An Address

ON THE

POSITION OF THE COUNTRY DOCTOR IN 1879 AND TO-MORROW.

DELIVERED TO THE MEDICAL SOCIETY OF THE VALE OF
TEIFI, LLANDYSSUL, CARDIGANSHIRE.

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WHEN I received an invitation to deliver an address before your newly-formed society I readily obeyed the command of your first President for two reasons; the first was that I have not yet been able to shake off the authority and control he exercised over me when I had the privilege of serving my apprenticeship under him in 1879 after I left the Grammar School which then flourished in this town of Llandyssul; the other was that I am much impressed with the idea and the possibilities for good of the new organization of medical practitioners practising in the Vale of the river Teifi (called on the maps Tivy). I feel certain it will be the means of adding new interests and pleasures to your life, which in the pre-motor days would not have been possible of fulfilment. May I venture to hope that in addition to your immediate object of improving, advancing, and co-ordinating the medical service of the district, you will also at least once a year get outside your profession and have a field day under the guidance of an archaeologist, antiquarian, geologist, or philologist, etc., amongst the very interesting relics and the traditions of the past which Nature and man have left in this beautiful area?

Speaking from personal experience, I would venture to suggest to you, as you will be a small manageable band of workers, to pay an occasional visit to a medical and surgical centre, and invite the staff to give you a field day in clinical and operative work. Nothing within the profession can, in my opinion, be more helpful, instructive, and pleasant than such periodical visits to big teaching centres which are now within easy reach.

Since the days of my apprenticeship changes of a radical nature have continuously taken place in matters medical, social, and scientific. As a topical illustration of things as they were then existing, let me recall that it was necessary to take a whole day journey to London, a distance of over 260 miles, to sit for the preliminary examinations. There is now a new and quicker route to London, but it is no longer necessary to travel so far to sit for examinations in order to enter the portals of the medical profession. Devolution in medical education and training has become a note of the day. The University of Wales with its constituent colleges, and county councils with their education authorities have been created, and have revolutionized the conditions of our national life.

When reviewing the changes which have taken place since the beginning of my medical career, I was tempted for a moment to address you upon "things medical which a man of 50 has seen," but that subject proved startling in its magnitude and so bewildering in its diversities, that I decided to drop it in favour of some reflections upon the past, the present, and the future position of the country doctor.

Personally, I am always glad that I went through the days of my apprenticeship, for it instilled into my mind in the impressionable teens the spirit of independence and the ambition to attain, if possible, all those qualities and powers which were necessary to meet the great and variable responsibilities and the inordinate demands made upon my chief, who was sole and absolute monarch of an immense district. The head quarters of my apprenticeship were in a country house, which formed the eccentric pivot of his field of practice, which was done on horseback or in a gig; the area was limited on one side by a ten-mile coast line, the nearest point being six miles off, on the other by the nearest railway station, which was eight miles distant. I had the opportunity of witnessing operations which varied from arm-to-arm vaccination to amputation of the breast and the restoration of sight to the blind by removal of cataract. To me these perform-

ances were miraculous. Sometimes on wet days I was left at home to make pills and study pharmacy and pull out teeth on a few occasions to the accompaniment of the click-clack of flails threshing corn.

One of the treasures which I carried away with me at the end of my apprenticeship was my admiration for the mutual relation that existed between the doctor and his patients; at that time they were my public. To-day is the attitude of the general public towards the general body of the profession what it used to be? I think not. I am of opinion that one of the factors which has largely contributed towards this unfortunate condition is of our own making—too much dogma. Dogma in a progressive profession in which empiricism still prevails is unwarranted.

It was not long after I entered hospital that one of the leaders in our profession proclaimed that surgery had practically reached finality; it was difficult for a medical student not to be influenced by the traditional force of authority, but the difficulty soon vanished when successful surgical raids were made into abdominal territories hitherto sacred to pill, physic, blister, and the leech. The old order was passing away, younger members of the profession characterized the methods of the old schools as unscientific, useless, and effete. This outspokenness within our ranks did not pass unnoticed by the public. Orthodoxy in treatment of abdominal organs in the pre-antiseptic days was swept away by the surgical inventions of the Eighties and Nineties. There is nothing sacred to the surgeon; successful anastomosis of the common bile duct to the common hepatic duct (hepatico-choledochotomy) and of severed vasa deferentia have been done with resulting functional efficiency. Twenty-year-old operations become antiquated as records of surgical progress. There is yet no room for dogma and orthodoxy.

I think we must take the public much more into our confidence if we are to put an end to its peculiar attitude towards us. We are accused of all sorts of wickednesses in our endeavour to benefit the human race from the health point of view. I will give you an example from the expressed views of a distinguished adult member of the public. Mr. Bernard Shaw, in a note on "Modern Prize-fighting," writes:

The legalization of cruelty to domestic animals under cover of the anaesthetic is only the extreme instance of the same social phenomenon as the legalization of prize-fighting under cover of the boxing glove. The same passion explains the fascination of both practices, and in both the professors—pugilists and physiologists alike—have to persuade the Home Office that their pursuits are painless and beneficial. But there is also between them the remarkable difference that the pugilist, who has to suffer as much as he inflicts, wants his work to be as painless and harmless as possible whilst persuading the public that it is thrillingly dangerous and destructive, whilst the vivisector wants to enjoy a total exemption from humane restrictions in his laboratory whilst persuading the public that pain is unknown there. Consequently, the vivisector is not only crueller than the prize-fighter, but, through the pressure of public opinion, a much more resolute and uncompromising liar. For this no one but a Pharisee will single him out for special blame. The labouring masses do not believe the false excuses of the vivisector, because they know that the vivisector experiments on hospital patients; and the masses belong to the hospital-patient class. The well-to-do people who do not go to hospitals, and who think they benefit by the experiments made there, believe the vivisector's excuses, and angrily abuse and denounce the antivivisectors.

Mr. Bernard Shaw is a man who, while acting in his own sphere, is doing what a medical man is doing in his: he is endeavouring to benefit the human race by experiment on social sufferers. The meaning of the word experiment is quite clear, but it is used by the public in an offensive sense when applied to us. Experiment in any sphere or phase is a departure from orthodoxy and may be attended by success or failure. If the medical orthodoxy of 1879 were governing the surgical practice of to-day we should be letting tens of thousands die from diseases of the digestive organs alone. Thanks to successful experiments they are now cured.

Progress in medical matters is likewise suffering from the state of the law of our land. Judges suffer from "precedent" just as the public suffer from "experiment." From the medical point of view both require radical cure. If we suffered from "precedent" there would be an end to progress. The inherent human force which impels medical men to forget precedents when seeking to benefit humanity by introducing new and better methods cannot be stifled in its quest of ease instead of suffering for children, women,

and men. In medical phraseology we would designate men like Mr. Bernard Shaw not only experimenters but vivisectors in the cause of social reform. He inflicts pain, I am sure quite unconsciously, on account of his enthusiasm, very real pain, upon the sensorium of those he criticizes adversely or dissects in the open theatre of the public press. Has he been called names by the medical profession for performing a vivisection's experiment without an anaesthetic upon the Chancellor of the Exchequer? There exists no more justification for hurling back at Mr. Shaw's head offensive but painful criticism than there is for him to fling poisoned darts at the honour of the profession.

We want to restore the profession to the proud position it was in years ago, and it will be done if it is left in the hands of family doctors who understand the inward history of progress of our science and art.

The State and the Need for Further Organization to Meet the Requirements of the Country Doctor.

This society will be able to do much good by helping to place the medical service in country districts in a better position than it is at present with regard to the treatment of medical and surgical emergencies.

When I was apprenticed the medical profession had not discovered the methods which should be adopted in acute abdominal emergencies. The public to-day require to be informed that it is not possible for any doctor to treat certain medical and surgical cases under conditions now existing in such districts as this. Many cases in their early stages require frequent visits from the doctor and constant observation by a trained nurse before a decision to take action can be reached; hospitals are too far away to take patients to for prompt surgical action, the homes are hopelessly unfit and unsuitable; operating in them is unthinkable, and patients naturally do not like to be turned out of their own homes when suddenly taken seriously ill, and placed under strange doctors far away. They will not hear of it, notwithstanding that prompt action may be the only means of saving life. What, then, can be done in your district to meet the demand and to improve existing conditions?

Patients' homes are often far away from you, almost inaccessible, telephonic communication does not exist, suitable ambulances are not to be had, nurses for the homes are not available, women or the folks at home have not yet been taught how to assist by taking the pulse and temperature and to report. Rapid and decisive action cannot be undertaken. Patients are every moment in the firing line, but the country is not yet properly organized to meet these casualties, and loss of life is inevitable. You have the knowledge but not the means to meet the situation.

The public through the State has since my days of apprenticeship thrown new responsibilities upon you; county and district councils have been instituted, and probably it will be indirectly through these bodies that you will be able to get some of the essentials necessary for raising the standard of treating people living in the country to that level which now exists in big cities.

You have gone a long way towards the solution of the difficult problem of how to render the best medical service in country districts by adopting a river valley as the unit of co-operation. With the aid of motor cars, motor ambulances, "a nursing home" for medical and surgical emergencies, and an efficient telephone system, I see no very great difficulty before your society in making the vale of the river Teifi your future unit of administration. The State has quite recently shown its great concern in the medical service by voting funds for the provision of nurses.

I propounded last year a scheme for the organization of voluntary aid in connexion with nursing in Wales, at the annual meeting of the South Wales Nursing Association, taking as my subject "the trained nurse, the village nurse, and nursing in the home." Your President is taking a very active part in the organization of Red Cross voluntary aid detachments, and I feel certain that, with your hearty co-operation, it will be possible to train the men and the women of the voluntary aid detachments to be of great value to your medical service in rendering aid in stretcher and other methods of transport work, and in carrying out intelligently your orders in the homes.

In conclusion, I thank you sincerely for giving me an opportunity to express views which were in the realms of imagination in the days of my apprenticeship, but are to-day realizable, thanks to experiment, which, unfortunately, has not been unassociated with loss of human lives.

[The meeting passed resolutions that steps be immediately taken to approach the proper authorities to provide a nursing home and a suitable motor ambulance for medical service in the Vale of Teifi.]

SPRUE.

BY

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THE researches upon which this paper is founded were conducted in Ceylon, where sprue has been especially prevalent in the European planting community during recent years, and has occasioned considerable inconvenience and loss of valuable lives.

The expenses of this work on which I have been engaged for the last two years were met by a combined grant from the Ceylon Government and from the Ceylon Planters' Association.

Since the classical clinical studies of Van der Burg and Manson in 1881 it may be said that no serious or systematic attempt has been made to make a thorough study of the etiology of this disease; I need, therefore, offer no apology for presenting the following communication, which may be regarded as a preliminary to a more detailed study which will be published shortly.

Physical Features of Ceylon.

It is necessary that I should briefly describe the physical features of Ceylon in so far as they have a bearing on the epidemiology of sprue. It has been rightly said that no tropical island possesses such a variety of climatic conditions in so confined an area; four-fifths of it consist of an undulating plain surrounding a mountainous zone, in which the temperature and rainfall are subject to considerable fluctuations, the former ranging from an average of under 60° F. in Nuwara Eliya (6,200 ft.), the sanatorium of the colony, to an average of over 80° F. in Colombo and the low country. The rainfall also varies considerably, from an average of under 75 inches in the north and east—the dry zone—to over 200 inches in the elevated tea-bearing provinces.

Definition of Sprue.

Sprue is a chronic and particularly fatal tropical disease characterized by diarrhoea, progressive emaciation and anaemia, by a specific denudation of the buccal mucosa, and by symptoms suggesting atrophy of the organs subserving digestion. The diarrhoea is of a peculiar kind: the stools, which are large, pale, and frothy, are generally passed in the early morning, and are accompanied by much flatulence. At the same time there is a grave flatulent dyspepsia which becomes particularly severe towards the later hours of the day, and which is only relieved by the passage of stool. In the early stages there is a specific inflammation of the tongue, involving especially the fungiform papillae on the anterior portion and on the edges. At times small, painful, and evanescent aphthous ulcers make their appearance on the tongue itself, the fraenum, and especially on the buccal mucosa in the vicinity of the opening of Stenson's duct. After repeated attacks of the specific inflammation the tongue becomes glazed and superficially fissured, and the papillae are entirely destroyed. Dysphagia, suggesting an involvement of the oesophagus, is often a terminal symptom. Persistence of these symptoms leads to an atrophy of all the organs of the body, and eventually to a fatal termination.

General Geographical Distribution of Sprue.

Recent evidence suggests that sprue has probably a world-wide tropical and subtropical distribution. It is encountered, in this country, in its most virulent form in Europeans hailing from Eastern seaports. It has been