An Address

ON

MEDICAL POLITICS,

Delivered before the Northumberland and Newcastle Medical Association on December 9th.

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I AM extremely obliged to you for giving me the opportunity of discussing one of the chapters of medical politics before so large and so representative a meeting.

RETROSPECTIVE.

Before I enter upon the real matter of what I have to say this afternoon, I would like to look back for the last three years to see what we have gained. I would like to point out to you that the whole question of organization and representation of the profession has been successfully revolutionized during that time. This reform or this treatment of our organization and representation has been obtained by what the Germans would call an unbloody operation. I mean that we have effected a revolution in our main Association—the British Medical Association—without hurting anybody either in their worldly prospects or, to any reasonable extent, in their feelings. In saying that we have revolutionized our representation, I would like you to remember that three years ago, when any question arose between the medical profession and the central Government of this country, the opinions of the profession were not only not represented to the Government but were misrepresented by various oligarchic bodies. The most striking example of that is my own College, the Royal College of Surgeons of England. The Council of the College—twenty-four gentlemen—constitute one-fifteen-hundredth part of the profession. They constantly refuse to listen to the voice of their fellow Members; they never adopt their advice, yet they speak always—and will continue to speak—as though they represented the profession. The General Medical Council also speaks as though it represented the profession. It is, of course, only an oligarchy, formed partly out of the educational but mainly of the examining bodies throughout the country.

THE COUNCIL OF THE BRITISH MEDICAL ASSOCIATION.

So we come to the British Medical Association. Until last year, when the Council, under the new Constitution, began to sit, the Council of the British Medical Association was practically an oligarchy and not truly representative of the profession. Now the situation is changed. Those of us who have the honour, and I must add the pleasure, of sitting on the present Council must feel every time they go to that Council how different the atmosphere is. The Council is keenly interested in furthering the interests of the profession at large. It has undoubtedly a remarkable capacity for business, as the disposal of its agenda paper shows, but, above all, it receives ideas and projects with the intention of seeing how far they can be got through, helped on, and not with the intention of seeing how they can be put aside. Therefore, in the Council of the British Medical Association we have gained during the last three years a truly representative feeling, a feeling that is representative of the profession. Not only have we gained this in the Council, but we have the highest development of the representative system in the Representative Meeting. It was the greatest pleasure possible to see how, when a question was put before the Representative Meeting at Swansea the members of the meeting instantly understood it, grasped the situation, discussed it with the fullest intention of wasting no time over it, and of settling the matter there and then. I had never been present at such a meeting before. The desire to do work, and the intention to do it, were most remarkable. As far as the central representation of the profession goes—or what I may call the collective representation—I must say that the new Constitution of the Association has exceeded what my friends call my sanguine hopes. I don't think I am foolishly optimistic as a rule, although I may be so on occasion, and I don't think that my ideas are necessarily very wild, but I certainly did not think that it would be possible in three years to have seen this change in the Association. However, there it is; and as

regards this central representation of the profession, there is no fear now, with the new Constitution of the Association, that when we have to go to the Central Government, to the Privy Council, to the Home Office, to the Local Government Board, which are the Departments with which our profession is most in contact, the profession's voice will not be heard.

We shall owe that to the British Medical Association, although, unfortunately, it will not at present be speaking with the full voice of 100 per cent. of the profession, but only with 55 or 60 per cent. of it.

LOCAL ORGANIZATION IN DIVISIONS AND BRANCHES.

So much for the central representation. Now, as regards peripheral representation. I am sure it was present to the minds of those who first moved to alter the Constitution of the Association that it was necessary not merely to rearrange the executive machinery of the Association, but that it was necessary to provide for devolution of government. The secret of every successful political or social machine is, of course, self-government, self-regulation. In all social life the individual, theoretically, should govern himself and his doings in the interests of the community. That is true socialism. Socialism is a sort of word that most people expect to see printed in red type, and I have no doubt that I shall be called to account for using it, but what we have to do in attempting to reform a large and powerful body like the British Medical Association is, naturally, to get at first principles, and, in this respect, the question of how far every individual can be helped to make his voice heard in a machine like the British Medical Association is a socialistic question, if you like to call it so. It was the idea of providing every individual in the Association with full political liberty that we instituted Divisions, and further fought until we obtained at Cheltenham the adoption of the principle that each Division should in itself be autonomous, that it should be an autonomic unit. What does this bring us to? It brings us to the position that it is ridiculous to suppose that any man or any body of men in London, for example, can, with any hope of success, regulate, or endeavour to regulate, the actions of the profession in any given part of the country. The fact is, of course, that for any given district—and the districts are topographically quite well marked off—the practitioners of that district alone can successfully deal with local conditions, and, therefore, all local questions must be settled by a Division or a group of Divisions—a Branch. The feeling is at present—not merely in Northumberland and Durham, but in the south-east of England, in Kent—that, where we have a manufacturing district (such as in the North) or an agricultural district (such as in the South) it is obvious that the interests of men in one Division will be almost identical with the interests of those in a neighbouring Division, and, therefore, the Divisions can, for certain purposes, be grouped. The original grouping that was, as it were, a legacy from the original Association, was naturally, a grouping into Branches, and so it came about that the old Branches were preserved.

This brings me to my next point, which is that, not only in recent times, but also, as I said at Leicester some months ago, in some parts of the country from the beginning of the century, there has been a feeling in different localities that the interests of the profession could be best met by forming local associations. That was, of course, perfectly true, so long as this Association was an oligarchic body and not a representative body. What are the conditions here? You have developed special associations and unions to deal with special local conditions—the Northumberland and Newcastle Association on one side and the Durham Union on the other side of the river. These associations or unions, of course, achieve their work successfully, because they are conducted and manned by people who know their business. It is perfectly obvious that the work of these associations or unions could not be successfully directed from any other part of the country. These unions or associations are exactly on the same footing as many local societies, but my feeling has always been that while, of course, they can deal with local requirements, they are only as it were half-fledged. There is no one question affecting the relation of our profession with the public which has not got a general side to it, just in the same way as there is certainly no surgical case which you do not have to treat generally as well as locally. A local association can apply the local treatment uncommonly well, better than anyone else, but it takes a whole association of the profession throughout the kingdom to deal effectually with the general side of the question. Therefore it seems to me that, for purposes of the

full development of our work and our interests, it is essential that local associations should be somehow merged in or affiliated to the British Medical Association.

THE NEED FOR FEDERATION OF LOCAL ORGANIZATIONS.

What I want to put before you is that your local combinations are necessarily lacking in federal power; and personally, it seems to me that they could perfectly well join with the British Medical Association. In fact, the British Medical Association in this respect can act in exactly the same way as does the British fleet towards the Colonies. The Colonies can, probably, very fairly defend themselves locally, but, of course, they cannot defend themselves against the world, and the fleet is called upon to undertake that part of the work. I think it is just the same, really, with the Association. If that be so, what are the difficulties attendant on fusion? Personally, I believe there is only one real difficulty, and that is the financial question. Every member of the Association is entitled to have his general interests supported by the power and by the funds of the British Medical Association; and, as a matter of fact, now that we have got a general secretary, a professional secretary (called an organizing secretary), and well-arranged standing committees, I believe we have the machinery all appointed and properly ordered to safeguard the general interests of the Association; but unfortunately—according to the views of many of us—the subscription to the Association was pitched by the general meeting at 25s. per annum instead of 30s. Now, if you will study the balance sheet of the Association and the estimates of its expenditure, you will see that it is impossible for the funds of the Association to bear the strain of additional expenditure called for by local associations or unions. So long ago, however, as the formation of the Committee to draft a constitution, we provided that any local organization, such as a Branch, should have power to raise from its members special funds for special purposes, and it was fully understood that, if such a condition of things arose as exists here in the North of England Branch, it would be competent to make a levy on the members of the Branch to cover any local expenditure that the Branch by vote determined upon. I cannot see, therefore, that this financial question presents any real difficulty. On the contrary, I think that the mere fact that you are issuing a summons for a special fund will, in one sense, constitute another tie to the Branch members and, I hope to the members of the whole profession in the district.

Again, when two bodies are called upon to amalgamate, the question of the officials or executives of these bodies is often looked upon as a difficulty. I am extremely interested to see that the local bodies here have been successfully served by solicitors as secretaries. I say I am extremely interested to see that, because my own experience (now dating some fifteen or sixteen years back) of the Defence Union, in which a somewhat similar state of things existed, was rather that it answered better to have a medical man as a secretary, paid for his expenditure of time, and that a solicitor's help should be called in in addition as required. Obviously, there are the two plans of doing this work. I don't see that the fact in the least militates against the amalgamation of the unions with the British Medical Association, because, clearly, you will employ, under the terms of your special fund, your solicitors as you have done heretofore. Personally, I think that all medical associations should have a medical man as secretary, because there are a vast number of questions which arise—very often very small ones in their beginning—which a medical man alone grasps immediately and can settle in a few minutes. I also think that no man should be appointed as a paid medical secretary of the Branches of an Association like ours unless he is, like each of us, in active work. I think he ought to be a young man who clearly understands the difficulties of the position. If he is, like the rest of us, obliged to earn his living, his time must be paid for. In other words, when you have a Branch like this in the North of England, with such duties and responsibilities as you have got before you, you ought to have a paid medical secretary and not an honorary secretary, because I think you would be demanding of one man more than you would be really justified in asking. It always seems to me that it is unfair to get a willing man to do a great deal of work for nothing.

To summarize, then, the position. I would suggest the importance of effecting a combination between your local machinery and the general machinery of the Association. The officers, who really hold honorary posts

and who stand, therefore, in a totally different position to the secretaries, the officers, of course, would naturally be sent by their respective Divisions to the Branch Council, so as to preserve continuity in the work. In saying that, I often think that we hear a great deal too much about continuity of work. I remember one of the greatest arguments brought against reforming the Association was that a lot of new people would come in who did not understand how to manage a large concern like the Association, a work which required experience. I do not agree with that at all. That is the principle of one-man government. It is perfectly true, no doubt, if you have got a despotism, but directly you make a political machinery automatically representative all these sort of difficulties disappear. They are imaginary. It is a question of measures and constitution—not of men. As men we are but pawns in the game. The moment we pass some one else takes up our work. The continuity of work will go on whether we are there or not. The real question is whether the machinery is properly constituted to do the work.

So far, I have been speaking of the consolidation of the local interests of the profession with the body which, alone, can represent the general interests of the profession. Under these circumstances I think you are naturally entitled to demand from me some sort of definition as to what these general interests are. My idea of the general interests of the profession is this: We all want to carry on our work with as much ease as work can be done in this world, and certainly with security. We want the State also to recognize the time and expense to which we, or our parents, have been subjected for our education. We want the State, consequently, to protect our practice. We are perfectly justified in saying to the State that this is a fair bargain. Of course, we know that the governing authorities are constantly being told by the so-called leaders of the profession that we are not justified in making that statement. Even the other day in the General Medical Council, Dr. Norman Moore, the representative of the Royal College of Physicians of London, one of the Colleges which has done more to injure medical education than any other, said that a practitioner had no right to protection. I have heard Sir John Williams also state that. I have heard a number of so-called leaders of the profession repeat it. I have answered them whenever I was given the opportunity, but nothing but what has been called the kindly lapse of years will get rid of that attitude of mind.

How does the new British Medical Association propose to meet these general interests? I think it is meeting them in a plain and straightforward way. It has reconstituted and reorganized its Standing Committees. It has divided up the work amongst those Committees, instead of throwing the work upon a single body—the Parliamentary Bills Committee—totally incapable of dealing with it. The work is split up into fractions and every man is given his part to perform.

MEDICAL REGISTRATION AND EDUCATION.

It is not enough to reorganize the executive of our Association. It is essential that we should obtain from the central government the reform of our present system of medical registration. We are not the only body which recognizes the extreme importance of registration. All sorts of bodies claim now to be registered, and with perfect justice. Our nurses now see that their calling is being invaded by people who have had no proper training, and they ask for registration quite justly. For a long time the plumbers have asked for registration in view of the sanitary necessities of accurate plumbing. The British Medical Association has itself, by direct vote, expressed sympathy with that movement. You know well that the maintenance of the purity of the Register carries with it the whole of medical education, and the whole of the protection of practice. The circumstances of registration at the present moment are that the General Medical Council is supposed to keep the Register pure, and is supposed to control medical education, which is the only way by which men can obtain entrance to the Register. In order to do that work it is allowed to tax the profession by imposing a registration fee, and this fee is what is supposed by the Government to keep the Medical Register pure and to enable the Council to keep an eye on medical education. The present state of things is that the General Medical Council, being really an assemblage of representatives of examining bodies who simply want students to come to them for their examinations, is not truly representative of the profession, and does not sympathize with the

profession in this matter of registration. One example of administrative and one of educational bearing will prove this.

Four years ago I pointed out, in the General Medical Council, that personation was committed by various evil-minded persons, who obtained medical practice by personating persons on the *Register*. It would have been supposed that that would have excited the sympathy of the Council: I met with nothing but hostility in bringing it forward. Eventually I obtained the appointment of a committee. That committee reported that the occurrence of personation was an important fact, that the regulations ought to be amended to prevent personation, and so on. The officials of the Council resisted me in every possible way, even with regard to the provision, insisted on by all Government departments and universities, that every person who wanted to register should write out the application in his own handwriting, so that we could trace that handwriting in future years. That precaution was actually opposed by the officials of the Council. After from three to four years' hard work, at last we got our report adopted.

Take another example: the education of medical students in preliminary science, etc. It has been a notorious scandal in London for many years, that the examination of the Royal College of Surgeons and the Royal College of Physicians in the preliminary sciences was hopelessly inadequate, that it was wholly faulty in principle, and that students were admitted to it who were not properly trained. Ten years ago the General Medical Council issued a decree relative to the five years' curriculum, which, if it had been loyally carried out, would have prevented this scandal. It was not loyally carried out, however. The Royal Colleges in England took the lead in evading it, and the Irish corporations in particular complained to the General Medical Council on that score. My first experience at that Council was to hear a discussion on that question. So it has gone on. This, gentlemen, is called "honesty" in medical politics. Because I have called it dishonesty I have been called to account. I intend to call it dishonesty again, because the position in which we now are is that, although these discussions have been going on all these years at a cost of at least £1,200 to the profession, we are exactly to-day where we were before—namely, that the Colleges resist the decisions of the Council on a point in which authority was vested in the Council by the Acts of 1858 and 1886. Last session I succeeded in carrying a resolution in the Council to the effect that the examinations of the Royal Colleges were insufficient. This session I moved that we should take the next step and go to the Privy Council. The Colleges, although professing that their examinations were all that could be desired, secretly began to alter them without letting the General Medical Council know, and this was brought up by Dr. Pye-Smith and Mr. Bryant as a reason why the Council should do nothing in the matter. To my mind, politics, like ordinary transactions of life, should be characterized and governed by the ordinary rules of honourable conduct, and it appears to me that the action of the Colleges is not honourable.

Further, not only is this the state of things in the General Medical Council by virtue of the Council's constitution, but it is leading to a decay of medical education as a whole. At the last day of the recent session of the Council a project of the Apothecaries' Hall in Ireland, which is a body which with great difficulty grants a licence to three or four men per annum, was brought forward—a project to abrogate all the decisions of the Council with regard to preliminary education and to start an examination on its own. It simply meant that this Hall, seeing that the English Colleges are flouting the decisions of the Council, intended itself to follow that bad example. It is a logical but a very immoral position.

MEDICAL ACTS AMENDMENT BILL.

It is clear that this question of registration cannot be left in the hands of the General Medical Council as at present constituted. That has been recognized by the Association for many years. A Bill has been drafted and circulated amongst the Divisions. The Divisions are answering in a way that I am sure many of the original reactionaries would never have dreamed of. The whole subject is receiving the most careful attention of the profession all over the country, and when that Bill is finally approved by the Representative Meeting, it will be brought forward in its proper place, and it will then be for the Branches in the country to move forward for the general interests of the profession. Much has been done, and much is being done; but there is one other point upon which I wish to say a few words. Although we can

have a successful machine, and although it can work itself successfully, it will do so far better, as far as our relation with the general public is concerned, if we have every member of the profession in the Association. In order that that may come about the Association must meet the wants of every practitioner fairly and reasonably. In order to do that we must have advice on all hands. At the Representative Meeting the Divisions must bring up their views by resolution. The motive power in the Association must come from the periphery. It cannot come from the central executive body in London. When this is fully achieved, when we have got practically every member of the profession in the Association, I believe that most of the existing difficulties in our medical life will disappear. I believe that many vexed questions of the present day will vanish, just as one saw in the Medical Defence Union how blackmailing rapidly declined as soon as it got known that such a thing as medical defence had been organized. The work of ethical committees, I think, will shrink, because when a man is a member of the Association he will feel the moral influence of all his co-workers upon him. Then surely the profession will gain in public reputation, and will reach that status which its disinterested and humanitarian work merits.

A Lecture

ENTITLED

AN INTRODUCTION TO THE STUDY OF CLINICAL SURGERY.

Delivered at St. Bartholomew's Hospital on December 16th, 1903.

By CHARLES BARRETT LOCKWOOD, F.R.C.S.,
Surgeon to the Hospital.

It is part of my duty to lecture to you on clinical surgery and also to teach it in the wards. I propose to try and impart to you some of the general rules by which I wish you to be guided.

In his delightful memoirs Marbot says that he has noticed that each profession has its point of honour. He instances the Alpine guide whose point of honour is never to desert the traveller entrusted to his charge. The sailor's point of honour is, first, the safety of the passengers, then that of the ship, and last of all his own. The point of honour of the medical man is the safety and welfare of the patient. Now the safety and welfare of the patient cannot be safeguarded without a correct diagnosis of the disease or injury. Clearly it behoves all of us to use our best endeavours to learn that indispensable art. To make a correct diagnosis the patient has to be examined. Now the examination of the patient is guided by a few simple rules: First, and above all, by those of Sir George Humphry, "eyes first and much, hands next and little, tongue not at all." No one could tell in a few words the meaning of these, but after a while, as their import becomes known, you will learn to use them without thinking and as a matter of habit.

Let us try to understand the meaning of these rules and begin with "Eyes first and much." In by far the larger proportion of surgical cases the effects of the disease can be seen with the naked eye. This is most fortunate, for we can be sure of what is seen, but by no means sure of what is felt, heard, smelt, or tasted; seeing is believing. But to see anything correctly, even the simplest thing, much thought and training are needed. You come here to be taught to see and to think. At first you may be disheartened by the hardness of the task, but after a while it grows easier, and you will have learnt not only to see what others can see, but perchance to show others what they have never seen. You will have become, in fact, an original observer. Seeing is far from being a simple act. The mind itself has to think over and pass judgement upon that which is seen. A clear mind which can judge correctly is a very rare gift, but I believe that every one can be trained to think clearly if he will only begin by acknowledging his deficiencies and seek to supply them. To see anything rightly is one of the hardest of tasks, but perhaps the hardest task of all is to give a clear and truthful account of that which has been seen. But after all, as the Stoic says: "No great thing cometh suddenly into being, for not even a bunch of grapes can, or a fig."

The science of reasoning is greatly neglected, and students