Opening of the Winter Session.

THE MEANING AND METHODS OF SUCCESS.

*Introductory Address given at St. George's Hospital,
October 1st, 1927,*

BY

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[AFTER congratulating the winners of scholarships, prizes, and certificates, and mentioning some of the advantages of competing for these rewards of ability and industry, Sir Humphry Rolleston discussed briefly the element of chance in the success or failure of a medical career. Looking back upon the careers of contemporary students and colleagues, it seemed to him that what might appear to the onlooker to be pure luck was often a capacity to make full use of whatever the wheel of fate brought to the feet. He then considered some of the essentials for a right conception of success in medical life, and the various forms which this success might take—the fashionable and financial, the intra-professional, the scientific and intellectual, the humanitarian and personal. The best form of success for the ordinary man to aim at was to preserve his own peace of mind and respect by the conscientiousness of honest work well done and duty carried out without fear or favour, by making others happier in body and mind, and by freedom from regrets for any action contrary to the golden rule "Do unto others as you would that they should do unto you."]

METHODS OF ATTAINING SUCCESS.

The arts of success (Sir Humphry Rolleston continued), like the forms of that consummation, are so varied that it would be difficult to mention them all; there is much shrewd advice in *Dr. Chesterfield's Letters to His Son*, by the late Sir William Dalby, on the fundamental questions whether or not medical practice and, if so, which branch of it, is suited to the character, temperament, and attainments of the individual. Some may be admirably fitted to deal with the sick in body or mind, others specially suited to laboratory investigation of the causes of disease, and so privileged to advance medical science, but less adapted to the complex practice of its art in the wards and sickroom. These decisions are, of course, momentous, for to follow the wrong profession is a tragedy and a sure bid for unhappiness and failure. But when what seems to be the right choice has been made, what are the further essentials? Obviously to start with, as in other professions, a thorough knowledge of the science and art—the two Janus-like faces—of medicine; and not only this, but to remain throughout life students, ever on the look out to observe and learn, for there is no trace of finality about medicine, especially in these days; to give up the student life on qualification is not to remain stationary, it is to go back, while others are going forward.

The final examination at the colleges and the universities only qualifies you to enter on a series of further trials and testings—the equivalents of examinations—of which the candidates may be unconscious but which are none the less effective and decisive, by patients, their friends, and professional brethren; medical life, indeed, is just one examination after another. Mental ability alone is not sufficient, though it goes a considerable way towards professional success; and here it may be interesting to quote Thomas Young. In his discussion of the relation between ability and success there is the following dictum: "However inadequate the possession of superior talents alone may be to ensure the confidence of the public, it must be a mistaken opinion, although it has been asserted by persons of no ordinary observation, that a man of great abilities is morally incapable of being a good physician." The explanation of the failure of ability alone is gently but more clearly explained by that great humanist Osler: "A physician may possess the science of Harvey and the art of Sydenham and yet there may be lacking in him those

finer qualities of heart and head which count for so much in life"; and more bluntly in Jacobi's warning "You may be ever so learned and yet an inefficient doctor," for indeed it is easy to be too bookishly learned and deficient in the wisdom of practical life. Peter Mere Latham, one of the great clinical physicians a century ago, when our science and art were infinitely less detailed and specialized than now, expressed a view which at first may seem somewhat surprising:

"Knowledge may be an encumbrance as well as a help. Many men know more than they are able to wield. There is a point (I believe) in the acquisition of knowledge (and this point varies infinitely in different individuals) beyond which, if more be acquired, the whole mass becomes useless to its possessor. I am acquainted with men who never have *done*, and never can do anything, because they know too much; and I am acquainted with men possessing comparatively small knowledge, so dextrous in its use that they have ridden over the heads of others far, very far, their superiors in acquirements."

Though reading maketh a full man, too much may induce mental dyspepsia, breed excessive obedience to authority, and so destroy any originality and independent thought. Read we should, but let it be methodical with discretion, and accompanied by critical analysis and digestion, so that the state of the stuffed Strasbourg goose be not the result. As a practical method of analysis a written abstract made at the time serves a double purpose—not only does it impress the details on the tablets of the mind much more effectively than mechanically underlining the book when sitting in an easy chair, but it is most useful for future revision. It is a common mistake to measure the amount of work by the clock; the real criterion is not the number of hours spent, but the degree of concentration brought to bear on the subject. Concentration produces the greatest effect in the minimum time and is the economical secret of the successful and busy man.

There are, in addition, other factors to be considered, especially the knowledge of men and women, which is so important in the treatment of the sick. Though, like most epigrams, "one-quarter of savoir and three-quarters of savoir-faire make the successful practitioner" may be an exaggeration, there can be no doubt of the value of the personal equation in gaining the confidence of patients, their relations, and professional brethren. A man should, of course, have the requisite professional knowledge, but he must also be able to make full use of his acquirements. This necessary personality is not shown by a bedside manner with a suggestion of pompous superiority; it is the result of getting inside the patients' minds so as to think their thoughts, feel their feelings, and thus understand their mentality and anxieties so thoroughly that the medical man is obviously their friend, with their interests so entirely at heart that nothing else counts. This is not an actor's mask, but the outward and visible expression of true charity and forgetfulness of self. I would like to subscribe to the following from an address given by my father in 1874 when distributing the prizes at St. Mary's Hospital Medical School:

"I believe that the rule 'put yourself in his place,' based on what modern philosophers call the principle of altruism, but what is found expressed plainly enough in much older language than theirs, is the rule which, if I were confined to the choice of one single guiding maxim to be given to a young doctor just entering upon the responsibilities of practice, I should choose for that maxim. Sympathy is truly called a divine gift, and it does assuredly give a superhuman power. I presuppose, of course, patience in investigation and carefulness in ratiocination; but such is often the obscurity, intricacy, and complexity of a medical problem that in the ultimate resort it is upon intuition rather than upon syllogism that its true solution depends. It is to the man who has the touch of genius, that strength of imagination which enables him to put himself in the patient's place and thus do full justice to him, that there 'arise' up light in the darkness.' It is for want of all this that 'great men are not always wise.'"

It is not enough to regard the patient as a machine out of order and an interesting problem in pathology; the man as well as his malady must be studied in order to be properly treated.

The faculty of inspiring confidence, like the love of children and dogs, may be inborn, for there undoubtedly are men highly esteemed and of acknowledged ability, but whom none of their friends think of employing professionally. A want of appreciation of the patients' state of mind, which is naturally focused on their ailments, may allow the doctor to discourse on his hobbies and private interests; they are, of course, important for his own well-being, but from the patients' point of view his *raison d'être* is solely to discuss their urgent needs. No doubt attempts to distract them from themselves have their place and value, but the time for this is after, not before, a full—often, it must be admitted, tedious—hearing and consideration of their troubles so as to unburden their minds and ensure complete satisfaction. In doing this there must be calmness without coldness, decision without dour dogmatism, friendliness but firmness. It may be difficult to steer between saying too little and talking too much, and while avoiding garrulousness there is the temptation to imitate those who by a sententious or somewhat cryptic phrase get out of a difficult situation for the time but seldom satisfy their patients' wants. Honesty and truth are essential, but what may at the time seem the whole truth should not always, in the light of human fallibility and his best interests, be communicated to the patient; thus a death sentence given bluntly on what may prove to have been insufficient grounds benefits neither the patient nor the doctor. It is well to remember that a doctor's dictum is not forgotten easily by his audience; and so, though often pressed for a premature opinion, it is wise to refrain from speculative prophecy, which of all mistakes is the most gratuitous. In making mistakes, as inevitably all must, it is better to err on the side of optimism than of pessimism. It was said of the late Sir William Osler that "he never left a sickroom without leaving behind renewed hope."

The doctor's relation with other medical men (popularly spoken of as medical etiquette or ethics, with a thinly disguised dislike and a suspicion of a mysterious trade unionism) is in reality a very simple matter—obedience to the golden rule of treating other colleagues as we would wish them to treat us. In carrying out this elementary principle there is nothing more obvious than total abstinence from adverse criticism of other medical men. To maintain your own opinion is right and proper, to depreciate the advocate of a different view not only savours of a weak case, but is an act of treachery to a profession the motto of which should be team-work. Some rather elementary people seem to have the delusion that by undermining the reputation of others their own will be left standing out in bold relief, not realizing that such prominence may be of a kind other than is hoped—namely, bad as well as bold, and far from advantageous to their interests. Before judging of what another medical man is reported to have done or said it is instructive to bear in mind how rumour may transform your own actions and remarks out of all recognition. The expression of unkind thoughts about another is a further step, and so commits the speaker that it has a boomerang-like effect, for whenever they meet he pays the embarrassing penalty of discomfort and realizes that "evil communications corrupt good manners."

IMPORTANCE OF GOOD HEALTH.

Almost as important as common sense and a sympathetic and healthy mind are good health and physique to withstand the strain of hard, continuous work. To avoid illness is no easy matter among the numerous exposures to infection in times of epidemic disease, especially when overworked. Doctors should not only advise, but in their own interests set a practical example in personal hygiene, proper recreation, exercise, and holidays, in spite of the numerous difficulties that surround them. From insomnia, headaches, and dyspepsia born of irregular and hasty meals a man may become angular, forgetful, and deficient in the qualities which make for his success with trying patients. The habit of keeping fit should be maintained during student life by combining, as the best men so often do, wisely organized work with active games, thus gaining,

in addition to professional equipment, experience and an imperturbable bearing in the give and take, the competitions, and the team-work of later life. On the other hand, great things have been accomplished by medical men crippled or physically handicapped in one way or another; incapacity in one respect may, by compensation and concentration, result in a high degree of excellence in another direction; the bodily weak may become a mental giant, and those ill adapted for success on general lines may, by intensive study in a narrower sphere, become specialists of eminence.

Terence's line "*Homo sum; humani nihil a me alienum puto*," applies most certainly to our humanitarian calling; but although wide culture, literary activities, and hobbies are good for the soul, these are for private use and not for parade. There is widespread belief, often no doubt erroneous, that a man cannot excel in more than one line, and so when a doctor is known, for example, as a writer of verses, most people are inclined to consider him too good a poet to be their common-sense guide, philosopher, and friend in unromantic medical matters.

A method of attaining success, though it may seem rather negative and involve some repetition, is to avoid the conspicuous causes of failure, such as mental idleness, unbusinesslike habits, forgetfulness, unpunctuality, habitual discourtesy, drug addiction, and intemperance. Against the last two rather blatant vices a warning may seem quite superfluous, but unfortunately not a few able men, already in good positions and reaping the harvest, have become shipwrecked on these vulgar rocks. No doubt there are often extenuating circumstances, such as anxiety to keep going when ill, hard driven, and exhausted, recurrent pain, insomnia, and acute mental distress; but the cause does not concern the public, who in any event would not be inclined to excuse the results on that score.

THE DOCTOR'S HIGH CALLING.

Introductory Address at the London School of Medicine for Women

BY

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I SHOULD like to begin with a brief reference to the London School of Medicine for Women itself. May I not say without presumption that a pioneer educational institution which has survived the strains and stresses of fifty years is bound to have acquired an established reputation? It either stands high or low in the general esteem. It has either made good or it has failed to rise above mediocrity. Well, there is no doubt about the status of your school, which, in conjunction with the Royal Free Hospital, holds its own in the best company among the medical schools of the British Empire. It is, indeed, an infant compared with Bart's or with Guy's, which have their traditions of centuries. But, after all, when we talk about traditions in connexion with medical schools, let us remember that their best traditions are scarcely older than the still recent days of Simpson and Lister, and that the London School of Medicine for Women was born amidst the epoch-making discoveries which marked the Renaissance period of British medicine. So it was under a lucky star that your pioneers burst their way through all the obstacles and vindicated the abstract right of women to enter the medical profession by proving themselves apt learners and practitioners of the art of healing.

RIGHT OF WOMEN TO PRACTISE MEDICINE.

The root of the opposition, I suppose, was sex prejudice, strengthened by apprehensions of intensified competition. Not that I dislike strong prejudices, either in men or women. They are often the very salt of life. But we must not hug them too long or too close, and, above all, we must be ready to recognize when a case is really proved.

I only recall this now senescent controversy because,