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President's Address

"WITH HEAD, AND HEART, AND HAND"

BY

J. W. TUDOR THOMAS, M.D., M.S., D.Sc., F.R.C.S.

*Senior Ophthalmic Surgeon, United Cardiff Hospitals; Lecturer in Ophthalmology,
Welsh National School of Medicine*

It is with very sincere feeling that I wish to express my appreciation of the honour of being elected President of the British Medical Association, and my gratitude to my colleagues in the Cardiff Division, the Council, the Representative Body, and the Association for electing me to this high office.

In the list of Past-Presidents of the Association are to be found many honoured names, distinguished men, leaders of the profession, and pioneers in their work. Among them I am happy to mention my friend and colleague Sir Ewen Maclean, of Cardiff, who became President in 1928, when last the Association met in Wales. Names such as Stokes, Macewen, and Lord Dawson of Penn serve to indicate the quality of those who have in the past held the office of President of the Association. In recent years, as we know, that quality has been well maintained by medical men of great eminence.

Among the Past-Presidents five were ophthalmologists: Reeve, of Toronto (1906); Snell, of Sheffield (1908); Harvey Smith, of Winnipeg (1930); Sir James Barrett, of Melbourne (1935); and Dr. Sichel, of Capetown (1951). It is indeed an honour and a privilege to occupy an office which in the past has been held by such a number of notable and distinguished medical men.

May I now, on behalf of myself and my colleagues in the Cardiff Division, and indeed on behalf of my colleagues in Wales, offer you a welcome on your visit to the Principality? We are most pleased to have you with us, and sincerely hope that you will find satisfaction and pleasure in the scientific and social programme which has been arranged.

I would like also to express appreciation of the loyalty of my colleagues in preparation for this meeting, and to thank them and many lay friends and institutions for their co-operation and help. In particular, I would thank the Lord Mayor and Corporation of Cardiff, the President, Principal, and Council of the University College of South Wales and Monmouthshire, and the

President and Council of the National Museum of Wales for the use of their magnificent buildings in Cathays Park for the purposes of this meeting.

The British Medical Association was founded in 1832, and this is its 121st Annual Meeting, and it is the fifth time the Association has met in Wales. The first occasion was in 1853, 100 years ago, when the Association met in Swansea. The second occasion was in Cardiff in 1885. The third was a historic meeting in Swansea, 50 years ago, when the Association first met under its new constitution, and the first meeting of the Representative Body took place. The fourth meeting in Wales was held in Cardiff in 1928.

The year 1953 has been regarded as one in which Wales had a special claim to be chosen as the meeting-place of the Association, and we in Wales are pleased and honoured that this has been brought about. It has been a particularly happy coincidence that, on the first day of our meeting, our Royal Patron, Her Majesty the Queen, visited Cardiff as part of her Coronation Tour.

Foundation of the Association

Prior to 1856 the British Medical Association was known as the Provincial Medical and Surgical Association. It was on July 19, 1832, 121 years ago to this month, that at a meeting of over 50 practitioners held in the board-room of Worcester Infirmary it was decided to form a "Provincial Medical and Surgical Association." This decision was taken after an eloquent address from Dr. Charles Hastings, the founder of the Association.

Charles Hastings was then 38 years of age. He was born in Ludlow, and after a period of apprenticeship and having attended private schools of anatomy, but possessing no medical diploma, he succeeded by 134 votes to 133 in obtaining a post of house-surgeon in Worcester at the age of 18. Later he graduated in medicine in Edinburgh, and then returned to Worcester as physician until his retirement in 1862, having been knighted in 1850.

The training of a doctor 121 years ago was very largely by apprenticeship. There remained a few private schools that taught anatomy, physiology, medicine, and surgery, but they were isolated and not associated with hospitals. There was no hard-and-fast line demarcating the qualified from the unqualified practitioner, and this was the case until the Medical Act of 1858.

The year 1832 saw the passing of the first Reform Bill, and during it the Anatomy Act became law. That year also saw the first epidemic of Asiatic cholera in Great Britain, and the medical profession found itself quite unprepared for it.

It was under these conditions that Hastings strove successfully to lay the foundations of an Association which was destined to play so great a part in raising the status of medicine and medical knowledge and practice. In 1828 he established a quarterly journal called the *Midland Medical and Surgical Reporter and Topographical and Statistical Journal*, which continued until the establishment of the Association in 1832.

In the last published volume of this journal there is an account of Hastings's farewell address. He stated that there was a wish that the members of the profession in the provinces should unite into an Association—friendly and scientific—and that it should have as its main object the diffusion and increase of medical knowledge in every department of science and practice, and he earnestly entreated them to join "with head, and heart, and hand" in the support of so excellent an Association.

I have chosen the title of this address from the words of Hastings's farewell speech, which was at the same time an inaugural speech in the foundation of our Association. It was indeed not "hail and farewell" but "farewell and hail." The nature of the invitation shows the earnestness of the appeal and a desire to promote that "love of the work" which has been responsible for so much effort of a spontaneous and voluntary nature in medicine. His objective was the increase of medical knowledge, and the foundation of work on a scientific basis and in the spirit of general friendliness. He appealed for support "with head, and heart, and hand," and in these most memorable words Hastings made clear to the profession the attitude to be cultivated for the common good.

One must remember that in those days (1832) the railways had not been developed. Travel was tedious and postage expensive. Conditions therefore were not altogether easy for the convening of meetings and for the diffusion of knowledge, although Hastings well realized how important it was that these difficulties should be overcome. We find that very clearly indicated in the original prospectus, in which the objects of the Association are defined.

The first object was for the collection of information. In those days accurate information was not readily forthcoming to the practitioner, and it was realized that for the advancement of medical science it was necessary to collect information from all sources in order subsequently to convey it.

Another important objective of the Association was to correlate the incidence of epidemic and endemic disease with such varying factors as the nature of the soil, the climate, and the locality, and with habits or occupations. In this objective can be seen the early signs of interest in what are now well-established and important specialties in medicine, such as public health, preventive medi-

cine, and occupational health, which are of prime importance for the welfare of the community.

By no means the least of the objects was that defined as being for the maintenance of the honour of the profession, by friendly intercourse and the promotion of harmony and good feeling. This can surely be regarded as of the greatest importance not only for the profession itself but for the comfort of mind and sense of trust which our patients must have if they are to place their medical care in our hands. The patient can derive full benefit only when he knows that his doctor is trained to attain that high sense of honour and reliability which will in its turn bring to the patient a calm and trusting confidence, with relief of avoidable anxiety.

These intentions of the Association founded 121 years ago, and following a tradition dating back to the time of Hippocrates, have been carried forward continuously ever since.

The Seventeenth, Eighteenth, and Early Nineteenth Centuries

Medical knowledge in 1832 had made considerable progress following the work of the previous two centuries. The seventeenth century brought advances in anatomy and the demonstration by William Harvey of the circulation of the blood. The science of microscopy was developed and applied to disease, and red blood cells were observed. Thomas Sydenham named and described many diseases, was a strong advocate of fresh air in sick-rooms, and produced a therapeutic book which was used by English practitioners for more than a century. A Welsh physician, Charles Clermont, in 1672 published a book on "the airs, waters, and places of England" in which he outlined the medical topography of the country. There was in 1665 that terrible experience when some 70,000 persons died in the Great Plague of London.

With the eighteenth century came advances in physics and chemistry. Carbon dioxide, hydrogen, nitrogen, and oxygen were discovered, and an explanation was forthcoming of the processes concerned in respiration. Electricity began to be applied in the treatment of disease. The obstetrician began to replace the midwife, although operative gynaecology had no real existence. It was the age of William Hunter, anatomist and a leader in obstetrics, whose work and teaching were a source of inspiration. With him was his brother, John Hunter, who laid the foundations of surgical pathology. William Heberden helped to banish many undesirable concoctions from the pharmacopoeia, and Edward Jenner, encouraged by John Hunter, established inoculation against smallpox.

In the early nineteenth century Broussais drew attention to the importance of a diseased organ as a cause of fever. Laennec invented a stethoscope, and the principles of examination of the chest by auscultation and percussion were developed. Richard Bright described nephritis, and differentiated between cardiac and renal dropsy. James Parkinson described paralysis agitans, and in 1812 reported in English, for the first time, a case of appendicitis. The foundations of a school of thought for psychiatry were laid at this time, and Thomas Hodgkin described the disease that was subsequently called by his name. The laryngoscope, the ophthalmoscope, and even the clinical thermometer had not been invented, and there was no hypodermic syringe. Body-snatching for dissection, which had been rife, was checked by the Anatomy Act of 1832.

The dangers of infection and the absence of adequate anaesthesia restricted the bounds of surgery, and there were no general operations on the abdomen and cranium. Those were days before ether and chloroform. Surgery had to be rapid, and the patient's distress was only inadequately relieved by such traditional soporific potions and inhalations as were available.

Medicine therefore in 1832 had reached a stage where knowledge was accumulating, interesting problems lay ahead in profusion, baffling difficulties obstructed adequate treatment, when Hastings and others with him decided on the formation of the Association which they anticipated would materially help the furtherance of medical science.

1832 to 1853

The first 21 years of the life of the Association takes us to 1853, when it met for the first time in Wales. Medical science during this time had again advanced. Purkinje in 1839 introduced the microtome, which enabled tissue to be sectioned suitably for examination with the microscope. He was a physiologist of eminence, and was responsible for introducing the word "protoplasm" into medical language. Oliver Wendell Holmes made some astute observations on the contagiousness of puerperal fever and advocated changing clothes and scrubbing the hands in a solution of calcium chloride. It was on a suggestion by Holmes that the word "anaesthesia" was brought into use. Ether was being used as an anaesthetic in this country in 1846, and Simpson in 1847 introduced chloroform as an anaesthetic for use in obstetrics. In 1848 Robert James Graves, of Dublin, introduced the timing of the pulse by a watch, and described exophthalmic goitre in detail. Thomas Addison in 1849, and subsequently, described the suprarenal glands and their function, and inaugurated the study of the ductless glands, which has since led to so much beneficial research.

It was in 1846 that the first *Medical Directory* appeared, and it was established that unqualified practitioners were about twice as many as those who were qualified.

In the first 21 years the membership of the Association had grown from 310 to 1,853 in the year 1853. An index of the enthusiasm of the Association in those early days is the fact that in Bristol, in 1833, 250 members attended out of a total membership of 316. During this period Branches were formed in various parts of the country, including one in North Wales (1848) and one in South Wales, called the Monmouthshire Branch (1852). It was not, however, until 1871 that the present South Wales and Monmouthshire Branch was formed. It was on August 10 and 11, 1853, that the Association met at Swansea, and considerable developments were to take place before they next met in Swansea in 1903.

1853 to 1903

It was in this period that Darwin stimulated anatomical research by his theory of evolution and great advances were made in experimental physiology, cellular pathology, and bacteriology. Two important diagnostic instruments were invented, the ophthalmoscope in 1851 and the laryngoscope in 1855, following which various other instruments used for endoscopy were in time designed. Lister in 1867 laid before the profession the principles of antiseptic, and introduced catgut into surgical technique. Koch in 1876 demonstrated the bacillus that caused anthrax, and six years later discovered the tubercle bacillus and introduced treatment with tuberculin. Louis Pasteur developed a treatment for hydrophobia with which he was successful in curing a patient in 1885.

The clinical thermometer came into use during this period, and shortly before 1900 there came the discovery of x rays by Roentgen, the isolation of radium, the first recorded uniting of a divided artery in man, the first artificial pneumothorax, and the discovery of an agglutination test in the diagnosis of typhoid fever.

Among the many names of those who contributed to the advance of surgery are those of Paget, Hutchinson, Macewen, Treves, Spencer Wells (gynaecologist), and Victor Horsley, who was a pioneer in neurological surgery.

The work of Florence Nightingale in the Crimean War of 1854 and after her return to England gave a new conception of what nursing could be and should be, and led to the

development of a nursing service of which we are all proud, and which has contributed so greatly to the advance of medicine and surgery throughout the years.

In this period the death of Sir Charles Hastings took place, in 1866, after serving the Association which he founded for 33 years as Chairman of Council and of which he had been President in 1849. He spent his life in the furtherance of medical science and the honour of the profession.

It was in 1856 that the Provincial Medical and Surgical Association changed its name to "The British Medical Association." This was in keeping with the broadening interest and sphere of work and influence which were developing. Before the end of the century many overseas Branches had been formed, including Jamaica (the first overseas Branch) and various parts of the Empire as far away as Australia, New Zealand, and South Africa.

The Association had always been interested in medical education and high standards of professional work, and by its efforts was largely responsible for the formation of a General Council of Medical Education with the passing of the Medical Act of 1858. One of the functions of this Council was to establish a *Medical Register*, and to authorize the practice of medicine legally. The leading part played by the Association in these matters had its influence throughout the Empire in establishing high standards in medicine, with corresponding uplifting of the profession and improvement in the services rendered to the public.

In 1873, at the Annual Meeting in London, Mr. Gladstone, then Prime Minister, spoke of the Association in the following words: "I believe this Society to be generally representative of the medical profession in its various branches. I believe it represents your tendency to unity and your upward aspirations—upward aspirations not in the sense of augmenting your well-earned and hardly earned emoluments, but in augmenting your unity, augmenting your knowledge, augmenting your true dignity and your claims upon society."

It was about the year 1900 that reforms within the Association were advocated, so that it might be better constituted to undertake the responsibilities ahead. In this stage of reconstruction we remember with gratitude the name of Dr. Alfred Cox, and with him those two other pioneers in this connexion, Victor Horsley and Smith Whitaker. New Articles of Association were drafted and came into force in 1902. They provided "that the primary unit of the Association should be such that every member thereof shall have a reasonable opportunity of attending every important meeting"; that the primary units be called Divisions, and that groups of units constitute Branches. It was also provided that there should be appointed by these units representatives who would be called together as a meeting of representatives to decide the policy of the Association.

Thus was established a body representative of all the members of the Association, for the management of their affairs, and individual members were enabled to participate in the formulation of the Association policy. The first meeting of the Representative Body took place at Swansea in July, 1903, 50 years ago, under the Chairmanship of Mr. (later Sir) Victor Horsley, and the constitution of the Association has carried on ever since.

The Twentieth Century

At the beginning of the twentieth century the doctor worked as an individual and had to rely to a large extent on his stethoscope, a detailed history of the case, a careful physical examination, and his own clinical judgment. Although he employed to the utmost the medical skill of his day, his patients had to bear the full brunt of many diseases, such as pneumonia.

Now half a century has passed by, and with it has gone the hopeless outlook formerly associated with so many diseases. This half-century has seen brilliant and co-ordinated work by individuals and by teams of workers,

medical men and scientists, directed to the cure of disease. The empirical remedies of 1900 have largely given way to the rational and curative remedies of to-day.

We have seen the accumulation of knowledge on vitamins and hormones—e.g., insulin and cortisone. Principles of immunization dating back to Jenner and Pasteur have been applied to diphtheria, tetanus, typhoid, and other diseases. Valuable drugs of sedation, the barbiturates, followed on the discovery in 1903 of barbitone. A great teacher and physician, Sir William Osler, died in 1919. He was responsible for the phrase, "A man is as old as his arteries," and inculcated the principle of "work for work's sake." The painstaking researches of Sir Thomas Lewis on the heart brought the standards of science to the bedside. His work on the skin led to an understanding of the principles of allergy, with its manifold effects on the body.

This has been the age of chemotherapy, beginning in 1903 with the discovery of trypan red, and of antibiotics following the discovery of penicillin by Fleming in 1929. Powerful chemotherapeutic and antibiotic substances are now in common use by the doctor, and have been of enormous help to him in curing his patients of infections. Progress in this field has been rapid and continuous. The scope and possibilities of treatment are ever extending, and these advances are of the greatest importance to the community. These potent remedies, however, have increased the responsibilities of the prescribing physician. They demand considerable care for their safe administration and to ensure that their effect in the relief of symptoms shall not confuse an important diagnosis.

Surgery also has made great advances, and not the least of these has been the improved conditions in the operating theatre. At the turn of the century visitors to the theatre did not wear gowns, gloves and face-masks were not generally used, and the surgeon's gown was clean but not sterile. The emphasis was on antisepsis rather than asepsis. Moynihan played a great part in raising the standard of abdominal surgery. Pioneers in surgery have been abundant, men such as Bland-Sutton, Sargent, Stiles, Grey Turner in this country, and Cushing, Murphy, the Mayos in America.

This era has also seen the development of surgical specialties which inevitably followed the wealth of knowledge which was accumulating, and which had to be directed in concentrated form for special purposes. In Wales we are pleased to remember the part taken by such men as Lynn Thomas, William Sheen, Paterson, H. O. Thomas, Robert Jones, John Williams, and Thomas Lewis in the advancement of our knowledge, as well as many names associated with the development of thoracic surgery. The refinements of radiology, the growth of radiotherapy, and especially the developments in anaesthesia and the routine of blood transfusion, all contributed to the advancement of surgery and in particular the surgery of the thorax and the brain.

Gynaecology has advanced steadily since Spencer Wells in 1858 performed his first operation of ovariectomy. In obstetrics, puerperal sepsis has come under control, and the importance of prenatal care has been appreciated and has received local authority and Governmental support.

Paediatrics also has become an established and valuable branch of medicine, and great advances have been made in our knowledge of other special branches of medicine. There has been continual progress in the field of preventive medicine and public health, and in the control and treatment of infectious diseases.

The study of cancer has been intensively pursued in this country and in various other countries, and great progress has been made in its treatment by surgical and other methods. Nevertheless cancer remains a problem to be solved, and with its complete understanding, which in time will surely come, a great forward stride will have been made.

Research implies effort, deliberate and purposive, and should be given every encouragement and help. The benefits of research are cumulative, and present-day investigation has its foundation on the work of generations past. One

discovery tends to breed another, and in this age of discovery the answers to many of our problems may not be so far away.

Ophthalmology

Descriptions of eye diseases and remedies for the eyes have been found dating as far back as 1550 B.C. Some form of operation for cataract was possibly practised in the second century A.D., and Arabian medicine between the tenth and the thirteenth centuries A.D. produced writings on the principles of optics and books on ophthalmology. It was, however, in the eighteenth century, just over 200 years ago, that Daviel, oculist to Louis XV, developed with success an operation for the extraction of cataract, the true nature of cataract having been discovered early in that century. Thomas Young had written on colour vision and on the mechanism of the eye, and was later referred to as the father of physiological optics.

The first public hospital to be devoted to diseases of the eye was Moorfields Eye Hospital in London, which was founded in 1805 and has ever since remained a centre of ophthalmological learning. Eye hospitals began to develop in America some 12 years later, but in France ophthalmology for a long time remained united to general surgery. It was in 1829 that Louis Braille established the Braille system for reading by the blind, which has proved such a boon to those so afflicted. Liverpool founded in 1791 the first Institute for the Blind, followed by Edinburgh two years later. Ophthalmology made great advances following the discovery of the ophthalmoscope by the physiologist von Helmholtz in 1851.

A school of ophthalmology was founded in Vienna in 1854 by Albrecht von Graefe, and an eye clinic was started at Utrecht by F. C. Donders. Von Graefe was a great force in the development of ophthalmology. He established iridectomy for glaucoma, recognized the association of papilloedema with cerebral tumours, established sympathetic ophthalmia as a clinical entity, and with Donders founded *Archiv für Ophthalmologie*. He died of tuberculosis at the age of 42.

In the last half of the nineteenth century ophthalmology developed rapidly, and with the establishment of cocaine as a local analgesic in 1884, in addition to general anaesthesia, operations on the eye became more common, wider in their application, and more successful.

The Ophthalmological Society of the United Kingdom was founded in 1880, and elected for its first president William Bowman, who did so much to elucidate the minute anatomy of the eye and to increase ophthalmological knowledge.

Jonathan Hutchinson, Hughlings Jackson, Argyll Robertson, Swanzy, Nettleship, Marcus Gunn, and Treacher Collins are some of the notable names in this period of rapid development. Progress has continued unabated in the twentieth century. The outlook for cases of detachment of the retina was completely altered in 1929 by the work of Gonin. Traquair, of Edinburgh, by painstaking and magnificent work on perimetry added a diagnostic aid of especial value in neurology. Nobel prizeman Allvar Gullstrand, of Upsala, by establishing the principles of the slit-lamp in 1911, opened up a new field of investigation and a new science of biomicroscopy as applied to the eye. The surgery of cataract and of glaucoma has been developed and improved, and now surgical operations on the cornea have become an accepted procedure and in general use.

We have seen the development and practical application of contact glasses, which can be worn directly on the eye, and the innovation of introducing an acrylic lens into the eye to replace a cataract. A high standard of perfection has been attained in the making of ordinary spectacle lenses, including the development in the last 15 years of the use of transparent plastic material for their manufacture.

Our knowledge of the influence of heredity on diseases of the eye has grown, and it has been shown that congenital malformations may sometimes be attributable to virus infection. The part played by focal infections in producing

diseases of the eye has also received considerable attention, and more recently the investigations of Alan Woods and others have demonstrated how profoundly inflammatory conditions of the eye may be influenced by ocular allergy and varying conditions of general susceptibility or immunity.

Advances in general therapeutic measures have been and are being applied to the eye, and in turn ophthalmology is rendering growing aid to general medicine. Vigorous research is going on, and gaps in our knowledge are being filled, and some firmly rooted views have been shown to be untenable. Textbooks of international fame in ophthalmology have originated in this country, and are in current use.

The intimate processes of life within a cell are now being investigated with the aid of the electron microscope, and radioactive elements are being used in the investigation of normal and abnormal processes taking place in the living body. Biophysics and biochemistry now form the basis for highly specialized research which is opening up new pathways of knowledge.

Ophthalmology indeed has not been lacking, and has shared with its sister specialties the enormous advance that has in recent years become so evident.

Progress, and Association Responsibilities

During the last 50 years, as a result of medical advances, social development, and public health measures, expectation of life in this country has increased by about 18 years. About half the children of to-day should reach the age of 70. Disease is being controlled and many diseases formerly mortal or severely disabling are now being cured.

The British Medical Association has been prominent during the great development and expansion of knowledge of this century, and has taken an active part in the consideration of the events leading up to the establishment of the National Health Service in 1948. The expression of responsible medical opinion on matters which are related to the health of the community or the welfare of the sick always merits the most careful consideration, and the profession willingly devotes its time and energy to such matters, be they of local or of national interest.

Through two world wars the Association was entrusted with the responsibility of mobilizing the profession both for military and for civilian purposes, and is constantly tendering its considered advice to various Government departments. It has applied itself to problems relating to special diseases or groups of diseases, general practice and specialized practice, hospital work, medical education, and medical ethics. Its Divisions and Branches provide widespread opportunities for clinical papers and discussion. It has extended its influence throughout the Empire, and takes a leading part in affairs of world medicine.

One of the great responsibilities of the Association is the regular production of the *British Medical Journal*. The origin of the *Journal* was the establishment of the *Provincial Medical and Surgical Journal* in October, 1840. In January, 1853, the name was changed to the *Association Medical Journal*, and it was on January 3, 1857, that it took on its present name, the *British Medical Journal*.

A copy of the *Journal* is sent weekly to every member, and it has been of the greatest importance in maintaining and expanding the Association. The *Supplement* is a regular feature designed partly in order to keep members informed on the general affairs of the Association and medico-political matters. It was instituted early in 1903.

In 1892 the *Journal* started an epitome of current literature, which endeavoured to summarize some of the more important developments in medicine in various parts of the world; this has now expanded into a separate publication, *Abstracts of World Medicine*. The Association is also now responsible for the publication of fourteen specialist periodicals, and since March, 1951, for that of *Family Doctor*, a monthly health magazine intended for the non-medical reader.

In the field of ophthalmology, the *British Journal of Ophthalmology* is now published by the Association, as well as that most valuable publication *Ophthalmic Literature* in which are abstracts and reviews of current ophthalmological articles, monographs, and textbooks.

Regarding Medical Literature

It has been an inevitable accompaniment of medical progress that there has been a great increase in publication of medical literature. It is not possible to ascertain exactly how many medical periodicals are published throughout the world. If, however, a count is made of those better-known journals which are of value in medicine generally, it appears that, whereas in 1912 there were about 1,654, that number has increased in the last 40 years to nearly 4,000. Many of these appear weekly, others monthly or quarterly. In addition very many books are published. It is quite obvious that no one could possibly attempt to read all these publications even if he confined himself entirely to one specialty and devoted his whole time to the task.

It has therefore been of the greatest importance that this onerous task of reading should have been relegated to teams of workers whose task is to condense, extract, and emphasize important matters and new developments in research. A very full share of responsibility for this type of research has been undertaken by the Association, through its abstracting service, and the organization is now on an international level.

Despite all attempts to condense and epitomize knowledge, it is still very difficult to try to keep abreast of modern knowledge, even in one of the many specialized fields of medicine. New facts come to light constantly, and theories become outmoded and are replaced by new concepts. The general practitioner in medicine has indeed an enormous task to keep himself well informed. Though it is true that he cannot be expected to be familiar with details of specialized knowledge, it is important that he should be familiar with the possibilities of the application of such knowledge for the benefit of his patients. He has to be competent in the diagnosis and treatment of disease, and be himself able to prescribe discriminately and treat very many maladies in patients who rely solely on him for their medical care. Old remedies have to be supplanted by new. Traditional treatment may have to give way to more effective modern therapy.

In order to attain proficiency the doctor has to read. Reading takes time, and time in medicine is often a scarce commodity. It is, in the end, bad for medicine, and consequently bad for patients, that a doctor's routine work should so absorb his time as to leave little or no opportunity to read. There seems justification for emphasizing the need for leisure time in every medical man's life both to enable him to read and to allow some respite from the trying life which he normally leads.

The *British Medical Journal* provides a medium for dissemination of knowledge. It is read by specialists and general practitioners alike, and from its inception has been a valuable broad guide to the advances of the past. The difficulties of presenting in brief form the practical lessons of world research are enormous. It is, however, in just that way that a journal such as ours can be of so much benefit to so many by epitomizing current thought and directing attention to important developments, as well as by recording original work. It was Osler who once said, "A new era has come in medicine . . . the world has become a single country."

Medicine has never been regarded as narrow and confined, but has extended to the limits of human endeavour without regard to race or creed. The practice of medicine is our duty, our honour, and our privilege, and we are proud to remember the words of Hastings, the founder of our Association, who entreated us to serve "with head, and heart, and hand."