Presidential Addresses

TO THE

BRANCHES OF THE BRITISH MEDICAL ASSOCIATION.

NORTH OF ENGLAND BRANCH.

THE INFLUENCE AND RESPONSIBILITIES OF THE MEDICAL PROFESSION IN SOCIAL LEGISLATION AND ADMINISTRATION.

By A. C. FARQUHARSON, M.D., B.Sc., D.P.H.,
President of the Branch; Councillor for the County of Durham;
Member of Durham County Insurance Committee.

GENTLEMEN,—Permit me to offer you my sincere thanks for the honour you have conferred upon me in electing me to the office of President of the North of England Branch of the British Medical Association. I am deeply sensible of the honour, and my feelings of appreciation are enhanced because of two thoughts which are present in my mind. In the first place I am conscious of a certain measure of professional unworthiness to step into and take a place in the distinguished line of members of our profession who have held this office in past years; and my second thought is one of uneasiness that I am occupying a position which could, with more appropriateness, have been given to some other member of the Branch whose length and quality of service far exceeds any which it may have been my privilege to render. The fact of your choice, however, has caused me to reflect upon the possible reasons which may have influenced you in making it, and I have come to the conclusion, quite impersonally, that it is your desire in electing me to this honourable office to express your approval of the efforts and activities which I have, by the votes and support of my colleagues, been permitted to display in that sphere of medico-political activity in which our Association has for some years now been engaged. This activity probably reached its maximum at the time when proposals relative to a system of national health insurance were being debated both outside and inside the Legislature, and as that time coincided with my period of service as a member of the Central Council, I was able to see what great opportunities were presented to the Association to shape, and to some extent to determine, the quality and character of proposed legislation.

I wish, however, to regard my election to the office of President less as the expression of your agreement with, or appreciation of, the efforts which I made or the attitude which I maintained in regard to the national health proposals and more as your recognition of the importance to the profession of this kind of activity, this kind of effort. It is effort which carries with it no scientific distinction or professional eminence. The element of individuality is of little importance; it is merely an incident in the united collective effort, and probably the only attribute which it possesses worthy of note is that it has for its final purpose the ultimate benefit of every individual member of our profession. My efforts, both as a Representative and a member of Central Council, created for myself a considerable degree of unpopularity, if not animosity, and you will perhaps permit me this one personal reference, and it is that the painful memories of that interesting period are completely obscured by thoughts of the consistent support which has been shown me by my Division, my constituency, and now to-day by the Branch of which I am a member. Assuming, then, that the honour which you have conferred upon me may be regarded as the expression of your view of the importance to the profession of this form of professional activity, I feel that I may logically and consistently address a few remarks to you upon what I regard to have been some of the main influences and factors which have, in my opinion, led by a sort of evolutionary process to the growth and development of this medico-political organism of ours. I will suggest that those influences and factors, operating over some length of time, yet owe their very origin to an inspiration derived from the studies, the

investigations, the experiments, the interrogations of the mysteries of Nature with which the science and practice of medicine has concerned itself in the past and is concerning itself in the present. I will suggest that from those inspirations much, if not all, of a certain type of social and legislative effort has sprung—an effort which appears to have for its object the physical salvation of the nation. I will suggest that our medico-political movement has emerged from the complexities of sociological activities as a sort of intellectual by-product endowed with the ability to estimate and measure the relationship of those activities to the scientific and material interests of our profession. I will suggest that from considerations of the growth and development of those factors we may not only measure our present medico-political difficulties and problems, but we may also find indications of the necessity for continued preparedness and readiness for even greater co-operative and co-ordinated effort in the future. Suggestions may also emerge as to the desirability of extending our individual efforts in directions the material value of which to the profession itself I do not think are quite sufficiently recognized. I am inclined at the outset, in developing this line of thought, to seek a parallel for my view in the ordinary biological phenomena of adaptation. The rule of interaction or struggle between organism and environment which we recognize in Nature may be seen to be in operation if we regard the profession of medicine as an organic unity and those factors and influences to which I refer as constituting elements in the environment of that unity. Probably the chief stimulative element of this environment is a kind of legislation which has come to be regarded as necessary and essential in dealing with what are termed “social problems”—problems which undoubtedly touch the well-being of a community at many points.

In reviewing our recent efforts to secure proper professional status and remuneration under the new conditions and changed relationships set up by the National Insurance Act it follows, if my biological parallel holds good, that those efforts are not to be regarded as merely exceptional, isolated displays of energy on the part of an organism which, non-existent prior to the display, may be expected to pass out of existence when the occasion passed. To some the appearance of the Act may have created the impression that the medico-political combination of our Association was an entirely new-born force. This impression needs modifying, for at the time the bill was introduced the medico-political forces of the Association had long left the stage of inertia behind and had reached a vigorous stage of development, the result of years of almost continuous conflict with major and minor authorities to secure and safeguard the rights and privileges due to members of our profession. Let me remark here, as a sort of parenthesis, that the state of development in which we found the forces of the Association at the time I speak of provides a magnificent tribute to the ability and foresight of those leaders of our Association who, despite the defects and drawbacks of our constitution, gave to the Association a medico-political preparedness which we have since recognized to have been absolutely necessary in order to retain our continued independent professional existence. There were no convulsive efforts, no violent changes, simply a process of adaptation. Strong periods of growth and development are incidental to the structures and functions of all living things, and in 1911 and 1912 we found the British Medical Association passing through just such a period.

Permit me to take this biological parallel one step further. In an environment which is undergoing wide and rapid change the measure of an organism's adaptability is also the measure of its chances of survival. The applicability of this statement in relation to our profession rests with the future, but any inimical import which it may appear to suggest will be met by the continuance of that development of associational strength to which I have referred. At least, that is my hope. Now, I have suggested that our medico-political organism has come into existence, and has developed in strength because of the reaction upon that organism of the operation-in-law of a certain type of legislation. The law not infrequently takes on a shape which the profession resents, since the effect of it is regarded to be in conflict with the best interests of the profession. This environmental stimulus

is naturally followed by self-preservative efforts of the organism, but this contemplates only a limited view of what we may more truly regard as the full and complete relationship of our medico-political movements to both the interests of the profession and the community. Self-preservation, although a biological factor of supreme importance, is not of necessity something that can only be obtained by the destruction of common interests, and the functions of our medico-political organism are essentially those which seek to adapt, to reconcile, to adjust the differences of conflicting and antagonistic interests in such a way that the common good (the ultimate measure of an "all round" benefit) shall be secured.

The medico-political movement, then, is our chief help in the process of adaptation; it is our main driving force in the contest for survival, and it is also that agency which continues to foster and encourage on the part of our profession the attitude which is expected of us in regard to all matters concerning the public good, the common weal. Now if we look for a moment at the nature of the legislation to which I have referred we will see that it has for its intention and object the solution of problems of disease, of mental and physical disparities, of unhealthy surroundings, and many other problems which vitally affect the life and health of man from the cradle to the grave. The discoveries of medical science, the application of new methods, the "secrets laid bare" of disease and diseased conditions, the results achieved over a great domain of scientific activity, all yield a harvest rich in inspiration, rich in useful purpose for the statesman who comprehends their true sociological meaning. The scientist inspires and the statesman acts. The result is legislation which is usually regarded, no matter how it may conflict with our professional interests, as an indication of advancing civilization. The identity of effort of scientist and statesman is like Christian's key—a key of promise to unlock the dungeons of disease, dirt, and misery in which thousands dwell. "Groping between what Sir Thomas Browne calls 'the night of our fore-being' and the unknown future—the dark before and after, he at last came to himself, and with the help of this key unlocked the mysteries of nature, and found a way to physical salvation."¹

In considering the changes in social conditions of the masses of this country during the past ten years only, one is forced to the conclusion that the mainspring of all those changes is the associate relationship of the functions of scientist and statesman.

It may be suggested by those who restrict their views of the profession of medicine in such a way as to regard it solely as an individual matter, that this is purely a fanciful relationship. This view, I think, fails to realize either the importance or the rapidity of changes which are occurring almost daily in our environment. It may have been true for centuries, and to a partial extent it is true to-day, but it is all for the good that the purely individualistic element is being eliminated. In the preface to Allbutt's *System of Medicine* we read:

During two millenniums of time and over broad domains of the world's history the story of medicine has been but a melancholy study. . . . We read the history of medicine rather for the honour of our ancestors than for our own instruction.

The cynic who remarked that he had failed to discover, in reading the history of medicine, that it was either a science or an art, and concluded that it must be a dodge, would find his view upheld by such paragraphs as I have quoted; but those criticisms lose all force and truth when one considers impartially the tendencies and directions of medical and social effort during the past fifty years. The steadily increasing tendency or characteristic of this period has been to regard the health of the individual as a matter of sufficient importance to be of concern to the community.

From the many complex problems which have arisen from this alteration in the point of view of the importance of individual health in its collective aspect, the great sciences of hygiene, preventive medicine and sanitary science have developed. In the same work which I have already quoted (p. 36) Osler refers to the beneficent effects of the growth of modern sanitary science as being comparable to "the greatest victory in history." At all events, it marks a great advance in the history of the civilization of a people when we reach the stage where

questions arising from the laws of health and the control of disease become proper to the functions of government. The individual aspect of medical work still looms large in the horizon of most of our lives, but I think and hope that we have left the conditions of the "two millenniums" a long way behind, and that our outlook now has widened and broadened in a way which was undreamt of in the centuries that have gone. The doctor is now a recognized factor of importance in circumstances which have an economic value as well as an ethical quality in the view of the State. Hundreds of years ago the State had no message, no command for the doctors of the day; now it says to us, "Your functions are not to be limited merely to alleviating individual sickness and to curing individual ailments; you are, further, to be faithful, diligent, and active in preventing disease, and do all such lawful things as will by your knowledge and energy prevent and save the community from even the possibility of an attack of disease of any kind." This is a command which can have but one interpretation, and it is that the State recognizes that the profession of medicine is a necessity to its well-being. The truism, "A nation's health is a nation's wealth," may account in some degree for this attitude of recognition, but I do not think entirely. The questions of the numbers and health of a community are questions at the root of the existence of a State in almost as great a degree as the question of the State's ability to guard itself in war. We know from history that the army, the navy, and various other services have become necessary to what we might call the biological existence of the State, and now it is the turn of the profession of medicine to be measured and valued in the same way. And this measure will be an indication of the profession's usefulness for collective rather than for individual good. The one-time national question of defence in war is now the equally national one of defence from disease. It may be interesting to notice that some of the earliest inquiries and investigations which may have led to this attitude of the State in regard to disease in the community are to be found in inquiries into the health of the army.

It almost appears as if from questions affecting the fighting value of a soldier's health have been evolved the questions of the economic and ethical value of every unit of the nation. The early statistical reports upon the health of the army by Tulloch, Marshall, and Balfour directed attention to the importance of this matter essentially in its relation to the capacity or lack of capacity of soldiers for service. One associates as a pioneer in early investigations of this nature the name of Dr. Wm. Farr, who originated the method of accurately recording births and deaths. It is surprising how great movements may grow from very small beginnings, but of Farr it has been written that "we owe a nation's gratitude to him to whose sagacity the chief fruits of the inquiry are due." As time went on new observations and new discoveries were followed by legislation which sought to utilize for the common good the fruits of those discoveries, but gaps of time have existed between the two circumstances, and only some six or seven Prime Ministers have come and gone since the economic importance of health was first recognized by Ministers of the State. Apropos of the point to which I refer, it may be of interest to read the following paragraphs, which I take from Parkes's *Practical Hygiene*, published in 1887:

Another action of the Government in our day was scarcely less important. It is impossible to overrate the value of the Government inquiry into the health of towns and of the country generally which was commenced forty years ago by Edwin Chadwick, Southwood Smith, Neil Arnott, Sutherland, Guy, Toynbee, and others, and has, in fact, been continued ever since by the official successors of these pioneers—the former medical officer to the Privy Council, Mr. Simon; the late Dr. Seaton, and the present medical officer of the Local Government Board, Dr. Buchanan. Consequent on this movement came the appointment of medical officers of health to the different towns and parishes. The reports published by many of these gentlemen have greatly advanced the subject, and have done much to diffuse a knowledge of hygiene among the people, and at the same time to extend and render precise our knowledge of the conditions of national health. When the effect of all these researches and measures develops itself, it will be seen that great wars and political earthquakes are really nothing in comparison with these silent social changes.

Written a good many years ago, these words addressed by a medical man to medical men appear now to have

been almost prophetic, and I think we may regard it as a source of justifiable pride to realize that the medical factor, the professional influence existent at the very commencement of these great changes, has continued to exist down to the present, and is still, let us hope, a factor fertile as ever for good. If the purpose of this address were solely historical, I could occupy your time in going through a list of statutes, from the Public Health Act, 1875, down to the Mental Deficiency Act, 1913, and furnishing you with proofs of the relationship—a relationship, in my view, of cause and effect—existing between scientific and legislative effort. However, that is not the purpose of this address, and we will pass on.

Now, in reviewing as medical men this great field of human achievement, and recognizing the complexity of influences which exist, we note that side by side with this "growth of achievement" there has appeared in our own immediate field this medico-political movement. Now, what are the uses of this movement? In my view they are twofold. One is a use, a beneficial use, to unity of the profession; the second is a use, a beneficial use, to the community. Let us look at the significance of these uses. In regard to the first, the chief significance lies in the fact that much of the legislation I am referring to so alters and changes the economic conditions of our profession that a combined self-preservative movement has become essential, in order to secure that adaptation to altered conditions which is essential to survival. The medico-political movement is thus essentially an adaptive movement.

It recognizes that the operation of many statutes results in the limitation and restriction of the sphere of work of the average general practitioner.

It recognizes that, in virtue of obligations which the State appears more and more willing and desirous to undertake with regard to the health of the people, this tendency to limit the scope of the general practitioner is more likely to increase than diminish in the future.

It realizes that workers in the industry of medical science acquire no patent or prescriptive rights in the results of their investigations or discoveries, but, on the contrary, that these are yielded up often without thought of reward or consideration for the common benefit. It perceives—may I say with contentment?—the readiness of the legislative and administrative authorities to utilize professional effort gratuitously rendered.

It recognizes all these conditions and their importance. It seeks to adjust the conflict which inevitably arises when individual interest clashes with common or collective interest, but its supreme importance, its greatest ethical significance, in my view, lies in its power to compel intramural observation of the principle that our individual professional benefit must at all times be subordinated to and be measured by our conceptions of loyalty and regard for our corporate professional benefit.

Now all these circumstances, all these complex interests, are recognized by our medico-political movement as manifesting not only a period of change and conflict, but also of progress; and if that progress is to continue along the line which it has travelled during the last half-century, we may find that new adits are being driven into our spheres of professional usefulness before we have fully realized the possibilities or the importance of our present period of transition. The advancement of scientific knowledge; the awakening consciousness of the public to the laws of health and disease; the cry of the people for better conditions of life; the willingness of the Legislature to undertake obligations in response to the cry; the power and enterprise of the State and its administrators to carry through and fulfil those obligations, are all seeds of a growth which, in their growing, are powerful to advance or to retard the interests and influence of our profession. The altered conditions, the altered relationships, the altered outlook—all have their meaning, but I think the circumstance of greatest meaning to us is that the profession of medicine is now recognized alike by State and community as having a corporate capacity, a corporate duty, a corporate relationship to the State. The conception that our sphere of effort has a purely individual aspect has disappeared, and we are now regarded as the keepers of the Public Health. This is a great development, and establishes an entirely new order of things.

The profession's acquiescence in this new order of things

marks also its acceptance of new duties and responsibilities. We are bound both legally and morally to discharge those obligations which we undertake, and the manner and quality of our performance is pregnant with great results, not only to our profession but also to the community. We must see to it that our individual conduct in this matter is of that quality which gives with one hand strength to our profession and with the other value to the community. The individual practitioner and his actions have thus a double corporate relationship, and if our medico-political movement is to reach its best and fullest development, it must devote its efforts to increasing and strengthening those relationships. The test of much of what I am saying rests with time and the working of those social measures which I am considering; but I am desirous to-day of putting before you some facts relative to our duties under the National Insurance Act which I think will interest you and also illustrate the significance of the second beneficial use of our medico-political movement. You know that for the successful working of the sanatorium benefits of the National Insurance Act it is essential to notify to the authorities the existence of cases of tuberculosis which the doctor meets with in the discharge of his professional duties.

The first step absolutely necessary to the successful carrying out of the co-ordinated scheme which this Act has inaugurated for the stamping out of tuberculosis is that of notification. This has been made compulsory by Local Government Order, and thus our moral duty under the National Insurance Act to notify is made our legal duty by Departmental Order. Now I think that the county of Durham will compare favourably with any county in England in the matter of both spirit and method in the administration of social measures. By agreement, for example, the Durham County Council is only legally bound to provide 120 beds for the sanatorium treatment of tuberculosis in the county, but it is providing 400 beds. This administrative authority conceives its moral duty in this matter to be far greater and more generous than its legal duty, and can we as a profession contemplate an authority who thus estimates its duty to the community having an opportunity of accusing the medical profession, or a section of it, of stultifying and annulling to a considerable extent its efforts to stamp out tuberculosis? This opportunity does arise if we fail not in our moral but in our legal bounden duty to notify. I should say, generally speaking, that the discharge of duty by the profession in the county of Durham under their agreement with Insurance Committees is as good as, if not better than, any other county in England, but there is still room for a little improvement in this matter of notification at least. And let it be early notification, not notification within a short period of death, which naturally raises many critical and antagonistic feelings towards us. In one largely populated insurance area in this Branch there were 132 deaths in the year 1913-14 from phthisis. In the same period 103 notifications were made, but 43 were notified within a week of the death of the patients. The publication of figures like these cannot fail to create injurious criticism, and I will give you some figures for the first quarter of this year in regard to Durham County.

During the first quarter of this year in the administrative county of Durham, with a population of about 930,000 persons, there were 747 notifications of tuberculous disease, and included in those figures there are 7 cases which were received from eleven rural and urban sanitary districts representing a combined total population of 104,691 persons. The conditions of life throughout the county are practically uniform, and these figures are therefore capable of interpretation in the manner I propose to use them.

If 7 be the number which represents the true total of tuberculous cases from 104,691 persons, then, since this number is derived from about one-ninth of the population of the county, the figures for the whole population of the county should be approximately 63, but it was 747.

On the other hand, if we assume that 747 represent more nearly the true number of tuberculous cases for the whole population, then, proportionately, the figure 7 should be 83; or, in other words, the suspicion arises that 76 cases with tubercle bacilli have not been notified during those three months. Upon this estimate of non-notified cases the administrative authorities of the county of

Durham have, therefore, to contemplate a handicap to their efforts, in dealing with tuberculosis, to the extent of over 300 cases per annum. This provides an illustration of the important relationship of the doctor's individual action to the well-being of the community, but it also has an importance in its relationship to the profession itself, since it creates the impression that for the domiciliary treatment of tuberculosis the profession as a whole is vastly overpaid. Steps to reduce payment will naturally follow, and figures such as I put before you appear in the eyes of many as quite sufficient justification for the step. For example, if one-ninth of the total population of the county yields seven cases of tuberculosis the question easily follows: How much money are the doctors getting for treating those cases? And the answer is found by asking what sum of money is derived from the "sanatorium sixpences" of one-ninth of the insured population. Remembering the fact that some of the seven cases would receive institutional treatment, we have the following result—namely, that the domiciliary treatment of the non-institutional cases in a total of seven costs for three months a sum of £225. Figures like those certainly suggest error somewhere, and this is too readily ascribed to our profession. Apart, however, from the effect of failure to notify upon the efforts of a county council to stamp out tuberculosis or upon the remuneration of doctors for its treatment, it also disturbs the equities of the whole situation in a manner which many of us may not very easily realize.

1. It throws the cost of drugs, etc., which are a charge on the sanatorium fund, upon the ordinary drug fund.

2. It results in lessening by so much the amount of drug suspense fund which may reach the doctors.

3. It prevents the Insurance Committees from receiving early notice of tuberculosis.

4. It penalizes the approved societies by keeping from the patient those sanatorium benefits which reduce the period of charge on their sick funds.

5. It is unfair to the patient, since it conceals from him the true nature of his condition.

6. It tends to the persistence and further propagation of the disease in the immediate surroundings of the patient.

7. It deprives the community of the economic benefit or gain which accrues from the early resumption of work of the patient.

8. It forms the basis of incorrect comparisons as to the relative cost of domiciliary and institutional treatment.

The last-mentioned consequence of failure to notify is of some importance because comparisons go to show that, per patient, the cost of domiciliary treatment is approximately equal to the cost of institutional treatment, and with a fact like this before them, county councils are prone to prefer institutional treatment and to ignore the utility of domiciliary treatment. The direction in which this preference leads authorities is one, in my opinion, which ends in the practical exclusion of the general practitioner from the treatment of tuberculosis, and in the danger of the whole question involved in the treatment and prevention of tuberculosis being relegated to the officers of the health departments of local authorities. The complete control of this matter of great national importance should not be left to the personnel of official health departments, and the general practitioner should, in my opinion, jealously guard his position under the National Insurance Act, for it is in danger of being taken from him. This danger does not arise so much from probable statutory changes, but from the mere force of existing circumstances and from the general direction of events over which the practitioner certainly has some little control. Force of circumstances is making the sanatorium part of the National Insurance Act more and more a public health measure. County councils and councils of county boroughs are generally taking up their burdens under the Act, and their already established public health departments are naturally set to work. In many cases this work is not confined to dealing with tuberculous insured persons, but also extends to non-insured persons, and it follows that the logical finish to this development will be that we will reach a time when practically the whole tuberculous population of this country will be compelled to look for treatment to medical officers of health departments. I regret to contemplate even the possibility of this, if for no other reason than it restricts and limits the sphere of influence of the general prac-

itioner, and with this restriction there would naturally follow a discontinuance of the "sanatorium sixpence."

The tests which are at present being applied to our profession are intended to determine our shortcomings not only under the provisions for sanatorium but also for sickness benefit. We are threatened on the one side with exclusion from the tuberculosis scheme and on the other we are to be given, it is said, a choice between what is called a "State service"—whatever that may mean—and a system of inspector or refereeship, which you may describe as you please. We hear much of the financial ruin of approved societies and of its alleged cause; we hear of the hardship of sick people to obtain this or that under the Act; we hear on all hands of some difficulty or error, and with singular avidity the public find a cause for it all in the doctor. Some of us may have insufficiently realized how important a factor the doctor is, and in how many directions this importance makes itself felt, but I have no doubt that by the application of that one and only test of error or truth—namely, time—the doctor will prove worthy of his importance, and be the principal factor in establishing the position, by the efficacy of its working, of the National Insurance Act as one of the greatest social measures of any time. I do not think that we ought to contemplate only the effects and results, however beneficial they may appear to be, which accrue or may accrue from the mere observance of our legal obligations. The bounden duty strictly and legally fulfilled gives no doubt a discharge of responsibility at which many of us may prefer to stop, but I think that in view of the new relations which now prevail between the profession and the public, it is the duty of some at least of those of us who have the opportunity, to display a sense of responsibility and duty far outside this restricted professional sphere. The corporate existence of our profession seems to call for this, and it should be the purpose of our medico-political movement to encourage and foster it. The antecedent importance of our profession as an inspiring agency for statesmen is in my view equalled if not excelled by the important part which medical men can play in the administration of these social measures, and in strengthening the spirit of altruism which those legislative efforts at social well-being reveal.

For example—and referring again to circumstances around the tuberculosis scheme—in the county of Durham there are 19 district committees under the Act, and there are between 60 and 70 practitioners members of these committees. Associated with the work of those district committees are four assistant tuberculosis medical officers. These district committees are given the opportunity of doing excellent work, and I am convinced that the merit of their work will be more and more increased by the share and interest which the medical members take in it. County councils, county Insurance Committees, councils of local authorities, boards of guardians, etc., are all in my view unilateral, lop-sided if you like, bodies without their quota of medical members, and I hope the time is not far off when one of the duties of our medico-political organism may be to secure and encourage a medico-professional membership of every one of those bodies. I would even go so far as to suggest the advisability of a medico-political fund to help, when required, in payment of election expenses or out-of-pocket expenses of members who adhered to the constitution which would naturally govern the movement and, of course, the fund for payment. I suggest this as much in the interests of the community as in those of the profession. I think that to leave politics to the lawyer politician and administration to the average lay person, worthy persons though they may be, is something akin to entrusting your best friend in sickness to an unqualified person.

The great problems which are unfolding themselves and which are ripe for solution are of such a nature and of so great a national importance that I think nothing but lasting credit will accrue to the profession if it shares in an ever-increasing degree in the work of solution. A new atmosphere of public opinion in regard to the profession can be created, and conversely the profession will come into touch with problems which have a wider meaning than pulse or temperature.

There are other points upon which I should like to say something, and which illustrate the importance of the relationship which has now been established between public opinion, public needs, and our professional and

extra-professional activities, but this address is already sufficiently long: Questions of certification; of keeping of records; of reports; of associate action with approved societies in regard to suspected malingering; of co-ordination of professional work; of the establishing of clinical centres and small observation hospitals; of the encouragement of scientific work and laboratory investigations, and, above all, of the establishment of county schemes of nursing of the sick upon a national basis. These are all questions of two-edged import, and in those bodies which possess the power to unduly sharpen or to blunt the edges great good may result from the presence among the councillors of members of our profession whom we may reasonably regard as at least holding a watching brief in the interests of the profession.

From activity within the sphere of our own profession to an activity within a sphere which engages in the solution of questions of national and local importance appears to me to be a normal evolutionary step, and it is one which members of our profession should be more and more prepared to undertake. The inspiration of the scientist, together with the legislative effort of the statesman, but map the road the nation travels. It is for us to aid in the construction of the road; it is for us to test and strengthen its "macadam," and it is for us to make it easy of gradient and smooth of path for those who travel it. And in all this, not "harnessed like yoked oxen to some difficult task" (Bergson), but cheerfully giving our best efforts in the interests of humanity in the true spirit of Terence's words—"Homo sum, humani nihil a me alienum puto" (Nothing which relates to humanity is alien to me).

REFERENCE.

¹Osler, *Man's Redemption of Man*, p. 15.

EAST AFRICA AND UGANDA BRANCH.

OBSTETRIC MEDICINE IN UGANDA.

By A. R. COOK, M.D.,

President of the Branch; Senior Physician to the Mengo Hospital, Uganda.

GENTLEMEN,—Before commencing this paper I must thank you heartily for the honour you have bestowed upon me in electing me as the first President of the newly constituted Branch of our great parent Association, an honour which is all the more welcome because I know it is for no personal reason, but rather an expression of your kindly interest in the work of this hospital which my colleagues and myself delight to serve. And let me add that the very inauguration of this the latest Branch of the British Medical Association is in itself a sign of the times. When Speke and Stanley first made known to an astonished world the great lake regions of Central Africa, at a point of time so little removed from our own day that it is within the memory of middle-aged men, who could have foreseen that this little kingdom of Uganda would become one of the brightest and most valuable assets of the British Crown in the whole of the vast district known as Central Africa? Politically, commercially, and from a missionary standpoint, not to say geographically also, it may be looked upon as the hub of the continent of Africa. What so fitting, then, as that our premier Medical Association should have a Branch in this remote but important spot? Placed as it is upon the intersection of the great trunk roads from north to south and east to west, it must inevitably have an important say in all matters of continental hygiene and epidemiology. No greater tribute could be paid to the present medical advisers of the Government in Uganda than the extraordinarily successful way in which the scourge of sleeping sickness, which burst like some devouring flood upon us a few years ago, has been all but abolished, or at any rate so lessened as to have lost its menace, and this entirely through the wise administrative measures suggested by the principal medical officer of this protectorate and his colleagues, so many of whom we rejoice to see with us to-day.

Considering its small size, Uganda has bulked largely in the eyes of the medical public. I need not remind you that the cause of sleeping sickness was discovered here, and Colonel Sir David Bruce added fresh laurels to his name by the discovery at Entebbe of its association with *Glossina palpalis*. We have had commission after com-

mission sent out by the Royal Society and the Colonial Office to elucidate the nature of this, and to grapple with the problems of how to check the ravages of syphilis. Dr. Wiggins, the Acting Principal Medical Officer, and Captain Keane, R.A.M.C., have drafted, and succeeded in getting passed into law, a set of rules for notification and control of this fell disease; we wish Captain Keane and his colleagues every success during the coming year in their venereal hospital at Mulago. Again, we remember how the cause of African tick fever was independently discovered in Uganda; and so I might go on. We have had so much recently, however, on diseases involving microscopical research, bacteriology, and chemotropism, that I have selected a simple clinical subject for my paper—namely, obstetrical practice in Uganda. It deals with problems with which every one of us may be confronted suddenly and in which proper treatment is of incalculable importance.

The Church Missionary Society, under whose auspices this hospital is run, early perceived the importance of medical work as an integral part of its mission, and an Edinburgh graduate, Dr. John Smith, sailed as a member of the first party in 1876. He, alas! perished of dysentery at the south end of the lake on the very threshold of his work. The next doctor was another Scotsman, Dr. Felkin, who joined the society for a year in 1879. The party to which he belonged was assisted in its passage to this then little known country by General Gordon, who was in charge at Khartoum. He is joint author of a most illuminating book on Uganda, though it has long been out of print. Dr. Gaskoin Wright came in 1891, till invalidated home from blackwater fever in 1893. Dr. Rattray came for a brief visit in 1895, but it was not till the following year that arrangements could be made for definite hospital work to be started. In that year my wife and myself arrived, and the advent of my brother in 1899 ensured the continuity of the work. From the commencement we have kept careful notes and statistics of all cases, and it is from these that the following paper has been compiled.

The first hospital was opened in May, 1897, and, though we soon gained the confidence of the people, largely, no doubt, owing to the labours of our predecessors, yet it was long before they brought their midwifery cases to us. This was due partly to the act of confinement being so mixed up with their religious customs that it was looked upon as more requiring a witch doctor than a medical practitioner. For this reason we had to attend all our early cases at their own homes, either in flea-ridden rooms or—a very much preferable place—in the banana plantations beneath the stars. The early cases were therefore few and far between, and usually of such a nature that surgery could not be expected to do much for them—for example, cases of labour obstructed for several days, etc. My first case was one in which there had been a stillborn child two days before; the woman was walking about with retained placenta, and the vagina plugged with a huge piece of banana stem. The third was a case of contracted pelvis; the woman had been two days in labour, and had previously borne twelve children, not one of whom had survived birth. Forceps delivered a living child, but it only survived a short time; three years later the woman became pregnant again, and, taking her into the hospital, we succeeded in delivering a living child. The numbers for the first eight years show how gradual was the process of allaying their fears and removing their ignorance. In these years we saw respectively 6, 8, 37, 44, 94, 107, 117. It was not till 1906 that we topped the 200 line, and we have not yet reached 300 in one year.

Women confined at home were usually delivered in a kneeling position, the child being received in a bark-cloth. The cord was cut with a sharp strip of reed, and no ligature was placed round it. The long distances women in labour would travel in later years to reach the hospital to be delivered there is almost incredible. One such case residing twenty miles away when labour pains set in started off cheerfully for the hospital, reaching it in triumph five minutes before delivery. Very often, owing to the stimulus produced by walking, the confinement takes place *en route*, and the woman steps aside into the nearest banana plantation, and after all is over wends her way on to the hospital, either carrying her newborn infant herself or getting some compassionate friend to do so.

Our first lying-in ward was a very primitive structure, and at the time of the Nubian rebellion, when the wards