

## **Preventive medicine in ordinary medical practice / by W. Ogle.**

### **Contributors**

Ogle, William, 1824-1905.  
Royal College of Surgeons of England

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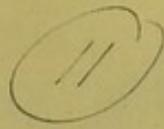


Wellcome Collection  
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# PREVENTIVE MEDICINE



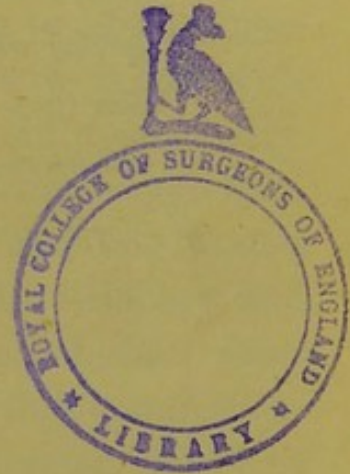
IN

## ORDINARY MEDICAL PRACTICE,

BY

W. OGLE, M.A., M.D., F.R.C.P.,

DERBY.



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BEMROSE AND SONS, 10, PATERNOSTER BUILDINGS, LONDON;  
AND DERBY.

*This paper is not published, and can therefore only be obtained by application to the writer, who will be happy to supply copies to any who may wish for them, and will be obliged for the utmost freedom of criticism that any one may be disposed to give. A single word or a query written in the margin, or an expression in the text underlined as marking approval, or erased where the contrary is felt, would suffice. In revising the paper, nothing worth mentioning has been added, but an expression (page 5) in regard to payment "per bottle" has been withdrawn, as it was liable to misconstruction.*

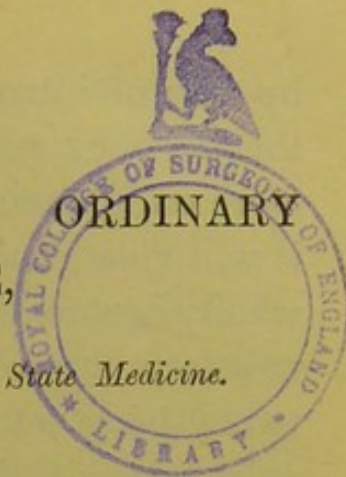
*The Elms, Derby,*

*Sept. 25, 1877.*

\* PREVENTIVE MEDICINE IN ORDINARY  
MEDICAL PRACTICE,

*Being a Sequel to Dr. Ransome's Address on State Medicine.*

(REVISED.)



DR. RANSOME'S able address† on State Medicine closes with some valuable suggestions to the Legislature, and he indulges the hope that these suggestions may be adopted before many more years have elapsed. There is also a final paragraph asking for supplementary aid from "voluntary sanitary associations," similar to the one in Manchester.

It is principally to this concluding paragraph that I desire to direct your attention, and indeed to propose an amendment. I understand the word voluntary to mean "gratuitous." Against this I entertain a two-fold objection. First, the profession is already over-weighted with this kind of "voluntary" work; and, secondly, an agency is required much more comprehensive and thorough than any yet devised, even in Manchester, and one that is capable of doing work which it were both visionary and wrong to desire done by unpaid agents. I shall show presently how sanitary associations of this comprehensive, and, if you please, commercial, character, might be organised, not only in large towns, but, as Dr. R. says, "in every locality." But before doing so, and, indeed,

\* Read at the Meeting of the British Medical Association, held at Manchester, August 10th, 1877.

† Brit. Med. Journal, Aug. 18, 1877.

by way of introduction, I must offer some remarks upon the hope expressed that the Legislature will adopt a more enlightened sanitary policy, and in particular that it will give greater consideration to, or at least will not wholly ignore, the suggestions of medical men in framing new laws that relate to the prevention of disease. These two aspects of the question—the legislative and the voluntary, *i.e.* the individual, are in fact inseparable.

At first sight it may seem incredible that an enlightened Government should have framed laws for the preservation of the health of the people without a reference at every step to the medical profession. But the reason is not far to seek. Legislation cannot safely be very far in advance of public opinion. A little in advance it may and ought to be, but to be far ahead is not possible, nor if possible would it be workable, for the simple reason that obedience to law must be willing and intelligent if it is to be effective. Men cannot, even if they would, thoroughly carry out laws which they do not comprehend. This is my first remark. My second is that public opinion on medical questions is very much—if not better—yet not worse than what the medical profession (in a past generation) has made it; and consequently that the faults in medical legislation, which Dr. Ransome has so fully and so justly exposed, must in some way or other, if not directly, then indirectly, which practically amounts to the same thing, be chargeable on the profession itself. If you will dispassionately look into this, you will perceive that the very same fault might be found with us for our defective mode of dealing with our patients that Dr. Ransome finds with the Legislature for its mode of dealing with the profession. We ignore preventive medicine in ordinary medical practice; *therefore* the public ignores us when it frames its preventive laws.

To establish this position, and to enlarge, as I desire to do, the scope of my observations, I beg you to notice that there is the same sequence observable in regard to the cure of disease. The relations between patient and doctor are very far from being in accordance with the requirements of modern medicine, and consequently public opinion on curative measures is generally at fault. We allow the form of acknowledgment for our services to remain very much the same as when medicine meant "physic"—little more, and certainly nothing less; and as a *natural consequence* the public puts its faith in physic and in nothing else, even when, as in homœopathy, there is nothing of physic but the name. Whilst medical charges continue to be based upon the quantity of medicine supplied, it will be to little purpose that Dr. Johnson (the same Dr. J., be it observed, who gives castor oil in cholera, and therefore not to be charged with scepticism as to the value of physic when physic is wanted) is bold enough to teach, that typhoid fever is best treated solely by *adjuvantia* such as careful diet and skilled nursing, and that many similar instances might be quoted on equally high authority. Payment "per bottle," or even "per visit," takes no account of enlightened methods of cure, and so to the general public they are unknown. In like manner, so long as the prevention of disease is ignored in the ordinary acknowledgment demanded for professional service, so long will the public most naturally conclude that prevention is not commonly regarded by us as any part of our duty, and the example of such noble men as Anstie, though emphasized by his death, so far as influence upon public opinion is concerned, is in a great measure lost.

The first step, therefore, towards the realization of Dr. Ransome's most reasonable hopes of more enlightened

sanitary legislation, should be for each of us who are engaged in the practice of our profession to consider our own ways.

To bring the question to a practical issue, I submit to the members of the British Medical Association the following proposals:—

First (A), a thorough readjustment of our professional relations with the public on a *preventive* basis; and second, arising out of this, (B), sanitary associations such as Dr. Ransome desires.

A.—The family doctor to be recognised as the “health officer” of the family at all times, as well as the medical attendant in times of sickness.

To make this possible, the acknowledgment for his services to be

a. A certain sum “per annum” for all *ordinary* work, including, of course, “preventive” work.

β. Supplementary fees for *extraordinary* visits. Physic, whenever possible, to be supplied by druggists, or at least to be charged for separately.

1. The amount of the sum “per annum,” and of the exceptional supplementary fees to vary according to circumstances, and to be determined beforehand by private agreement between the doctor and his client.

2. The term “ordinary work” to include all attendances for which the request has been made at an early hour of the day—say by the time of the first postal delivery; also all visits made by members of the family to the doctor at his own house when he is “at home” for consultation. “Extraordinary visits” to be—Night visits, but only such as are specially requested by the patient; Sunday visits, specially requested; and visits in obedience to summonses to come immediately, as to a confinement, or to a consultation, or, in short, at some particular time fixed by the patient.

In this simple way the interests of the patient and the doctor become identical. The arrangement has been tried and proved satisfactory.

Proceeding on the same preventive principles, and calling in the aid of the principle of co-operation, sani-

tary associations may be formed "in every locality," but specially in large towns, "much more comprehensive and thorough than any yet devised." Thus—

B.—I. All "per annum" sums of (say under ten guineas) to be paid to a common fund.

II. Of these sums the respective "family" doctors to receive only a part, a principal part, but only a proportion (say two-thirds or three-fourths). The remainder, which might readily amount to a large sum, to be held in trust for the general purposes of the association, available for

a. Exceptional payments by way of aid to the associated members, *e. g.*, supply of physic under exceptional circumstances (by provident dispensaries);\* organization of hospitals and convalescent homes for the well-to-do, as suggested by Mr. Burdett, &c., &c.

β. Expenses connected with the registration, as in Manchester, of disease; the purchase of expensive instruments, which by reason of their cost, and that they are only occasionally wanted, are not within the reach of 99 out of every 100 medical men in the country. For instance, how few provincial towns possess a (Ransome's) stethometer, or even a sphygmograph, &c.

γ. An organization of this kind would also secure the introduction *without delay* of the newest modes of treatment, *e. g.*, the method of curing spinal curvature, which has been so ably demonstrated to this meeting by Dr. Sayres, of New York, &c.

In short, these co-operative medical associations would proclaim to the public, in language not to be misunderstood, that the profession is resolved to make the

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\* Many years ago I studied carefully the working of all the then existing provident dispensaries in the kingdom. I came to the conclusion that the one at Coventry was the best, but even that I could not now recommend heartily without reservation. Provident dispensaries were a noble experiment forty years ago, but that is all that can be said in their favour. In the recent imitations of them—on the whole inferior imitations, I see nothing to induce me to modify this opinion. I take therefore this opportunity of saying that I believe provident dispensaries, unless they be as here suggested, part of a larger and more comprehensive scheme of efficient medical aid, will be found unworthy of confidence, and in regard to hospital abuses, will sooner or later be classed among the remedies that are worse than the disease.

prevention of disease, both infectious and other, not only a part but a principal part of its duty. And further, that, for the cure of diseases not prevented, physic or no physic is not the main consideration, but simply how to cure them as thoroughly, as quickly, aye and with as little cost to the community as is compatible with efficiency.

Improvement in sanitary legislation would follow. The public, becoming day by day practically acquainted with preventive medicine in their own homes, would learn the necessity for legislative measures, and then the Parliament would as naturally give to the profession its legitimate position, as now this is naturally withheld.

The words of Professor Stokes, of Dublin, addressed to the British Medical Association at Oxford (1868), on vacating the chair of the President, are so appropriate that I cannot conclude with words more apposite than the following:—

“When medicine is in a position to command respect be sure that its rewards will be proportionately increased and its status elevated. In the history of the human race three objects of man’s solicitude may be indicated—first, that of divinity; next, that of law or government; and as man often seems to love gold more than life, the last is medicine. But with the progress of society a juster balance will obtain, conditionally that we work in the right direction, and make ourselves worthy to take a share in its government.”—*Brit. Med. Journal*, 1868, vol. II., p. 125.

