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Presidential Address

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ON THE

**BRITISH MEDICAL ASSOCIATION
AND THE
ADVANCEMENT OF SCIENCE.**

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It is my first duty and pleasure on taking this chair to thank you for placing me in so honourable a position as that of President of the Metropolitan Counties Branch of the British Medical Association. I assure you I appreciate the honour, the more when I look back at the list of distinguished men who have preceded me in the office. It is a curious coincidence that I should be the immediate successor of my friend Dr. Radcliffe Crocker, for it was in succession to him as Secretary of this Branch that I first took any active part in the work of the British Medical Association.

For many years it has been customary for the President on his election to give an address on a subject connected with the practice of medicine or the British Medical Association, and I am going to ask your indulgence for a short time while I briefly refer to the capabilities of the Association for the advancement of the medical and allied sciences. I choose this subject not because the Association has been inactive in this direction in the past, as I hope to be able to show, but because I think the time has come when it is capable of considerable expansion, and because the recent reconstruction has given rise to the apprehension in the minds of many that so much prominence being given to the medico-political, the ethical, and what some people call, I think, not quite correctly, the commercial side of the profession, science will be neglected and will gradually drop out. I do not myself entertain that fear, and I venture to assert that the Association has not since its reconstitution been lagging behind in its primary object, although it is taking up more actively other work. I do not say this without knowledge, as the post of Chairman of the Council of the Association, which I have had the privilege of holding during the past three years, has given me the opportunity, indeed has entailed the necessity, of watching closely all that has been going on.

I shall endeavour to bring together some facts to show what has been done, what is being done, and what may be done to encourage and develop scientific work.

It may not be uninteresting to begin with if I go back to the formation of the Association and see what it did in its very early days, and I may mention that in my investigations I discovered that our Association was not the first British Medical Association, for in the *Lancet* of the Thirties there are records of numerous meetings of a British Medical Association, which seems to have had for its object medical reform.

It did not have a very long life, though I note in the report for 1839, when it was three years old, that the Association was increasing and prospering notwithstanding opposition, that it

had by an honest, straightforward, and uncompromising course of action triumphed over every obstacle and exceeded the most sanguine expectations of its friends, and that it was known and recognized by the profession in England, Scotland, and Ireland whose confidence it had acquired. New Associations had been formed, and existing societies had been induced to adopt measures connected with the general interest of the profession which had hitherto formed no part of their constitution. Another paragraph says that the Council had also to report the accession of the Provincial Medical and Surgical Association to the ranks of reform and the establishment, in consequence of a correspondence and co-operation between it and the British Medical Association. After this I can find no notice of this Association in the medical journals of the day and notwithstanding the success mentioned in this report it seems to have collapsed. During its existence it added to its primary object, viz., medical reform, the suppression of quackery, the poor law question, coroners, medical education, and the one-portal system, and also a benevolent fund, all of which subjects are to the front now. I see, however, nothing referring to the scientific side. Was this the cause of its collapse? I think probably it was, and if we want to maintain our Association in the flourishing and progressive condition it is now in, I am sure we must continue to keep to the front its primary object—the advancement of the science of medicine—though I see no reason why the other objects for which it exists should not also be zealously carried on. The large majority of medical men find their whole time and energy taken up in the practice of their profession and in earning a livelihood, but all are alive to the necessity of following the advances in medicine and surgery, and they look, and rightly look, to the Association to keep them abreast of the times.

Our Association originated in 1832, under the title of the Provincial Medical and Surgical Association, and its first fundamental principle was the advancement of medical science, its second the maintenance of the honour and respectability of the profession, and its third the establishment of harmony and good feeling among the members of the profession. Shortly after a benevolent fund and a Reform Committee were added. This Reform Committee was amalgamated with the then existing British Medical Association and with a body called the Eastern and Northern Reform Association. Nothing seems to have come of this united body; it appears to have suddenly collapsed.

In the first year of its existence, the Association numbered 141; when it was twenty-five years old it numbered 2,125, and its name was changed to the British Medical Association. It has gradually increased its membership, till now it numbers over 19,000, and the organization is now such as to offer every facility for the advance of scientific medicine.

Five years after its inception the Association began to form Branches, and until three years ago these were the primary units; it was felt, however, that many of them were too large and scattered, and accordingly they were split up where necessary into two or more—some a good many more—smaller units which were called Divisions, and these are now the primary units. The East Anglian was the first Branch formed; ours was established some sixteen years later, and I believe we were the first to recognize the desirability of subdividing the Branches to enable practitioners to attend meetings without losing too much time in travelling. We established what we called District Societies, and each of these held from three to six meetings

a year, at which cases were brought forward and papers discussed; they were well attended and much appreciated by many. The Divisions were formed throughout the Association with the object of enabling members to meet conveniently and to have opportunities of discussing matters of medical, medico-political, or social interest without loss of time in getting to and from the place of meeting. All the Divisions are not yet thoroughly organized, but a great many are, and meetings are held and scientific and other discussions take place, and the proceedings reach all members of the Association through the medium of the JOURNAL. Local conditions vary, and therefore local requirements are different. This applies to medico-ethical matters, and perhaps even more to medico-political; for instance, contract practice does not interest some Divisions, though in others it is a burning question. But the same thing also applies to medical science, and this does interest us all. Some diseases are much more common in one locality than another, and in no other way than through the Divisions have medical practitioners in some parts of the country a means of bringing their experiences before the profession. An immense amount of useful information has, I am sure, been lost which may now be recorded, because the doctor has not the time, and perhaps not the facile pen, to sit down and write out his ideas and send them to one of the journals, though he would willingly attend a meeting, if at a convenient distance, where he could not only express his own opinions, but hear the opinions of his colleagues.

The Annual Meeting is a great opportunity, which is not lost, for advancing medical science. It has been held regularly since the formation of the Association and still continues and increases in vigour. The new constitution in no way affects it in the science direction; some, indeed, say that the Representative Meeting absorbs so much attention that it does, but this is not so, for the Council in arranging the programme have always taken care to prevent the Representative Meeting clashing with the Sections, or in any way interfering with the scientific work of the meeting. Perhaps there are a few who would like to see more prominence given to the Representative Meeting, but I am quite sure they are in a minority. That the holding of such a meeting is to the advantage of the Association no one who remembers the old general meetings can deny. At these meetings resolutions were sometimes passed by small majorities when perhaps a dozen or twenty members who held peculiar views of their own managed to tire out the majority of members present. They were published, not infrequently in the lay press, as the opinions of the British Medical Association, and they were sometimes calculated to bring ridicule on the profession and the Association. That is not so now: the Representative Meeting is composed of men from every part of the Empire, its discussions are business-like and its decisions authoritative. The organization of so large a meeting with so much work before it has presented some difficulties, but these are being overcome, and I believe this year the meeting will go perfectly smoothly and satisfactorily.

I am sure it is quite unnecessary for me to dwell on the large attendance at and the value of the work done in the Sections—everybody admits it, and although at one time a great deal was practically lost owing to the length of time the reports of the proceedings dragged on, there is no delay now, as all is published in the JOURNAL shortly after the meeting; probably no scientific society publishes its proceedings so rapidly and so completely.

Turning next to the annual addresses, I find that originally there was only one; it was given by the President and was a retrospect of the scientific work of the year, but on the occasion of the Twelfth Anniversary Meeting, which was held at Northampton, the subjects were divided; the President gave a general address, and members specially competent for the task gave a retrospect on Medicine, and on Anatomy and Physiology respectively. In subsequent years retrospects were given in other subjects. I don't know the exact date they ceased to be retrospects, but two or more addresses have been annually given, and always by men of acknowledged eminence in the branch of science chosen. I see that they have been given not only in medicine and surgery, but also in obstetrics, physiology, therapeutics, pathology, bacteriology, public medicine, forensic medicine, psychological medicine, and chemistry in relation to medicine. None of these are lost, for they are all to be found in the columns of the JOURNAL.

This brings me to the JOURNAL, which not only represents the Association as such, but week by week contains many valuable

articles and original papers. The Association from its very commencement recorded its work. During the first eight years of its existence it published *Transactions* of its Annual Meeting; it then seems to have utilized a publication called the *Provincial Medical and Surgical Journal* for recording its transactions; this arrangement lasted four years, when it became the journal of the Association, retaining the same title till 1857, when it was changed to the BRITISH MEDICAL JOURNAL, so that under its present title it has been in existence nearly fifty years. It was first published in London as a weekly or fortnightly journal; in 1844 its head quarters were transferred to Worcester, but in 1853, when the Association was 21 years old, it came back to London, and has been a weekly London journal ever since. It has gradually increased in size, and its circulation is now, I believe, considerably larger than that of any similar publication in Europe; the information contained in it is scientific and clinical, as well as political and social, and subjects affecting the progress and welfare of the medical profession are discussed. We find in it not only many original articles, but reports of most of the Societies in the United Kingdom, and also reports of the scientific work of the Branch and Division meetings. In the EPITOME, which is to be found every week in the centre of the JOURNAL, an account is given of what is going on of medical and scientific interest in all parts of the world. Since the reconstitution there has been a SUPPLEMENT, which is now published weekly, and contains all the strictly business news of the Association, so that this leaves the body of the JOURNAL free to deal with other matters. In addition to this the size of the page was increased in 1903.

Now I come to a means which, in my opinion, would render the British Medical Association a more useful and influential body for promoting the advance of medical science than it has hitherto been—it is not a new suggestion but the rejuvenation of an old one. I mean the re-establishment of a committee on the lines of the Collective Investigation Committee with an adequately-paid co-ordinating secretary. This committee existed for four years and then seems to have come to a sudden end, for I can find no record of it since 1884. The reason of its collapse I do not know, but I can fancy that it was because the British Medical Association had not at that time the proper organization for its satisfactory working, and possibly there were not then sufficient funds to justify the Council in voting the money necessary to meet the expenses. I think we have both now, and I feel sure we could find a secretary capable of organizing and co-ordinating the work. I am confident that there would be no difficulty in finding among our members a Committee to direct and advise. We had no difficulty in finding what was required for organizing what I may call the politico-ethical part of the Association. The Committees meet regularly, and the work is co-ordinated by the active and efficient Medical Secretary; plenty of assistance is given by local practitioners all over the country, and I believe it would be easy to find workers in furthering the primary object of the Association. I would suggest, too, that with this departure there would be a still larger addition to our members. Instead of an increase of 600, which we had last year, we should probably have more than 1,200 and this would further replenish the exchequer of the Association. I have said that this is not a new idea, and I do not want to take to myself the credit of the suggestion. As far back as 1864 letters appeared in the JOURNAL from time to time advocating something of the kind but it does not seem to have taken root or been at all developed until 1880 when Professor Humphry introduced the subject in his presidential address at the Annual Meeting at Cambridge. He pointed out the undeveloped capacities for good collective work which the Association possessed, and the advantages which would accrue to the Association from the successful utilization of these capacities. The result of this was the formation of a committee to consider the question. Its report was adopted at the Annual Meeting in the following year. The Committee of Council, then the Executive Body of the Association, appointed a Committee, to be called the Collective Investigation Committee, with Professor Humphry as chairman, and Dr. Mahomed as secretary *pro tem.*, to initiate the work. The Committee soon discovered that to get the work done efficiently it would be necessary to have a permanent paid secretary, and they nominated a gentleman for the post at a salary of £200 per annum, together with an additional £100 for travelling expenses, but he never seems to have taken office, for on his nomination coming to the Committee of Council for confirmation, a letter was read from him declining the appointment, and there is no record of any one else

being appointed in his place. What appears to have happened was that a certain amount of money was placed at the disposal of the Committee, a small honorarium was granted to the honorary secretary as well as out-of-pocket expenses, and all out-of-pocket expenses were repaid to the numerous correspondents in various parts of the country. Another honorary secretary was appointed in 1883 and a third in 1884, and then we hear no more about the Committee or its work except its four volumes of reports. During its existence, however, it was not idle. Secretaries were appointed geographically, and to them printed cards were sent accompanied by various memoranda, drawing attention to the subjects suggested for investigation. The Branches were also invited to take up subjects for local investigation and to this there was a pretty active response. Among other subjects of enquiry, diphtheria was investigated by the Thames Valley Branch (now merged in the Metropolitan Counties Branch); the duration of infection in various contagious diseases was enquired into by the Lancashire and Cheshire Branch; the Birmingham and Midland Branch started an investigation on the etiology of cancer, and the East Anglian Branch instituted an enquiry into syphilis and its effect upon the civil population of various districts. All the returns were analysed and published in various forms, statistical and otherwise.

The four volumes of reports already mentioned were drawn up and published between 1883 and 1888. There seem to have been 6,403 contributors to these reports, and 8,838 returns were received in reply to enquiries, so for a time it is evident this Committee was doing good work. The reason of its collapse I have already suggested. I may be right or I may be wrong, but I do not see why it should not be started again on extended lines and supplied at the expense of the Association with a suitable secretary.

Before I leave this subject, I might mention that the Association granted £3,600 during the four years of the existence of the Committee, and that its work was of some value is, I think, proved by the fact that about £500 was received back from sales of Reports, which means that a large number of persons thought them worth buying.

Another way in which the Association has, and still continues, to encourage and promote scientific research is by offering prizes and scholarships. The idea seems to have started with the Association, for I see that at the first Annual Meeting in 1833 it was reported that the Council had been considering the advisability of establishing an annual prize for an essay on a medical or surgical subject, and had endeavoured to raise a fund to establish it on a permanent basis; four years after a prize was offered of the value of £50 for the best investigation of the Common Continued Fevers of Great Britain and Ireland. Ten years later the members of the Council subscribed a sufficient sum to allow a prize of £50 being awarded, and the subject chosen was the Cerebral Affections of Infancy; this prize was continued for several years, the Council selecting the subject. Later it was divided, and two prizes of £21 each given, one for a medical the other for a surgical subject.

In 1860 the money of the Association was used for the purpose for the first time, for we find a resolution in that year that the sum of £40 should be placed at the disposal of the Committee of Council, when the funds of the Association would permit, to be applied for the purchasing of one or two gold medals to be awarded for the best essays on some subject in medicine, surgery, midwifery, physiology, or public health. This was to be a memorial to Sir Charles Hastings, the founder of the Association, and on one side the medal bore his profile. This seems to have given the idea of starting a Hastings Memorial Fund out of which the medal was provided for several years, but since 1873 it has not been awarded, and the fund was allowed to accumulate; three years ago the fund was transferred by resolution of a General Meeting to the clerical staff superannuation fund, and this year at the Annual Meeting the Association is to be asked to approve a scheme which has been well considered and carefully drawn up for its administration.

At the present time there are two prizes awarded periodically, but I hope generous donors may be coming forward to increase them. The first award of both was made in the same year—in 1882. One, the Middlemore Prize, is given about every third year or as often as the fund admits of its value, £50, being drawn. It is the interest of £500 presented to the Association by the late Mr. Richard Middlemore, of Birmingham, and is awarded by a committee of experts to that practitioner whose work has, in their opinion, most advanced

scientific and practical ophthalmic medicine and surgery during the period since its previous award. The other, the Stewart Prize, about the same value, presented by the late Dr. A. P. Stewart, a former Secretary and President of this Branch, for encouragement of researches regarding epidemics, is awarded biennially, also by a committee of experts in recognition of important work already done or of researches instituted, and promising good results, regarding the origin, spread, and prevention of epidemic disease with a view to encourage the continuance of the same.

In 1874 a special committee was formed, called the Scientific Grants Committee, with the idea of furthering and encouraging scientific research by the grant of sums of money to investigators who were in need of it to carry on their researches; since then the Council has annually voted a certain sum for the purpose, at first it was £300, this year it is £1,000. It was felt that a scholarship to be held, one, two, or three years would be better calculated to promote the object in view and a portion of the money (£150) was accordingly put aside for this. Subsequently a second scholarship was established and later a third, and on the death of Mr. Ernest Hart, a scholarship, value £200 per annum, was offered and earmarked for work in some subject in the department of State medicine. In the case of the three others, it is open to the candidate to select a subject approved by the Committee. At the present time £650 is given in scholarships and £350 as grants in aid of independent research in subjects approved by the Committee. It has been suggested that a scholarship should be established and earmarked for work in tropical medicine; to this the Council assented and promised the sum of £200 on condition that His Majesty's Government contributes a like sum, feeling that it is a subject of national importance, and that the national exchequer should contribute to it; no definite reply from the Government has yet been received, but in acknowledging the letter the Colonial Secretary requested me to convey to the Council his appreciation of the interest shown by the British Medical Association in this matter, and stated that he would carefully consider the subject.

Further than this, assistance has been given and grants continue to be made to scientific societies and institutions, and for special investigation by committees appointed by the Association; among them I may mention £600 to a Committee appointed to investigate methods of quantitatively determining the presence of chloroform in the air and the living body; £995 to the Therapeutic Committee for investigation into the action of medicines and other matters connected with therapeutics; £653 for the examination of feeble-minded children. Altogether the Association has spent as much as £26,000 directly in the advancement of scientific research.

I hope I have shown that the Association has ever borne in mind its primary object, and that at the present time it is doing more than it ever did before to advance medical science. I venture to conclude in the words with slight modification of one who occupied this chair thirty-two years ago, for they are as true now as they were then, and I cannot improve on them. "The objects of the British Medical Association are high and well-defined, its influence is great and growing and it behoves all of us who have influence in the work of the Association, —and few are without some influence—to bring to our work in the Association our best intelligence, our most mature thought, our calmest judgement, and our most brotherly feeling; especially let us be sure that we are making the Association a means of union and strength for the whole body of the profession, and instrumental in elevating its moral, social, and scientific character, and of advancing the public welfare. These were the objects the founders of the Association had in view, and they are those which it has followed; it behoves us still to pursue them, and we may feel sure that the future has in store for us years of continued usefulness and satisfaction."

The trustees of the late Mr. James Holden of Marland, Rochdale, have made the following grants to charities: Henshaw's Blind Asylum, £10,000; Children's Sanatorium at Southport, £1,500 for the endowment of three cots; Clerks' Orphanage Home and School, £5,000; Rochdale Infirmary, £18,000; Manchester Children's Hospital, £10,000; Ashton District Infirmary, £10,000; St. Mary's Hospital, Manchester, £10,000; Stockport Infirmary, £10,000; Children's Convalescent Home, St. Anne's-on-Sea, £3,000; Rochdale Nurses' Homes, £5,000; Southport Convalescent Home, £5,000; specific charitable bequests were also made in the will to the amount of £19,000.