to write to the nearest eye hospital and ask for the appropriate form. The latter is then signed in the presence of one's nearest relative and returned to the hospital concerned.

Having made some comparisons between the past and what we find at the present time, I venture now, during the few minutes which are left to me, to depart somewhat from my brief. During the last two years three important documents have come from the Ministry of Health. They are the Hospital Plan, the Gillie Report on the Field Work of the Family Doctor, and the Plan for Community Care; and moves are afoot to achieve vast improvements in each of these spheres. When I first prepared this Address, which I did many months ago, my intention was, at this point, to express the hope that before very long another great plan might be produced, and what I had in mind was a plan concerned not with the relief of sickness, as the others had been, but with promotion of Positive Health. Little did I know that steps had already been taken to that end, and that early in May of this year there would appear a Report on Health Education which was being prepared for the Joint Committee of the Central and Scottish Health Service Councils. Its publication put me in somewhat of a dilemma, as I now had to make up my mind whether I should carry on and say some of the things I had intended to say or rewrite this Address. On reflection, however, I came to the conclusion that perhaps the best thing would be for me to continue more or less on the lines that I had originally planned.

Promotion of Positive Health

When one thinks about the health of our people the first thing which comes to one's mind is that they are already far healthier than ever they were before, and I am reminded of this whenever I take an antenatal clinic. By and large they are better nourished, and as a result conditions such as rachitic pelvic contraction have largely disappeared. One reason is that during the last thirty years milk has been provided in the schools, and that more recently school meals have been available as well. Our young people also receive more instruction in health matters and in housecraft nowadays. Another thing is that higher wages have meant that the majority of housewives are now able to purchase types of food, such as fresh fruit and vegetables, which may have been beyond their means before. In this direction, however, more could perhaps be done towards making people, and particularly husbands, realize that it is not only the amount of food but the type of food that counts. For instance, during the last war, when rationing was required, we in this country were fortunate in having some very wise men to look after the nation's food. Their leader was, of course, Lord Woolton, who is Chancellor of our Manchester University. As a result of their careful planning the essentials were provided and, paradoxically, the nutrition of the nation as a whole was, in fact, on a higher standard than it had ever been. Thus, though one might have expected diseases such as tuberculosis and rickets to have increased, in both cases their incidence continued to fall.

Apart, however, from the food question, there are other directions in which our people may need help and advice. They should be encouraged to take more exercise, particularly in the fresh air, and everything possible should be done to assist in this respect by careful siting of new housing schemes, by the provision of more playing-fields, youth centres, and swimming-pools, and by an enlightened transport policy which will make it easier for people to get out into the country and to the seaside. Though all these things could be expected to cost money initially, and a great deal of it, I believe the additional expense would be fully justified, for if we could only increase the overall standard of the nation's health—and "overall" is the operative word—I believe that in the ultimate the sickness bill could fall. I am referring here, of course, not only to the cost of the National Health Service, which so far has continued to rise, but also to the sick rate in industry and its effect on production costs. There is also something else of a less material kind, but which should certainly be taken into account, and this is the anxiety which besets so many of the working population if they happen to be taken ill and have to struggle along on sickness benefit instead of having a good wage coming in each week. Our leaders, both central and local, must doubtless have given thought to all these things, and there is evidence to show that much progress has already been made. My purpose, however, is to suggest that more could and should be done, and that this might even result in a financial saving in the end.

On this important matter of the promotion of positive health, educational measures must obviously take pride of place, and in this respect I believe that propaganda could be the most potent weapon of all. That important triad of communications consisting of Radio, Television, and the Press could, if they wished, be of tremendous help. Medicine is somewhat in the news nowadays with the main emphasis on the curative side. It is also entertainment in quite a big way if one is to judge by some of the television and radio programmes which have such a popular appeal. What a difference it might make if we had a change of emphasis, and if some genius of a script writer could devise a programme of which the background was "keeping fit," and if our newspapers, with their tremendous influence, could push the idea that the promotion of health by natural means was quite the fashion nowadays. When all is said and done, fresh air and exercise can be just as effective as sleeping-pills, and there is no hangover the next day. Again, exercise and a well-planned diet are better weight-reducers than amphetamine drugs, and so far as the young ladies are concerned the glow which comes from physical fitness beats anything out of a box.

There is also another suggestion which I venture to throw out, and this is that industry could play a more significant part. Many large organizations already not only keep watch over their employees' health but provide recreational facilities, including hostels in the country, where they can stay for holidays and at the week-ends. There are, however, many more firms who do nothing like this, but prefer to sit back and leave it to local authorities and voluntary organizations to make arrangements of this kind. How short-sighted these people are; and I believe that they could with advantage examine their policy in this respect. If, as is customary, provision is made each year for maintenance of buildings and renewal of plant, would it not be rational for them to make a parallel investment in the health of the people they employ? Indeed, having given some thought to this matter, I am prepared to put my neck on the block and state my firm conviction that money spent in this particular way could, in the ultimate, produce a very good return.

Conclusion

Finally I come to the members of my profession. Where do we stand in all this? Our Public Health colleagues have done a great deal over the years, and their activities have, as often as not, been unhonoured and unsung. When one thinks, however, of all that they have achieved in their efforts to improve the nation's health one can but be amazed. Health education, slum-clearance, smoke-abatement, and fluoridation of water are just a few of the things they have pressed on with over the years, and all of it done in the quiet and tactful manner that is their heritage. Just occasionally, of course, they find the need to explode, and then heaven help anyone who chooses to get in their way! For the rest of us, however—and it is of the clinicians that I am thinking now, and particularly of the hospital doctors who, because of the nature of their work, sometimes tend to become detached—I cannot help but wonder whether the time may not have come for us to look into our hearts and ask ourselves a question. The question, which is quite a simple one, is this. Has our preoccupation with the investigation and treatment of ill-health made us less mindful than we might have been of the social and preventive side? This may or may not have been the case, but if perchance it has, it is surely something we should endeavour to amend, and perhaps the scientific programme which has been arranged for this week will prove to be a little helpful to some of us in this respect.