

The ideal physician : his early training and future prospects : including the Naval Medical Service, Indian Medical Service, and the Irish Poor Law Medical Service / by Sir Lambert H. Ormsby.

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President of the Royal College of Surgeons in
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INCLUDING THE

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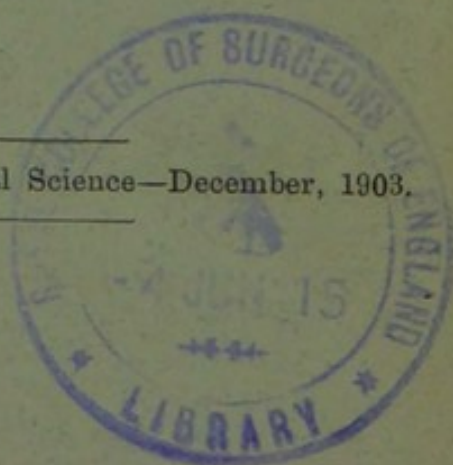
IRISH POOR LAW MEDICAL SERVICE.

BY

SIR LAMBERT H. ORMSBY,

President of the Royal College of Surgeons in Ireland;
One of the Senior Surgeons of the Meath Hospital and Co. Dublin Infirmary.

Reprinted from the Dublin Journal of Medical Science—December, 1903.

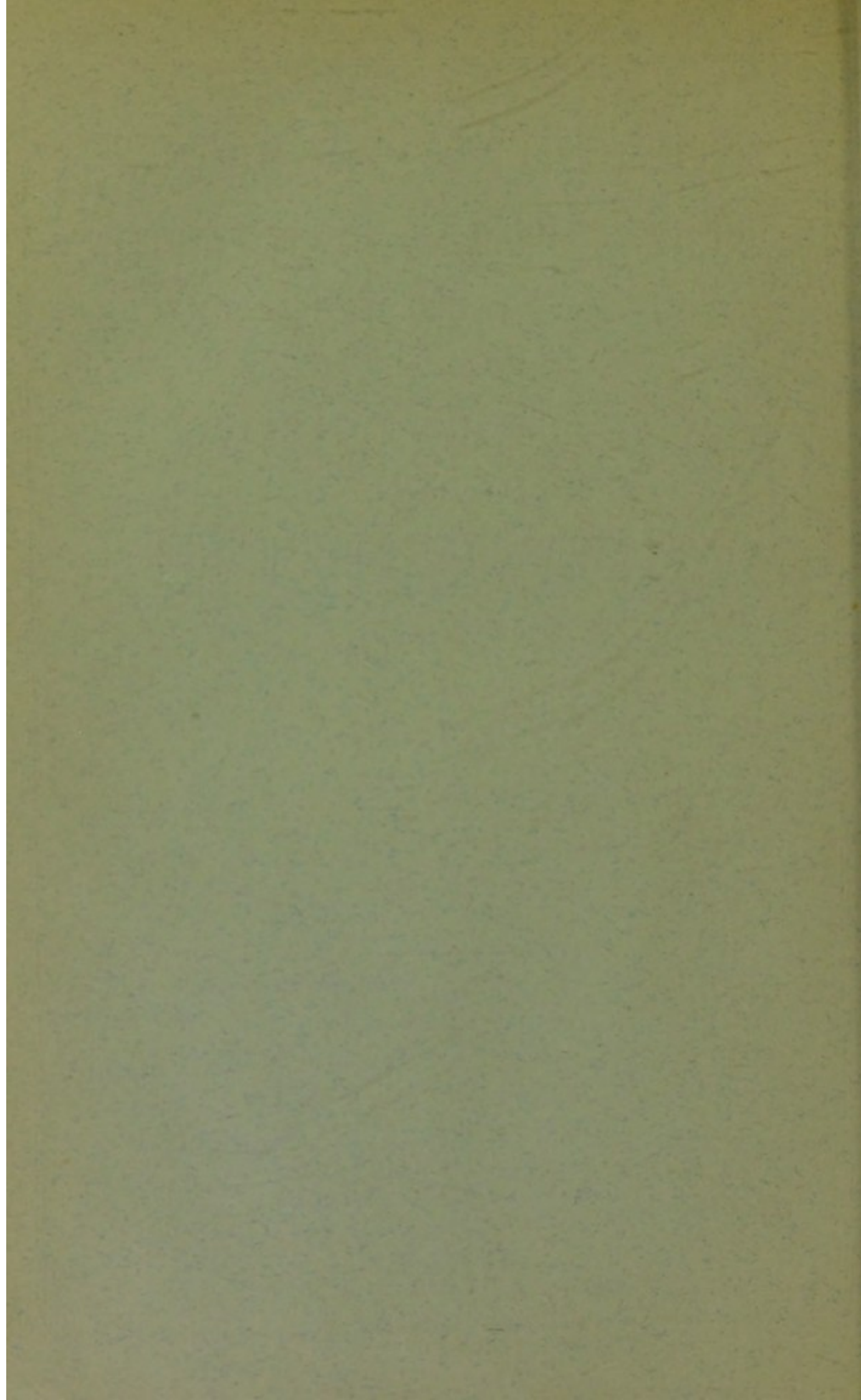


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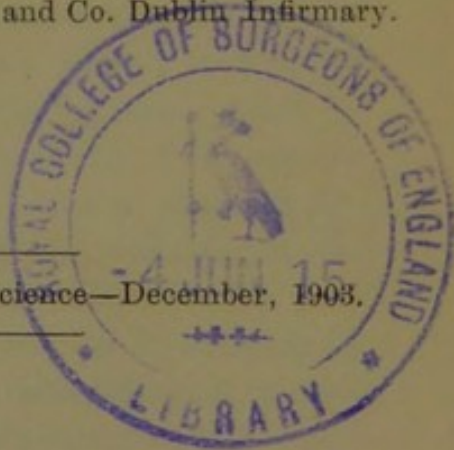
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THE LIFE OF

JOHN B. HENRY

BY

JOHN B. HENRY

NEW YORK

1885

THE LIFE OF JOHN B. HENRY



THE IDEAL PHYSICIAN :

*HIS EARLY TRAINING AND FUTURE PROSPECTS.**

GENTLEMEN,

About this time last year, and in this place, I had the honour and privilege, as President, of bidding you welcome on entering upon the study of one of the most arduous and yet most noble of professions. To-day I again bid you welcome, those particularly who are entering upon the study of medicine, as well as those who are resuming study. The latter I would ask to start with redoubled energy after their long and well-earned holiday, and so give both a healthy stimulus and bright example to your junior fellow-students.

It is the custom with some to condemn annual addresses, and in many medical schools they are falling into abeyance. I am of opinion, however, that a short address introductory to the Session about to commence is of great service to those beginning the profession, as it marks with emphasis the starting point of the student's career, and I would be very sorry indeed to see the custom given up here, where it has existed for so many years.

The selection of the topic for my Address to-day, I can assure you, was a great mental puzzle, anxious as I was to arrange my subject so as to say something interesting and suitable to all. If I merely draw up a sermon full of fatherly advice for the first year's students, telling them that if they wanted to succeed in the battle of life they must be zealous and industrious, it would, in the abstract, be strictly true; still this oft-repeated tale would be anything but interesting to the senior students, who have frequently heard me and others on the same subject. Then I

* Address delivered to the Students of the Royal College of Surgeons in Ireland on the occasion of the opening of the Medical Session, 1903-1904, on Monday, November 2nd, 1903.

knew we should have a number of qualified brethren, senior and junior, present, and they would hardly go to the trouble of following me through high-sounding platitudes with a sprinkling of poetry to make it read well in pamphlet form. I therefore select for my Address to-day the following subject :—

“ THE IDEAL PHYSICIAN : HIS EARLY TRAINING AND FUTURE PROSPECTS.”

To be an ideal physician should be the aim of every man who embraces medicine as a profession. Everyone is not gifted with the same qualifications for a successful career. Some few, indeed, may be born with considerable ability, but at the same time endowed with a rough, overbearing manner, yet by sheer determination these may force their way into the front ranks of their profession. But such disregard for the feelings of others and such lack of politeness must always tell against their success in the long run. Others adopt this Abernethian style from ignorance. I regret to say it appears to be an age where young men are prone to pay but scant courtesy to their seniors, under the mistaken idea that having been born in a more enlightened age they could not possibly learn anything worth knowing from those who have gone before. This is a popular fallacy, and the outcome of youthful presumption and want of experience and common sense, for the more a medical student or young practitioner learns the more he appreciates those master minds who have been the pioneers of his profession.

The early training of the ideal physician, as for any other ideal, must be undertaken with very great care. It is, in fact, a preparation for a great and serious struggle, a most momentous battle. A youth must start as a student determined to succeed. Fix, then, in your own mind some successful model, and ascertain the means by which he succeeded, whether by tact, industry, skill, or a combination of all these, and then strive with all your might to acquire the same qualities.

Take care in starting that you are equipped with all the necessary armour and weapons for the encounter upon which you have entered. Be industrious, punctual, cheerful, kindly, courteous to your seniors, respectful to your teachers, and prune off those small objectionable asperities which might hereafter be the means of retarding your progress ; and above all avoid that sorry band

of wasters and drifters whose ways and means are so well known to you all. Let your one aim and end be always to achieve the enviable reputation of a good doctor and a courteous gentleman.

As I stand here I see before me a body of stalwart young men burning with the generous sympathies of youth, strong with robust qualities, both mental and physical, standing in the shadow of this old and respected seat of learning, upon the brink of the arena into which they are so soon to enter. So let me now briefly allude to your future prospects. You will ask me what are your future prospects. In answer I may mention the Navy, the Army, the Indian Medical Service, foreign appointments, ship surgeoncies, Irish Poor Law Medical Service, and, lastly, private practice. Of these I fear I will only have time to make a brief allusion to three. Last year I spoke at length of the favoured conditions of the home Army Medical Service as a career, and I am still in favour of this service, notwithstanding there are yet a few grievances in the R.A.M.C. to be remedied.

THE NAVAL MEDICAL SERVICE.

This service is the oldest service of all, and ought to be one of the most popular. But it is not popular, and you may ask me why. Well, I will try to enumerate a few of the defects of the Royal Naval Medical Service up to six months ago, and point out certain of the grievances in the recent regulations which have been remedied. :—

1. *Late Promotion.*—At present the average age of a surgeon entering the Naval Medical Service is 25. He serves until he is 37 before he becomes a staff surgeon, and until 45 before he becomes a fleet surgeon, and he may be selected for the higher branches at about the age of 52. No other branch of the Navy has to wait so long to attain corresponding rank. Comparison of ages with the executive or combative branch of equal relative rank will clearly show this—surgeons 25, staff surgeons 37, fleet surgeons 45, deputy inspector-general 52; lieutenant 21, lieutenant after 8 years' service 29, commander 33, captain 40.

Under these conditions the naval medical officer may be placed in the position of having to ask leave from a man who is considerably his junior in the service.

To make the service popular I consider promotions to staff surgeons should be after 8 years' service, and to fleet surgeons after

16 years' service. Since this was written I am informed on the best authority that this change in promotion is to be carried out in regulations which will be very shortly issued, having received His Majesty's approval.

2. *Foreign Service.*—It is urgently needed that some reform should be made as to the regulation of home and foreign service. At present a staff surgeon returning home after three years' foreign service (which may be in the unhealthy climates of the East Indies or West Coast of Africa, for which he gets no extra pay) after six weeks leave (that is, only 14 days for each year spent abroad) is most probably appointed to either the home, cruiser, or channel squadrons. These fleets have no fixed port, and are continuously cruising about. Consequently, the staff or fleet surgeon, if married, sees little or nothing of his wife and family, and after from 18 months to two years of this so-called home service he is again sent abroad for another term of foreign service. To remedy this there should be a fixed regulation that every medical officer returning from a foreign station should be entitled to a period of shore or harbour service.

3. *Compulsory Half-pay.*—This has by no means been done away with; the great objection is not so much the loss of annual income, which is bad enough, but also the loss of time. The time spent on half-pay has to be made up before retirement.

4. Another grave injustice is that a number of medical officers wait patiently until they have completed 20 years' full-pay service (the time spent on half-pay having to be made up), this being the earliest period when they can retire with a pension. But when this long looked forward to time has arrived it sometimes happens that the unfortunate medical officer is serving abroad. He is informed on applying for retirement that his services cannot be spared, even if he offers to pay his own passage home and his successor's passage out. He is, therefore, liable to be retained on a foreign station for a period of 3 years longer.

5. *Control of Sick Berth Staff.*—The P.M.Os. of naval hospitals have no power to deal with breaches of discipline on the part of the sick berth staff that serves under them. An inspector-general, who is supposed to rank with the rear admiral, before he can get a man punished has to report him to the executive authorities of the local depot, and much time is wasted before the charge is heard or the offender punished. Surely the sick berth

staff ought to be under the control of the naval medical officer, just as the men of the R.A.M.C. are under the control of their officers in the same corps.

6. *Medical Guard*.—It is the recognised custom in the present day when two or more ships are in harbour together for the naval medical officers to take it in turn, day about, to keep medical guard. This means that a medical officer of the ship having the medical guard has to remain on board his ship to be ready to go to any emergency case in any of the other ships in harbour. Although this is practically the custom, and works admirably, still it is not as yet embodied in the King's Regulations, and the result is that some captains still insist on always having one of the two medical officers belonging to their ships on board, although the medical officer of the guard is close alongside and capable of being on board in five minutes on signal being made for him. To be kept on board every alternate day for the whim of an individual captain is very galling, more especially as it is only in one or two ships in a fleet. To obviate this grievance it should be clearly laid down in the regulations that medical guard is to be recognised in all ships.

There are many other petty disadvantages, which irritate the naval medical officer but which a little re-arrangement could easily remedy without any loss of discipline or efficiency. For instance, there is no encouragement of individual responsibility at medical surveys. An inspector-general ranking as rear admiral is forced to sit under the presidency of a post-captain, or even a commander, who is years his junior in service. Of course I do not wish to deny that the captain should command his own ship, but I do think that if the status and position of the naval medical officer is to be upheld he should have entire control of the sick and the sick berth staff, and should be able to punish them for breach of discipline in their special work, should necessity arise, same as in the R.A.M.C. A new set of regulations has just been issued, and some of the matters I have complained of have been remedied, but many grievances still exist which I fear if not removed will act as a deterrent to the entrance of efficient men into the service.

The present Director-General, Sir Henry Norbury, K.C.B., has done more to improve the service than any of his predecessors, and I know he has the interests of the service at heart, and is only too anxious to see his branch brought into efficiency and popularity. But I have no doubt that, when he suggests improvements,

he is stopped by the Treasury, which will not sanction any improvement that costs additional money. The Government yearly expends millions on the building of warships intended to inflict death and suffering on our fellowmen. How much more, in the cause of humanity, should they be willing to spend a few thousands on a branch of the service whose mission it is to prevent or cure disease and alleviate the suffering inflicted by shot and shell on their fighting men?

If the distinguished Director-General, Sir Henry Norbury, fails to induce the Admiralty and the Treasury to amend these grievances by mild expostulation, these authorities will be forced in the long run to yield, because men will not go where discontent and limitation of status are maintained. In the end the Admiralty will have to follow the example of the Army, and at once accede to the suggestions of an energetic and independent civilian Advisory Board, constituted on the same lines as that of the R.A.M.C., but called in the Navy the Medical Consultative Board.

The R.A.M.C. now gets plenty of well-qualified candidates, but in the Naval Medical Service there is a deficiency of over 50 surgeons. But I hope before long to see all these grievances mentioned removed and good and efficient men once more induced to enter it in large numbers.

I would now like to say a few words about another service which has somewhat grown into disfavour—

THE INDIAN MEDICAL SERVICE.

I have just read in the *British Medical Journal* of Oct. 3rd an official memorandum, dated Indian Office, October, 1903, in which will be seen certain alterations effected for the improvement of the service:—

First, I find by the new regulations that the pay of the Indian military medical officer is increased, although the increase sanctioned is not very large. A lieutenant's commission will in future date from the date on which his course of instruction commences, and he may be promoted to captain on completion of 3 full years' service, the same as the R.A.M.C., but he will be required after 18 months' service to pass an examination in military law and military organisation.

The unemployed pay of a lieutenant in India will be in future Rs. 420 a month instead of Rs. 350, while when placed in permanent medical charge of a regiment his pay will be Rs. 500, in

place of Rs. 450. On promotion to captain, if in substantive charge he will receive Rs. 550, in place of Rs. 450. After 7 years' service there is an increase from Rs. 600 to Rs. 650, and after 10 years' service from Rs. 600 to Rs. 700. The pay of a major after 15 years' service who is in substantive charge is increased from Rs. 800 to Rs. 900, and of a lieutenant-colonel from Rs. 1,000 to Rs. 1,259. A lieutenant-colonel who has 25 years' service will in future receive Rs. 1,300; if in the substantive charge, and if specially selected for increased pay, Rs. 1,400. The pay of one surgeon-generalship is raised from Rs. 2,700 to Rs. 3,000. In justice to the officers now serving it is hoped that the regulations will be retrospective as far as they are concerned, and that the regulations will have a retrospective effect from the date of the increased pay under the recent warrant granted to officers of the Royal Army Medical Corps serving in India, to which change I alluded in my Address last year.

Following the precedent set of the case of the Royal Army Medical Corps, it is now provided that specialist pay at the rate of Rs. 60 a month will be granted to officers below the rank of lieutenant-colonel who may be appointed to certain posts, and another clause provides that extra furlough may be granted to officers desirous of pursuing special courses of study at the rate of one month's furlough for each year's service up to 12 months in all. There are other important improvements set out in this memorandum, but there are grievances and drawbacks still remaining. When these are remedied I believe the service will be popular again, and many efficient young qualified men will be eager to enter it.

The next and last service I have to allude to is nearer home; it is

THE IRISH POOR LAW MEDICAL SERVICE.

Last year I thought I said all that the head of a College could possibly say to you on the subject. But 12 months has proved to me that if the poor law medical officers are to be supported in their fight against injustice and dishonour it behoves all those in any position in the profession to speak in season and out of season against the gross treatment which is meted out day by day to our medical brethren whose unfortunate lot it is to serve in the Irish Poor Law Medical Service. The Right Hon. Mr. George Wyndham, M.P., the able Chief Secretary for Ireland, has since this time last year piloted a most successful Bill through Parliament

for "the better union of hearts" and the settlement of the land question, and for the satisfaction and contentment of all parties concerned. But if I am asked what has been done for the Irish dispensary doctor, I regret to be obliged to say—*Nothing*.

Now let me enumerate again the grievances and disabilities under which an Irish dispensary doctor labours at the present time, as related to me by one who has been an Irish dispensary doctor for over 30 years. His first and most pressing grievance is that in many instances the salary is not sufficient to pay the expenses of working the district. Then the law declares him qualified for superannuation, but leaves him entirely in the hands of men who are a changing body liable to be swayed by the transient influences of the moment, and who perhaps resent a dispensary medical officer as being, in the words of a popular M.P., "A blue-blooded official."

When such is the feeling of a Member of Parliament towards our dispensary medical officers one can easily guess in what estimation he is held by the rank and file. The dispensary officer becomes sick and tired of the everlasting abuse showered upon his colleagues at the different weekly meetings of the Boards of Guardians throughout the country, and the treatment of the Local Government Board is no better. They heap new duties on their medical officers, and when for once a generous and reasonable board of guardians grants an increase of salary they will not sanction it. Then the mode of election is corrupt, root and branch. Think for a moment of the position involved in having to solicit the votes of members of boards where he is fully conscious that the most incompetent member of the profession who had local or political influence would beat the President of the Royal College of Surgeons for a dispensary or union if he were a candidate for one.

The pressing grievances of the service are therefore narrowed down under six heads :—

1. *Insufficient Salaries*, which should be raised to at least £200 a year.

2. *Travelling Expenses*.—A medical officer ought not to be compelled to pay the travelling expenses incurred in the discharge of his public duties. No other service is asked to do so without payment.

3. *Annual Holidays*.—Dispensary Rule 28 should be amended so as to give to medical officers the leave the Local Government Board

intended as a matter of right they should have—viz., a full month's holiday in the year.

4. *Incidence of Expense.*—Clause 6 of the Local Government Amendment Act should be repealed so as to permit the recoupment from Imperial Sources of the full half of the salaries paid to medical officers, and not to limit it as it does now to the salaries previously paid.

5. *Superannuation.*—Superannuation to medical officers should be paid on the Civil Service scale, and it should be mandatory and not optional.

6. *Mode of Election.*—This should be placed under Civil Service Rules, and each candidate should enter the service by competition after examination.

The amelioration of the present conditions rests with yourselves. Many of you will be shortly qualified; vacancies occur nearly every week; but I urge you in the strongest manner to refuse to enter a service which imposes such degradation on its officials. Never before in the history of Ireland has the Service risen as one man to revolutionise old traditions by joining the Irish Medical Association, and so enrolling recruits who before were afraid to utter one word of complaint lest dismissal should follow.

You ought to prefer to break stones on the roadside sooner than enter a Service which employs you on starvation terms, and the recreants who are mean enough in face of such warning to compete for dispensaries at a lower salary than £200 a year deserve to be regarded as unworthy of the name of men. If they are subsequently treated badly it is only the proper punishment for persons so far forgetful of the duty they owe to their profession and the respect they owe to themselves.

I am well aware of the responsibilities I incur as President of this College in speaking in such condemnatory terms of a Service, even though I believe it to be the worst in Europe. But I urge you to stick together. Become members of the Irish Medical Association, be determined, and the Government must give way, if the sick poor are to be properly relieved and the Service made efficient.

I would also impress on those of you who will soon be qualified the necessity of joining as members—

THE ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND,
an object to which every practitioner should at once begin to subscribe. It is, in fact, a form of personal insurance which, like

the "widow's cruse of oil," will never fail to be of use and advantage.

None can tell when adversity will overtake him—in the form of loss of money or post, through ill health or death, and it is comforting to know that through your being a subscriber to the Medical Benevolent Fund before such calamity overtakes you the Committee will always give your wife and children preference. Let the first money, therefore, that you earn after qualification be handed to the Royal Medical Benevolent Fund, and lay up there a treasure which in need and distress will be at the disposal of those who are near and dear to you. Another piece of advice I will give you—the moment you are a member of the profession join a—

MEDICAL DEFENCE ASSOCIATION,

It costs only 10s. a year, and may be of vast importance to you later on in the practice of your profession. The value of insuring against attacks which are often made against medical men by unscrupulous persons for the purpose of levying blackmail is well known. And there is no doubt that if all members of the profession would join the Medical Defence Association many legal actions and many cases of threatening would be done away with. A doctor in this city who had a personal charge levelled against him by a former patient was mulcted by a large amount of costs in defending his character against an unfounded charge. If he had been a member of the Medical Defence Union the case would have been taken up by its solicitor and defended by its funds. Members of the profession are liable at any moment to be assailed by the attacks of evil-disposed persons, and it behoves all those who value their reputation to prepare and insure against such a contingency.

ABSENCE OF STATE RECOGNITION FOR THE PROFESSION.

We must also continue to fight against ignorance and misconception until the general masses are educated to understand the position the profession ought to occupy. One depreciating influence is the absence of suitable State recognition for the leaders of medicine and surgery. In the constitution of our governmental system there should be (and it is imperatively called for) the appointment of a Minister of Health and Sanitary Science, who should occupy a seat in the cabinet, only to be filled by a physician or surgeon of eminence and ability, not bestowed upon

some worn-out practitioner when his energies are effete and his brains past their work. My suggestion may be Utopian ; but if England intends to take a creditable place in the future amongst the great nations of the world she will set her house in order, for government in the present day and government a hundred years ago are very different matters. Scientific Medicine must, and will, take an exalted position in the world when the component parts of the great Ship of State are properly constituted. The profession of law, with its legal peers and lord chancellors, the army and its military lords, and the church with its spiritual peers, must in justice make room for their Cinderella sister—Medicine. Therefore the Minister of Health and Sanitary Science must be an appointment in the near future. I presume there is no one among us that will doubt my assertion that the entire community, from the peer to the peasant, stands indebted to scientific medicine and surgery. Have not all our investigations from the earliest times been directed in the most unselfish manner for the preservation of man's best interests—viz., health and the alleviation of human suffering ? Again, the Privy Councils of England and Ireland have been largely composed from time immemorial of lawyers, judges, military men, divines, and peers of the realm ; but doctors have been omitted from the lists of these supreme advisers of the Executive. Would anyone with a grain of sense give the reason of this ? Why should the leaders of our profession in Ireland not be entitled to be Right Honourables as well as many other men far inferior, it may be, in birth, position, and scientific attainments. On what grounds are we excluded as a class ? Simply, I would say, because we as a body have been over-modest in asserting our claims for public recognition as exponents of sciences that are yearly becoming more and more important to the well-being of the community.

THE IDEAL PHYSICIAN.

I have mentioned the word ideal in describing a physician ; let me tell you in a few words what I mean by the term.

The profession of a doctor is a noble one and should ennoble those who practise it, deepening the sympathies and idealising the life. No man knows better the frailties of his fellow-creatures than the doctor ; no man has more reason, perhaps, to think pitifully or severely, or even contemptuously, of mankind. But there is no man more broad in his charity, more lenient in his

judgments than the ideal doctor ; he hears everything, yet he betrays no confidence. In many families the doctor is held in as great love and reverence as the priest. He is with them in trouble and in joy, and from his lips issue the fiat of life and death. He must bend his ear to catch the first wailing cry when the infant takes up the burden of life, the last tired sigh when the old man lays it down. He has to wrestle with the great foe of humanity at every turn ; to him the blanched mother may owe her fluttering life when giving birth to another ; it is he who, when friends are paralysed with fear of contagion, must face the hideous features of cholera, typhus, and small-pox. He must show a calm front to the demands made upon his vital energies, and the exaggerated expectations formed of his power to aid, while science stands humbled and impotent in the presence of death. With all his deep learning the ideal doctor is modest, with all his knowledge of the world he is tolerant—he is wise as well as witty, gentle as well as powerful, a tower of strength to the weak, and ever on the alert to shield the reputations of his patient and of a brother practitioner. It is a life of splendid opportunities for good if lived as the ideal doctor may live it, and it is open to you all to aspire, at least, to that ideal.

Many of you are now, as I have said, on the threshold of active life. There is alway something that disposes to reflection in the communion of mind between one who is on the verge of manhood and one who has already passed its meridian. It is natural at my age, when looking back at a long life of professional toil and anxiety, that many things should wear a more serious aspect—I might almost say a sadder one—than at yours. Yet I confess that when I see around me so many robust frames and ardent spirits, trained with so much care for the service and commonweal of king and country, I am disposed to view your future prospects as hopefully as you do yourselves. May all success attend you in your future endeavours. May the name of Irishmen in your safe keeping continue to be held in high honour amidst the nations of the world. And if in the days of your matured success your thoughts should wander back to this day and to the memory of him who, through the favour of the Fellows of this College, is in the position of addressing you, think of him as of one who, while he lived, never ceased to entertain a warm sense of your kindness and a lively interest in your welfare as true gentlemen, and as nearly as you can become ideal physicians.





