

Inaugural address delivered before the Clinical Society of London, January 23rd, 1891 / by Sir Dyce Duckworth.

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Duckworth, Dyce, Sir, 1840-1928.
Royal College of Physicians of Edinburgh

Publication/Creation

London : J. Bale, 1891.

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To the Royal College of Physicians of Edinburgh
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Inaugural Address

DELIVERED BEFORE THE

Clinical Society of London,

JANUARY 23RD, 1891.



BY

SIR DYCE DUCKWORTH, M.D., LL.D.,

PRESIDENT.

London:

JOHN BALE & SONS,

87-89, GREAT TITCHFIELD STREET, OXFORD STREET, W.

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INAUGURAL ADDRESS

BY THE PRESIDENT,

SIR DYCE DUCKWORTH, M.D., LL.D.

GENTLEMEN,—The honour you have conferred upon me by placing me in this chair is one that any physician may be proud of, and while I thank you for it I may express my sense of the responsibility which such a position carries with it.

I cannot but feel that this distinction has come to me at an earlier period of my professional career than has been customary. I am forcibly reminded of this in reviewing the list of my predecessors in this chair. As an original member of the Society I naturally now recall the meetings preliminary to its foundation, and especially do I remember the delivery of the remarkable address inaugurating its first session by Sir Thomas Watson in 1868.

This Society has always had great interest for me, those studies which have for their special object the promotion of bedside knowledge, and of the best methods of treating the sick, having drawn me originally to the study of medicine.

The progress of this Society has been very remarkable. The twenty-three volumes of its Transactions well-attest the importance of the work that has been done. It is of

the essence of this Society that it recognizes and encourages the practice of medicine and of surgery as arts, and I hold it to be more than ever important at this time not to lose sight of the fact that practising members of our profession are, or ought to be, artists. Though we seek at every step a scientific basis for our practice, we are not ashamed to confess that the exigencies of human frailties and suffering compel us occasionally, nay, frequently, to make therapeutic excursions which are alone justifiable as honest methods of empiricism, contrived for the help and comfort of our patients. It is not too much to affirm, even in this last decade of the century, that if any one seeking to practise medicine were to deny this position, or to refuse to act in accordance with it, he could not do his duty properly as a physician, or bring relief to the bedside.

Hence we meet in this Society to cultivate the best methods of our clinical art, to quicken our powers of diagnosis, to store our minds with facts relating to the phases of diseases, and to learn how better to apply remedial measures. The task is pleasant and hopeful, though one must ever feel the smallness and imperfection of one's knowledge under the most favourable circumstances. If it be true, as Peter Mere Latham said, that "great experience is not all experience," it is no less true that he is the best practitioner who sees most of disease, and has most to do in trying to alleviate it.

It cannot be denied that we now carry on our work in a manner very different from that pursued by our forefathers. Not only are the individual practitioners of medicine and surgery greatly changed by reason of more widespread education and exact knowledge, but there has grown along with this, on the part of the general public, a tendency to peer into matters scientific and medical, which might possibly be expected to widen its

conceptions and enlarge its sympathies, but which, unless I am greatly mistaken, has done little more than excite a morbid appetite for novelties, and add to the credulity with which the populace has always been credited.

This spirit is apparently much engendered by the enterprise of cheap journalism and the publication of pseudo-scientific articles in magazines. This is, in my thinking, very unwholesome, and it is a matter of clinical interest. I repeat, it has a clinical interest for us, because it is unquestionably harmful for patients to have prejudices respecting their ailments or the treatment of them. They lose confidence in their advisers, and unconsciously place themselves in a wrong attitude as regards their recovery. The attitude of a patient towards his medical adviser is one of trust and absolute confidence. It should be the same as that held by the ordinary passenger in a ship towards the commanding officer of the vessel. If such a passenger vexed himself with his own theories of the winds and currents, or the technicalities of navigation, and had power to bring them into effect, what untoward results might not accrue! From this broadcast spread of minute details respecting disease and methods of treatment the public now suffers, as I believe, severely. Patients are more difficult to treat, they endure many unnecessary apprehensions and misgivings, and they thereby cause a great amount of annoyance to their medical attendants.

Yet I will not only blame modern sensationalism and the advertisements of magazines and newspapers for bringing in this unhappiness. I will even venture to lay some of it at our own door. Happily, as a profession, we still retain a large share of public confidence and esteem. We forfeit a good deal of it by our own fault.

Were it not for the charity, self-denial, and patience so constantly exhibited by us as a body—an array of Christian

virtues always winning and invincible—I fear it might often go hard with us in respect of the fashions and theories we adopt from time to time. My own professional lifetime already too well illustrates what I mean. When I was engaged in the study of osteology, brandy was reckoned the supreme remedy for acute disease. When I was a clinical clerk, mercury was considered no antidote to the manifestations of lues venerea, and was held to be not only useless in all diseases, but mischievous. Later on, brandy was held to be not only needless but injurious in acute disease. Next came a wave of unbelief in respect of therapeutics generally, the appeal being in all things the witness of the microscope to the futility of any such efforts. And accordingly this all-important branch of our work fell back, and the best efforts in the profession came, as I say, with despairing tones from the deadhouse. It was to check this tendency that the first President of this Society spoke with the gravity he did on the occasion I have already referred to, and reminded us that our business as physicians is to heal the sick. This Society has well done its part in cultivating this branch of our art.

But even now, we do well to be on our guard against premature adoption of crude methods, and the shaping of our practice in deference to the beguiling influence of prevalent fashions. Chemists and purveyors of sundry foods nowadays venture to tell us when and how to prescribe their medicines and preparations, and there are to be found members of the profession who listen to them.

To this instability and pandering to novelties it is that we lose much credit as a profession. We are respected for our personal worth, but are not unfairly twitted for our theoretical inconsistencies. Much of this might be saved if we would calmly ask ourselves—what shall we say of this or that new therapeutic method five years hence?

I am led to accentuate these remarks at the present moment, when we are in the presence of the extraordinary excitement that attends the discovery of a material which appears to have a noteworthy effect upon tubercular disease.

The announcement of such a discovery by a Berlin professor of the acknowledged distinction of Robert Koch could not fail to enlist an interest which would naturally spread beyond the limits of our profession, and hence the public, stimulated by the enterprise of journalism, has been eager to learn the results of this method of treating so widespread and grievous a disease as tuberculosis.

In reviewing the conduct of the whole matter up to the present moment, I feel bound to express my own personal opinion to the effect that many unseemly features have been noticeable.

First, it appears to me that Professor Koch, for whose scientific position, probity, and trustworthiness I have the highest esteem, has himself been unduly and unfairly pressed in respect of disclosing his research. I do not gather that he was prepared to recommend the immediate adoption of his method on so wide a basis as has already been carried out. The work of a bacteriologist, like that of any other philosopher, cannot be hurried, nor his incomplete researches be wrested from him and made public property under any pretext without risk and the possibility of mischance. Good or bad results may come, but it is surely for the originator of a discovery to make known his own disclosure in his own way, and at the time he thinks best. I think Professor Koch's hands have been forced, and in an unfair manner. At the present moment we have no certain knowledge, in respect of this discovery, as to the relation between the Professor and the German

Government on the one hand, and those between him and the profession in all countries on the other.

Secondly, I note that an unwholesome excitement has been fostered within our own ranks by an undue haste to carry out a plan of treatment which has not as yet been authoritatively and minutely recommended by the author of it, and of which as yet we know practically nothing.

It may be that matters have proceeded so fast and so far that Professor Koch has practically lost control of the practice of any method he may believe to be the best. But for this we cannot blame him, but rather an undue precipitancy on our part, which I declare to be unseemly in a matter of such gravity. If the public has been excited, that was but to be expected; but that we, with our philosophical training and experience in such matters, should lose our calm judgment, and hurry on with the public to wrest this matter out of its proper channels, is, I think, sorely regrettable and most unseemly. We should have waited till Professor Koch published his researches and laid his method formally before the profession.

Such knowledge as we have at present encourages the belief that a material of powerful energy has been produced, having some relation with such textures as are the seat of tubercular disease. What these relations are, and what power this compound, whatever it be, may have of checking tuberculosis, time alone will show. When the composition of the material is made known to us, and the conditions for its employment are prescribed by the discoverer himself, the profession will be in a position to prosecute the inquiry, and in five or ten years' time we may hope to have gained a large knowledge of the whole matter.

Since I committed the foregoing remarks to paper, Professor Koch has tardily broken silence, and divulged some

meagre particulars respecting the nature of the fluid now so prominently connected with his name.

It is hard for us, at this distance from Berlin, to conceive why such delay should have been thought necessary, and we can only now regret that the untimely and incomplete revelation of his researches should have placed this eminent man in a position which we in this country must plainly regard as unprofessional. While I venture unhesitatingly to affirm this, I still feel that some malign influences and unwise counsels have had a restraining effect upon the work of a man whom we have hitherto regarded as a conscientious and philosophic observer, causing him to pursue a course which we may trust no one now more bitterly regrets than himself.

In the face of such reports as we can study, and with the rigid criticism of Professor Virchow on the matter, we may be pardoned if we hesitate to apply this method to the needs of our fellow creatures for some time to come. For my own part, I will venture to say that I have not felt justified in once sanctioning its practice up to the present moment, and I am quite content to be charged with timidity or lukewarmness in investigation for my conduct. My rule in practice is never to treat any patient in a manner that I am not prepared to apply to a near relative of my own, and nothing at present would induce me to sanction Professor Koch's method under these circumstances. In other words, I would express the opinion that the time has not yet arrived for its application to tubercular patients, and that its practice is at present unwarrantable unless by the absolute desire of the patient and his friends, who must assume all risks and responsibilities. In saying this, I can hardly expect to carry all my hearers with me, but I am now speaking for myself and not in the name of this Society.

Without doubt, this method is founded on the prevalent doctrine of the all-important bacillary element in tuberculosis. I am not prepared to accept this doctrine as of overwhelming importance in the case. I am too firmly convinced of the doctrines of diatheses in relation to tuberculosis and other morbid states, of the high importance of paying due regard to the tissue-proclivities of families and of individuals, and I believe that the bacillary elements, for example, are only a part, and possibly not the most essential part, of this tubercular process. I feel inclined to question very much whether we shall all be paying such heed to bacilli—say in ten years' time. May it not be that something else will then be occupying our attention very much as bacilli now do? Such considerations may at least make us pause, keep our minds clear, and our judgments calm.

It is not easy to resist the pressure which the public is ever ready to put on us in matters of this kind, knowing nothing of the difficulties of the problems, but hungering for action, for novelty, and for results, and just as ready to throw upon us the blame of failure and mischance should they occur.

It appears to be forgotten now-a-days that it is for us to guide the public in these matters. We rather lend ourselves to be misled by it. We dread to confess our ignorance, forgetting that such a mental attitude is the first step towards knowledge, and we pursue novelties so assiduously that we fail to add certainty and trustworthiness to our present methods.

It must be admitted that bedside studies are now conducted more than ever on a scientific basis, and because of this a large measure of distrust has come to be attached to practices and methods which have been handed down to us by tradition.

Our position is this, we are learning to practise therapeutics with more and more exactness, but the whole field is not thus covered. We have still to treat patients as well as processes of disease occurring in such persons. The personal factor in such case can never be safely neglected. So much so is this true that he who has no faculty for managing his fellow-man can have no true clinical skill in treating his patient. This is, however, often lost sight of, and hence the common failures on the part of men of great attainments to become successful practitioners. I need hardly say that the success I allude to has no reference to mere attainment of wealth, but relates to the relief of suffering and the restoration of sound health.

Let it be fairly stated and fully understood that our existence in the body-politic as clinical physicians and surgeons is only justified by our efforts to relieve suffering and promote recovery from disease. Our primary object in life is not to advance pure science as such, or to make discoveries, but to apply the lessons derived from these sources to the daily needs of suffering humanity. That such contributions do come ever and anon from within our ranks is a matter highly creditable to the profession; but, I repeat, our prime calling as clinicists is to minister to the needs of the sick. This is an art, and we are, or ought to be, artists rather than scientists. To this end our early training must be scientific. To aid us fully in our dealings with all classes of society we must also have such training in literature as becomes men belonging to a profession such as ours. And in the early professional curriculum I will say that I lay great stress on the value of the study of botany as a training for clinical work in after life—a study now deliberately neglected; while for mental culture I make bold to affirm, in spite of all opinions to the contrary,

that nothing can, or ever will, take the place of the old classical studies.

I must ask your indulgence, gentlemen, if in this address I have ventured to depart somewhat from the tone adopted by those who have preceded me in this chair. My remarks may appear rather too censorious for such an occasion as the present. Assuredly, I am neither an optimist nor a pessimist in respect of the outlook before us as clinicists. I am, happily, too young to be a mere *laudator temporis acti*, but I am old enough to have witnessed too many changes in respect of prevalent doctrines to allow myself to be run away with by any one of them too exclusively.

We have many triumphs to take note of, and cause for deep satisfaction in recounting the advances made even in the last five-and-twenty years. Most, if not all, of these have come quietly and without unseemly excitement, and such indeed is the manner in which the secrets of nature are to be learned. By patient, untiring work, by honest observation, by calm and repeated questionings alone may we hope to make a steady advance all along the line—an advance of which we shall never be ashamed, and one which cannot fail to redound to our honour. In this spirit alone shall we prove ourselves worthy successors of the great clinical masters who have left their mark for all time on the history of our noble art.

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