Medical officer, Dr. P.H. Maclaren; [Dr. Kenneth M. Douglas].

Contributors

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work." But we do not lay the flattering unction to our soul; it is not for us to say that we have done well, and if others say it, then we shall try to do better still.

C.10

Our articles come from all kinds of representatives and connections of the Company, and sometimes from experts in the profession, connected with other companies, on subjects of The discussion on interest to all. "The Decimal System," commenced by Dr. A. E. Sprague in a recent number, promises to be of very wide interest; and we shall welcome contributions on subjects of national importance, such as this is. however, on such subjects only; much in the life and experience of our Agents and others might be published with benefit to all, and, as we have said before, we shall welcome any practical suggestions from readers or contributors, and we shall give these our careful consideration. Nor can we close without expressing our deep indebtedness for the labours of love of our esteemed contributors, without whom our magazine would of course be impossible. We hope to be still further indebted to these friends, and also to other connections of the Company, whose pens, if employed, would also enrich our pages.

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Notwithstanding what we have said about "shop," our Agents and representatives will not expect us to do less than to remind them that we are commencing the last quarter of the year, which is the best of all times for the increase of business. Agents who keep this in mind send in large returns, and the others might

profit both themselves and the Company by doing likewise. Let each one of us do his part to make 1908 a record year for the old *Caledonian*.

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Some of our readers will recognise an old friend, in the beautiful panel which adorns the cover of this issue. They may remember, that about twenty years ago the Company brought out a remarkable show-card, and they will see that the panel is a reproduction of it in photogravure. Probably not many, however, know the history of this show-card. late General Manager, Mr. Deuchar, conceived the idea of a show-card which should be distinctively Scottish and Caledonian, and, after some correspondence which need not be further referred to here, he got into communication with an architect of very fine taste, the late Mr. Murray Robertson of Dundee. Designs were exhibited, and correspondence went on for months, before the result was arrived at, and every point in it is the outcome of special study. claymore is drawn from one which has been wielded in Scottish battles, and which was in Mr. Deuchar's The shield is a Scottish possession. bull-hide targe, with brass-nail ornamentation; the egg and dart moulding, was common in old Scottish architecture; the scrolls, and specially the fleur de lis, are well known on the walls of Scottish palaces and castles; the thistles speak the patriotic legend of Scotland's Royal Arms; and the markings of the oak, complete the character of the panel as thoroughly Caledonian.

1 Vol. vi. pp. 272-276.

MEDICAL OFFICER.

DR. P. H. MACLAREN.

ON a previous occasion 1 we have taken the opportunity to place on the page of our journal, along with a portrait, a sketch of the personality and career of our Principal Medical Officer, Dr. P. H. Maclaren, and now with regret we realise that circumstances impel us once more to recall what he is and has been in his work among us. The cause for regret in this connection will be evident, when it is said, that after twenty-two years' tenure of the position of Principal Medical Officer, Dr. Maclaren has resigned; and the feeling of regret will be intensified by the knowledge that ill-health has brought about the necessity for the step which he has taken. In the minds of those who have been familiar with the face and figure which the passing years have touched so lightly, there will be associated with this feeling some surprise, to learn that Dr. Maclaren has in truth reached an age at which a degree of failure of health far short of "permanent total disablement," renders so final a step as resignation reasonable and right.

First as Director, and then as Principal Medical Officer, Dr. Maclaren has been a "Caledonian" for thirty-two years—a long stretch in the history of even a Centenarian Office. He was appointed Medical Officer in May 1886, being the third to whom the Board entrusted the duties.

By birth and education Dr. Maclaren is an Edinburgh man, and he

¹ Vol. iv. pp. 71-2.

graduated as Doctor of Medicine in the University of Edinburgh in 1857, during an epoch still remembered as one in which her preeminence as a School of Medicine was hardly challenged. Throughout the years that have passed since then, Dr. Maclaren's professional career has been characterised by a steady and progressive advance in the importance of the positions he has filled, and the acknowledged success he has attained in them. He spent some years in country practice, and in the year 1876 returned to Edinburgh. With the School of Medicine there his connection has been long and honourable, since the date when he became Assistant Surgeon to the Royal Infirmary. Of that Institution he in due course became Senior Surgeon, and after his term of office expired he was appointed one of the consulting Surgeons. As a teacher he gave a broad and philosophic presentation of any subject with which he dealt, and by his lectures and writings especially elucidated the important and difficult problems encountered in the study of specific disease. Of the Royal College of Surgeons Dr. Maclaren has been an active and esteemed Fellow, and during many years was one of the Examiners in Surgery for the College. In 1894 he was elected President, and for two years filled the Chair with much distinction. As a Manager of the Royal Infirmary, of the Hospital for Sick Children, and of the Royal Edinburgh Asylum, he has exercised a weighty influence in the public interest.

But a man is greater than his work, and no true impression of the subject



P. H. Maclaren, Esq., M.D., Medical Officer, now retired.







Kenneth M. Douglas, Esq., M.D., Medical Officer.



of this sketch would be left on the minds of those to whom he is not personally known, were nothing said of his character, apart from his distinguished professional achievements; of his native kindliness of disposition, his remarkable shrewdness, his keen sense of humour, his mother wit. The best of companions, ever ready with apposite story, bringing always to the service of others an unfailing cheerfulness, no man ever won more completely the confidence of his patients and the affection of a host of friends. He is now assured of the warm remembrances and good wishes of all who know him, and of none more fully and sincerely than the members of our Head Office Staff, with whom he was practically in daily contact, and with whom his relations were at all times of the happiest kind. Fortunately Dr. Maclaren has never ceased to cultivate a catholic taste in many directions of both mental and bodily activity; the world of books holds for him happiness equally with the moor, the river, or the golf links. We confidently hope they long may do so, perhaps in altered ratio, and in the enjoyment of these and other sources of satisfaction, and not least in the recollections of an honoured and beneficent life, we wish him every good, and with an expression of our warmest esteem, we take leave of Dr. Maclaren as our Principal Medical Officer.

DR. KENNETH M. DOUGLAS.

Following on the above notice of Dr. Maclaren's retirement, we have the pleasure to announce that on 30th June last our Board of Directors appointed Dr. Kenneth M. Douglas to the post of Medical Officer thus vacated. Dr. Douglas, who since 1890 has assisted Dr. Maclaren in the Company's service, is a son of the late Dr. Halliday Douglas, who in the middle of last century was a well-known man, not only in the medical world, but in Christian and philanthropic work.

Dr. Douglas was educated at the Edinburgh Academy, and Edinburgh University (Arts and Medicine), and passed his second and final examinations with distinction. He graduated as M.B. and C.M. with Honours in 1885, and M.D., with gold medal for Thesis (on the Surgical Anatomy of Hernia), in 1889. He became a Fellow of the Royal College of Surgeons in 1889, and since 1897 has been one of the Examiners for that College. Dr. Douglas has held the posts of Resident Surgeon in the Royal Infirmary, and Resident Medical Officer in the Chalmers Hospital. He has also, in the Infirmary and in Continental Schools (Berlin, Leipzig, Lyons), studied various special branches of medical work. 1888 he has been Medical Officer to the Post Office, and is examiner in Edinburgh of all candidates for appointment in the Civil Service, and has held other appointments of importance.

It will thus be seen, that Dr. Douglas is well qualified for the important and onerous duties which fall to be discharged by the Principal Medical Officer of a large Life Company. Our friends will be glad to see the above portrait of our new official, and we trust that he may be long spared, as the not unworthy

successor of one who did his duty ably and well.

TEN AND TWELVE.

T is admitted that our decimal scheme of counting is derived from our two hands, separately and conjointly. In Roman notation this is visible to the eye. Not so in Arabic numerals. Roman notation had only a very limited power of expressing local value. This local value is the grand merit of our digits now in use. Suppose I write down 9,876,543,210. The symbol on the right extreme is not a unit, it is the negation of a unit. But by taking the unit to the left along with it, we read ten, that is one ten. Similarly by taking the 2 along with the 10, we read two hundred and ten. The 2 from its local position has its units' value increased one hundred times. And the next figure leftwards has its units' value increased a thousand times: "There's magic in the web of this." Let me now ask the laissez faire (stand still) arithmeticians to show that the duodecimal scheme can express units and local values as neatly and as readily adaptable to calculations in arithmetic. When we go on to twelve, we add two to this extremely simple, this handiest of schemes for counting yet devised. It will be worth while here on the threshold to state shortly a few facts in its history. Hindostan would appear to be its birthplace, not later than the sixth century of our era. From the land of sunrise it was carried into Arabia some time about the beginning of the tenth century. The Moors brought

it to Spain about the middle of the eleventh century. England did not get it till the middle of the thirteenth century. Napier of Merchiston, inventor of logarithms, is credited with being the first to express decimal fractions by the simple expedient of placing a point between the integral and fractional parts of a number. Napier was the immediate forerunner of Newton. When we adopt twelve as a base, we leave the simple scheme of ten, and begin again at unity to repeat the same upward steps, and thereby enter on a more complex and thereby less ready system of numeration. I found by experience a good many years ago that beginners in arithmetic can far more easily and in half the time master simple subtraction by holding fast by ten when say 7 is to be subtracted from a less numeral placed over it. Borrowing so called is absurd, because the whole number to be taken away is assumed to be less than that from which it is to be taken. By taking 7 from 10 and then adding remainder to number standing over 7 the child creeps along far better than by what used to be in vogue. At same time, local values are insensibly picked up. And in connection with subtraction—a negative process—the only other simple rule in arithmetic is addition—a positive operation. Multiplication and division are anything but simple to young brains. Thus far the case for ten has been stated in simplest form stript of loose and slipshod handling only too common both in printed matter and in oral lessons. What now is the plea for twelve?