ON THE CONSOLIDATION OF THE PUBLIC AND PROFESSIONAL INTERESTS OF MEDICAL MEN.*

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MR. PRESIDENT AND GENTLEMEN,—I wish at the outset to endorse heartily what has fallen from the President to the effect that the interests of the profession are the interests of the public. Of course, this is a very difficult point for members of the lay public to grasp. They do not realize at the present time how absolutely, whatever helps forward the medical profession, will of necessity help forward their interests to a much wider extent.

Now, as to our interests as members of the profession.

THE NEEDS OF THE PRACTITIONER.

It seems to me we can judge of those interests best if we consider for a moment what are the requirements of the practitioner.

Now the requirements of all of us as practitioners may be divided under two heads. First social, and secondly scientific.

SOCIAL.

As regards our social requirements—that is our requirements in relation to the community at large—we require freedom to practise our profession while at the same time, if possible, we should be defended from unjust attacks. Secondly, we require security for our legal rights to practise. We have legal rights under the Medical Acts, but we have very little security for those rights; and we want also support against illicit competition such as quackery, medical aid societies, and so forth. So much for our social requirements.

SCIENTIFIC.

In order that we may practise our profession properly we require opportunities of meeting for the discussion of medical and scientific questions, and we require, above all, in addition to those opportunities, a system for the rapid diffusion of knowledge.

LOCAL MEDICAL SOCIETIES.

Now, during the last 150 years to meet those requirements various societies and associations have been formed. But the formation of medical societies is a much more modern affair, I think, than is generally understood. I have put together in a diagram the dates at which the learned medical societies in England were founded, and if you begin at 1800, the date on which the Leicester Society was founded, you will find according to this scale, that until 1880 very few were instituted, whereas in the decade from 1890 to 1900 no less than twenty-three societies were formed.

MEDICAL SOCIETIES (ENGLAND).

So that the general curve shows that for a long time the furtherance of medical interests by way of the formation of medical Societies was almost dormant.

But afterwards—about 1860—that is to say about the time of the passing of the Medical Act of 1858, there began a very gradual rise at first, and then a sudden rise. In fact, the whole development of medical and professional interests is practically concentrated within the last twenty years. On the

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same diagram I have put on the same scale the formation of medico-political societies.

Medical societies were founded in England for various reasons. The Royal Society, for instance, was founded for the improvement of natural knowledge. The Harveian Society founded in Edinburgh was founded to commemorate the discovery of the circulation of the blood, and to promote good fellowship amongst its members. Probably all those societies were founded with the object of improving the scientific status of the profession, helping as far as possible in the diffusion of knowledge and helping to promote good fellowship among the members of the profession locally.

As a natural result of these efforts to promote instruction there have been founded in connexion with some of the Societies libraries. The Leicester Society has been for nearly a century a striking example of this prescience. Also some of the infirmaries throughout the country have libraries which have been collected from time to time by the medical staffs, and these have been brought into connexion with the local medical societies. But in order to put before you the facts succinctly on this question of libraries I should like to say that of more than 78 medical societies which have been founded in England but 33 have libraries.

THE BRITISH MEDICAL ASSOCIATION.

Now let us leave the question of the organisation of medical societies throughout England, and let us turn to the alternative system—the British Medical Association, which is the next most important means of organising the profession throughout the country.

The British Medical Association was founded before the middle of last century, and it was established to promote the interests and the honour of the profession.

Formerly its constitution consisted in government by a Council, but this led to erroneous interpretations of the by-laws, and that led naturally to reform. Hence the Association, as you know, has been completely reconstructed.

Now the object of the reconstruction was to render the system of government of the Association no longer one by an executive Council, but to make it what is somewhat foolishly called of a more democratic nature. It was, in fact, devised to make it representative throughout the country of the profession.

Now the only way to accomplish this would be to divide up the profession in small groups, and that naturally led to the formation of Divisions. That was accepted as a fundamental change in the Association, but it was not intended by the promoters of this reform that any central body, for example, in London, such as the executive, should overrule those Divisions, but that it should co-ordinate them. Each Division, in the first place, was to be more or less autonomic in character, but some central body was necessary to collect the expressions of views formed by such Divisions. To this end it was decided that each Division was to contribute to a meeting of representative members or delegates, a representative, and this collection of representatives or delegates was in future to govern the Association and to indicate its policy. That is the scheme of the present reconstructed Association, and the first meeting of representatives will occur at Swansea in July of this year.

Now, as regards the furtherance and consolidation of the interests of the profession throughout the country, how do the two systems compare? The system of organisation through medical societies or this system of the British Medical Association.

Now, there is one very striking point of difference between the two systems. The first point of difference is that in a medical society of necessity there are electoral limitations, so that every local society is a restricted body within the district in which it is situated. The membership of a medical society rarely coincides with the number of men practising in the profession in that district. Nay, more, if we turn at this point to the question of actually existing medical societies in the towns of over 40,000 inhabitants in England, we find that there are only two-thirds of those towns which have medical societies of any kind whatever. It was hoped—and from evidence it seems certain that it will come—by those who advocate the reform in the Association, that each large town, say, for example, a town with over 40,000 inhabitants, would form the focus of a Division of the Association. In addition, certain Divisions will be equally formed in districts where there are few towns. But, as a rule, each large town will form a centre of medical life.

So that it is clear that on this first point of organization the

limited system of medical societies of necessity cannot meet our wants as efficiently as a system which provides for foci of the profession co-ordinated in interest and work in every large town throughout the whole country.

Then, again, the constitution of a society is of necessity more or less limited. It can only offer its privileges to those who choose to take them up and make extra payment for the same, but if it be possible to reduce our varied subscription expenditure and, at the same time offer not only similar, but even wider privileges which are open to all within the British Medical Association, we offer an unlimited advantage to the profession. Every member of our profession, it has always seemed to me, if he is a reputable practitioner, should have the opportunity of sharing all scientific privileges with his colleagues. Other material advantages I will refer to directly.

But the most powerful argument in favour of the system of the British Medical Association as against that of separate medical societies is, of course, that it alone provides equally for the co-ordination of the whole medical profession. Medical societies, each standing on their own basis in their own district, are not brought into accord or into a community of interests with medical societies in the neighbouring towns or neighbouring counties, whereas through the meeting of representatives of Divisions the whole of the profession will be brought together in the British Medical Association, and this fact—the co-ordination of the medical profession—is really the most valuable feature of the recent movement within the Association, because it is a gain in principle.

MEDICAL DEFENCE.

Now let me go back to the question of our requirements as practitioners, and above all freedom to practise, with protection from unjust attacks, blackmailing, and so forth. This, of course, means that any system, if it is really to consolidate the interest of the profession, must include the matter of medical defence.

I am not going to weary you with the history of this question, but I must mention some salient points. Inasmuch as the terms of the Memorandum of Association of the British Medical Association did not allow that Association to take up the question of medical defence, the necessary resolutions to alter the Memorandum were passed some years ago. The Council of this Association—the then governing body—did not put these resolutions into effect, but the latter remain unimpaired and in force and it is quite open for any Division to propose at the next meeting of the Association at Swansea next July that these resolutions shall be carried into effect.

If this were done the Council would have to proceed to execute the instruction. But there is another question in connexion with this matter of medical defence, and that is one of finance. Personally, having had considerable experience of the finance of medical defence work, I am quite sure that the British Medical Association has enough material wealth at its disposal to establish and carry on the work of defence of its members.

But many erroneous notions regarding the cost of the work are prevalent, and until these are disposed of we cannot complain of some being so apprehensive as to oppose this essential development of our interests. It is often forgotten that defence work conducted by a large body like the British Medical Association is a very different thing to its being conducted by a smaller body like the Medical Defence Union. A membership of five or six thousand as an insurance basis is a very different thing to defence conducted by a body of 20,000 members. But that is a point that I will not labour further now. All I wish to assert is, that at the present time the Association has within its power and reach the machinery for a system of medical defence, and I hope that within a few years we shall see a suitable defence department organized.

Then the first requirement of a practitioner's life—freedom to practise—would be completely met.

MAINTENANCE OF LEGAL RIGHTS.

As to the second requirement, namely, the security of our legal rights, this is really a case in which medical interests are absolutely identical with those of the general public. And yet it will probably be in the face of considerable opposition from certain sections of the general public that we would obtain this security of our legal rights.

Now let us recognize at once that no system of medical societies can obtain a reform of this kind. It can only be done by an association which has the machinery for combination of effort, the officials to employ, and the money to expend on

that purpose. For that reason I hope at the representative meeting at Swansea of the Association in July that the Medical Acts Amendment Bill will be discussed, and perhaps in the following year we shall agree upon a draft Bill which we can press upon the Government and House of Commons.

When this comes, with it will raise a very interesting point in connexion with the general question of the organization of the profession, namely, the attitude of the corporate bodies. Of the corporate bodies let us take the College of Surgeons of England for example—as, perhaps, being the most important, financially speaking, at the present time. The College of Physicians, of course, is the most important historically, but that College is in a bad way financially, and may perhaps be materially unable to interest itself actively in the need of the profession.

No such excuse can be offered for the College of Surgeons. Though in the middle ages the Corporate Guilds may have exercised considerable influence the College of Surgeons only increased its membership with the development of the profession, and, like all other medical corporate bodies, it has become more interested in preserving its existence than justifying it. The members of its Council who, though but twenty-four in number, have arrogated to themselves the rights and privileges of their 20,000 colleagues who compose the College, do little more than carry on the administration of the Conjoint Examinations and maintain the buildings and museum of the College.

They have never publicly moved in support of the interests of the profession as a whole. Neither will they move. In fact it is practically certain that the attitude of the Council of the College of Surgeons will be to oppose the Medical Acts Amendment Bill which we require, because they believe that a real reform will threaten their income. So that medical education will be sacrificed to the selfish interests of the Corporations, just as it is at the present moment by the revolt of the Colleges against the authority of the General Medical Council.

From any point of view it is pretty obvious that this question of the security of our legal rights of practice will be the most difficult of our requirements to satisfy, and I think it can only be properly met by the combined strength and work of the British Medical Association.

SCIENTIFIC REQUIREMENTS.

As regards the meetings of medical societies, I said before that we would wish naturally that every reputable member of the profession in any district or place should have an opportunity of joining in all medical discussions, not merely as a visitor, but as a matter of right.

This would naturally mean that the privileges of a medical society should not be in any way exclusive. This can only be effected in the great foci of medical work—that is the large manufacturing towns—and can only be accomplished by the amalgamation of the local medical societies like this, with the local divisions of the British Medical Association, so that the scientific work of the medical society should continue as a kind of apostolic succession in the scientific work of the division.

Then we would no longer have the competition of two bodies endeavouring to carry on the same work, a competition which is absurd when we consider the work and the engagements of a man engaged in a busy practice, and consequently how impossible it is to bring medical men together more than a certain number of times per annum.

Then again, I must say that I believe if we could infuse a little less formality into all our scientific gatherings we should be able to make them more successful, and almost more agreeable, if that is possible. I always think when I go to a medical society, and see the formality of a president and a committee, secretary, and so on, that the business of the society might far better be conducted at one time and the scientific meeting at another. The most successful medical society, I believe, is the Physiological Society, which will not have a president at any price, which allows its members to smoke, and where the discussions are very agreeable instructive conversations and not dreary debates.

Meetings are the way in which we acquire knowledge of what our colleagues are doing, but it is only one way in which we learn. Moreover, it is a way that only affords the opportunity of learning at rare intervals.

At the same time, of course, medical work demands that we should have the means and the machinery for a very rapid diffusion of knowledge. Ours is a profession which more than any other requires a rapid diffusion of knowledge. Directly

something new, something worth learning, or likely to be immediately useful in our work is brought out, it ought to be before us all at the same time. The public occasionally hears of therapeutic remedies before we do, and usually not to the advantage of the public. But it is a very annoying thing if one ought to have known what you are told by a layman.

Now at present there is no organized system for the general diffusion of knowledge amongst the profession. When I moved at Ipswich some years ago that a committee for considering the reform of the Association should be appointed, I said then that it seemed to me that one of the first duties a reformed Association ought to take up should be the rapid diffusion of knowledge among its members. That, in fact, we ought to have in London a bureau of information to which any member of the Association could apply on any subject, connected of course naturally with his professional work, and that he ought to receive an answer, if possible, by return of post.

As a matter of fact, at the present time something of this kind does go on, but the unhappy official upon whom it falls is our Editor—the editor of a Journal who already has enough work to do. He endeavours, as far as he can, very courteously to find the right answers to questions of all imaginable kinds, but it is obviously wrong that we should ask one man to do somebody else's work as well as his own.

I suggest, and still hold, that we should establish a bureau of information in London close to the large centres, libraries and agencies, whence information can be rapidly derived. But that only touches the fringe of this subject.

The early diffusion of knowledge is also connected with institutions of the kind that you possess here, namely, the library. Now, as I said before, there are only 33 medical libraries in England. I would suggest that it would be perfectly possible—especially where we have amalgamation carried out, if that proves agreeable to the members of the various medical societies throughout the kingdom—for each Division of the British Medical Association to have its library—a small one at first, perhaps.

And further, that while the foundation of libraries was going on, the British Medical Association could do a great deal. Mr. Hart, who was himself responsible in founding the library in London, also had in his mind that that library should not be merely a place for people to turn into when they happened to be in London, but that it should be a focus from which books should be distributed to the various branches and units of the Association. This was only one of various ways in which he endeavoured to get the Association to take up this question of the diffusion of knowledge, but it was his especial wish that the central office in London, through its library, should be able to feed medical libraries throughout the country.

Now a large Association can do that sort of work easily, and the result would be that a library already established, like that of the Leicester Medical Society, could be made to extend its great advantages to each practitioner throughout the district, with very little expenditure of money and organization.

But, as regards the cost of these proposals, just as we considered the question of finance in relation to the matter of legal defence of our rights, so one must consider the matter of finance in relation to the diffusion of knowledge. If the amalgamation of the medical societies and the Divisions of the Association were effected, expense at first would undoubtedly fall upon the funds of the Association to maintain the existing libraries.

But, as I said before, when this is done from a central institution, instead of money being extracted with difficulty by local subscriptions, it can be done far more economically, and I do not for one moment believe that there would be much extra expense to meet if the medical societies throughout the country amalgamated with their local divisions. The maintenance of the library would then fall upon the Association through the Division.

During the reconstruction of the Association points, of this kind were considered by the Constitution Committee, and the by-laws admit of any local effort being made in this way as being an additional support to the objects of the Association.

One last word on the question of medical libraries, and that is to suggest that many medical men retiring from active work might greatly benefit their profession by donating their libraries to their respective Divisions.

To sum up, gentlemen, what I would desire to lay before you is this. That our local medical societies offer their members certain privileges. That as far as these privileges

further our professional work, I should like to see every reputable member of our profession sharing in them without any exclusive election.

I should like to see all extra subscriptions which we pay to such Societies abolished and the work of the societies merged with that of the Divisions of the British Medical Association. And I should like to see the organization of the British Medical Association develop, and by means of its Divisions, working practically automatically in each district, not only preserve those various privileges which we have enjoyed in our various societies, but confer fresh and greater benefits which only a great co-operative institution can bestow on its members.

This amalgamation for the sake of mutual progress means, of course, a certain destruction of sentiment, and I, myself, am keenly interested from an archaeological point of view in the preservation of sentimental feeling so long as it conduces and tends to the progress of humanity. But all organizations, medical or otherwise, are purely temporary—their only purpose is to meet the needs of the moment, and when those organizations fail to keep pace with the natural evolution of the circumstances under which we have to live it is quite clear that we ought to reconstruct the various machines that we have in operation.

If the various medical societies throughout the kingdom amalgamated with the Divisions of the British Medical Association, but one serious question arises, namely: the appropriation as it were of the property of a society. Where property exists, that property would become the property of the local Division of the Association, but vested in trustees, so that it would remain for ever in the locality where that property was accumulated.

I would say here, in parenthesis, that in all social affairs as the destination of property, we are, as a rule, really dealing with accumulations. We pay something here and there for maintenance, but on the whole we are dealing with and enjoying accumulated assets—accumulated by those who are dead and gone before, and in whom, of course, no power of property resides.

So, too, as regards names, very few of us would like to see old institutions disappear, apparently by the loss of the name. But I would like to point out to you that names, however honourable, are not in fact essential. If honourable, the name will live, and it is the work of the societies that we wish to continue, not necessarily the machinery which effected that work.

In conclusion, I think that the opportunity of consolidating our interests and our work is now before us, and that we have only to grasp that opportunity to find that our work and that those who come after us, will be both more useful and more happy.

CONTRACT MEDICAL PRACTICE.

MOTHERWELL, LANARK.

EARLY in the last century the medical men practising in the district of Motherwell agreed, in view of the rates of wages then prevalent, and in the hope of encouraging thrift and self-help, to give attendance during sickness as well as certificates of inability to work to the members of the Friendly Societies for the sum of 2s. 6d. or 3s. a year a member. Wages have increased, and the financial position of the Friendly Societies has enormously improved. The Friendly Societies having succeeded, now turn round and wish to kick down the ladder by which they climbed. The medical men of Motherwell finding that the Friendly Societies showed no signs of taking any action to recognize the altered state of affairs, decided last December to take action. They perceived that the payment of 2s. 6d. or 3s. had grown to be thought a remuneration for the services rendered; they intimated to the Friendly Societies that they were not prepared to continue this one-sided bargain, but that they were generously ready to go on with the work if the fee were raised to 4s. a year. This, of course, is not a remunerative rate, but the medical profession has always dealt very gently with the Friendly Societies. The proposal, however, has caused an outcry, and most absurd letters have been appearing in the *Motherwell Times*, all written under the delusion that 2s. 6d. a year is a remunerative rate. Some of the writers are either blind to the fact that they and their forbears have been for nearly a century the objects of the philanthropy of the medical profession, or have not sufficient independence to find that position irksome. The officials of the Societies appear to have formed a joint committee and advertised in the *Glasgow Herald* for a medical