

## **On the functions of a medical society / by James W. Allan.**

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Allan, James Watson, 1846-1925.  
Glasgow Southern Medical Society.  
University of Glasgow. Library

### **Publication/Creation**

[Glasgow] : [printed by Alex. Macdougall], [1897]

### **Persistent URL**

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## ON THE FUNCTIONS OF A MEDICAL SOCIETY.<sup>1</sup>

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GENTLEMEN,—Permit me to thank you most sincerely for the honour you have done me in electing me as your President. It shall be my honest endeavour to fulfil the duties of the office in a worthy manner, and I congratulate myself on having the support of colleagues who are so well qualified, by ability and experience, to promote the best interests of our Society.

Gentlemen, it is not my intention to attempt a long and learned address. But if you will bear with me a little, I shall bring before you, very briefly, one or two matters which you may perhaps think worthy of further consideration.

In the first place, I wish to ask you, and I wish you to ask yourselves, the following question—What are the functions of a society such as ours? The reply may seem easy. Our Society is not a thing of yesterday; it has a history, and it has played, and is playing, a useful part. There is no need to enquire at this time of day what its functions should be—it has been fulfilling its functions for many long years. But the question remains—Is it doing so to the best possible advantage? Is it keeping abreast of the times and of similar institutions? If a man, or a society, ceases to develop or to partake of the living spirit of the age, that man, or that society, is in process of being fossilised. Now, a fossil may have a beauty, and often has an intense interest, of its own. But its place is in the cabinet of a museum, not in the active world of life and change.

Now, gentlemen, I do not mean to hint for a moment that our Society is becoming a fossil, more especially now that it has entered on an improved "environment," which we all know to have a wonderful effect in modifying the growth and development of all living things. But I think it behoves us as loyal and true members to carefully and conscientiously

<sup>1</sup> Presidential Address delivered before the Glasgow Southern Medical Society, on 4th November, 1897.

consider this question—What are the functions of a society such as ours? and the further question—Is it fulfilling those functions in the best possible manner? Let us review the purposes it serves at present.

1. It aims at cultivating a fraternal association of the members of the medical profession, particularly on the south side of the river. This is a good, useful, and noble aim. How many petty misunderstandings, how many miserable squabbles, how many heartburnings would be avoided if those involved in them had met face to face? How many men become enemies, and remain enemies for years, on account of some careless, or it may be jesting, remark which has been officiously carried and reported by the proverbial "candid friend?" I suppose we all know the candid friend who always feels it his *duty* to tell us everything which is likely to annoy or worry us. Now, if in such a case the men concerned had met face to face, and had an explanation, how often would enmity be converted into friendship, and anger to laughter? For very often there is really "nothing in it." But, alas, men seem to prefer a written correspondence, and when *that* begins, where will it end?

Gentlemen, in promoting the social intercourse of the members of the profession our Society is fulfilling an important function. Members must bear in mind, however, that the real fulfilment of this object lies with themselves. The Society has provided facilities for meeting, but the actual meetings depend on the members. Our zealous secretary has secured for us a pleasant habitation, and a modest provision for creature comforts. The late hour of meeting is perhaps a stumbling block with some, but that is a question which cannot be discussed at this time.

2. Our Society provides facilities for the reading of papers, demonstration of cases, and the discussion of all matters of medical interest. Moreover, on each billet there is printed an invitation to the following effect:—"N.B.—The business is not strictly confined to the items on the billet. Provided time allows, any member may introduce a subject for discussion after the completion of the regular programme." This quiet little intimation seems to me to contain the germ of a plant which might prove of great practical value—if cultivated. There can be no doubt that every medical practitioner has a store of experiences which would be of immense value if communicated to his professional brethren. It is to be remembered that the work of our profession brings each member into close touch with Mother Nature—and she is always teaching, always giving lessons. She does not reserve

her demonstrations for those who practise among the rich and the cultured classes, nor for the hospital physician. Wherever suffering humanity is to be found, there she is teaching, she is demonstrating. And so it comes about that the humblest medical practitioner may have a priceless opportunity afforded him of making a contribution to the common good. No doubt the busy general practitioner in a large city, and among the working classes, has to work hard for his daily bread. There is no "eight hours" day for him. For weeks he may be on the "night-shift" as well as the "day-shift," and he is poorly paid. Such a man may well excuse himself from the preparation and reading of scientific papers before medical societies. He is thankful for a quiet evening by his own fireside, and for a night of undisturbed sleep. But our Society invites him to give us, in an informal and conversational way, any interesting or unusual phenomena which may have presented themselves to him, and to give us any thoughts or suggestions which may have occurred to him in connection therewith; or to ask the members of the Society for explanation or aid. Let every member of the profession remember that he has the responsibility of an *observer* as well as a *practitioner*, and that he is morally bound to give the profession the results of his experience, for the benefit of suffering humanity.

In meeting with "country practitioners" I have been struck with the close observation and sound commonsense of these men. Think of their position! They have to face everything—medicine, surgery, midwifery, and *all the specialties!* Long journeys in cold and wet—desperate and unexpected cases in out of the way places—no opportunities for a "consultation"—no physical help, no moral support. Single-handed they fight the battle, showing in many cases a readiness of resource, and a courage and self-reliance which remind one of the British soldier when placed in a "tight place." And some of these men are well posted up in medical literature.

And reference to the general practitioner leads me to say a word regarding *specialists*. Let me be clearly understood. There is a *legitimate* specialism. In large centres it is a matter of great advantage to the public and the profession that certain men should devote themselves to the diagnosis and treatment of certain diseases, such as those of the eye and the throat. Those who so devote themselves acquire a dexterity in manipulation, and are provided with an *armamentarium*, which give them a great advantage and confer very decided benefits on those who are submitted to their care. And when such men have had a thorough general

training in medicine and surgery, and a subsequent prolonged experience of *general practice*, their position is perfectly justifiable and legitimate. They have come to occupy their position by a process of exclusion. Beginning with a thorough practical study of the whole field of disease, they finally devote themselves to that class of disease in which they have acquired a special interest, and for the treatment of which they have developed a special aptitude. Such an one in a large centre occupies a well recognised position, and his services in difficult cases, especially those demanding operative dexterity or special instruments, are alike welcomed by the profession and the public.

But when we see young members of the profession "skipping" the absolutely essential training of the "general practitioner" (which is regarded by them as a sort of drudgery), and immediately after graduation setting up as specialists in this, that, and t'other thing, it makes one smile—sadly. A man cannot know the diseases of the eye or diseases of the throat unless he has honestly studied, observed, and treated the whole register of "the ills which flesh is heir to." Special organic diseases often have, generally have, their explanation in a constitutional affection. And so it comes about that the young graduate who forthwith sets up as a specialist may be less reliable, less helpful, than the old jog-trot family physician who knows by heart the whole gamut of human misery, and at once recognises the sign manual of disease.

This tendency to belittle the general practitioner, to regard his work as "drudgery" which should be avoided by those who can afford to do so, is a mistake. Gentlemen, some of the brightest stars of our profession have been general practitioners, and most of those who subsequently attained to high eminence in special walks commenced their careers as general practitioners. And by such men many of the most brilliant advances of medicine have been made.

I cannot resist the temptation of touching on another point connected with the tendency to differentiation of the branches of the service in our profession. The division into physician and surgeon has many conveniences, and, indeed, in a large city with a consultant class it is evidently a sort of necessity. But it is a great evil if physician and surgeon lose touch with each other in their work. After all, both are the humble servants of Mother Nature, and she does not trouble herself to give sign or warning of the line of demarcation which separates their respective fields of action. It therefore follows that if these fellow-workers do not keep in touch, the patient suffers; and that is, of all things, the thing to be avoided.

Surgery has in these later days advanced by such leaps and bounds that it would be hard to put a limit to the possibilities of her triumphant advance. Cases that would a few years ago have been regarded as utterly beyond legitimate interference are now operated on, and with brilliant success. This lays a heavy responsibility on the physician and the general practitioner. Cases come under their observation and treatment which may pass on to an unnecessary fatal termination if they do not invoke the aid of their brother, the surgeon. And the point to be particularly attended to is this, we must call him in while there is a chance for him to be of service. It is no use appealing to the surgeon when the patient is *in articulo mortis*; that is a mockery and a grievous bitter error. It behoves us, then, to keep in touch with the surgeon and his work, so that we may know what he can do, and also learn to apprehend *early* the indications for calling him to our aid. It may be that false alarms will be raised occasionally; better fifty false alarms than one fatal delay. But in order to do our duty in this matter we must, as already said, keep in touch with the surgeon—hear him report his cases, take an interest in what he is doing, and rejoice with him in his triumphs.

The healing art is a complete round of the circle, encompassing and trying to obliterate, or at least narrow, the area of human misery. Our petty artificial classifications and distinctions are, after all, mere matters of convenience—aids to the division and perfection of labours in a common cause.

But, gentlemen, I am wandering far from the matter in hand—viz., our Society. To return. I have said that in promoting social intercourse between members of the profession, and in affording facilities for interchange of knowledge and experience in professional matters, our Society is doing good work. But is there no scope for development? Is it not one of the functions of a society such as ours to try to *advance* medicine, to assist, in however humble a way, to an extension of the powers of the beneficent healing art? I commend the subject to the consideration of the members of this Society. No doubt every paper which is read, and every discussion which takes place, is tending in this direction. But I would suggest that we might do something more definite. It is a good thing to aim at something, to try to work in a given line. Such efforts are more likely to give a satisfactory result than desultory efforts.

My suggestion is that our Society should take up, say, in the first place, therapeutics, or a branch of therapeutics. Let a committee be appointed to deal with the matter. There is

among many members of the profession a scepticism with regard to the value of drugs. The *vis medicatrix naturæ* is regarded as the sole healer, and our attempts at treatment as but bungling efforts to help that force.

Gentlemen, the more we see of disease and of Nature's working, the more deeply are we impressed with the wonderful powers of this *vis medicatrix naturæ*. There can be no scepticism about it. But I do think we tend to err in the present day in under-estimating the value of drugs in *assisting* this natural healing tendency. And I think this attitude is attended with bad consequences.

We see surgery do to demonstration things which baffle the *vis medicatrix naturæ*, and so rescue suffering mortals from disease and death. Why should not medicine do the same? Nay, do we not know that in some specific diseases (such as syphilis and malarial fever) we have drugs which *do* destroy or retard the morbid processes, and so cure, or at least relieve, the sufferer?

With such facts before us, is it not evident that our attitude should be one, not of "scepticism" or apathetic "expectancy," but of eager and honest research and investigation.

When a remedy is announced, or called in question, let the members of the Society take the pains to keep a record of the results of the use of this drug in their practice, and send such records to the "committee on therapeutics," and let the committee, in turn, tabulate or otherwise reduce this mass of evidence to a form in which it may be available for publication, or, at least, for future reference and guidance.

A man may have only one or two cases in his practice in which a given drug is called for, and his very limited experience may be of little value, or even misleading. But when we come to deal with a large number of cases and a wider experience, the results obtained may possess a high value.

Gentlemen, I shall not dwell further on the subject. I submit it for your consideration.

The Society has from time to time visited institutions, such as hospitals and asylums, and these visits have proved to be interesting and instructive. There is another field which I would suggest to the Southern Medical Society—viz., the visiting of public works. It may be asked—What has that to do with the practice of medicine? My reply is—That it is intimately connected with our professional work. I suppose we all make it a point to ascertain the occupations of our patients. I make it a practice to do so. In some cases it is the key to the situation, and in most cases it throws at least some light on the etiology and nature of the case.

Gentlemen, our profession is one that brings us into close contact with all the grades and phases of human life, and the best doctor, *cæteris paribus*, is the man who knows most about humanity.

We are interested—vitaly interested—in all that pertains to the great problems of human life, and if we wish to do the greatest possible good by advice, prevention, and cure, we shall endeavour to arm ourselves by learning all we can regarding the ways of our fellow-creatures. Especially does this hold good regarding the occupations of our patients. It is really part of our duty to make ourselves familiar with the nature of the labours of those who consult us with regard to their health. To be ignorant on this subject lessens our power to grasp the etiology of many cases, and deprives us of the means to advise our patients for the best. Every day we are asked by patients if they are able to resume work, and sometimes the question is whether they will ever be able for their trade again, or will require to adopt some other occupation? The importance of knowing something about the trade in question is here self-evident. And there is another aspect of this matter. It is of consequence that the doctor and the patient should be in sympathy. When a man feels that his medical adviser understands something of his daily life, that he knows the nature of the difficulties and hardships he has to contend with, he is more likely to regard that adviser as a friend, and so confide in him more fully than he would otherwise be likely to do.

If you will excuse a personal reference, I may tell you that I have had the privilege of visiting an iron-work, a steel-work, a pottery, a distillery, a brewery, a sugar-house, a dye-work, a tannery, a spinning-shed, a chemical-work, a galvanising work, and a gas-work. I have also been down a coal pit, and more than once at sea. These visits to public works commenced in my schooldays. And you may ask—What good did all this do you? My reply is—Much good. I learned, among the side-lessons, that a wonderful skill is required in some of the trades, and that high intelligence is not confined to the professional and learned classes. And I saw the conditions under which the workers discharge their duties, and the nature of their labours, and so, when those people come before me as patients, I at least know something about their life-work, and am enabled to understand, in a degree, the explanations which they give in reply to questions.

I should advise the arranging of a series of visits to the various industries for which our city is famous, and I am sure that the visits would prove to be interesting, instructive, and



useful. If the Society approves of the suggestion, the working out of the matter may safely be left in the hands of our energetic secretary, Dr. William Watson.

To turn to another point. Gentlemen, we have on the "south side" a fine hospital, in many respects a model hospital. That hospital is provided with a staff of distinguished physicians and surgeons. These gentlemen have already given our Society the benefit of demonstrations of cases of a highly interesting and important character. Gentlemen, let us, as a Society, draw closer to the Victoria Infirmary. We are much interested in its welfare. We send a representative to its Board of Directors. Let us keep in close touch with its staff and their work. There are good brains on the south side, and an extensive field.

Let our Society aid in the development of a centre of medical activity on the south side. But let this be done in a broad spirit, keeping in sympathy and good fellowship with the other centres of medical activity. There is now a large medical community on the south side of the river. Its aim should be to take a place in the march of medical progress, but not with the idea of establishing a petty autonomy. Let it march shoulder to shoulder with its neighbours, actuated by a spirit of honourable emulation and an honest desire for the common good. I think this is "a consummation devoutly to be wished."

My last proposal is that our Society should consider the propriety of publishing its transactions. Perhaps you may regard the proposal as premature. I would urge, however, that it should not be dropped out of sight.

And now, one word in conclusion. Let us remember as a Society, and as members of an honourable profession, that we should always aim at courtesy and a high sense of good faith in dealing with each other. At the same time, we should carefully guard against the development of a hyperæsthetic tenderness which renders us incapable of sustaining with equanimity the ordinary brushes and frictions of everyday life. Commonsense, honesty of purpose, and a spirit of goodwill are the best guides in professional, as in ordinary social, intercourse. It is not to be forgotten that the public will respect and have faith in the profession very much in proportion as it sees the members of the profession respecting and reposing faith in each other.