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Publication/Creation

1902

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BEDFORD PIERCE, M.D., M.R.C.P.

(Lond.).

Being his Valedictory Address as retiring President
of the York Medical Society,
delivered September 14th, 1901.



YORK:

W. SESSIONS, PRINTER, 30, CONEY STREET.
1902.

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Some of our Difficulties in Practice.

BY

Bedford Pierce, M.D., M.R.C.P. (Lond.),

being his Valedictory Address as retiring President
of the York Medical Society, delivered Sept. 14th, 1901

HERE are probably few practitioners of medicine, whether they be successful or unsuccessful, who do not find that many of the hopes of younger days are imperfectly realised. The disappointments of the physician are manifold. Whether the aims of youth have been high or low the chances are against their attainment.

The student fired with a zeal for research but rarely finds later in life opportunity for original investigation, and the dream that he may be able to extend the borders of knowledge is too frequently unfulfilled. He whose first desire is philanthropic and who studies the art of medicine in the hope of lessening the weight of human suffering, very quickly finds the paragraphs on treatment the least satisfactory in his text-book, and that all the science of the schools may avail little in combating disease, so that he frequently must be content to be a spectator whilst the malady progresses. Dr. Matthews Duncan used to teach that "one must be a good spectator before attempting to interfere" and that "the hardest thing for a young practitioner to do is to do nothing," and these lessons are only learnt by experience after bitter disappointment.

He also who takes up the study of medicine in order to earn an honest and respectable livelihood is indeed fortunate if he does not meet with profound discouragement. Under the most favourable circumstances the life is harassing, and, if some measure of success attend his efforts, the pressure of work will so encroach upon his time and strength that he will be unable to do anything outside his routine work and even the recreation necessary to keep in decent health will probably be neglected. It requires a man of no ordinary strength to conduct a large practice and keep himself abreast of the times in medical science, and should he be successful in this, there is grave risk that his general intellectual powers may undergo atrophy from disuse.

A shrewd York practitioner, Mr. Jas. Atkinson,* writing in 1834 forcibly sets forth some of the difficulties of practice. "The miseries of a medical man as a general practitioner are not to be described . . . He is frequently knocked up, *viva voce et terribili strepitu* and in an instant must saddle his horse. He must turn out under a sky so black, so concave, that his best eyes avail him nothing. And if he have the good fortune to reach his assignment over hills and dales in safety, he may after all not be wanted when he arrives there. Then comes his pleasing soliloquy:—"If the practitioner be obliged, as is now the usage, to combine physic, pharmacy, surgery, and midwifery, besides all the lesser ornaments of the profession, such as tooth drawing, corn cutting, and *ne quid nimis*, if he be forced, as many are, to compound the medicines he prescribes, having no *Galen minimus* to assist him and on the spot to perform the lesser or capital operations of his calling—what (*per deos immortales*) is to become of the physical powers of such a man'? . . . He, therefore, who seeks to pass through a

* Mr. James Atkinson, in *Medical Biography*, 1834.

"professional life with as few inconveniences or torments as possible, let him consider seriously what he will have to endure under the incessant miseries of the above medical capacities; capacities which incapacitate him from the common fruition of human life."

In spite of this there are few, if any of us, who in our hearts wish we had entered on other spheres of work. Business may be more lucrative, law may yield more prizes, literature and art may be more frequented roads to fame, but medicine holds out attractions greater even than these. Foremost amongst its advantages is the direct human interest of our profession. We see our fellow men with the varnish off, and the conventions of life disappear with the advent of disease. We are, also, in our daily work confronted with problems requiring diversities of gifts for their solution. A knowledge of several sciences, peculiar powers of observation, and a sound judgment are all essential qualities in medical practice. The work is therefore rarely monotonous or lacking in philosophic interest. We are conscious, moreover, that few professions equal our own in usefulness to mankind, and we are proud to be among those who, day by day, are working for the public weal.

Whilst many difficulties and troubles assail the medical practitioner, one that I have already mentioned seems to me of special importance. I allude to the difficulty we all feel in keeping up with the march of medical science. Unless this is faced we inevitably fall away from our ideals and fail to do justice to ourselves and to our patients. The reason for this appears on the one hand to be want of time and opportunity for reading and investigation, and on the other it may be due to a failure on our part to take full advantages of the opportunities we have.

Occupied as I am in one of the by-paths of medicine, I shall venture to offer a few remarks upon this subject, hoping for the indulgence of my hearers. My excuse is that the onlooker is apt to see more of the game than many of the players.

I fear we must promptly admit that the pressure of routine work prevents the majority of us from attempting any serious scientific work, however great may be our ambition in that direction. Many of us will have to confess that our reading is limited and spasmodic, and some perhaps hardly find time to skim the pages of the medical journals.

In thinking over this question of the lack of time I have asked myself whether any change in our relation with the public is possible which would give us more liberty. It is a remarkable thing that young American doctors, after a few years practice, seem able to come over to Europe for twelve months' study, and apparently run no risk of losing their patients. On the contrary, the visit to Vienna or Berlin is probably a good investment; on their return their position is better than formerly. The case is different here. Few English practitioners could leave their practice for a year without risk of losing it altogether, although it might be known generally that a desire for wider knowledge and experience was the cause of absence. It would appear that in America there is more freedom, that patients are not so closely associated with their medical man and that medical etiquette is less strict.

I am by no means prepared to say that this is an improvement on our present custom, which, though it may descend from the feudal system, certainly contributes to the dignity of the profession and tends to prevent its being conducted upon competitive business principles. In England, in all classes we find a dependence upon the family doctor.

The factory hand will tell anyone that he "doctors wi' Robinson," and is prepared to defend the professional reputation of Robinson against all comers. In the higher ranks of society the medical man is generally the trusted confidant of the family and every member of it is brought up to believe that only he understands the family constitution. It would be a deplorable thing for profession and public if the advent of free medicine broke down this bond of union between doctor and patient.

On the other hand, if we study the small print columns of the *British Medical Journal*, we shall find that many practitioners claim a property in patients far beyond what is reasonable.

It sometimes happens that practitioners informally combine in the interests of the widow of one of their number, who has died without making provision for his family, and they agree together only to see the patients of the deceased in consultation with the surviving partner or successor. This seems to suggest the possibility that the medical men in a town might arrange between themselves to liberate one of their number for a *Wander-jahr* without his risking the loss of his practice.

It is clear that our present custom demands too continuous attention to practice, tends to the limitation of our efficiency, and presses heavily on the younger practitioners, who are the most able to benefit by further study and experience. Some remedy should be possible, and it seems to me to lie between the introduction of greater freedom in respect to practice with its attendant increase of competition, and some unselfish form of combination such as that I have suggested.

At the risk of introducing a debateable subject, I cannot but think that serious time is wasted by many practitioners

in dispensing their own medicines. In country places this is unavoidable, but in towns I would suggest, that the regulations binding upon Members of the London College of Physicians in respect to dispensing, should apply to all practitioners. The ideal, of course, is that medical men should prescribe and not dispense, and that chemists should dispense and not prescribe. This ideal is partially attained in Scotland, and in Germany you find in every town *Apothekers*, highly qualified chemists quite distinct from the sellers of soap, sponges and tooth brushes who are their representatives in this country.

The present condition of affairs is extraordinary. We give a medical student five years training in the medical sciences, and when qualified to practice he may be obliged to spend much time each day in dispensing bottles of medicine; and we expect our dispensing chemists to pass a serious examination in chemistry and they can only make a livelihood by selling the miscellaneous articles justly styled "sundries." Legislation is probably necessary to put an end to this anomaly and one cannot expect this to be greatly in advance of public opinion: yet I think it possible to do something at the present time. If the practitioners in any district combined, they could probably arrange with chemists in the neighbourhood to dispense at reasonable rates; but if they failed in this, the formation of a co-operative pharmacy should prevent the frittering away of much valuable time. How much better it would be if the time now spent in dispensing was devoted to clinical investigation, and the space occupied by the so-called 'surgery' was available for using the instruments of precision now so regularly required in medical practice!

Yet, independently of such considerations as these, it will always happen that success in medicine means an encroach-

ment upon leisure. It is a common saying that, if you want something done, you must go to the busiest man you know : and the leaders of our profession, men whose time is of the greatest value, are often the most willing to spend time over a doubtful case or give the young practitioner the benefit of their counsel.

The power of wisely using small intervals of time seems to me to be a quality which great men possess in high degree, and I must confess that as regards myself more time is wasted in this way than could be saved by the re-arrangement of routine duties. It is very necessary that we should cultivate facility of mental detachment, so that in the intervals of our work we may take up some useful reading or investigation. Darwin, confined to his room with a painful disease, accurately observed the gyrations of the tendrils of climbing plants ; and Harvey, during the roar of battle, withdrew with the young princes under his care under a hedge, and calmly read a learned treatise. Thus whilst many of our difficulties are dependent upon the nature of our work, some at any rate may arise from within ourselves.

In 1834, the following homily was written on this subject by Dr. Simon and it appears equally true to-day—

“If the masters of the science” says he “have imposed on themselves the yoke of a severe intellectual discipline, how much more is it the duty of medical men of an inferior order to consecrate to study, to a sort of rumination on the results of experience, such leisure as the business of actual practice allows them. He has but little understood the difficulties of the science, or the weight of the moral responsibility which he assumes towards society, who does not reserve a part of his time—that stuff of which life is made, according to Franklin—for the solitary labour of the study.”

With the advance of medical knowledge it is becoming increasingly difficult for the practitioner to avail himself of the modern aids to diagnosis. It requires no great effort of the imagination to see that our difficulties in this direction are not likely to lessen as time goes on. Already some knowledge of bacteriology is demanded of all students, and the diagnosis of many important diseases requires a special examination for micro-organisms. An extensive acquaintance with electrical apparatus is needed before the X rays can be used in diagnosis, or the certain degenerations of muscles be demonstrated. The clinical examination of the blood is now most elaborate, and calls for special apparatus and considerable technical skill, and it is probable that, in intestinal disease, accurate clinical analysis will in future regularly precede diagnosis and dietetic treatment.

Students are learning these things in the schools, and what is to happen when they enter upon practice? It is manifestly impossible for every medical man to fit up a laboratory in his house and purchase all the needful apparatus. The remedy seems to me to lie in the establishment of laboratories associated with local medical societies. The equipment and up-keep of such a laboratory in York, in connection with our own Society would mean considerable self-sacrifice, especially at the outset, but I am satisfied it would be in the best interests of the profession, and would eventually become of great assistance to our members.

It is easy to build 'castles in the air' and picture to one's mind the advantages of such an institution, but I will content myself by saying that it would not merely aid us in our clinical work, but would render the prosecution of original research possible, and enable the country practitioner to keep alive the true scientific spirit which is so apt to be suffocated in the press of our routine work.

The very existence of the York Medical Society depends on our wish to keep abreast of medical science. There is no doubt as to its value to us in this direction.

In the first place we have good grounds for being proud of our library. It affords abundant opportunity for the study of medicine in its modern developments, and he, who wishes to find incentive by reading about the labours of those who made medicine what it is, will find on its shelves an almost unique collection of medical classics.

In our proceedings we learn much to help us on our way and keep us up to date. It is hardly needful for me to spend your time in reviewing the work of the past session. At every meeting we have had exceedingly valuable contributions. My regret has been that there have not been more meetings and more contributions. I may also be allowed to say that in my opinion a greater number of short papers on one evening would often be more profitable to the Society as a whole than a single major communication. If a larger number of members had taken part, the meetings would have been improved, for only 13 out of 44 city members contributed. I venture also to think that our Society would give us greater help, if members more freely introduced points of difficulty occurring in practice, and brought to the meetings obscure cases for diagnosis and discussion. If, moreover, some had the courage to relate their mistakes and failures, it would probably be quite as teaching as if their successes only were described.

In vacating the presidential chair I gratefully acknowledge the courtesy and kindness of the members of the Society during my year of office. My duties have in consequence been easy. It has been a pleasure to me to have been the President of one of the oldest Medical Societies in the country, and I cannot but be sensible of the honour conferred upon me in the appointment.

I can hardly claim to have performed the duties in such a manner as to equal the traditions of the past, but I can say that I have done my best, and that I cordially welcome my successor to the post I vacate this evening, feeling assured that he also will receive the loyal support of the members of the York Medical Society.

Printed at the request of the York Medical Society for circulation amongst its members.

YORK :
William Sessions, Printer, 30, Coney Street.
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