AN ADDRESS ON THE ORIGIN AND OBJECTS OF THE BRITISH MEDICAL ASSOCIATION.

Delivered at the first meeting of the Worcestershire and Herefordshire Branch.

By DAVID EVERETT, F.R.C.S.ENG.,
Consulting-Surgeon to the Worcester Ophthalmic Hospital, President of the Branch.

GENTLEMEN,—By your favour, I have the honour of being the first president of this new Branch of the British Medical Association. I offer my congratulations to you on its formation, and desire for it a prosperous career.

Though it is not for me to anticipate what may, and must, be said on the jubilee anniversary of the Association itself, I cannot but revert with satisfaction to the fact that forty-eight years ago, in this very city, the Provincial Medical and Surgical Association was instituted. Its progress since that first meeting held in our Infirmary, on July 19th, 1832, has been during that long period an uninterrupted success.

To the late Sir Charles Hastings, a man in whom enthusiasm and generosity were associated with sound sense and high professional rank and eminence, belongs the undisputed honour of being its founder. He seems to have been the first to perceive that the time had arrived for the provincial members of the profession to assert for themselves a position, and to co-operate, in a confederation of their own, in the development of its power for good, as affecting the interests of society at large, the profession generally, and specially those of their number who practised in the provinces.

The practitioners of medicine in the great metropolis had all the advantages of associated action, and had well utilised their power of combination; while provincial surgeons and physicians suffered from their comparative isolation. Dr. Hastings and many others felt the disadvantageous position of the latter class, and discerned the means by which it could be remedied. There were men of great eminence in various parts of the kingdom—bright lights indeed, in their several localities; but they lacked the stimulus enjoyed by their London *confrères* to promote their investigations and practice, and to stimulate them to further efforts under the approving and sympathetic observation of their fellows. That was not to continue; the hour had arrived, and the men also, who knew how to raise the provincial profession to a higher platform.

Since that time, and after a lapse of many years, in which good work had been done, the metropolitan physicians and surgeons claimed to stand side by side with their provincial brethren, and together with them, under the name of the British Medical Association, to pursue those objects to which with unquestionable success the Provincial Society had directed their efforts. And this grand and honoured institution now presents itself as a marvel and model for every medical community in the world.

But to revert to the period when the Provincial Association was founded, allusion must be made to the then existing profession here; for there were men of marked ability, and all of them were active in establishing the institution. Among those practising here at the time of the formation of the Provincial Association were Sir Charles Hastings, Dr. Malden, Mr. Sheppard, Mr. Thomas Carden, and Mr. Hebb, now all deceased. These had been preceded by men whose names were honourably known throughout the scientific world, such as Dr. Wilson Phillip; and others connected with the "faithful city", among whom may be mentioned Dr. Wall, who first introduced the porcelain manufacture into Worcester; Dr. Mackenzie, who was instrumental in founding our Infirmary in association with Drs. Cameron and Attwood; and Dr. Johnstone, who died at the early age of 33, a victim to gaol-fever contracted in visiting the gaol in this city, in pursuance of a request from the justices to make an examination and report on the result. And then a correspondence was conducted between medical men in various parts of the country, and the promoters of the institution here.

These men were asking themselves what might result from bringing men of eminence into occasional conference, persons known to each other in many instances only by repute, who would thus be led to inter-

change thoughts in friendly association. What might not be indeed anticipated, that would exalt our profession in public estimation and usefulness?

At length their labours resulted in the inauguration of the Association under the presidency of the late venerable Dr. Johnstone of Birmingham.

Since that time, the increase from about 200 members to more than 8,000 to-day, bears its own grand testimony to the accuracy of their confident predictions.

Nor were their conceptions less clear as to the objects they contemplated; nor less distinct their expression of them in the programme they laid before their brethren.

I have been much impressed, in reading some of the earliest statements of their views, with the prescience they manifested in indicating the means and course needed to render the Association generally advantageous, and adapted to secure the ends they sought to compass. They are condensed into a formula, than which nothing wiser after the lapse of half a century can be desired. The lines on which they proposed to advance are just those which have had the sanction of their successors through many years. The objects are thus stated:—

1. Collection of useful information, whether speculative or practical, through original essays, or reports of provincial hospitals, infirmaries, or dispensaries, or of private practice.

2. Increase of knowledge of the medical topography of England, through statistical, meteorological, geological, and botanical inquiries.

3. Investigation of the modifications of endemic and epidemic diseases, in different situations, and at various periods, so as to trace, so far as the present imperfect state of the art will permit, their connections with peculiarities of soil or climate, or with the localities, habits, and occupations of the people.

4. Advancement of medico-legal science, through succinct reports, of whatever cases may occur in provincial courts of judicature.

5. Maintenance of the honour and respectability of the profession, generally, in the provinces, by promoting friendly intercourse and free communication of its members; and by establishing among them the harmony and good feeling which ought ever to characterise a liberal profession.

The record of the works of the Association in its JOURNAL and its volumes of *Transactions*, show how, in following their indication, the interests and progress of the profession have been forwarded.

But the necessity of constituting numerous centres of action was soon perceived, and provided for by the formation of branches, such as we this day are doing for the counties of Worcester and Hereford.

Reference to the agenda prepared by the parent institution shows them to be well worthy our adoption. We cannot, however, dwell on them all. No. 5 seeks to promote good fellowship in the profession, in order to increase an *esprit de corps* among us, so essential to secure the noble aims of our vocation. We have often heard it said, that the social status of our profession is not that to which it is fairly entitled. But our work as a whole is of so elevated a character, that, if we must admit any justice in the complaint, we have to ask whether or not we have fallen short of our own ideal of its demands.

It is true, that, unlike the clerical and legal professions, in which the highest honours are often given by the State to those who derive their consideration from the offices they fill, our position must be accorded to us for the work we do and the way in which we do it. And these have compelled the elevation to titular rank of many members of our body. Even peerages have in two or three cases been offered, though declined. It would be a wise provision that secured life-peerages here and there.

But we look through the marks of public honour to the worth and merit of those who have obtained them. In ours, as indeed in all professions, high distinction and fame are the lot of the few. Its honour and dignity, as a whole, must largely depend upon the work and worth of the rank and file. The leaders may add the grace of the capital to the pillar; but the column must consist of the many, though on it may be inscribed the names of every worker; as those of soldiers who, in battles which have secured for their country honour and glory, have had their names and conduct engraven on imperishable monuments.

Gentlemen, ours is no ignoble calling. Have regard to the extent of ground our profession covers: a knowledge of the human frame in all its wonderful structure; the physiology of function, and the varied changes of structure and deviations from normal action; the remedies and mode of treatment of all its innumerable departures from health—it is ours to try to understand. We have to meet the exigencies of mankind under all emergencies, as they may occur to us in surgery, obstetrics, and diseases.

In daily life, we have to pursue sometimes a monotonous, often wearying, but always anxious and responsible, work; while it is the lot of some, in cool devotion to their vocation, to tend the wounded on

the battle-field and ship, at whatever risk, amid the roar of artillery and the rage of the fight.

Think, too, of the eminent professors of medical science who, by arduous work and laborious research, bring before the learners of our profession the results of their investigations, and direct their studies; and, as teachers, send out year by year pupils who, having availed themselves of their opportunities for study, go forth on their grand mission, to mitigate, or cure, or to avert the ills to which flesh is heir.

Nor have the science of medicine and its professors failed to mingle with the literature and science of the age. Is it not true that a host of honoured names of the living and the dead are enrolled among those who have ennobled humanity in respect of literature and poetry and art, and all the loftiest flights of intellectual enterprise? In what better than in ours can he who seeks for his mission some ennobling work find a more enviable sphere?

It is a very main object of this Branch to keep a just view of the dignity, requirements, and responsibility of our profession before our minds as incentives to corresponding aims and purposes. If so, you will not think I have dwelt too long upon this subject. The mere mention of the subjects which this Branch and the Association at large must consider is enough, doubtless, to ensure the attention of our members. There have been several topographical reports presented in various numbers of the *Transactions*, and also some in the *Midland Counties Medical Society*; and these investigations ought to be pursued by our Branch. Then there are subjects of special interest which will, I know, have our early attention—such as the causes of infantile mortality, to which Dr. Strange has devoted much attention. Then we shall have to consider the politics of our profession, and the measures which should be supported in Parliament.

I congratulate you on the fact that Mr. G. W. Hastings, the son of the founder of our Association, already an honorary member of the Association, and elected to-day an honorary member of this Branch, will be able to promote beneficial legislation in Parliament. He has already done much good in furthering the interests of the profession, and the extent of his efforts deserves more than passing thanks and recognition. In the future, I do not doubt we shall be laid under still further and more important obligations.

Various circumstances, which the limit of time forbids me to specify, demand special vigilance, and will claim it at our hands.

What shall be the policy we approve as to hospitals in our large towns and cities? And now, in rural districts, what have we to say about clubs, dispensaries—free and provident? Our hospitals are among the glories of our land. They supply the highest medical and surgical talent in it; but still, while they are of vast advantage to the profession as a whole, and even to those who are not upon their staff, are they not somewhat too much of monopolies? As to dispensaries, free and provident, the danger is lest they too much favour the few, and stop the junior members from gaining the first round of the ladder. These also have been universally handed over to lay control and election. The fees are fixed and the rules framed by a committee with just enough of professional sanction to give colour to their regulations. And who can complain if some, smarting under the injustice of exclusion, set on foot private ventures, under a scale of published charges, without a list of governors?

Then there is the work, literary and scientific, undertaken in all branches of the healing art. How much this may be promoted by association, I will not stop to inquire. That it is essential, needs no argument to prove. Look at the state of the profession to-day; compare the attainments of those who entered its ranks fifty years ago with those who have just joined them, and those who in future will do so. Occasional conference among medical practitioners, strongly desired as it is now, will, in consequence, be yet more needed in the future; and this we are wisely providing for these counties by the proceedings of to-day.

On the ethics of our profession, after all we might say on the subject, the golden rule of "Do unto others as ye would that they should do unto you" supplies the surest guide to the right road on which to pursue our professional course.

Nor shall we disregard at all the social gatherings. I need not dwell, however, on this subject, as we are enjoying a practical demonstration of it to-day, and will improve our opportunities as the days go on.

OUTBREAK OF SCARLET FEVER.—Scarlet fever has broken out in an alarming form at Heath End, in the parishes of Rushall and Pelsall, in the county of Stafford. Several cases have terminated fatally. The inspector of nuisances has reported to the local authority the very defective sanitary arrangements of the place. Numbers of new houses have been erected within the last eighteen months, the sanitary arrangements of which have been continually condemned by the Medical Officer of Health.

REMARKS

ON A

CASE OF SIMPLE STRICTURE OF THE COMMON BILE-DUCT, CAUSING JAUNDICE AND ASCITES.

By GEORGE JOHNSON, M.D., F.R.S.,

Professor of Clinical Medicine, Senior Physician to King's College Hospital.

THE following case, which recently came under my care in the hospital, presents some points of unusual clinical interest.

Mary Ann N., aged 38, was first admitted on July 9th, 1879. She is married; has had seven children, the youngest a year old. Habits temperate. In December 1878, four months after her last confinement, she noticed that her skin was becoming yellow, and her urine high-coloured. These symptoms had continued until the time of her admission. She was then jaundiced, and the urine was deeply bile-tinged. The liver-dulness extended from the fifth rib to two inches below the costal margin. The lower edge of the liver was thin and firm. There was some evidence of liquid in the abdomen.

After remaining three weeks in the hospital, she was sent to the convalescent home on August 2nd; readmitted on September 25th. The jaundice had continued since her discharge, and the abdomen had greatly increased in size, the measurement at the level of the umbilicus being forty-three inches. Fluctuation was distinct, and dulness on percussion everywhere except at the epigastrium. The feet were oedematous.

On September 27th, 344 ounces of bile-tinged liquid were removed by tapping, with great relief from pain and distension. The margin of the liver could be felt as before described, and below the margin a distended gall-bladder was sometimes distinctly felt. The fluid reaccumulated, and again caused great pain and distress. On October 28th, a second operation removed 284 ounces of fluid, and afforded much relief. After the second tapping, the urine gradually became lighter-coloured, and the skin was less deeply jaundiced; but the abdomen again enlarged; and on November 26th, 271 ounces of liquid were removed by a third tapping. Again she was much relieved by the operation, and the fluid did not reaccumulate. The abdomen now measured only thirty-five inches. The urine gradually lost its bile-tinge, and the skin and conjunctivæ nearly regained their normal colour. She recovered her appetite and strength, and was discharged apparently convalescent on January 10th, 1880.

She was readmitted on June 21st, 1880. After leaving the hospital, she had remained quite well until six weeks ago, when she noticed that her skin was again becoming deep yellow; and a month ago her abdomen again began to enlarge. On admission, the skin and eyes were deeply jaundiced; the urine contained an abundance of bile; the abdomen was much distended, measuring forty-four inches and a half at the navel. She had pain and dyspnoea from abdominal distension. On the 24th, 303 ounces of liquid were withdrawn by paracentesis, after which the liver was felt with its thin edge two inches and a half below the ribs, as before noticed. Great relief was afforded by the tapping; but, four days after the operation, she had a rigor. Temperature 102.3°; abdomen tender, and again becoming distended. There was occasional vomiting; the pulse became rapid and feeble, the tongue dry; and she died on July 4th, ten days after the last tapping.

Inspection by Dr. Barrow twenty-four hours after Death.—The abdomen contained a large amount of dark turbid liquid. The peritoneum was intensely congested; the intestines covered by recent yellow lymph. The liver was stained of an olive-green colour, somewhat enlarged; the lower margin was thin, moderately firm. The gall-bladder, distended by dark bile to the size of a turkey's egg, extended some distance below the margin of the liver. The cystic and hepatic ducts were much dilated; the dilatation of the hepatic ducts extending into the interior of the liver, sections of which showed the ducts in the portal canals large enough to admit a middle finger. The common duct, just below the junction of the cystic and hepatic ducts, was obstructed by a fibrous thickening of its coats. Very firm pressure on the distended gall-bladder caused only a slight oozing of bile through the common duct into the duodenum. The omentum was thickened, folded upwards, and adherent to the under surface of the diaphragm. The capsule of the spleen was thickened. The kidneys were soft and