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President's Address

COMMONWEALTH AND COMMON HEALTH

BY

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It is surely a unique privilege that my first duty as President of the Association should be to express to you, Sir—a brother surgeon, if I may say so—our great delight in and appreciation of your presence here to-day. One fully realizes that in the midst of your “whistle-stop” life, so selflessly, whole-heartedly, and enthusiastically devoted to the well-being of the people of Britain and the Commonwealth, such a visit is indeed a generous gesture.

I can assure you that its intrinsic value to us as a profession is beyond price, for it expresses what, over the years, we have come to realize, through your active interest and personal participation, is an ideal very near your heart—that of a great race, a great people: great because they are healthy, fit, and happy.

I myself am more than honoured you should have inducted me into this Presidential Chair. It is indeed a red-letter day among the many that it has been my privilege to spend with Your Royal Highness in this country and in many parts of the world, chiefly the Commonwealth world. It would seem that a common belief that through the potent media of both medicine and sport great good can be forthcoming, both nationally and internationally, has led to a common participation in such varied interests as those of the Olympic Games, the British Empire and Commonwealth Games, the Amateur Athletic Association, the Central Council of Physical Recreation, the Royal College of Surgeons—and now the British Medical Association.

I hope I may also say—in all humility—that it has led to, on my part, an intensely valued friendship where sound advice, keen enthusiasm, and ever-present stimulus have never been lacking.

It is, I think, of interest, too, to note that when the policy-makers of the Association decided that the President should not necessarily be a resident of the city in which the Annual Meeting was held, the first so-called “National” President was you yourself, Sir—and the first medical one is here in Torquay, to which delightful city he is, in so many ways, greatly indebted.

One cannot help noticing, too, the Commonwealth flavour that has crept into the Association's activities of late, and how fitting this is when one realizes that the immediate Past-President probably knows more of the Commonwealth—and knows it better at first hand—than

any other member of the Association. His Royal Highness's Presidency of the Canadian Medical Association contemporaneously with that of this Association; the presence of a New-Zealand-born President in this lovely part of the Home Country; and the fact that the next meeting of the Association will be held in Auckland, New Zealand, with subsequent visits to Australia and

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H.R.H. The Prince Philip, Duke of Edinburgh, inducts Sir Arthur Porritt as President of the B.M.A. at Torquay on June 20.

other parts of the Commonwealth, prompted half the title of my official address; the other half, with all due acknowledgment, is borrowed from a toast to which His Royal Highness replied at Guildhall last year.

"Commonwealth and Common Health"

Study and consideration of previous Presidential Addresses leaves me with a due sense of humility. The scientific, historical, and philosophical discourses of the past years cover an extraordinarily wide field of interest, and are couched in terms that do credit—even honour—to our English tongue. The two guide-posts of my own Address—Commonwealth and Common Health—are, by comparison, in the nature of a "credo." I believe sincerely in both, and I believe fervently in *the* Commonwealth and *our* Common Health. Both are essentially founded on the family basis, and the ideal of family has been one of the strongest influences for good throughout all ages. Surely it is impossible to have a commonwealth without a common health, and let us remember that common health includes moral and mental health as well as physical. Both Commonwealth and Common Health are to-day rapidly expanding, and consequently each with its widening vista is changing in character. Perhaps a brief study of the two as entities, and even more so in constructive and practical interrelation, is not without interest and purpose.

The Conception of Commonwealth

The original meaning of "commonwealth" has now been largely forgotten, but the definition of weal as "welfare, prosperity, and good fortune" is relevant to the conception I am trying to develop to-day. For, surely, in the common good of all is included, as a vitally important part, the common health of all. Prestige and power, money and material possessions, have little value in the absence of mental and physical well-being, on either a national or an individual level.

To-day, commonwealth—and I will not dilate on the first British Commonwealth of Cromwell (1649–60), pertinent though in many respects is its history—implies an association of nations, not necessarily of the same race, creed, or colour, individually independent but communally interdependent through the binding forces of common tradition, interests, and economy. It is salutary, perhaps, to remember that, in addition to our own historic Commonwealth, united through the Crown, there have developed, in more recent times, such groups as N.A.T.O., S.E.A.T.O., and even, if we are to be unbiased, the United Arab Republic and "Iron Curtain" countries. A modern commonwealth is a concert of convenience—quite different from and much greater than an Empire. Such relatively loose unions of nations are achieved through the mechanism of individually responsible governments in friendly contact and co-operation.

In alignment with these ideas, the common health of a commonwealth is achieved through the association of a number of individually responsible doctors in friendly contact and co-operation, united through the medium of a vocational desire to save life, alleviate suffering, and actively promote well-being. It is only too obvious that at the present juncture these ideals, both in commonwealth and in common health, have not yet been fulfilled; but in this mechanistic, mercenary, and iconoclastic world of to-day we need the stimulus of ideals

more than ever—a stimulus to take practical and constructive steps that will bring the ideal within reach.

Basic Differences

As more and more governments are accepting, in varying degrees, responsibilities for part or for all the common health, the basic differences between the organization and administration of the two become more obvious. So, also, does the vital necessity of establishing a working relationship, in a friendly atmosphere, between the elaborate machinery of government, guarding the national economy, and the medical profession (by its very nature a group of individualists), guarding the national health. That the latter, relatively a very small proportion of the community or of the electorate, lacks an effective mechanism for dealing efficiently with the former, is a stark reality which the last decade—the years which have seen the greatest experiment in the provision of and control of the national health—has heavily underlined. The inherent impersonality of government demands (if active and positive national health are to be achieved) the strongest possible professional approach. One does not doubt the will is there on both sides, but the way has proved unexpectedly complex. This points to the necessity for a more potent and all-embracing amalgamation of the present numerous pleomorphic associations which represent the profession. This, after all, would be only in keeping with the present trend in governmental co-operation in the Commonwealth, where more intimate and continuous consultation and co-ordination of interests is, at all levels, becoming more frequent.

To the doctor, whatever sort of a doctor he may be and whatever medical association he may be represented by, the essential and primary concern is the patient—the patient who must be cured of his ills, the patient who must be prevented from becoming ill. It is this almost primitive personal approach which has proved so difficult to reconcile with the "cut-and-dried" machinery of government. Much good will and genuine understanding, many cool heads and willing hearts, are vital to both sides if the primary and basic ideal is to be achieved.

Given these desiderata, the task should not be impossible; for much information—not only in this country but from other countries in the Commonwealth and other nations in the world—is already and steadily forthcoming. A dozen or more methods of bridging this difficult gap between departmental control and professional freedom have been and are being tried out. It should not be impossible, in due course, to find for any particular national and economic environment the optimum system, for the patient and for the doctor, if sufficient breadth of vision and elasticity of method are maintained.

Before adding a little more colour to the broad canvas I have been trying to paint, perhaps mention should be made of another and important aspect of medicine, the international.

Common Bonds

Consideration of matters of health and the problems relevant thereto is undoubtedly a great link between nations. It ranks high with the arts, science, and sport as universal common bonds of interest, understanding, and friendship. And it is worthy of note that, in all these spheres of activity, the *personal* element predominates. Hence, if the multiplication of numbers of

individuals or small groups of individuals with mutual interests can achieve an increasing degree of friendly understanding, then the power for good of these interests may prove a greater force in producing the millennium of universal peace than even diplomacy, politics, or economics.

To revert to the conception of the parallelism of common wealth and common health, our own British Commonwealth is a classical example of the potency of a union founded on common traditions and interests. That such a heterogeneous—one might almost say motley—group of peoples— independent nations, republics, self-governing dominions, colonies, dependencies, and protectorates—should be able to form one body politic is in itself an astounding fact. In our case it is due first and foremost to the existence of the Crown. Let us remember that, in 1952, Her Majesty adopted the superbly simple title of "Head of the Commonwealth," thus ensuring in one supreme person the union—or perhaps one would better say the partnership—of a number of autonomous and democratic units. This is our greatest British asset, and it is of importance to appreciate that, in this group of varied peoples, Britain herself holds leadership without either military or political power. Her responsibilities are shouldered through the advocacy of principles and policies. General advance in the public welfare—the *res publica* of Roman times—of this medley of peoples comes through the inspiration of increasing co-operation, through the promulgation of liberal aspirations, through common and generous sacrifices, through the all-pervading power of fellowship, friendship, and deeper understanding. The peoples of the Commonwealth are, at the same time, witnesses of a glorious if chequered past, participants in an intensive and stimulating present, companions of an intriguing and comprehensive future.

The idea of commonwealth gives us, in one composite whole, a proud heritage, a potent stimulus, and a far-reaching incentive.

Changing Medicine

And how closely parallel to this runs the development of medicine—a burgeoning of evolutionary changes, an incredibly rapid opening up of new spheres of knowledge, an increasingly productive co-operation between different branches of medicine and between different national systems of medicine, and an ever-deepening sense of responsibility to the population as a whole as well as to its individual parts, for its communal well-being. If the chief function of government is to secure for those living under its jurisdiction the best possible conditions of life, then the part to be played by the profession in achieving this aim is to-day not only of great magnitude but of crucial importance. There seems every reason to believe that the art and science of medicine will rise (and in fact is amply rising) to the challenge of the modern world.

The increasing use of radioactive isotopes, both for diagnosis and for therapy; the application of electronics to medical science; the development of complicated machines for the maintenance of extracorporeal circulation; the intensification of methods of treatment by radiation; and the vast explorations into the spheres of biochemistry and biophysics, with their almost daily advances in the use of antibiotics, the steroids, and the endocrines, are but a few examples of the pulsing strength of medicine to-day.

In this dynamic and materialist world the basic sciences have come more and more to the fore. In my own specialty of surgery a major revolution has taken place in the last twenty years. It has, to a very large extent, become the practice of applied physiology, its technical exactitude becoming every day further enhanced by the use of scientific methods and machines. In the very drama of this intensely stimulating scene there is the danger at times of forgetting the central figure—the patient. For medicine is still an art as well as a science. Has the art deteriorated in the presence of the efflorescence of science? Does the art still sufficiently control and assess the science in the light of the personal problems of the patient?

It is right that we should have a biological rather than a pathological concept of the patient—for the patient is more important than the disease from which he suffers, though the study of disease is in itself a fascinating subject. There are many to-day who feel we are moving—perhaps not so slowly—towards a more spiritual conception of man and his destiny, and who quite reasonably object to the spirit being made the subject of laboratory control.

What of the still relatively unexplored fields of all the gradations of mental illness? And of the so-called "psychosomatic" diseases? The large gaps in our knowledge are made even more conspicuous by the remarkable success with which scientific discoveries and developments have filled the gaps of our ignorance of physical disorders.

Health, over the ages, has been variously defined—never perhaps comprehensively. There seems little to better the old time-worn adage of *Mens sana in corpore sano*, for it expresses the ideal of soundness in both mind and body—the unconscious happiness of the whole man. Every civilization has had, in varying degree, its pipe-dream of perfect health and happiness; none has yet achieved it.

Far-reaching Effects

Every discovery of major importance has brought in its train difficulties, dangers, and even disasters of its own. The antibiotics provide a classical example. That they have reduced the mortality in certain diseases a hundredfold is a fact of world-wide significance and importance—but that they have increased morbidity through the production of resistant bacterial strains and that they have even been responsible for allergic deaths equally cannot be denied.

And how far-reaching are the effects of modern discoveries is well exemplified by figures recently quoted. In this country, in 1800, one child in every three lived less than a year—a fact that can be corroborated by visiting any ancient church or churchyard. Now, only one in thirty-three lives less than a year. Again, in 1850, those under the age of 15 outnumbered those over 65 by 7 to 1; now the figure is 2½ to 1. And, in further fields, it is rather startling to realize that to-day the annual increase in the population of India is greater than the annual increase of the whole world in 1914. The challenge varies in its presentation, but it is always present.

And so we come again to wider considerations, and considerations in which governments must have vital and primary interest: those of population, its control and dispersal; and of food, its composition, availability, and distribution. In these spheres, as in so many others,

the problems of responsibility for the common weal seem so closely to link the government of a people with the medical profession. How can this linkage be most harmoniously and efficiently attained?

Differences in Ideology

In 1947 the then Minister of Health wrote an open letter to the profession, preliminary to the institution of the National Health Service. In it he wrote the following words: "Differences of opinion as to means and methods are important, but never insurmountable, and cannot conceivably be allowed to override the main objective—the welfare of the men, women, and children whose care the profession undertakes and who are wholly dependent on that care. A sincere co-operation between the profession and the Minister can ensure the greatest Health Service this or any other country has ever known; a failure to co-operate can redound only to the detriment of the people whom both wish to serve." He professed the desire to bring the profession right into the direct administration of the Service.

This statement was without doubt made in the best of good faith—even, perhaps, with the euphoria of Welsh idealism. What a tragedy it is that this conception of equal partnership between government and profession for the eminently praiseworthy purpose of ensuring the well-being of the nation should have failed so dismally. For let us be quite frank and appreciate the fact that the system initially envisaged has not worked as it should have worked, and the test of time (and reasonable time, surely—eleven years or more) has shown basic differences in ideology sufficiently strong at times to threaten the ruin of a superb ideal. That the absence of co-operation, so essential to the smooth working of the Service, has not so far, as Mr. Bevan said, "redounded to the detriment of the people whom both wish to serve" is evidence that there is still a genuine desire to achieve some measure of success.

But there is no doubt that the original idea of partnership has been steadily and slowly—almost insidiously—displaced by what has been aptly called the "employer-employee relationship," the profession being the employee. No one in his senses would belittle the intrinsic value of the Civil Service in dealing with the organizational machinery of the country, but those very stereotyped methods which ensure its success in so many material fields have been the basic cause of its relative failure to cope with a service which is essentially concerned with people, not things. And, when one appreciates that those people are, in fact, patients and doctors, joined in the Health Service in a peculiarly personal relationship, then it becomes only too evident that an impersonal Government department is not the right or the best mechanism through which to administer it.

There must be very few in the country who would wish to see the abolition of the Health Service, but there must be a vast number who would like to see infinitely less red-tape and regimentation with much more personal responsibility on the part of both doctor and patient. Because they have had some means and better opportunities of voicing their disquiet at the trend of events, doctors have received perhaps undue and certainly unwanted publicity. This has given an unfortunate bias to the never-ending and largely unproductive discussions between the profession and its Civil Service administrators. What the doctors have been seeking all along

are the right conditions and the best facilities to allow them to give optimum service to their patients.

And what have we heard of the patients? By what method can they voice their appreciation or dislike of the existing Service? They, too (and they are infinitely more numerous than their doctors), are in danger of losing some of their personal freedoms—surely a basic heritage in this country. And this happens not from any deliberate attempt to enslave a profession or its clientele but because a departmental mechanism is not geared to cope with the humanities.

And so, most unfortunately, instead of a partnership, there has been engendered an atmosphere of distrust, if not at times of actual antagonism. It surely behoves us, who love our calling, to try to dispel these clouds; but can a satisfactory relationship be established without a major change of policy at governmental level? A reorientation of outlook at departmental level and a freshly sympathetic appraisal of administrative difficulties at professional level are needed if the trend of the past years is to be reversed. Can the ideal of equal partnership be fulfilled? If the ideal could be put into practice, it would solve, with minimum disturbance of existing machinery, many of our present difficulties. Recent reports would seem to have gone some way towards this desirable end, but the implications involved in suggestions made have still to be assessed, chiefly in the light of professional control and control of the profession. For partnership to be achieved, the Ministry would have to become far more cognizant of the problems of the periphery, both in practice and in hospitals. Only then could it produce a liberal policy, allowing for more delegation of responsibility to the periphery, and, at the same time, formulating centrally a co-operative and co-ordinating mechanism which could offer, on the solid basis of knowledge acquired of local problems, both an incentive and a stimulus to the development of a service.

The Profession's Part

At the same time, it would seem that the profession must put its house in order to the extent of finding a way in which it can speak with a unanimous voice to its governmental department. This, of course, considering to what a degree we are a group of super-individualists, is not as easy as it sounds. I would be sadly lacking in my duty to-day if I did not say, in this connexion, how much one admires the sterling efforts of this Association to which we all belong for the way it has represented us over the past years. Its task has been indeed an onerous one, and often a most uncongenial one; the work involved has been prodigious—the perseverance it has shown most praiseworthy. One trembles to think what might already have befallen our beloved profession without the constant and sturdy intervention of the B.M.A.

And yet its voice—albeit a cogent one—is not the only one to which the Ministry has given an ear. The Royal Colleges and Corporations, and many other lesser medical bodies and associations, have spoken time and again—sadly, not always with the same voice! Even within the B.M.A. itself there are what are called autonomous bodies, such as the General Medical Services Committee and the Central Consultants and Specialists Committee.

This whole tangle of professional bodies is confusing to both profession and public, and makes little sense to the onlooker from other countries. As we have unfor-

unately seen, this makes it easy for the Government to drive in wedges between one professional group and another when its purpose is suited. Surely something should be done to make the profession one composite whole so that it can face its employer, the State, with all the strength that the combined wisdom of its *élite* can give it in maintaining "the honour and interests of the medical profession."

Charles Hastings, our founder, used the words "medical profession," be it noted: not members of the B.M.A. Could not the Council of the B.M.A., by only slight modifications of its constitution, be made a real "council of the medical profession" by ensuring that of right the Royal Colleges and Corporations are adequately represented on it just as are the medical branches of the armed Forces and other autonomous bodies?

Such a council would by its very comprehensiveness carry enormous weight, for a denial of its advice or opinion would be to take almost impossible risks with the nation's well-being.

A Wider Outlook

Or, finally, should we widen the vista of possibilities still further and consider an idea that has been mooted before but has perhaps not received the attention it deserves—that of an independent corporation? It is only too easy to envisage the difficulties of such an administration; but difficulties exist only to be overcome, and there exists ample precedent in the shape, for example, of the Arts Council, the University Grants Committee, the British Broadcasting Corporation—and now the Post Office.

What such a scheme implies in essence is the disbursement and application of public moneys by an independent body without the intervention of departmental machinery, and without the need for a Minister to be answerable to Parliament for the day-to-day conduct of a service. Given the right representation in the governing board of such a corporation—and in medicine this would, of necessity, mean at least equal partnership of the profession—there should be possible a flexibility of policy much more in keeping with the human objects and ideals of medicine. Even more important, it would lift medicine out of the realm of party politics—an influence which has bedevilled the National Health Service from before its inception.

It may be said that the monetary sums involved are vast—too big to be handled by an independent body. Surely the very opposite is the case, and a small group of competent and responsible individuals are much more likely to have an intelligent grasp of the values of health and of the problems of disease, and so to spend money sensibly in the promotion of the one and the cure and prevention of the other.

Where are commerce and industry, agriculture, labour, or defence without efficient health services? And yet, look at the status of the Ministry of Health in the departmental hierarchy to-day. The departmental mind is restrictive and festooned with regulations: medicine needs a creative mind to guide it along its path. And more deep-rooted and essential than all this is fear of the already obvious trend of the Department to control the profession—so far perhaps only administratively, though there be some who would query even that. Let us remember that, within recent living memory, a government in another country took over control, both

administrative and clinical, of its profession and provided the greatest blot on the escutcheon of medicine in the history of the world. Professional integrity and professional freedom are, for the sake of both doctor and patient, to be preserved, literally and metaphorically, at all cost.

Conclusion

This twentieth century of ours has been a weird and bizarre mixture of primitive horror and almost incredible progress in whatever direction one looks. The acceleration of this progress has been almost frightening. Even the problems of the 1950's will need a "new look" in the 1960's. We move on rapidly into the unknown; that many new vistas are opening and will open up is inevitable; it will not be easy for us either to measure or to measure up to these advances spiritually, physically, or economically. One essential necessity will be the maintenance of that unquenchable desire for freedom which is such a fundamental characteristic of our nation and our profession. Let us hope that, in this new civilization, the art and science of medicine will fulfil its destiny as one of the most important developing forces—that the *common health* may be welded into the *common wealth* to the advantage of all its peoples. And to this fervent hope let there be added potent action.

THE MENTALLY DEFECTIVE TWIN

BY

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AND

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The purpose of this survey is to ascertain the incidence of members of a twin pair among mental defectives, and to examine reasons for any discrepancy between this incidence and that in the general population.

For various reasons it might be anticipated that twins would be more liable to be affected by mental deficiency than single-born children. In the first place, twinning in humans is somewhat unusual and, particularly in monozygotic pairs, suggests a tendency on the part of the zygote to behave in an unorthodox manner. It might therefore not be surprising to find an excess of developmental abnormalities in such cases. A second, and perhaps more cogent, reason is that twin pregnancy may impose an additional burden on the mother, so that any marginal defects in her capacity to nourish the embryo would be exaggerated. A third consideration is the greater risk of injury at birth in multiple pregnancies. Lastly, twin babies tend to be small and therefore exposed to the same risks as premature ones; included among these is a greater liability to brain damage by way of conditions like neonatal jaundice.

Some indication of the greater risk for the products of multiple pregnancy is afforded by the stillbirth rate of 53 per 1,000, for multiple births, compared with 23 per 1,000 for all births (Registrar-General, 1956), and by the much higher neonatal mortality in twins (Yerushalmy and Sheerar, 1940).

Incidence of Twins in the General Population

Of the total of 667,811 live births in England and Wales in 1955, 15,989 were twins, an incidence of 1 in