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# MODERN MEDICINE

AND ITS

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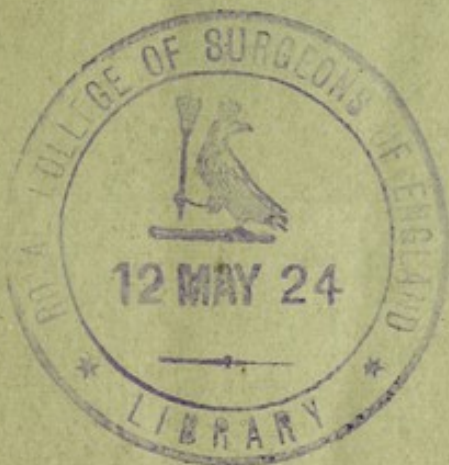
## STUDY

*AN ADDRESS DELIVERED AT THE MIDDLESEX HOSPITAL  
MEDICAL SCHOOL ON THE OPENING OF THE  
WINTER SESSION, 1892-3*

BY

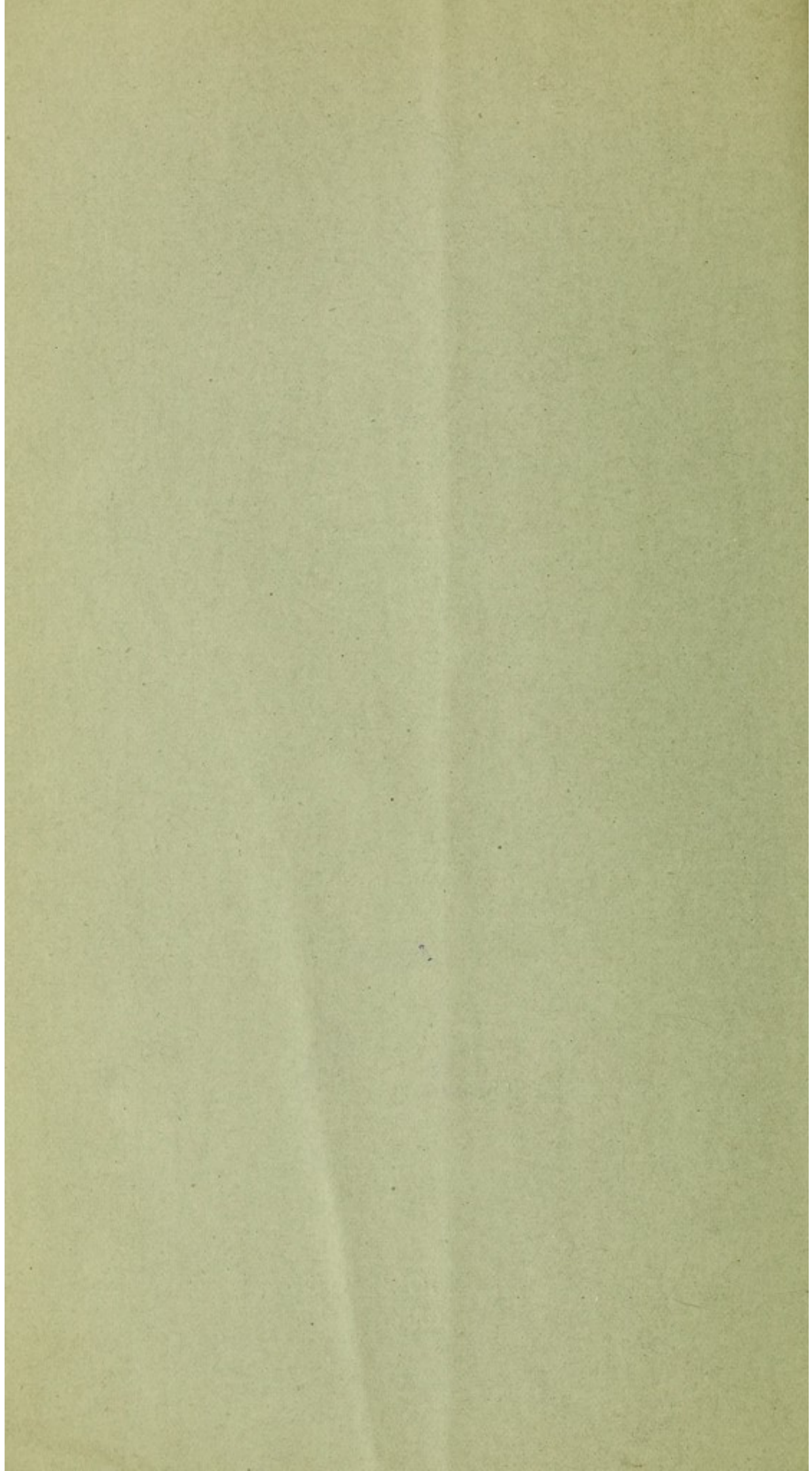
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PHYSICIAN TO THE HOSPITAL



LONDON

H. K. LEWIS, 136 GOWER STREET, W.C.  
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## MODERN MEDICINE AND ITS STUDY.

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GENTLEMEN,

The main object, I opine, for these introductory addresses at the opening of our winter session is to welcome those who sit on these benches for the first time, to hold out to them the hand of fellowship, and to bid them God-speed in their new career. To such then on behalf of my colleagues and all members of this school I offer this cordial greeting, premising that although you may find the pursuit of medical studies somewhat arduous and exacting, yet that it is full of those pleasures which are well known to accompany the exploration of new regions, and that day by day as Nature yields up her secrets you will find them more and more fascinating. If it were not for those examinations which loom so fearfully in the distance, your career here might be almost romantic as you explore the unknown, but we are forced to realise the stern utility of our labour, and think to what purpose we shall be required to put the knowledge we are gaining. I have only this to say, that he who does pursue his work in the spirit of the scientific investigator, will be sure to have made his knowledge so accurate, that he will have no fear of any Board of Examiners. Therefore, the chief advice I would give you is to work practically and personally at all your subjects so as



to fully master them, and never stop to enquire whether it might be better to omit some matters, and to dwell long on others, because they may or may not be likely topics to find favour in an Examiner's eyes.

Gentlemen, you are fortunate in the time of your entrance upon this calling, for in no period of the world's history has there been such a keen desire to find out the truth of things. The sciences which at the opening of this century were emerging from obscurity are now daily enriching the world with their benefits. Never, indeed, were the advances of knowledge so rapid and so fruitful. We see this not merely in the multiplicity of inventions, all tending to conduce to the material comfort and happiness of mankind, but notably, also, in medical science where the labours of numberless investigators in tracking diseases to their sources are leading us to more rational measures for their prevention and treatment.

It is not a mere happy accident that has saved our country this summer from the ravages of cholera, and the reproduction in this city of the desolation of forty years ago. With our extended commerce, which places us in such close communion with all parts of the world, there has been ample opportunity for the smuggling into our shores of the dreaded microbe. If we shall be fortunate enough to continue to enjoy this comparative immunity, it will be owing mainly to the unceasing vigilance and good organisation of our health departments. It will be well, however, for those in authority and influence to take to heart the lesson learnt at such cost in neighbouring lands, and make haste to



purify our towns and villages if we are to feel really secure from this invasion. To my mind nothing is more disheartening than to witness the apathy in sanitary matters which many of our town councils and boards display, and even when awakened to a sense of their responsibilities by an epidemic, they are content to rely upon half hearted measures from a false sense of economy. Still we must be thankful that there are growing indications of the defeat of the policy of *laissez faire* in public health, and that the gospel of light, purity of air and water, and wholesomeness of food, so long and strenuously preached by the medical profession, is at length being heard and acted upon. No one can contrast the condition of England a few decades since with its present state without admitting this; but nevertheless, there is unlimited scope for further improvement. The list of preventible diseases is a lengthy one, and we have no ground for laudation so long as they continue to exist and swell the death-rates. There is the more reason for this because the very conditions of life which obtain among civilised communities favour the development and spread of these scourges. Knowing that these diseases *are* preventible, we may look forward to a happier time when even the overgrown populations of our cities may enjoy comparative, if not absolute, freedom from them. But if this golden age ever does arrive, and preventive measures have made scarlet fever, typhoid, diphtheria, and tuberculosis as rare in this country as typhus, relapsing fever, the plague, and leprosy,—and to a certain extent all manner of surgical septic diseases—there will still remain much for



medicine to do in its task of rendering the earth fit to live in. Only quite recently we have been forcibly reminded of our ignorance and impotence. For as if to mock our science and our skill, the world has witnessed during the past three years a recurrence of a pandemic disorder, which has periodically traversed the globe in historical times, a malady which, though often apparently trivial in its immediate symptoms, has indirectly been responsible for an untold amount of sickness and mortality. The manner in which influenza sweeps over seas and continents; the vast numbers of its victims, the suddenness with which they are attacked, and the capriciousness of its selection of individuals in a community make it unique among the infective diseases, and render nugatory all the machinery for the prevention of such diseases which the legislature provides. Nay, even it cannot be said that we know anything of its real origin. It may be atmospheric; it may be due to germs which can lie dormant for a generation, and then awake to exert their baneful influence on mankind; it may, perchance, even be of extra-mundane source, and form part of meteoric dust, so that the old Italians who ascribed it to the influence of the stars may after all have been near the truth. It is vain to speculate with such variable and conflicting data as we have on the subject, but at least we may venture to doubt whether its microbic origin has been as securely established as some would have us believe. These are problems for you, the doctors of the future, to deal with, and earn immortal fame perhaps in their solution.

Leaving them, let us glance at another aspect of



our art, that which strictly comes under the head of *healing*. Is the advance also great along that line, and how is it being pursued? It seems a truism to say that the more we know about diseases, the better we shall be able to treat them. Still although we have learnt much respecting the art of healing, we have infinitely more to learn, and much, I think, to unlearn. The sarcasm which Molière levelled at the physicians of his day is not without meaning now. We, too, may often err in assigning too great importance to remedial measures, and too little to the beneficent working of the organism itself. No one has more emphatically urged this than the late Dr. H. G. Sutton of the London Hospital, who combined in one the gifts of the practical physician, the philosopher, and the poet. His lectures should be read by every member of our profession as an antidote against the common error of mistaking recovery for cure.

It has been sometimes urged as a reproach to physic, that in respect to the treatment of disease her advance has been far behind that of surgery. I am not about to make invidious comparisons, or to meet this criticism with the rejoinder that the opportunities for the performance of the new surgery have been largely owing to a sounder knowledge of the facts of pathology, and a greater perfection in diagnosis. The one branch complements the other, and we cannot but rejoice that the boldness of surgery, and the improvement of its methods, which have so materially reduced the risks of operations has done such striking service. By it there has been transferred many a case from the incurable to the curable class. The



way that was opened, under the storm of obloquy that assails every reformer, by the early ovariotomists, has been expanded in every direction so that morbid conditions formerly deemed irremediable are now successfully dealt with by the surgeon in almost every one of the internal organs, including the brain and spinal cord. Many of these measures hardly fall under either of the two great classes of surgical operations, those of "necessity" or those of "expediency." They are rather prudential or protective, anticipating the progress of the natural efforts to get rid of offending material; efforts which may themselves produce premature death. It is difficult to estimate how many lives have been prolonged by surgery of this order, and it enables us frequently to give hope which without such resources would not be justified.

That there is also progress in the domain of medical therapeutics it would be idle to deny, but unfortunately in this department we are still largely under the influence of teachings framed in times when the structure and functions of the body were imperfectly known, and the operations of disease hardly understood at all. And moreover it is because of the darkness which yet prevails concerning the intimate processes of disease that we still have to grope our way and trust to the haphazard inferences of experience in many of our prescriptions. I am far from wishing to minimise the importance of those studies in *materia medica* to which you will have to devote many hours; they have their place not only as a mental exercise, but as a source of information upon what was once the chief armamentarium of the doctor,



which it would be a pity to lose. Nevertheless at the risk of being pronounced a heretic by the College to which I have the honour to belong, I make bold to say that the place taken by drugs in the treatment of diseases is very often a purely subsidiary one. In saying this I must guard myself from misconception. There are many occasions where the prescription of appropriate remedies is of inestimable service, but in very many this part of treatment is necessarily unscientific, that is empirical or irrational. The difficulty is in affirming in many cases what is the precise nature of the change introduced into the economy by the administration of physic. And this difficulty is enhanced by the fact that we deal with patients—living individual organisms—and not with abstract morbid states. That much-abused genius Paracelsus was far in advance of his contemporaries of the Dark Age of Medicine when he declared that drugs acted on the body by virtue of chemical changes, and the lacuna that has still to be filled is to determine what is the precise change that is necessary in any given case. Of one thing at least we may be thankful, and that is that the days of polypharmacy are numbered; but as a set-off to this we seem to be living in times when a new remedy is vaunted every week, and after a brief but glorious existence sinks into oblivion. I tremble to think of the labours you would have to undergo were it not for the limitations imposed by the British Pharmacopœia, and the Schedule of Drugs which the Examining Board has considerably drawn up as being all that it is really necessary for you to know.



I suppose that the old conception of the apothecary as one whose skill was bound up with the multiplicity of the remedies he might have for every ill, is still prevalent; for we have ample testimony of the popular belief in the virtues of physic daily before our eyes. Few things are more surprising and indeed saddening than to find in these enlightened days, when the schoolmaster is abroad in all parts of the land, that one of the most certain ways to a great fortune is to be the inventor of a pill, or a mixture, or even an ointment. Nay, you have only to shut yourself up in a remote castle and turn out bottles of "electrified" distilled water to be praised and even worshipped as a saviour of society by the learned and noble. How deeply ingrained must have been the old faith in medical magic for it to have survived so many centuries, and to have thriven even amongst those who have been subject to all the culture of the 19th century! In this blind, unreasoning faith in panaceas—the very antithesis of the scientific spirit—we have a striking object lesson, not of the virtues of medicine but of its weakness, of the triumph of credulity over knowledge, and—in the effects of such misnamed "remedies,"—of the influence of the mind over the body. It is possible also that even we who wish to deal with diseases in an intelligent manner have inherited traditions and prejudices as regards healing which we are unable or unwilling to cast aside; although we cannot help feeling how little we often really know of the action of drugs in individual cases. We must, however, strive to bring into our treatment a clear comprehension of the precise derangement of nor-



mal function which has to be set right ; we must trace the disorder to its source, and the principles of our intervention must be based on rational and intelligible grounds. This demands a thorough investigation of each case, and an appreciation of the conditions of life and environment which may influence the individual organism, including a knowledge of the tendencies to special forms of disease that may be present in the patient's family. Thus it is that the old practitioner who is familiar with the "constitution" of his patients and their children, is mostly a far better guide than the consultant whose acquaintance with them is probably of not more than 10 or 15 minutes duration.

I should have liked to have attempted to trace out in more detail the directions in which it seems to me the medicine of the future will mainly trend ; but under the special circumstances of this occasion, I forbear to tax your patience or my powers in the pursuit of what after all would be mere fanciful speculations. I therefore hasten to turn to a more prosaic, but to all of us a more immediately pressing question, that of medical education in general, and in this city in particular.

The aim of our profession being, as I have indicated, of a twofold nature, namely to prevent disease on the one hand, and to assist the natural powers of recuperation in the deranged or injured organism on the other, it is plain that the bases of all our study must be founded on a thorough knowledge of the laws and conditions of life, and of the structure and functions of the body. Starting from this foundation, the next super-structure in the edifice of our art is that of pathology, the sum of all the ascer-



tained facts concerning the mechanism by which diseases are brought about, and the effects they produce on the organism. In its fullest sense then pathology embraces not only the changes to be ascertained by dissection and microscopic examination, and chemical analysis of the dead body, but the perversion of the natural vital processes, and even the causes or conditions antecedent to the departure from a state of health. Its boundaries are not sharply defined, and much of its regions still remain unexplored, for no one can point to the line of demarcation between health and disease, and the ignorance which still exists upon the inner working of the varied processes which take place in the complex frame of the human body must of necessity leave us in doubt as to the precise conditions which constitute disease. We may in imagination picture to ourselves the harmony and rhythm which prevails in every part of the normal living organism, where each living unit or cell performs with unceasing regularity its allotted task, and we can also imagine how slight may be the primary disturbance of this harmonious action to throw out of gear all parts of the vital machine. Vast then as is the field of ascertained facts concerning the microcosm of man which it will be your duty to study, there must remain behind a vaster region, at present filled only by nebular hypotheses not yet condensed into the solid sphere of science.

Pathology, then, on which rests all the practical application of medicine for the relief of the sick, is itself based upon the tripod of Chemistry, Physiology and Anatomy. These sciences are themselves interwoven, and are further supported by the study



of physical laws, and that of the functions and structure of all living organisms. Physics and biology thus stand forth as forming with chemistry the real preliminary part of a medical course ; and as you are doubtless aware advantage has been taken of the revision of the curriculum to introduce the latter subject into it. It is not for me here, and now, to criticise the scheme of study which in conformity with the revised regulations of the Conjoint Board we have adopted here. In very many respects it is a decided benefit to the student, who will find that even five years is all too brief to enable him to assimilate all the subjects that are now demanded from him. But I cannot avoid expressing my own conviction that the next step in the improvement of the curriculum must be the relegation to a period antecedent to the strictly medical course of the purely scientific subjects, Physics, Chemistry and Biology. That this will come to pass at no distant time is certain, for it will inevitably follow upon the institution of the new or reformed University of London, to which I shall presently refer. There would of course be left for fuller expansion the technical application of chemistry to physiology and pathology in which very much has yet to be done.

The great merit of the new scheme of study is undoubtedly the prominence it gives to practical work. In almost every one of the branches there are now classes and arrangements to enable each student to *find out for himself* most of the facts about which he reads in his books, or learns from the lips of the lecturer. Time was when this kind of work, the most attractive, and the most fruitful,



was limited to only one or two subjects. But we live under a new regime, and if only it be faithfully carried out it should prove of great advantage. From the mere examinational point of view no less than the educational these practical studies have untold value. Success in examinations—rough and ready tests of real knowledge as they are—depends largely upon the readiness with which the candidate can recall the subjects which he has been laboriously studying for months before. By faithfully sticking to his practical work, whether in the wards, the post mortem room, the laboratory or the dissecting-room, his memory will be strengthened, since the avenues to it through the senses will all have been opened up. Then when the examination day comes round the diligent dissector will have his anatomical facts almost literally at his fingers' ends, the patient histologist will see in his mind's eye what he has perceived through the microscope, and the clinical worker will recall the physical signs of the cases he has observed far more readily than he will remember the descriptions which he has merely read. It is surely well in these days when there is a plethora of text-books, and an almost inordinate amount of oral tuition, to remember that the only knowledge which is really one's *own*, that which is of the only real service in practical life, is the knowledge founded on personal observation, upon which we were told of old time that "the whole medical art consists." The institution of a final examination in clinical and practical medicine and surgery is a feature of the new scheme of the Royal Colleges which deserves special mention; and the manner in which the



fifth year of study is to be spent should make that period of your career the most interesting of all. It seems to me to give in a fitting manner a completeness to the curriculum not hitherto secured.

With a few modifications, which experience may shew to be necessary, the course thus laid down by the Colleges may without exaggeration be said to be as academic as that of any University, and this being so, it may seem to be a hardship that it does not lead to the possession of academic distinctions. When 13 years ago I had the honour of acting in a similar capacity to the present, I think that I was sanguine enough to say that there was no reason at all why the majority of the London medical students should not take London University degrees. I thought then, when perhaps the memory of my own student days was more fresh upon me, that one great reason for the singular paucity of London graduates lay in the equally singular ignorance concerning the University which would seem to exist in the schools of this country. But I have learnt since from a wider experience of other Universities that this is not the sole reason, for although the number of London graduates is yearly increasing, they form a small minority of London students. Whereas in Edinburgh the reverse is the case. I take it then that the grievance of the London medical student is established. It has been crying for redress for the past ten years, and has at length been heard. At first it was the Royal Colleges which, under the guidance of Sir W. Jenner, Sir H. Pitman, the late Dr. Wilson Fox and Dr. Moxon moved in the matter.



“At least,” they said, “let us have a medical University in London to satisfy this need.” Meanwhile, however, the whole question of the organisation of teaching in all branches of knowledge in London was raised, and the Commission over which Lord Selborne presided, took evidence from all interested in the subject. The petition of the Royal Colleges to form an Academy of Physicians and Surgeons, with power to grant degrees, was disallowed, and opportunity was given to the University of London in conjunction with the Royal Colleges and the medical schools to reconstitute itself; failing which, the scheme of University and King’s Colleges, which felt that they were as much entitled to a Charter as was Owen’s College when it became the Victoria University, was to be considered. Well, after much delay and many trials a scheme was put forward by the Senate of the University of London, whereby the Royal Colleges should share in the examinations for the medical degrees, and the teachers of London have a place in the constitution of the University. The draft charter embodying this scheme was rejected by Convocation, the graduates considering that such a change would destroy the character of the University and lower the value of its degrees. Whereupon the Privy Council accepted the charter drawn up by University and King’s Colleges, in which the medical schools were admitted as Colleges of the new University, whilst the two Royal Colleges failing to get sanction to their application for the control of the medical examinations, withdrew from any participation in it.



But, although having the sympathy of the Government, the Gresham University Charter had to be remitted to another Royal Commission, owing mainly to the unreasonable, and I must add, unjust opposition evinced to it by the powerful political centres—Birmingham and Manchester. Thus is the cause of learning made the shuttlecock of political parties! The antagonism of the Victoria University was thoroughly selfish, and was, moreover, based on the unfounded assumption that the medical degrees in the proposed University were to be given on inadequate grounds. As if the teachers of medicine in this metropolis would ever consent to such a degradation of academic distinctions. Of the fate of this Charter, or the possible outcome of the Commission at present sitting, it is not for me to speak. It matters little so long as the true interests of learning are kept in view, and the welfare of the large numbers who come up to London every year to enter on the study of medicine. At least the time is approaching when something will be done to relieve the greatest city in the world of the reproach that it has no local organisation for higher education, and to the medical schools in particular one anticipates nothing but benefit from their union on common ground, under the ægis of one University. Thereby medical education itself will be rendered more stable and more efficient.

It would seem then, that the spirit of activity and unrest which as I said at the outset was characteristic of the progress of the age, is touching the subject in which we are most interested at present. It is a healthy sign, this desire for



improvement and perfection, and although we may be living in the turmoil of transition, we can look forward to a more peaceful period when under the new order, the training demanded of those who are fitting themselves to be medical practitioners shall be framed on rational and scientific lines. For the desire of all must be that our profession should not fall behind in the race, but should continue as heretofore to lead the van in the great work of bettering the conditions of human existence. And for the individual practitioner, a well-conceived and systematic course of training is of more value than any academic honours with which it may be crowned. If to knowledge, he adds the common virtues of sympathy and patience, of gentleness and strength, he will go forth to his daily contact with misery and suffering, not only fully equipped for all emergencies and all trials, but with the consciousness that in his little corner of the earth he is doing something to brighten life, and to assuage its woes. What higher vocation could he set before him? What could make to him life the more worth living? That is the career which opens on many of you to-day, to which we welcome you, and in which we wish you all prosperity and honour.

