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President of the Ulster Medical Society

1882–83

Presidential Opening Address

Ulster Medical Society

14th November 1882

ON THE RELATIONS OF THE MEDICAL PROFESSION TO THE STATE, AND ON THE MUTUAL RELATIONS OF THE MEMBERS OF THE PROFESSION TO EACH OTHER.

We have been taught from our earliest days, and with most people it is almost a matter of belief, that though merit and worth, whether of individuals or classes, may be neglected or despised, yet sooner or later they are certain to obtain recognition, and to secure for their possessors all the honours, distinctions, and emoluments to which their character, genius, and usefulness entitle them. The medical profession has, I fear, reason to be sceptical of the general truth of this comforting idea. They have been waiting very long and very patiently. From the earliest times in the history of this country no member of the medical profession has been deemed worthy by the Sovereign to be elevated to the same dignity as the members of the church, the bar, the army, and the navy. The bright days of royal favour have not yet reached us. The majority of our most distinguished men, who have spent their whole lives in the service of humanity, and have done work which will bear fruit as long as the records of civilisation endure, have, as a rule, closed their career without any honorary distinction whatever. I do not think that any honour in the power of the Sovereign to bestow would have added any lustre to the name of a Hunter, a Jenner, or a Harvey; but still, that honours should be lavished on other professions whilst the medical profession is overlooked, is a matter for grave dissatisfaction. Had the late Sir James Simpson been a Frenchman doubtless our neighbours, who love to honour merit, would have conferred upon him senatorial honours. Lister – whose patient and laborious researches have revolutionised surgery, made operations, formerly perilous, now comparatively safe, almost banished from hospital the scourges of the surgical wards, diminished vastly the death-roll after all surgical operations, and gained for himself imperishable laurels – would, long, long ago, in any other monarchical State under the sun, have



received the highest distinction. But, I ask seriously, has the profession, in pursuit of its just claims to equality, followed the path known to lead to preferment? Has it not shown too little self-assertion, too little professional, and an entire want of public spirit? It has had little political influence, because it never tried to have any – it has had, until quite recently, no organisation – it has never shaken a throne or displaced a minister – it has never been a factor to be taken into account in practical politics. What reason, therefore, had it to expect aught but the reward usually accorded to those who meekly submit to neglect and injustice? To solve the problems of life and disease, and combat decimating plagues, may earn for the physician undying renown; but, to secure proper recognition by the State, the members of the profession must do as the ambitious of every other profession have hitherto done. I should not at all touch upon this question of honours were it not intimately associated with the question of the greatest possible good to be accomplished by the profession for the community.

I do not doubt that, to the philosophic mind, it will appear that a life spent in the quiet, conscientious

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performance of professional duties, free from the turmoil and bustle of public life, is the best and happiest of all. Were all men, however, to take this view our Social organisation, the result of ages of experience, would crumble into dust. We must have public men, and I hope to show that, in the interests of the State, we should have public medical men.

You will gather from what I have said my opinion as to the cause of this extraordinary and long-continued neglect. It is not merit alone which counts in the race for royal favour – it is political service, political power. Efficient public service cannot be rendered nor political power secured except by obtaining seats in Parliament. If Harvey, Hunter, Jenner, and others, have been the investigators and discoverers, where, may I ask, are the medical legislators to give prominence in our statutes to the lessons of their teaching, and where the medical administrators to give practical effect to such legislation in every corner of the empire? We want in our ranks legislators and administrators. To have chief administrators we require that medical men should be trained in the great school of public affairs. It is surprising how few members of the profession occupy seats in Parliament. I know that to a provincial practitioner it is practically impossible to pursue successfully his profession and devote a large part of his time to Parliament. But why do not many of the most eminent metropolitan doctors, who have enormous incomes and large fortunes amassed, seek to obtain positions of public influence out of regard for the welfare of the people? Their advice on all legislative matters touching the general health of the community would be certain to command the attention of Parliament. Continuous attendance would not be at all necessary, and their professional pursuits would not be interfered with so much as supposed. But, even were some loss incurred, surely many members of the medical profession would be found ready to make some sacrifice, like other members of the community, for the public weal, and to follow the example of the late Sir Dominic Corrigan and of Dr. Lyons, the able representative of the City of Dublin. If the profession only think of adding fee to fee, and do nothing more effective in the interest of the State than tender unsolicited advice, then how can they reasonably expect any honour whatever when ministers are besieged by persons whose votes may either make or unmake a ministry?

How grievously the public interests have suffered from the want of medical members of Parliament, it is impossible to overestimate. Let us take the sanitary laws in operation in Ireland as an

example. By an Act of Parliament passed only a few years ago, the dispensary medical officers were forced, under pain of dismissal, to accept the position of sanitary officers at salaries to be fixed by the boards of guardians. They derive a large part of their incomes from private practice, and self-interest, therefore, naturally suggests that they should not take sanitary proceedings which would tend to the rupture of friendly relations with their private patients. Their public duty and their private interests are, therefore, directly antagonistic. How, then, can it be expected that, by sanitary reports and legal proceedings, they should incur both ill-will and loss of income – and this, too, for a mere pittance of £10 to £20 per annum? Both the salaries paid and the officers selected rather lead to the suspicion that it was never meant that our sanitary laws should be really effective. I wish to do the officers every justice. Perhaps, under the circumstances, no body of men could have been found to have acted with more independence and more in the interests of the public. But the whole system is a blunder; and if we are to have the health of the people really looked after, the sooner it is supplanted by an efficient one the better. Indeed into the mind of man a more absurd idea could not have entered than that of making practising dispensary doctors the sanitary officers of the country.

What immediate advantages might be expected from the presence of twenty to thirty medical members of Parliament? Parliament would then have on the spot, and in a position of influence, men who, speaking generally, would be up to the current knowledge of epidemic and other diseases – their causes, modes of propagation, and the measures necessary to stamp them out; and who would be familiar with the general agencies actively at work undermining the health of the people. Further, medical men know more of the conditions of life of all classes, from the lowest in the social scale to the very highest, than perhaps any other class in the community, and I would confidently expect that any legislation to which medical men actively contributed would bear the impress of the very widest sympathies. But let me particularise a little the vastness of the interests of the nation in an effective sanitary system, which, be it remembered, can only be brought about by the earnest work of the medical profession. I have not the statistics of the United Kingdom before me, but you all know that hundreds of thousands die annually from preventable diseases. Try to estimate the loss to families and the loss to the State by the untimely death every year of this vast

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army of persons, who are either bread-winners, or have had large sums expended in their maintenance and education to make them bread-winners. Our losses in war from the weapons of war in the last half century would not probably equal the preventable mortality in a single year. But sanitary affairs are of importance not only to the civil community, but to our offensive and defensive forces. The great question of the health of the army and navy, on which not only our prestige as a nation but our very existence may sometime or other depend, is one especially for medical men. What is the use of a sick army? It is of more importance to have our men well fed, to protect them from unsanitary conditions – and they are legion – than to provide them with rifles a little more or less accurate in aim, or quick in discharge. The sanitary service should be a distinct service in the army, and should be entrusted to medical officers having nothing else to do – all sanitary orders being subject, of course, to the approval of the superior military officer. Besides these very important matters, there are others in which medical men would be able to give opinions more reliable perhaps than any other members of the community – for example, our poor-law, hospital, and asylum administration, protection of infant life, Contagious Diseases Acts, quarantine laws, the Acts relating to the Infectious and Contagious Diseases of Animals, and our Food and Drugs Acts. Further, medical legislators would be expected to have an influence in promoting scientific research by adequate endowments, and I would not confine that research to any one field. It should embrace not only diseases of man and the lower animals, but of plants. Surely it might well repay the nation to prosecute experiments on an extensive scale to ascertain fully the natural history of the potato disease, to find out a remedy more or less efficient, or to warn the people of all the circumstances of a local or general character which influence it. I do not know of any subject of more direct importance to Ireland. This disease so lessens the food-supply as to lead from time to time to a veritable famine, and is to be charged with no inconsiderable part of our social disorders. The discovery of a remedy for the potato disease would be of more material advantage to the people than many deep-sea dredgings or expeditions to observe the transit of Venus!

But now, leaving the general questions, I revert to sanitary affairs to consider the machinery for carrying out sanitary laws. I would say that with a body of medical members, animated by one spirit, the Government would probably be induced to consider

seriously the advisability of creating without delay a great State Department of Health with a Cabinet Minister and a subordinate or two with seats in Parliament. I know of no measure of more importance to the whole community, or one which would give greater satisfaction to the profession. Indeed I note this as a happy omen – that the profession is quite unanimous on the question, and that we only need some activity and the appearance of a number of additional able parliamentary champions to secure attention to our views. I believe that we are on the eve of vast and beneficial changes. We are drifting fast to the era of preventive medicine – then a large proportion of members of the profession will be engaged in the prevention, a more congenial occupation than the cure, of disease.

The chief places in the administration of such a State Health Department, or at least some of them, should be filled by those best suited by previous training to deal with all the questions involved – viz., medical members with good capacity for organisation and general management of affairs. The present sanitary officers should be relieved of duties which they never sought, and which they accepted only through the compulsion of the Act of Parliament. The whole kingdom should be divided into large districts, each district having a chief medical officer with assistants, all to be appointed and removable by Government, so as to secure that independence of local interests without which no sanitary system will ever work satisfactorily. These officers should all be legally qualified practitioners with diplomas in State Medicine, and should be required to devote the whole of their time to sanitary work in its broadest sense. The chief sanitary district officer should have some legal training and should hold the commission of the peace. He should be empowered to hold sworn inquiries when to him it should seem fit in all sanitary matters of importance, such, for example, as the cause, progress, and avenues of dissemination of epidemics. All new houses should be inspected and certified by himself or one of his subordinates as fit for habitation before occupation; the sewerage and water supply arrangements should receive his special attention. To inquire into all matters affecting, immediately or remotely, the health of the whole or any section of the community, should be within the functions of the sanitary officers.

Although I have only spoken of the advantage to the public arising from the accession of a large number of medical men to the parliamentary ranks, and the creation of a great State Department of Health with its officers in every district of the

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kingdom, we cannot close our eyes to the fact that the profession would thereby derive much dignity and honour. I doubt not also that, with such a department, the medical profession would furnish more aspirants for parliamentary honours than at any previous time, and that the too well-merited reproach of want of public spirit with which the profession has been so often charged would soon be a thing of the past. Let us hope that we may soon have in our British Parliament representatives of medicine not less distinguished than the late Nélaton in the French and Virchow in the German Chamber.

But now I proceed to the second branch of my subject, and one which, though it may seem to bear directly on the mutual relations of the members of the profession to each other, yet involves the great question of the elevation of the profession in the highest degree. Dr. Thompson, the late President of the North of Ireland Branch of the British Medical Association, delivered some time since an admirable Address. He detailed a scheme for the defining of different grades of the profession and regulating fees. No doubt he had given the matter much attention, and all must concede that he dealt with the question in a very able manner. As you are all quite familiar with his views, I shall not enter upon any explanation. I think his proposals hardly adapted to the circumstances of the time. My chief objection to his scheme was this, that I did not conceive it possible to bring about such a change by any spontaneous action of the medical profession. The profession will, in my opinion, only be reformed and advanced by action from without. The self-interest of the public is the lever I would use. Law has seldom been reformed by the spontaneous action of practising lawyers, and Church reform has been very seldom the work of clergymen. I trust this may not seem a very startling proposition. I believe, however, that all professions are so thoroughly conservative that they would hardly ever budge an inch if not impelled by controlling influences outside. Now, let us examine the hollowness of our whole system of consultations. A patient under the care of a general practitioner drops into the rooms of a consulting doctor, sometimes with a verbal message or a short letter, and as often without either. He undergoes an examination which, under the circumstances, may be very imperfect, receives verbal advice, and very often an opinion so ambiguous, so undecided, as to be practically valueless. Hurried examinations, an endeavour on the part of consultants to do more than they legitimately can, lead to the cultivation of a talent in too much repute – that of concealing all doubts and difficulties,

and of giving opinions which in any event will turn out quite correct. Of this course I would even dispute the worldly wisdom. I affirm without hesitation that if we are to have medicine and surgery raised more and more to the dignity of a science, and the profession advanced in worldly estimation, we should aim at having more precise knowledge, more early and accurate diagnosis, and more certain prognosis and treatment. This can only be secured by an expenditure of time, by giving to each individual case the most painstaking examination. I do not conceal from myself the complex questions which may render a clear opinion almost out of the question, but this only demonstrates the imperfection of our knowledge and the hopelessness of advancing medicine and surgery, which have already attained such vast dimensions, by the labours of men who pretend to an “all-round” capacity. We require concentrated, not diffuse, light to dispel the mists. We must look for the attainment of truly scientific knowledge to the labours of educated physicians and surgeons who, wisely reckoning the slowness of human progress and the shortness of the span of man’s active life, fix their attention mainly on limited departments, explore fields shrouded with darkness, endeavour to add new territory to the domains of knowledge, and utilise all previous discoveries to guide them on their chosen paths of research. Practically almost all our advances have been made by men who have so concentrated their efforts.

I now intend to suggest a mode of consultation which would, I submit, improve greatly the status of the general practitioner, and raise a class of consulting practitioners of special eminence. Let us take a lesson from the legal profession. A man of means, if touched in pocket or in feeling, consults his solicitor, requires a case to be stated for counsel, a fee to be marked according to the difficulties of the case and the standing of counsel. Money is very often no object, and this even in cases involving a mere trifle or arising from offended vanity. Yet, in matters of health and life we have no trouble taken, often not even a letter from the attending doctor; the consultant receives his one, two, or five guineas, as the case may be, for work which, if thoroughly done, would require the examination of almost every organ of the body, complex urinary tests, frequent microscopic examinations, the use of the stethoscope, laryngoscope, ophthalmoscope, sphygmograph, or haematocytometer. How many men, in large practice, for any ordinary fee, could be expected to do this work, and how many men are capable? I fear not one but several physicians and

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surgeons of eminence in special departments would be required to give reports on these questions. Is it to be supposed that a man of ample wealth would hesitate for a moment in a matter of such extreme importance as a question involving his own life to pay liberally for a complete statement of his case by his family attendant, and suitable fees to consultants for a full opinion on every point? We have too little formality in the profession. We are got at much too easily. To carry out such a system as this – and of course it would be applicable only to persons of considerable means – the men in general practice would require more leisure, and the consultants would be obliged to limit very much their consultations both in number and scope. Then look at the incentives to care on the part of every member of the profession. The doctor who wrote the case would find his credit involved, and would not, therefore, spare any trouble to show himself conversant with all the bearings of the malady; professional men would be very careful about the preparation of documents which might be kept for future reference amongst the papers of their patients. The consultant would be obliged to be equally careful, as in case of an unfavourable opinion he would perhaps be subjected to the judgment of men more able or more careful than himself. This is precisely what happens from day to day in the profession of the law. In case a barrister gives an opinion which is not so clear as to satisfy the solicitor or his client, the same case is sent to one or more counsel for further advice, and the opinions compared. How much better this than the utterly unsatisfactory, haphazard system which has prevailed up to the present time in medicine. I need not point out to you that the adoption of such a system would lead to the cultivation of special branches by consultants to an extent hitherto unknown.

I need not say that I have been a careful observer of a tone of speech which has been cultivated in many quarters, and which is based on false notions of human capabilities, and of what is best for the interests of the public and of the profession. We have heard of the “all-round” man; but, if you allow me to say so, I think the pretension by any man to be what has been called the “all-round” man, bears with it the evidence of rather too much self-satisfaction. I should like to see the man whose opinion in every branch of medicine and surgery, or even medicine or surgery, would be accepted by the educated public with any confidence. Consultants, no matter how great their attainments, or how wide their education, come to be specialised, not simply by their own natural taste and peculiar capacity, but by the

discernment of the public, and the very action of the profession itself. In case of ovarian or uterine tumours in wealthy patients, do you not select Spencer Wells or Keith; and are not these gentlemen, through your very recommendations, and by the influx of patients suffering from special ailments, obliged to become special practitioners, their whole life-work being specialised? In obscure nervous affections do you not consult Brown-Sequard, Charcot, or Hughlings Jackson? I might go over the whole range of medicine and surgery in illustration of the tendency of the profession to move towards specialism, at least as regards consultants and operating surgeons. I anticipate, too, that our future advances will be by special practitioners – in fact, all our progress for a great number of years has, as I have already said in another way, resulted from a concentration of talent on some particular department of medicine or surgery by men of good general knowledge, who have directed their energies in a particular groove.

I can only say for myself that, in my opinion, the questions to be solved in connexion with even one of the departments in which I chance to be actively engaged might occupy, with advantage, the whole lives of many able men – I allude to the department of the ear. No doubt a vast deal has been done in recent years, and the results of the most brilliant character are commonly obtained; but still there are problems, most important problems, waiting solution. I ask what man engaged in the multifarious duties of general practice can afford to give his time for that patient observation, that close study of the individual cases which are essential to make a single step in this difficult department? To a man engaged in the hurry-scurry of general practice from morning till night and night till morning, the thing is wholly impracticable; and if we are to wait for the advance of knowledge of ear-disease for some universal genius, we shall wait, I fear, till the “crack of doom.”

But not only is the tendency to a specialisation of consultants, but there is a steady advance towards more or less of specialism generally. There is a spread of knowledge amongst the general community which will precipitate the change. Families, instead of having one doctor, will soon have several. There will be some re-arrangement; but it will be a positive advantage both to the public and the profession. I have no doubt that it will be soon quite common for families to consult independently and directly the doctor they consider best qualified to give effective aid in any particular ailment, instead of consulting really or formally one for everything. The gynaecologist would

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have charge of midwifery and diseases of women; the ophthalmic and aural surgeon, of cases of disease of the eye and ear; the general surgeon, of general surgical ailment; and the physician, of the ordinary medical cases.

I trust that I have been as plain as I intended to be. I have, no doubt, touched on many knotty points, and I may have run counter to some pet professional notions. At the same time, I would have you bear in mind that, in all human affairs, diversity of opinion and honest but conciliatory maintenance of a position believed to be right, is the best safeguard against that absolute stagnation which is alike the ruin of states and professions.