THE CLINICAL ORGANIZATION OF THE MEDICAL PROFESSION.

AN ADDRESS TO THE METROPOLITAN COUNTIES BRANCH,

BY

C. O. HAWTHORNE, M.D.,

PRESIDENT.

[AFTER thanking the members for his election as President of the Branch, Dr. Hawthorne paid tributes to the memories of Sir Victor Horsley and Dr. Major Greenwood, and continued as follows:]

We shall at least all allow that organization is a subject which merits attention, seeing that the term has become one of the master-words of the moment and that the methods of medicine, as many other methods, are likely in an increasing degree to be tested by it. Of organization for medico-political purposes it is hardly necessary here and now to speak in commendation, for it is a motive which explains, at least in part, our present meeting. I will, however, allow myself the expression of a personal conviction that no prospect of success in this direction presents itself outside the liberal and democratic constitution of the British Medical Association. Here is a free and open platform for every advocate who has counsel to give to his fellows, and if, even as in other organizations, it is the fate of minorities to suffer, there lies ready to hand an infallible prescription by which the experiences of a minority in the Valley of Humiliation may be changed into the triumphs of a majority and the delights of the Delectable Mountains. This prescription contains but two ingredients—the one a good cause; and the other an indomitable will. Another professional field in which the principle of organization is likely in the immediate future to find an increasingly close application is that related to the care of the public health, and I fancy most members of the profession are prepared to welcome a more intimate co-operation and a more orderly co-ordination of activities which up to the present have been directed by different, and sometimes by conflicting Government Departments. “A Ministry of Health” is an inviting phrase, and provided it be translated in harmony with an enlightened medical opinion it may command operations of great benefit to the nation. In the provision of this opinion the representatives of the British Medical Association have already shown their readiness and ability to take a due and appropriate share.

But neither in medical politics nor in preventive medicine do the great majority of medical practitioners find their daily occupation and concern. We have interests in both the one and the other, but our immediate responsibility and duty is the care of sick folk. Of course, complete success in the prevention of all disease and suffering would be the greatest of medical triumphs. But such an hour is not yet, and in spite of leagues and associations and committees there is likely for many a long year to persist an active demand for the services of those who can carry a knowledge of expert medicine to the bedside of the individual sufferer. “Send for the doctor” is one of the acute cries of human need, and it lies with us to secure, so far as possible, that this cry is not uttered in vain. Now an effective response to the claim implicit in such an appeal demands obviously fullness of clinical knowledge and soundness of clinical judgement. Aid from the laboratory and kindred sources we may obtain and ought to obtain, but after all, the final word lies not with these but with the bedside student. What I wish to inquire is whether it may not be possible by some scheme of organization to do something to enlarge the store of clinical knowledge and to secure its more effective distribution in the profession.

At the outset I state two preliminary propositions: First, that the acquisition and extension of clinical knowledge implies practical, personal, bedside study; and the second, that clinical problems are so varied and, not infrequently, so involved that their full educational values are most likely to be obtained by a combination of practitioners, each of whom is willing to throw his individual experiences and his individual judgement into the common stock. My preliminary thesis, in a word, is that to further and promote clinical efficiency we must establish and extend clinical organization.

Obviously for such an organization it is necessary to provide a centre, or rather a series of centres; and my suggestion is that the natural and most appropriate centre in each individual district is the local hospital. At present, with rare exceptions, there is no regular and recognized relation between the work of the hospital and the interests and activities of those who practise medicine in its neighbourhood, and it is this state of affairs which I wish to see remedied. Therefore I urge that, instead of being, as at present, outside and detached from the hospital scheme, the local profession shall be enlisted as part and parcel of its clinical machinery; and that in connexion with each hospital shall be organized an arrangement of mutual help in the prosecution of clinical knowledge and in the promotion of clinical efficiency. The most immediate and obvious benefit of such a scheme would be a better and more complete personal knowledge of individual cases, for every one concerned would be in a position to gain a full record of the patient—his medical history prior to his admission to hospital, the events observed in hospital, and also the later developments. The arrangements in other words, would remedy, or would help to remedy, what I fancy we all admit to be one of the most serious defects in our personal clinical equipment—namely, its patchy and partial character. Art is long, and especially long is the art of clinical medicine; and it is because of this that judgement is difficult. We must unite our experiences if within the brief compass of an individual life we are to obtain anything like an adequate survey of the wide field within which lie our duties and responsibilities.

To come now to practical details. Clearly, if any movement in the direction here suggested is to be developed there must be a first step, and my submission would be that this first step ought to be taken by the hospital. The hospital has both a recognized position and an existing organization, and these confer both opportunity and responsibility; and probably at the outset not too cordial a response must be expected. Mistakes and misunderstandings have hardened and emphasized a separation which never ought to have existed, and time and tact and temper will be necessary to get rid of their effects. An initial proposal might well be the establishment of an arrangement by which any practitioner who sent a patient into hospital should be invited to meet in consultation the hospital officer under whose charge the patient was placed. Apart from other benefits, this would secure accuracy in the earlier history and the possibility of completing at a later date the patient's record; and generally it would help to establish a habit of co-operation and to develop an atmosphere of goodwill. But the hospital ought to do much more than this. It ought to organize, say on one or two days in the week, a series of clinical demonstrations or consultations to which members of the local profession should be invited, and in which they should be asked to take part. Such meetings should by no means be occupied mainly or even largely with the presentation of odd, exceptional, and peculiar cases. On the contrary, they should enclose an attempt to display the actual clinical pictures or dramas provided by the wards and the out-patient department; to consider the meaning of events or combination of events existing as facts in individual patients; and to endeavour on a co-operative basis to frame in each instance a reasoned diagnostic, prognostic, and therapeutic scheme. Details of arrangement and management would doubtless differ in different localities, and these would be readily adjusted were it once recognized that as an effective aid to the promotion of professional efficiency clinical study ought to be organized, and that the natural centre for such organization in each individual district is the local hospital.

The principle thus stated would, in addition to those above defined, find many other opportunities for expression. Personally I should place much emphasis upon the educational value of *post-mortem* examinations. These are comparatively common in hospital work but difficult to obtain in private practice, and their absence is a real defect in the practitioner's experience. Hence I would make the hospital *post-mortem* room open to the local profession, and would arrange that any practitioner who would enter his name on a list kept for the purpose should receive notice when a necropsy was to take place. There might, indeed, be instances where the scheme of organization could be more readily commenced here rather than in

the clinical department. Whether on this side or on that, a beginning means much and could not fail to issue in larger ambitions.

Again, the clinical laboratory ought to be made a centre of practical interest to the practitioner, and the ideal scheme would enable him to attend in order actually to see for himself the results of the tests applied in connexion with cases for which he was responsible. Too many of us are content in this matter to accept reports for which we can supply no personal verification, and it may perhaps be asked whether such a proceeding is capable of ethical defence, seeing that in the relation between practitioner and patient there is implied on the part of the practitioner the guarantee of a personal responsibility.

A third possibility of the establishment of an organic union between the local hospital and the neighbouring profession would be the institution of a medical reference library with obvious advantages to all concerned. There exist a number of admirable atlases illustrative of various departments of clinical work, but their expense forbids their wide distribution, and they remain of little general service. To be effective these illustrations need to be displayed, and a clinical picture gallery constructed from these and other sources, and in every hospital, would mean within reach of the majority of practitioners an attractive and stimulating centre for the diffusion of clinical knowledge. Hospitals are usually very keen, and rightly so, on the creation of a pathological museum. But the pictorial side of clinical work has little recognition paid to its educational values, and many contributions of this order, save for some special reference, remain isolated from the interests they are well fitted to serve. The creation of an opportunity for their exhibition widely throughout the profession would be an educational advance of high merit.

Such, then, are some of the developments which might be expected were it once recognized that our hospitals ought to be, not merely centres of benevolence, but also centres of organized clinical enterprise and progress in which members of the local profession would find their share, their interest, and their pride. Before such a position can be reached there must probably be an educational campaign directed both to the profession and to the lay public, and especially perhaps to those among the latter who form the governors of our hospitals. We have recently had a demonstration of what can be secured when our hospital authorities are convinced that the institutions over which they preside have large public and educational interests to serve, and no one now objects to the institution of special hospital clinics for the treatment of diseases which but yesterday were held to be outside the range both of sympathy and of help. It can hardly be doubted that a similar welcome would wait on such a scheme as is here proposed when the responsible authorities were satisfied, as they surely could be, that its adoption would mean both an increased area of hospital usefulness and a greater measure of helpfulness for the individual patient.

I now go further and say that along such lines as are here defined may be found a large contribution to a question of the highest importance—namely, the provision of ready opportunities for post-graduation medical education and study. Most of us in our younger, more flexible, and more impecunious days—that is, in the days when we most need such opportunities—cannot afford to leave our practices for a number of weeks and months to visit one or other of the great educational centres; and even at the best the necessary brevity of such visits puts an inevitable limitation on their values. If post-graduation medical education is to become effective and widely spread, it must offer itself in more sustained opportunities and must secure centres not very far away from the scene of the practitioner's daily duty. My contention is that the local hospital ought to be such a centre, and its wide and continuous service makes it all the more appropriate to this end, seeing that the aim of post-graduation study is not to tempt the practitioner to forsake the wide horizons of general practice for some narrow and restricted sphere of work, but to raise the all-round proficiency of those who are the chief agents for carrying the help of medicine into the homes and lives of the people. The benefits of such an arrangement would not be all in one direction. On the contrary, the scheme here outlined would not only make available larger and more systematized clinical opportunities to the great body of the profession, but it would exercise a helpful and stimulating pressure on our hospital

staffs. It would urge them both to raise their routine work to the highest possible level and also to equip themselves with the latest developments of clinical doctrine and practice and to be agents for the communication of these to their professional brethren. Related to this is the suggestion that all such educational schemes should include opportunities for lectures or demonstrations by those whose original work had become wedded to clinical service as well as by others who had attained a recognized position of professional leadership and authority. These ends are perhaps for the fullness of time, but an opportunity for beginnings is ready to hand and wisdom will not despise it.

SUMMARY.

To sum up my suggestions in brief form I would say: (1) That the general efficiency of the profession may be promoted by the organization of co-operative clinical study; (2) that for such organization appropriate centres already exist in the shape of our local hospitals and kindred institutions; (3) that an effective scheme of this order demands the co-ordination of the work of the hospital with the interests of the local profession; and (4) that by movement in this direction are to be secured ready, sustained, and distributed opportunities for the cultivation and development of post-graduation medical education and study.

I submit these suggestions with great respect to the attention of the Branch.

THE ANTISEPTIC PROPERTIES OF ACRIFLAVINE AND PROFLAVINE, AND BRILLIANT GREEN;

WITH SPECIAL REFERENCE TO SUITABILITY
FOR WOUND THERAPY.*

BY

C. H. BROWNING, R. GULBRANSEN,

AND

L. H. D. THORNTON.

(From the Bland-Sutton Institute of Pathology, the Middlesex Hospital.)

(A Report to the Medical Research Committee.)

In view of the attention which has recently been directed to the employment of "flavine" compounds and other basic benzol derivatives in the treatment of infected wounds, it appears desirable that certain features of these bodies, and especially of the flavine group of antiseptics, should be dealt with in greater detail than hitherto, in order that those who intend to employ these substances clinically may have more fully at disposal the indications for their use afforded by laboratory investigations. Subsequent trials along similar lines have fully substantiated the reports already published on the use of these antiseptics, but it is not proposed at present to enter further into clinical results until continued tests on an extensive basis enable a decision to be reached as to the best mode of application and range of usefulness. The powerful bactericidal properties of acridine dyes were pointed out by Browning and Gilmour, who also investigated brilliant green and other triphenylmethane compounds.† They observed in the case of acridine compounds that, in marked contrast to most other antiseptics, their action was enhanced by the presence of serum. With the exception of carbolic acid, we do not know of any other antiseptic which is not greatly weakened in its action by admixture with serum, nor are we aware that this property has been claimed for any powerful bactericidal substance. A further study of compounds belonging to this group was undertaken with a view to determining their suitability for therapeutic use in infected wounds (Browning, Gulbransen, Kennaway,

* We have much pleasure in acknowledging our indebtedness to the Medical Research Committee for a grant toward the expenses of this work.

† These are all "elaborate compounds of which most are brilliantly coloured and are used as dyes"; such characteristics are inseparable from the compounds in question, but they have been suggested for use clinically on account of outstanding properties which are likely to render them valuable in the treatment of infected wounds—at present so urgent a problem—and which are not shared by any colourless substances thus far known.