

Desmond Alan Dill Montgomery (1916–2003)

President of the Ulster Medical Society

1975–76

Presidential Address Ulster Medical Society

THE ULSTER MEDICAL SOCIETY. QUO VADIS ?

EACH YEAR at this time the incoming President is given the opportunity of addressing the Society on some theme of his choosing. My duty is clear enough – I have to give a talk! Equally clearly, your work is set before you. You have to listen! I trust we will finish our work at roughly the same time and as well disposed to each other as when we started.

This session will prove to be an important landmark in the life of our Society. Early next year we will take up residence in our new home in the extension to the Biology building. Over the years we have had several homes. The most famous, of course, was the Whitla Medical Institute, a building of great elegance and comfort, with which many of you were familiar and loved greatly. Dr. Allison recalls in “The Seeds of Time” that, “Sir William’s great affection for the Society led him to donate a permanent home or Medical Institute to the Society in College Square North, which was then the University Square and College Gardens of the period. He spent £6,000 on its building and furnishing before it was declared open in 1902”. Earlier meetings were held, first in a rented house in High Street and then in rooms in the basement of the new wing of the General Hospital in Frederick Street. In 1884, the Society moved again to the Museum buildings in College Square North. From there it was but a short step across the road to Sir William’s magnificent new Medical Institute. Here the Society remained at home for the next sixty years or so. Alas, in the sixties, the rising cost of its upkeep, the threatened imposition of rates and the decreasing use made of the premises by Fellows who could no longer find parking space for their cars in the vicinity, forced council to relinquish the property and it was sold to the governors of the Royal Belfast Academical Institution. This sad chapter in our history is vividly retold in Dr. Strain’s excellent paper on the “History of the Ulster Medical Society”. Since then we have been most generously housed by the University, first in the Keir Building and more recently in the Institute of Biology. Through their further consideration and



help, permanent accommodation has been provided for the Society in the extension to the Biology Building and we hope to take up residence early next year. Then we shall have the opportunity of thanking the University authorities properly, for their kindness.

In 1967, Dr. Strain wrote these prophetic words: “Perhaps too in days to come, at some focal point dedicated to the purposes of the Ulster Medical Society the stone faces of Gordon, Andrews, Redfern and McCormack, with the portrait of Sir William himself, may look down on a new generation of their professional colleagues and not be left to stare in vain into the traffic-turmoil of College Square North where the Hippocratic tradition no longer prevails”. All this has come to pass and these splendid men, the “immortals” of the Society, have returned to their proper setting in a medical environment. The Society must be for ever grateful to the trustees, the University and successive members of Council who, with wisdom and dedication, have made all this possible.

The new session, 1975–76, upon which we are now entering, opens the fourth quarter of the twentieth century and it seems an appropriate time to think about our Society, its place within the field of

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medicine, and the role it is to play today and in the future. We all recognize, I think, that we have received a goodly heritage from our founders, and the acquisition of a new home provides the impetus for the Society to regain some of the vigour of its earlier years. No organization like ours can rest on past achievements alone and hope to flourish. If the Society is unwilling to change as the needs of medicine alter, it will perish. While I see no signs of instant demise I wonder do I detect a little hardening of the arteries; some middle- aged complacency; perhaps an unwillingness to recognize the extent of the change that is taking place in medicine and contemporary society. As I thought about this I recognized that we would have to ask and try to answer some searching questions about our Society. I expect some of the younger Fellows and Members have been concerned with the same sort of problems. And so I thought that I would share my questions with you and see if we could assess the Society's present state of health and try to reach some conclusions which may possibly give us guidance for the conduct of our future affairs and development.

My questions are:

What is the Ulster Medical Society?

What has it done in the past?

What does it stand for today?

What should it do in the future?

Who speaks for medicine in Northern Ireland today?

To answer my first two questions certain points of reference and historical facts are needed. At first I turned to our constitution but to my surprise I obtained no help. Indeed, this document, which was readopted in 1972, is strangely silent on the purpose and object of the Society. As you know, it is the boast of the British people that they have no written constitution. Perhaps, unconsciously, our founders felt there was wisdom in this attitude, and decided not to be too definite as to what the aims and objects were to be. This reluctance proved costly because subsequently the Society was unable to prove that its purpose was principally scientific and educational. As a result, legislation was introduced to compel us to pay rates from which we had previously been excused on the mistaken assumption that we were entitled to exemption. Thus the answers to my first two questions can only be found by looking back to our foundation and the subsequent growth and development of the Society. By analysis of the evidence it is possible to discover some of the answers. But before doing so it is helpful to look at historical developments and the reasons which drove

medical men to combine together into groups for their mutual learning and advancement.

The precursor of the medical societies in the United Kingdom was the Royal College of Physicians of London, founded in 1518 by Thomas Linacre and incorporated by Henry VIII. In 1540, the Barber-Surgeons were incorporated and the Apothecaries followed in 1606. However, none of these was then, or subsequently, anything like a medical society as we understand it. In fact, we have to wait for over a century for the birth of the earliest strictly medical society. This was founded in Edinburgh in 1741. London followed soon afterwards in 1752, and several more were formed in the second half of the 18th century. In America, a similar pattern evolved. A medical society was reportedly in existence in Boston in 1735 and survived for a number of years. However, it was not until after the revolutionary war and in the new climate of independence that medical societies started to flourish.

Belfast did not lag far behind the others, for in 1806, "the most respectable physicians, surgeons and apothecaries, not merely of the town but of the vicinity likewise" enrolled under the designation of the Belfast Medical Society. A. G. Malcolm says that those responsible were activated by a spirit for mutual improvement in their common profession and that they were united for the purposes of affording to each an equal opportunity of obtaining professional information, by the contribution of all to a common purpose. This was the guiding principle of the Society which half a century later, in 1862, to be precise, joined with the Belfast Clinical and Pathological Society, a relative newcomer founded in 1853, to form the Ulster Medical Society. Clearly these men were activated by a desire to meet, to talk about medicine and to widen their knowledge. Education and unity seem to have been their watchwords and yet, as I said earlier, no hint of this was evident in their articles of association. No doubt the Society was a means of fostering friendship between members of the profession but the primary purpose seems to have been this desire for collective education and mutual self-help.

We may well ask what was responsible for the remarkable growth of medical societies during the latter part of the 18th century and the first part of the 19th? Largely it coincided with increasing knowledge of natural sciences and the first flowering of the scientific method in medicine and surgery, together with the decline in empiricism. As new discoveries were made and improvement in methods of treatment arose, inter-change of views and opportunities for

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discussion of new ideas became a necessity. It was the age of revolution and revival. Medical men, no less than others, were shaking off the shackles of a dead past and the dogmatism of previous centuries. The ancient tradition by which doctors profited from secret remedies, of which the midwifery forceps of the Chamberlens was a prime example, was no longer acceptable. Medical men as members of a liberal profession were now eager to be the first to share new knowledge with their colleagues. With the rapid dissemination of new ideas it is not surprising that our founders were so concerned with education and the development of the art of medicine. This aspect excited the interest of Sir William Osler and formed the theme of his centennial address in 1903 to the New Haven Medical Association, a society which is our senior by a mere three years. Osler underlined the importance of education of the doctor after graduation and emphasized the place of the medical society in furthering this aim. "No class of men", he said, "need to call to mind more often the wise comment of Plato that education is a life-long business". The doctor's further education comes from patients, from books and journals, from association with colleagues and from thoughtful observation and reflection on life itself. He went on: "The well conducted medical society should represent a clearing house in which every physician in the district would receive his intellectual rating and in which he could find out his professional assets and liabilities. It keeps his mind open and receptive, and counteracts that tendency to premature senility which is apt to overtake a man who lives in a routine".

There is no doubt that our Society fulfilled this role effectively. It provided a library, some of the most important medical journals of the day, a reading room and regular well-conducted meetings. Over the years the educative role of the Society was outstanding. Additionally, the Whitla Institute provided many of the amenities of a club which, in the leisurely days up to the Second World War, added greatly to the enjoyment of the Fellows.

As knowledge increased in the 19th century more and more practitioners became specialists. These men had to cultivate their own postgraduate education for their very livelihood compelled them to keep abreast of the times. In those days the simple law of the market place demanded the regular up-dating of their knowledge. The practitioner, on the other hand, had no such strong incentive to increase his knowledge and, indeed, might have become sadly out of date without the stimulation of meeting keen minds and cultivating the new learning that the

developing specialties were providing. The Society supplied opportunities for both to learn but it also offered a convenient place for specialist and practitioner to meet. Circumstances made it essential for the young specialist making his way to be on view. It provided him with a forum to show his wares with a contribution or discussion on his specialist subject.

It was during the session 1873-74 that the Ulster Medical Society first published its transactions. These were printed in the Quarterly Journal of Medical Science in Dublin, but in 1884 they were published separately in Belfast. Volume one of the Ulster Medical Journal as we know it today was issued in 1932. Council has always believed in its importance and felt that it should be recognized as the journal of the Belfast Medical School. Many a young medical writer has had the pleasure of seeing early work printed in its pages. As well as providing an outlet for local research, the journal acts as a repository of local medical history. Each Presidential Address to the Society, the Annual Oration at the opening of the hospital year at the Royal Victoria Hospital, named lectures and biographical papers on prominent members of the Medical School are afforded space. Within its pages a rich harvest awaits the sickle of a future medical historian.

Thus, the Society evolved over the years providing unity of purpose, friendship and the opportunities for professional education.

In what I have said so far I have attempted to answer briefly my first two questions, viz, what is the Ulster Medical Society and what has it done in the past? Now I want to spend a little time considering what the Society stands for today.

The easy association between practitioner and specialist to which I have drawn attention and the happy equilibrium on which this was based, could not last for ever. As long as medicine, surgery and midwifery did not advance too quickly the balance was maintained and members were largely in touch with each other. Indeed, until World War Two the inscription physician and surgeon was found on many a brass plate and the all-round competence of the provincial surgeon was legendary. The rapid advance of scientific medicine in the second and third quarters of this century and particularly in the years following the last war changed all that. Scientific medicine has created the need for the specialist in ever-narrowing fields. As each specialty and sub-specialty has developed it has demanded a place in the academic sun. Lord Brain put it neatly when he said: "that as each specialty came of age it demanded a front door key to medical education and a roof of its

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own in the curriculum and examination hall". "The curriculum," he went on to say, "should not be that of a honeycomb in which individual bees add cell to cell, but rather that of the cerebral cortex in which all the cells are functionally inter-related."

Nonetheless, for the very reasons that drove the founders of our Society to join together for support and education, the newer specialty groups have felt the urge to band together to promote their own developing interests. So widespread has this become that in Northern Ireland today, there are no less than eight specialist societies as well as a host of local medical societies and clubs throughout the Province. I make no mention of National or European specialist societies nor those confined to Ireland as a whole. This development has tended to fragment the profession and the Ulster Medical Society has suffered in the process. The specialist society has its part to play in maintaining the thrust of scientific medicine but there is a real danger that they will flourish to the detriment of our own membership. Some of these organizations, however, maintain links with the Ulster Medical Society. One, for example, the Ulster Society for Internal Medicine, insists that its members must be fellows of our Society. Others, while not demanding co-membership hold joint meetings with us and contribute usefully to the programme. While the growth of the specialist society is understandable it carries with it the risk, it seems to me, of creating groups of doctors so specialized and devoid of contact with their fellow specialists, that they are quite out of touch with developments outside their own sphere of interest. Divisions are widening because communication between specialities is becoming more difficult, due, as Mr. Kennedy reminded us in 1971, to their excessive use of jargon and neologisms. As a result, we are perilously close to the situation described so graphically in the book of Genesis: "And the whole earth was of one language and speech And the Lord said, Behold the people is one Go to, let us go down, and there confound their language, that they may not understand one another's speech".

Where is this process to end? Can it be halted? Should it be halted? Whatever one may say, specialization is here to stay and no one would contemplate a retreat from the remarkable benefits that it has conferred. Somehow, we must provide a means to integrate the new learning so that it can be made intelligible to the widest audience. Here our Society has an important role to play. Firstly, by providing a platform where specialists can speak to each other and those of us with a more generalized

training. Secondly, our audience with its wider perspective can demand simplicity and a sense of proportion in the presentation and discussion of even the most obscure subject. It is excellent discipline for the specialist to be compelled to explain his subject to an audience unfamiliar with its technicalities. Often by doing so the specialist gains fresh insights into his own problems. Sir Geoffrey Vickers advanced this idea amusingly when he wrote: "Even the dogs may eat the crumbs which fall from the rich man's table, and in these days when the rich in knowledge eat such specialised food at such separate tables, only the dogs have a chance of a balanced diet". Our Society can and does provide the medium whereby we may obtain a balanced diet of learning and where we can enjoy the titbits from the exotic dishes prepared by those working in specialized fields. While recognizing the danger of over-specialization, we must not fail to appreciate what the specialist is trying to do, nor must we ignore them. Let us borrow some of their enthusiasm so that we may enlarge our own horizons. I believe that the dangers of over-specialization can be contained. All of us, I think, are realizing that the totality of medicine is greater than the sum of all its individual parts. Its strength lies in a proper amalgam. Only within a society like ours can this be achieved. We provide the opportunity for each branch of medicine to bring their skills and new knowledge to the notice of their colleagues and the chance to maintain contact with experts in other fields.

After the last war, Dean Acheson, the United States Secretary of State was severely criticised for daring to say that Great Britain had lost an Empire and was seeking a role for itself. Wordsworth's lines describe the setting:

"Whither is fled the visionary gleam,

Where is it now, the glory and the dream?"

Are we, today, in the Ulster Medical Society, facing the same sort of situation? Our pioneering role in postgraduate education is being taken over by the new postgraduate centres which have the advantage of receiving financial support from Government sources. The resurgence of interest in postgraduate education by the older Royal Colleges and the creation of newer colleges full of enthusiasm and drive have created facilities for specialist training to an extent never seen before. Nowadays, so much more is being demanded of the profession. More scientific knowledge, more heroic surgery, more sophisticated medicine entail higher standards of qualification and specialist training. As a consequence, the programmes offered by these institutions far surpass anything that our Society

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could offer. Nevertheless, I detect a danger in the present situation in which the emphasis on technology and expertise is getting out of proportion. In our attempt to become masters of the science of medicine we are in serious danger of becoming illiterates in the art and forgetting that our primary purpose is caring for the sick. The recognition of the proper balance between the art of medicine and the science of medicine must be the aim of us all. Our Society, while partly shorn of its educative role, is uniquely placed to cherish and foster the art. Here is one of our essential tasks. If we fail to grasp our opportunity it is unlikely that the postgraduate centres, with their narrower perspective and concentration on the newer technologies will do it for us. The hard won art is easily made to look archaic. Don't let the technologist fool us for the true art of medicine is our most prized possession.

While I accept that a society like ours has largely lost out in specialist training programmes, we still have an important part to play in the education of the doctor. In a recent article, Murphy reminds us that medical education is made up of three separate strands. First there is the transmission of fact and routine methods. A more difficult step is education which is concerned with the structure of thought and inference, and the synthesis of knowledge into a coherent pattern. Lastly, the most elusive object is the cultivation of mature scholarship which requires that not only knowledge and organization be imparted, but that perspective and critical analysis develop as well. The first two can be acquired without great difficulty. The third is more elusive but it can be found and fostered in the company of minds, wiser and more mature than our own. A venerable society like our own can provide the necessary atmosphere in which our minds develop and ripen. Here too, we can learn that the best men in the profession are those who rate wisdom more highly than cleverness, who value compassion as much as efficiency and integrity more than expediency. Scholarship, the art of medicine and the cultivation of the highest codes of the practice of medicine for the wellbeing of our patients are ideals that our Society is best equipped to keep alive. If we fail they will be in real danger of being lost.

Earlier, I mentioned how the Ulster Medical Journal came into being. What then is its purpose today? The maintenance of a progressive medical journal is one of the most important tasks facing the Society. Its upkeep is expensive and costs of production continue to rise steeply but its value to the Society and to the medical school is more than can be quantified in monetary terms. While this is

true there is a tendency for more senior authors to feel that papers printed in the Ulster Medical Journal do not find as wide an audience, as when they are published in the national journals or in the Irish Journal of Medical Science. This is true, and while I can understand their reasons, I think that Fellows who are publishing regularly have some obligation to support their own journal from time to time. There is sufficient material being produced in Northern Ireland today to double the size of the Journal. By increasing the quality of the papers printed, the Journal's influence will be greatly enhanced. A great deal of research is being done in the province, the results of which are finding their way into specialist journals elsewhere. This, too, is understandable, but isn't it a pity that workers elsewhere often know more about discoveries made here than those of us working close at hand? I recognize that in an age of specialization the Ulster Medical Journal must retain a general role if it is to fulfil the purpose for which it was created. However, I think we would be well served if some of our younger colleagues would consider writing brief reviews of their work for inclusion in the Journal. This would help us all to keep up with new ideas and to follow the progress of research which is exciting attention elsewhere. The Journal is an important asset and we must keep it afloat and try to increase its prestige. I urge Fellows and Members to recognize its worth and support it wholeheartedly. I believe a journal like ours forms an important part of any societies' survival kit.

Osler stressed the importance of well-conducted meetings for the prosperity of a medical society and in recent years the quality of our meetings and their scientific content has not been excelled. Local communications are of a high standard while distinguished scientists are happy to appear before the Society as Guest Lecturers. The membership stands at over six hundred and is in positive balance by about two hundred in comparison with the years when I was Secretary. However, there are more than two thousand seven hundred qualified doctors in the province so that less than a quarter of those eligible are members of Ulster's oldest and most influential medical society. This must give us cause for concern and I believe that Council must consider methods of stimulating recruitment. All of us must adopt a positive attitude to attracting new members and encourage our colleagues, senior and junior, to join.

This, then, is the state of the Society today. I believe we are coming to terms with the challenge of specialization and recognizing the need to adapt ourselves to the changing pattern of medicine. The

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Society is fulfilling an integrative role for a divided profession and striving to maintain the highest ideals of the art and practice of medicine. The Journal is maintained and I have suggested ways in which it might be developed. Our move next year into permanent accommodation will give us fresh hope for the future and provide a real stimulus to meet the challenge of the next twenty-five years.

I hope from what I have said that the picture of your Society is emerging more clearly. I do not need to apologise for reminding you of our past or present. The present depends on the past, and thus it is essential for every society to recall former days lest they forget their origins. This has been a recurring theme from man's earliest years and forms the basis for many ceremonies of remembrance. It is well to recall from time to time our "famous men and our fathers who begat us". Their names are all recorded in our history. "And some there be which have no memorial" – these were the faithful commoners whose support has sustained the Society since its foundation. If you seek their memorial, look around you, it is here in a living and active organization. In a society like ours it is important to cultivate a sense of the historic past and to seize the opportunity to inform new members of the unbroken links that bind them to our origins.

And what of the future? Mankind has always been attracted to divination and the desire to look into the future. This practice was actively pursued in ancient Greece, where at the temple of Apollo at Delphi devotees submitted their questions to the oracle. The prophesies were uttered by a female medium known as the Pythia. Apollo was believed to speak through her while she was in a state of trance. The oracular replies were unintelligible to the uninitiated so that the anxious enquirer had to seek the help of holy men or priests who acted as interpreters. This ancient practice has now become a cult word in medicine and medical "delphination", as it is called, means the attempt at defining futuristic trends in the development of medicine. Generally this involves serious men, in committee, trying to resolve the unresolvable and attempting to forecast trends without the necessary information upon which wise decisions are normally based. While it is easy to poke fun at delphination, it is necessary for all of us to try in some measure to look ahead and extrapolate into the future trends that are becoming apparent now. Having said that, I shall tentatively try to look ahead and consider how our Society might conduct itself.

One of the "in-words" at present is "medical audit" and we ought to make our own audit of the

Society. Are we satisfying the needs of Fellows and giving them what they want? What exactly are our resources? How best can they be employed? To this end, I hope that Council might conduct a survey of Fellows' opinions and seek advice from the regulars as to how they think the Society should operate in the future. Is the content of the meetings and the time at which they take place satisfactory? Perhaps more attention should be paid to meetings to which our wives could be invited? Formerly their involvement with the surgery and consulting room kept them in close, sometimes too close, contact with medicine. Now the trend is the other way and wives, greatly to our detriment, are being isolated from our working lives. Professor Symmers' lecture earlier this year which was preceded by a buffet supper was a great success. Admittedly, the entertainment was sponsored by a drug firm but if we had something similar within the hospital environment I believe that members might be prepared to meet the modest cost. This session we hope to hold such an evening at the Ulster Museum as an experiment.

For my own part, I feel that Council should form a Programme Committee. For too long the programme has depended primarily on the Secretary and to a lesser extent on the President elect. It is too heavy a task for one man, and each President can have only a fleeting influence on the selection of meetings and papers. On the other hand, a Programme Committee could develop a more co-ordinated policy of papers, discussions and symposia, over several years. The one-day symposium held early this year was a success and serious consideration should be given to whether something of this nature should be repeated on a yearly or biennial basis. Such a venture imposes too great a burden for one pair of shoulders to bear and a committee could deal more effectively with the detailed planning and organization required for a successful outcome.

Some consideration must be given to the Presidential Dinner. Are formal occasions of this nature right for our present Society? They were certainly satisfactory for the age of elegance, now passed, and suited the life style of doctors of a different era. But how many of us now are accustomed to regular formal dining in our own homes? Most of us help with the washing up and the evening meal is often taken on a tray in front of the television set. Would a more informal buffet type meal, and the opportunity of moving around to speak to friends, be more appropriate? Do we want to hear formal speeches or would some form of entertainment be more acceptable? No doubt there

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will be many views on this subject. The traditionalists will want to maintain the status quo but all of you will realise that the cost of a traditional dinner may soon render it unrealistic. Others will want to experiment and I hope we will soon be able to get your views.

How are we and the other specialist societies to work together? It has been suggested that the Ulster Medical Society should develop the role of an academy of medicine to which they could become affiliated. This has some attractions, but I fear it will perpetuate our divisions instead of healing them. There is little evidence that members of different sections of such organizations cross the specialty fences – indeed, they often become more entrenched. The broad basis of our Society does not need defending. The principle is, I believe, right and is being increasingly recognized to be so. Greater recruitment to our membership from within the ranks of the specialist societies and mutual co-operation is probably the correct approach.

In this modest attempt at delphination I have not arrived at any definite conclusions. Rather, like the suppliant at Delphi I have put the questions and you, dear audience, will have to play the oracle. All of you support the Society loyally and I feel sure that Council will be glad to hear your views, and I hope they will interpret them correctly.

One of the symptoms of the malaise that affects society is the attitude of disinterest. To say that no one cares about anything is, of course, a gross exaggeration but there is a degree to which this is true. It is an expression of people's disenchantment with our times. The attitude can only be corrected by people like us caring passionately for the right things and this should extend into our support of our Society. In his inaugural address to the nation, President Kennedy said: "And so, my fellow Americans, ask not what your country can do for you; ask what you can do for your country". This seems to me to be the right approach for all of us in our dealings with our Society today.

And now, who speaks for medicine in Northern Ireland today? I have already commented on the divisions in medicine and the sectional interests that are fragmenting our frail fabric. No single organization, other than our own Society, can give expression to the authentic voice of medicine. Certainly not the B.M.A, with its increasing involvement with medical politics, nor the postgraduate centres, nor the specialties. Only we, who hold all the strands together in the manner of the skillful coachman holding the reins, are capable of giving the right lead. In recent years we have not been

consulted on the big issues, as we were formerly. I wonder why? Have we lost our prophetic role and failed to recognize the authority that we possess? When the Government consults the profession we are excluded. It should not be so because we, with our unique blend of family doctor, specialist, community physician, laboratory worker, academic and many others, are better placed to give the opinion of all the forces that maintain and foster the best that is in the profession. We possess the real voice of medicine today. Let us hope that in the future it will be heard.

In conclusion, Fellows and Members, if our Society is to realize its potential as a unique integrating force in medicine it must continue to provide a platform where clinician and specialist can communicate with each other. It must continue with its broad educative role which the specialist societies cannot emulate. It must continue as keeper of the historical archives. It must remain an active, integrated, eclectic society concerned with and informed of all aspects of medicine as it is practised today.

Fellows and Members, the continued success and vitality of our Society is in your hands. May you discharge this honourable task faithfully. Some of you who are here tonight will be able to greet the year two thousand with most of your faculties intact. I hope you will find our Society in as good heart then as it is now. When you look back I hope you will be able to say that in our brief span of service here we have fulfilled our responsibilities. If we are truly men and women of vision, if we are truly men and women of integrity, if we are truly men and women of dedication, we shall not fail to hand on a Society worthy of those who will follow us. It is to them that we pledge ourselves tonight.