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MEDICINE IN TRANSITION*

BY

Sir HUGH LETT, Bt., C.B.E., F.R.C.S.

Consultant Surgeon to the London Hospital

I propose to begin my address by briefly reviewing the work of our profession during the anxious and exacting years of the war. It will not be possible to do more than outline some of the most outstanding features, but they will serve to show how great this work was and how much this country owes to its medical men and women, and to the profession as a whole.

Medicine During the War

When we speak of war our thoughts by reason of our training dwell first on the casualties, the wounded, and the sick. I will therefore begin by discussing the treatment of the wounded, the proportion that survived, and the extent to which they regained their full capacity. The final statistics are not yet published, but we know enough to realize that they will show a remarkable improvement over those of the first world war. Brigadier Philip Wiles,† for instance, has told us that in the M.E.F. during the year April 1, 1942, to March 31, 1943, the over-all mortality rate was only 2.1%, which is less than one-third of the rate in Egypt and Palestine during the previous war. No less striking is the very large proportion of the wounded who recovered completely and were able to return to their units.

These results must be mainly attributed to the work done by our medical scientists on the sulphonamides and allied preparations, and more recently the discovery of the value of penicillin, but important contributing factors were the establishment of the mobile field surgical units and the admirable organization for the collection and disposal of casualties, which enabled the wounded to be treated with so little delay. Perhaps only those who served in the last war and remember the extent and severity of suppuration in the wards, the long and often painful convalescence of so many of the wounded, and the number of amputations that had to be performed, can fully appreciate the change that has taken place. Then again, the science of blood transfusion has made great progress, and due credit must

be given to those who by their work in the laboratory and in the field were instrumental in saving many thousands who without this treatment would have had little chance of recovery. Among other surgical triumphs the intensive study of rehabilitation has enabled large numbers to return to a life of full activity who in the last war would have been permanently and often seriously handicapped by their injuries.

If we turn to Medicine we find that in this war, as in the last, preventive inoculation, combined with chlorination of water supplies, almost eliminated typhoid, which was such a scourge in the South African War, when among the relatively small forces employed there were 59,750 cases, with 8,227 deaths. With the help of the sulphonamides the mortality of cerebrospinal meningitis fell from the high proportion of 50–70%, which obtained in the previous war, to 10% in this, and in some outbreaks to as low as 4%. Nor can we forget the triumph over typhus through immunization and the use of D.D.T.

In the early stages of the campaign in South-East Asia tropical diseases took a heavy toll and presented a very serious problem. A special word of praise is due to those who solved it and brought the prevention and control of these diseases to such a high level that they made a great contribution to the success of the campaign. I need only recall the speech of Admiral Lord Louis Mountbatten at the Guildhall on July 10, when he said that to the discomfiture of the Japanese, who had no remedy against these diseases, he deliberately chose unhealthy areas in which to fight. It would be difficult to imagine a greater tribute to the work of the Medical Services.

I have of necessity to omit much that should be mentioned and must pass over much of the valuable work that was done at home by the E.M.S., by the rank and file of the profession, and by the medical officers of health. I cannot, however, omit reference to the Central Medical War Committee and its laborious task of classifying all the doctors on the *Register* and keeping the lists up to date. In addition it undertook the responsible work of making

* A brief address on his election to the Presidency of the Association at the Annual General Meeting on July 24.

† *Lancet*, April 22, 1944.

nominations for the Services with the help of the Committee of Reference and the local Medical War Committees. This was arduous and most difficult, for, while the Committees had to meet the tremendous demands of the Services, they had to keep constantly in mind the needs of the civil population and at the same time to give sympathetic consideration to cases of special hardship. All these things make a worthy record, and the profession may well feel proud of what it has achieved.

The Royal Colleges and the B.M.A.

As we review the last seven or eight years we cannot overlook the close relations that have developed between the Royal Colleges and this Association. Until shortly before the war each pursued its own path; each was concerned almost entirely with its own affairs, and there was no regular channel of communication between them.

In 1938, however, when the Committee of Reference of the Royal Colleges in England, originally appointed in the first Great War, was revived, a move was made to put an end to this isolation. Dr. Anderson, then Secretary of the Association, was invited to serve as liaison officer between this Committee and the Central Medical War Committee, and it was decided to hold meetings in the house of the Association. As the late Chairman of the Committee of Reference, I gratefully acknowledge the courtesy of the Association in providing the accommodation, and its generosity in placing its secretarial department at the disposal of the Committee.

Then in 1940 the Association invited all the Royal Colleges to join with it in reviewing the peacetime organization of the general medical and hospital services, to consider how far they were satisfactory and how they could be made more efficient. After a little negotiation the invitation was accepted and the Medical Planning Commission was formed. This was a historical event. For the first time the various bodies met together in common council to debate matters in which all members of the profession were concerned.

When, therefore, the last Government published its White Paper on a National Health Service the profession was ready and prepared for discussions with the Minister of Health, and the Negotiating Committee arose almost automatically from the Medical Planning Commission.

Lastly, the President and Council of the Royal College of Surgeons invited the Association to send a representative to attend the meetings of the College Council. Dr. Guy Dain was nominated and received a warm welcome.

Critical Days

These are critical days, and this increasing co-operation must give satisfaction to those who look ahead and see the dangers that may arise from State control over the profession in their care of the sick.

The high standard of British Medicine and its prestige are due in no small measure to the freedom the profession has hitherto enjoyed: a freedom unfettered by the trammels, the frustrations, and the infinite delays of bureaucracy, and, above all, a freedom untouched by the ebb and flow of politics.

The care of the sick is an art as well as a science. Medicine is not a plumbing job, nor is it as simple as building houses. Men and women are not robots—they

are sentient human beings, varying in their constitution and in their response to different forms of treatment. Each patient is an individual with his own temperament, foibles, likes, and dislikes; each needs sympathetic understanding and encouragement. If we are to maintain our ideals, if we are to continue to regard our patients as individuals and not merely as cases and types of certain forms of disease, if we are to preserve the invaluable confidential relationship between doctor and patient, the freedom of the profession in clinical matters must be preserved. Research must be encouraged in every possible way, but it is to be remembered that money alone cannot bring results, nor have all men the temperament and mental qualities it demands: discoveries are not made to order. Most important is the fact that successful research is a rare and delicate plant which flourishes at its best only in an atmosphere of freedom.

In the uncertain months and years that lie ahead it is vital that the medical profession should be united and able to speak with one voice; otherwise it cannot hope to have the influence that is essential if the interests of the sick are to be safeguarded to the full and the members of the profession are to have proper consideration. Every effort, therefore, must be made to maintain and develop the close relationship that now exists between the Association and the Royal Colleges. Each body has its own province. The Royal Colleges are concerned with the promotion of the art and science of medicine, surgery, obstetrics, and gynaecology, and they are responsible for the growth of their branch of learning both directly and through their Fellows on the councils of the universities. On the other hand, there is much that can be done only by the British Medical Association. It has rendered great services to the profession, and its task has not always been easy. In such a democratic body criticism is of course inevitable; but constructive criticism is always welcome: it is a valuable corrective and strengthens the whole system. The Council must be gratified and encouraged by the rapid increase in the membership of the Association, which has grown from 38,000 in 1938 to 52,000, and now represents some 80% of the profession. It is to be hoped that it will grow even stronger and ultimately include all British medical men and women.

Constant Vigilance

I have drawn attention to the high standard of Medicine in this country and have mentioned some of the great achievements of our medical men and women during the war. Now, however, that Medicine has been dragged into the turbulent sea of politics the future is obscure. Steeped as we have been in the great traditions of our profession since we first entered the wards of our teaching hospitals, some of us may feel that we can afford to smile at the little minds and loud voices that decry us and accuse us of being self-seeking obstructionists. But constant vigilance will be necessary, and for this reason the present happy co-operation between the Association and the Royal Colleges should be permanent and not allowed to lapse when the immediate emergency has passed. It is only by working together, consolidating our profession, and making it as strong as possible that we can protect the sick and maintain the proud position of British Medicine, together with all those things tangible and intangible for which it stands.