BRITISH MEDICAL JOURNAL

LONDON SATURDAY OCTOBER 5 1940

CENTENNIAL NUMBER

THE JOURNAL AND THE PROFESSION SOME MEMORIES

BY

SIR D'ARCY POWER, K.B.E., F.R.C.S.

Consulting Surgeon, St. Bartholomew's Hospital; Honorary Librarian, Royal College of Surgeons of England

Somewhere in *The Republic* Plato says that he loved to talk with old folk. Dr. Horner, the present Editor of the *Journal*, appears to share the sentiment. He asks me to send him a contribution to celebrate the Centenary of the paper on the ground that I must have known personally more Editors than anyone now living. I comply with very great pleasure, for those with whom I was acquainted are well worthy of commemoration. The first was Jonathan Hutchinson, whom we had known from the time when he and my mother had been together as boy and girl at a Quaker school in Yorkshire. I became one of Ernest Hart's "young men" on the recommendation of Ray Lankester, my tutor at Exeter College, Oxford. Dawson Williams was a colleague at the Children's Hospital in Tite Street, Chelsea, before he abandoned the practice of his profession for medical journalism. With him comes to my mind the memory of Charles Louis Taylor, the friend of us all. Taylor combined culture with his genius for friendship, and to him the *Journal* owes the introduction of a series called "*Archaeologia Medica*," until it became "*Nova et Vetera*": short articles dealing in an attractive form with the lives and works of the great English medical men of past times.

Position and Influence of the Journal

Looking backwards I see how greatly the position and influence of the *Journal* have depended upon these successive Editors, though it has never departed from its fundamental position as the representative organ of the medical man in general practice. It had less authority when Hutchinson was Editor and the circulation was much smaller, because he was too busy to devote sufficient time to the onerous and not wholly congenial duties of editorship. Ernest Hart returned to office with renewed energy after two years' absence. His efforts for social reform, his pitiless exposure of abuses in the body politic, and his various crusades attracted attention, led to an increase in circulation of the *Journal*, and enlarged each issue from twenty-four to sixty-four pages. But his zeal was not always tempered with discretion, and he alienated as well as attracted some of the readers. During the later years of his life he was much abroad, and the reins of government passed into the hands of Dawson Williams, who was at first Subeditor, afterwards Assistant Editor, and finally Editor. Williams was a sturdy, clear-headed Yorkshireman. The *Journal* under his guidance continued to interest the general practitioner, but became more

scientific to meet the advances needed by medical men as the result of their better education.

Changes in Medical Training

And what of the medical profession itself of which the *British Medical Journal* is the mouthpiece? It has changed in every respect even in my own lifetime. The students are wholly different; the teaching is better and wider; the outlook is more extensive and the opportunities are far greater than they were sixty or seventy years ago. The apprenticeship system had disappeared some twenty years earlier, but its seeds still remained for at least another generation. Boys came to London fresh from schools in country villages. The metropolis was a novelty and a great adventure. Billiards were associated with the public house; Cremorne and Highbury Barn still existed, and the music-hall entertainment was of a low standard. There were many temptations. Some students fell by the way; others became "chronics" and never passed examinations, while others with a little more knowledge became "unqualified assistants" to a doctor who called once a week to collect the threepenny pieces and sixpences paid by patients he had never seen. The great majority, however, succeeded in obtaining a qualification, returned home, and in due course won the respect and good will of their fellow citizens, for they had proved themselves honest, capable, and often good sportsmen.

To minimize some of the perils of the student career a system of resident pupils had grown up at the schools of medicine in London. The junior members, who hoped to come on to the staff of their hospitals, were usually impecunious. They had married young and happily, and for a sum of £126 paid yearly in three instalments undertook to house, feed, and coach some of the students from their own hospital. We, like my predecessors, had six of them for some years. Some more than usual breach of discipline once led my exasperated wife to tell them, "Individually I like you; collectively I hate you." Most of them did well, and so long as they lived they remained our friends.

The teaching in those days was much simpler than it is now. Anatomy was the major subject; physiology—theoretical rather than experimental—was of secondary importance; there were lectures on midwifery but there was no practical teaching, and there was, of course, no gynaecology. Medicine and surgery were learnt thoroughly and practically at the bedside. The student

was brought early into direct contact with the patient, though the actual teaching was done by the house-physician and house-surgeon, rarely by the physician or surgeon himself. The clinical teaching was supplemented by compulsory lectures, which I found dull and uninspiring. They were too often given by those who had no power of exposition, and I had just been taught by T. H. Huxley and E. Ray Lankester, who were such masters of the art as to compel and interest every one of their listeners. Pathology was still the morbid anatomy of the dead-house. Bacteriology was non-existent, and there was, of course, no inkling of biochemistry. With the exception of the eye, diseases of the throat, ear, and deformities were still in the hands of the assistant physicians and surgeons, who looked upon their departments as stepping-stones to still higher positions.

Professional Outlook and Outlets

The profession was insular and isolated. Few hospital physicians and surgeons and still fewer general practitioners had ever been out of England. Local medical societies and book clubs were thought sufficient to keep them abreast of current knowledge. International congresses were indeed just beginning, but friendships with American and European colleagues made and cemented by personal contact had still to come. Medical men were not wealthy, and the cost of travel abroad was prohibitive for those who knew neither French nor German.

There were not many outlets for a medical man seventy years ago. He might enter the Navy, the Army, or, best of all, the Indian Medical Service; he might become an assistant in a mental hospital or join the prison service. As a rule he settled down in his native place and became the highly respected, but ill-paid, doctor with many club patients. By day and by night, in all weathers, he drove in a high dog-cart sheltered by a large umbrella held by his groom. The wise doctor went on horseback. There were no social services to employ his talents; the Colonies offered an opening for the more venturesome, but it was dangerous because little was known about tropical diseases, their cause, prevention, or treatment.

These were the drawbacks and limitations. What advantages have been gained? The medical profession as a whole, like the rest of the nation, is better educated. The entrance examination is stiffer; the fees are higher. The students, therefore, are drawn from a better class than they used to be. Formerly a student was contented to obtain a licence; now he wants a degree. The medical graduates of Oxford, Cambridge, and Durham were very few; now the Bachelors and Doctors of Medicine of the Universities in London and the Provinces are numerous. The course has become longer, the examinations more severe, and only those with ability above the average can hope to qualify in the minimum time. The greater expense is set off to a certain extent by the more numerous money prizes, exhibitions, and scholarships which are open to competition. The newly qualified medical man no longer has to live by his wits if he wishes to reach the higher ranks of his profession, nor to become "an assistant with a view to partnership" should he be content to occupy himself in general practice. A research fellowship will tide over the lean years for the one and a panel practice for the other.

Many approaches to practice now exist which were formerly unknown. One of the first was the appointment of medical officers of health: part-time at first and associated with towns; whole-time afterwards and appointed to counties. Many social services needing trained medical advisers followed, beginning with a few branches, later developing in ever-increasing numbers. New discoveries,

too, give additional opportunities for lucrative work—bacteriology, x rays, radium, biochemistry, and psycho-analysis amongst the number. The Royal Air Force and an expanded Army need many medical officers, whilst the Colonial Service offers numerous opportunities for a healthy, useful, and interesting life for those who wish to advance scientific knowledge.

The future is bright, promising much both to men and women who enter the medical profession. For women especially there are vast fields waiting to be exploited in India, where the elements of hygiene and child welfare have still to be taught, no less than at home, where the ignorance on such subjects is colossal, although some light is beginning to be shed upon it.

Specialism and Team Work

For ourselves I think that specialism begins too early. The older system at Oxford and Cambridge was to bring the undergraduates together and allow them to mix on equal terms with those who were to take Orders, go to the Bar, become solicitors, or enter on a business career. Now they go at once to the laboratories and concentrate on a wholly scientific training. The result is that they become a class apart and have not taken full advantage of a university training. This is, of course, a rebound from the time when a teacher felt himself competent to lecture on anatomy, physiology, chemistry, and botany. For over a century this has not been possible, and every science is now broken up into a number of parts each of which more than occupies the attention of a single man. The result for the recently qualified is that more resident posts are open to him at the numerous special hospitals. The doctor no longer thinks that he is competent to anaesthetize, operate, deliver, or diagnose a deep-seated tumour of the brain. There has arisen a system of team work which is equally advantageous to doctor and patient. The partners in a firm work together, and the closer association brings about a spirit of friendliness and neighbourliness which has done much to kill the suspicion and hatred which sometimes spoilt the lives of competitive practitioners in small English towns. This is all to the good; it is quite a recent development, and is due in part to the establishment of small local hospitals. May they continue to increase and multiply.

Much more might be told from personal memory: of the conversion of nursing from a calling to a profession; of the changes which put an end to operations at home in favour of nursing homes and cottage hospitals; of the lingering terror of salivation if mercury was mentioned. All now are things of the past, though they are still worthy to be remembered. Space forbids, and, like the story of Chaucer's "Cambuscan bold," they must be left untold.

H. Yaoi, S. Hirase, and Y. Sudzoki (*Paris méd.*, 1940, **1**, 79) record their observations on 174 recruits aged from 18 to 25, whom they classify in two groups in respect of their agglutination titre to the typhoid bacillus. Of the first, consisting of seventy-four persons, fifty who showed an agglutination titre ranging from 1:25 to 1:100 were inoculated with 0.9 c.cm. of anti-typhoid vaccine alone, and on the fifteenth day showed an agglutination titre ranging from 1:200 to 1:400, while on the twenty-second day sixty-nine serums were positive in 1:800 and forty-two in 1:600. The Widal reaction was also examined in a few cases of the first group on the seventy-fifth day, and five were positive in 1:400 or 1:800. In the second group, consisting of 100 persons who were inoculated with combined anti-typhoid vaccine and refined anti-small-pox vaccine, the agglutination titre was on the average four times as high after the use of the two vaccines as after the anti-typhoid vaccine alone, and after seventy-five days it was much higher.