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THE DOCTOR AND HIS WORK

CHARLES J. WHITBY, M.D.

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THE DOCTOR AND HIS WORK

WITH A HINT OF HIS DESTINY
AND IDEALS

BY

CHARLES J. WHITBY, M.D. (Cantab.)



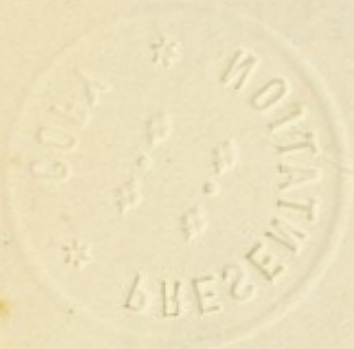
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PREFACE

THE time seems to have come for taking stock of the general position and prospects of the medical profession, itself clearly confronted by a danger that is also a great and unprecedented opportunity. It is a problem that must be of interest alike to the public and the profession. Some folk love doctors, others hate and fear them; all must admit that they are already a power in the land. That, granted certain conditions, their power and influence must increase, is one of the convictions which the ensuing pages record and seek to justify. If they prove an establishment of my view to our friends, a challenge to our enemies, and a stimulus to the aspirations and ambitions of my colleagues, the main purpose with which they were written will have been served.

C. J. W.

BATH, 1912.

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THE DOCTOR AND HIS WORK

CHAPTER I

MEDICAL TYPES

IT is only in the day of his maturity, when long years of professional routine and responsibility have set their seal upon his physiognomy, that the average medical man becomes recognizable as such even to the most discriminating observer. A crowd of medical students is a very mixed crowd indeed; the task of conveying, even on the most impressionist lines, a general idea of the raw material out of which the modern doctor is hewn presents almost insuperable difficulties. How should it not be so, seeing that the medical profession is recruited from all classes of the community, from the very highest to the very lowest? In the crowd

of students accompanying a surgeon or physician from bed to bed of the wards of any one of our great hospitals one may find specimens of any type of Imperial youth, excepting always that purely fictitious type for which the average investigator will be confidently looking. Bob Sawyer and his kind will certainly be conspicuous by their absence. I do not mean to say that we have not our share of wasters—in my student days we used to call them “chronics,”—but in the first place they are exceptional, and in the second they are not in the least like Bob Sawyer. “Chronics” are men who are either constitutionally incapable of realizing the fact that examinations cannot be passed by the light of nature, or cerebrally incapable of acquiring the necessary knowledge. The average medical student, on the other hand, realizes with painful and unremitting intensity the existence and imminence of the numerous ordeals through which he has to pass and from which he must somehow contrive to emerge. You can see it in the feverish eagerness with which he listens to the voice

of the lecturing oracle or elbows his way to the front when a tumour is to be handled or an ulcer inspected. Of course there are rowdy students, and of course there are moments, in the spring or other seasons, when even the soberest, feeling the sap rise, gives rein to his youthful exuberance. But, upon the whole, the days of Bohemian insouciance and devil-may-care, as typical characteristics of the medical aspirant, have passed away—if indeed they ever existed. A certain strained and somewhat pathetic *keenness* is, on the other hand, the prevailing psychological factor.

In taking stock of a given crowd of medical students one's first thought will be that among all these young men, short, medium-statured, or tall, good-looking or the reverse, alert or dull, gay or sombre, aristocratic or plebeian of aspect, smart or slovenly of attire, there can be found absolutely no fixed point in common. Yet there is one fact that must not be forgotten: all with a few insignificant exceptions have, presumably of their own free will, chosen to devote themselves for weal or woe to the

business of alleviating the physical ills that flesh is heir to. A small percentage, no doubt, have drifted into medicine without any serious consideration of the matter, or have passively accepted the arbitrament of their parents. But these may be left out of account. Of the others—the vast majority—it may safely be asserted that only those who are either the sons or the near relations of medical men have any clear conception of the way of life that destiny holds in store for them. They know one thing only, that for various more or less indefinite reasons the career of medicine has attracted them; that the mysteries of the human body are such as they desire to explore; that the creative gifts wherewith they may have been endowed are to be dedicated to the task of restoring health to their suffering fellows. So, from country vicarages, from city mansions, from shop parlours, from colonial homesteads, from Indian palaces, and what not, they have gathered here. Shall we not wish them well? Yet, seeing that the practice of medicine is a means of livelihood in which, more than in most call-

ings, real competence depends mainly upon somewhat exceptional qualities which if not innate cannot possibly be acquired, seeing further that the purely mental tests at present exclusively relied upon cannot furnish conclusive evidence as to the presence or absence in a given candidate of the true medical vocation, it is to be feared that for many, even of those who emerge triumphantly from the ordeal by examination, disappointment and disillusionment are in store. The time will no doubt come when every medical aspirant will be submitted to anthropometric scrutiny and advised as to his fitness or the reverse for a medical career. As it is, there are far too many round pegs in square holes; that is, men "practising medicine" who would be happier and more useful keeping a ledger or serving in a shop.

In the meantime the fate of the majority of those students who, having completed their five years' curriculum, succeed in obtaining their diplomas or degrees, will be to join the great army of general practitioners, the rank and file of their profession.

Strange as it may appear, the "G.P." is a comparatively modern type of practitioner: he came into existence less than a century ago, when, in 1815, by a charter of James the First, the Society of Apothecaries was empowered, in face of the opposition of the College of Physicians, to examine and license persons found qualified to prescribe and dispense their own drugs. For the physicians were too grand to do anything but prescribe, and the needs of those who were too poor to afford their fees, yet not poor enough to accept charity, had somehow to be met. These apothecaries practised medicine, obstetrics, and, no doubt, minor surgery in a genial, rule-of-thumb fashion, eking out a living like Mr Pendennis, the apothecary of Bath immortalized by Thackeray, by vending "tooth-brushes, hair powder, and ladies' perfumery." The typical general practitioner of to-day is more likely to be a diplomate of the Conjoint Board of the Colleges of Physicians and Surgeons than a licentiate of the Society of Apothecaries. Not infrequently he is a graduate of one or other of the great universities.

For all that, the function he fulfils, that of general utilityman and all-round practitioner, is, *mutatis mutandis*, the very same as was fulfilled by his humble, shop-keeping prototype of a hundred years ago. In the medical field he may or may not know everything about something, but it is essential that he know something about everything. He must be prepared for every conceivable emergency, medical, surgical, or obstetric, in so far at least as concerns the recognition of the trouble and the meeting of its immediate requirements. If he no longer retail tooth-brushes or hand out his drugs across a counter, he does in a great many cases dispense and supply his own medicines, although doubtless this will soon be a thing of the past. And not a few veritable "doctors' shops" may still, of course, be found doing a roaring trade in the slums of any one of our great industrial centres.

So rapid has of late been the growth of knowledge and the development of special methods of diagnosis and treatment that it has become a sheer impossibility for any

one man to master the technique of every branch of medical science and art. If he were to devote the necessary time to the task of keeping himself up to date by reading those books only which added something of genuine importance to one or another department, or by acquiring all the latest bacteriological or clinical methods, or by mastering the details of every therapeutic innovation, not only would he have none left in which to turn all this to account in actual practice, but he would certainly have to sit up all and every night and to dispense with meals or leisure. The Text-book of Medicine written by one man and comprising within a couple of volumes nearly all that it was necessary to know is being ousted by the Medical Encyclopædia compiled from the contributions of many specialists and requiring a whole bookcase for its accommodation and several lifetimes for its perusal. To master all that is known or conjectured with regard to a single disease has in itself become a stupendous undertaking. To do the like for all diseases is obviously a sheer impossi-

bility. Where, then, it may well be and is in fact being freely asked, does the general practitioner come in ; and what is his chance of survival ? Is it not obvious that he has outlived his function, and must soon be as extinct as the dodo ?

I do not, for my own part, believe it. On the contrary, the very reasons alleged as proving the superfluity of the "G.P." are those that convince me that the worthy man is more than ever indispensable. If we are not to be submerged by the flood of specialism and to lose our grip on the fundamental verities of the healing art, we must maintain a central body of practitioners resolutely limiting themselves to the cause of those verities, and keeping a jealous eye on the vagaries of specialists with a view to the prevention of their inevitable attempts at undue encroachment. The general practitioner must know how to cry "Hands off!" when the specialist, tinkering at his patient's ear, eye, nose, or appendix, incontinently lays claim to regulate his entire physico-mental economy. The tendency of specialism to analysis must be comple-

mented and corrected by the synthetic work of general practice. Not mere differentiation, but differentiation plus integration is the formula of a sane and orderly evolution.

Discouraged persons may glean comfort from the consideration that the history of medicine reveals the general practitioner in the aspect of an adaptable entity. How far we seem to have travelled from the type of the mid-nineteenth century—the genial, rubicund, whiskered, port-drinking, gig-driving, fox-hunting family doctor, whose pet weakness was to appear in “pink” in the drawing-rooms of appreciative lady patients! Who would suspect as his lineal representative the somewhat reticent, clean-shaven, water-drinking individual who drives and at a pinch repairs his own motor car; plays golf on Sundays (if he dare), but never goes his round in golfing outfit; has an X-ray installation in his consulting-room, and no weakness worth mentioning unless it be a weakness for abusing his profession. A pardonable weakness that, seeing that he is at present in the furnace of adversity, harassed by many cares be-

gotten by over-competition and under-pay, consequently in dire need of occasional relaxation from the enforced optimism of his official demeanour.

The rôle of the consulting physician is approximately to repeat on a higher mental plane that which I have assigned to the general practitioner. From the use of the knife he is of course precluded, but this leaves him all the freer to range the wide field of general pathology and therapeutics and to acquire that synthetic point of view which in my opinion is the main justification of his continued existence. A consulting physician who is not, as well as a past-master of his art, a man of the broadest and deepest culture, in short, something more than a mere professional expert, is a man who has mistaken his vocation. But it is to be feared that, as compared with the leaders of the other learned professions, consulting physicians have not as a rule by any means realized the ideal in question. I should be the last to deny that there have been many shining exceptions: was not the greatest master of English prose a

physician? ¹ But I speak of to-day: and, while fully recognizing the erudition and skill of our leading consultants, I ask, Where are our great and commanding personalities, our medical philosophers? They may exist for aught I know to the contrary. . . . I can only say that I have failed to find them. Perhaps, out of consulting hours, they are too busy practising the technique of the opsonic index to reveal the divine spark that illumines their brief moments of mute meditation. For of course we expect, and rightly expect, of the physician something more and quite other than mere book-knowledge. His eye and hand must participate in the cunning of his brain; if we exempt him from the practice of surgery and the drudgery of post-mortem room and laboratory, it is only on the tacit assumption that he knows how to avail himself of all their ultimate refinements or possibilities of enlightenment.

To be a consulting physician who is not

¹ I seize this opportunity to express my appreciation of the gifts of two men whose names are household words in medical circles—Sir Clifford Allbutt and Sir James Barr.

also a specialist in these days is to undertake Herculean responsibilities ; it is to undergo the ordeal by success. The Nemesis to be feared is that failure will be masked by pretension, personality swamped by encyclopædic detail, and the true prize of mastery sacrificed to the attainment of a mere barren semblance of omniscience.

The division of the healing art into the two main divisions of medicine and surgery is a natural and inevitable condition of progress. The way in which it came about in this country has been well described by Mr J. T. J. Morrison in an address on "Aspects of Medicine as a Profession." He points out that in the Middle Ages, as well as before and after, the Church was the depository of all learning, the study of medicine was zealously pursued by clerics, and monasteries were the centres of medical relief for the poor. Medicine indeed owes the preservation of her life through many centuries to the Church. The practice of medicine rested on the teaching of Hippocrates and Galen, whose writings were venerated as medical oracles ; and

access to these, together with the ability to read them, was confined to the clergy. But the clergy finding, intelligibly enough, the practice of medicine much more congenial than that of surgery, decided that the effusion of blood was "repugnant to the Church," and abandoned the field to the laymen. Thus arose the sub-gild of barber-surgeons, a body of men skilled in minor surgery and venesection, and bearing to the surgeons proper much the same relation as the apothecaries bore to the physicians. But the so-called barber-surgeons were barbers only in name. Their affiliation to the Gild of Barbers was a matter of temporary convenience, and in the nature of things could not endure. In 1493 they broke away from the Gild of Barbers to join the Gild or Fellowship of Surgeons, with whom they were formally incorporated by an Act of 1540. "It is a mistake," says Mr Morrison, "to suppose that barber-surgery was anything more than a temporary intrusion into the province of legitimate surgery. Surgeons have always stood in a class distinct from barbers. . . . Barber-

surgery, in fact, was a short-lived parasite, and with the advance of science the word and the pursuit alike became obsolete."

As far back as 1422 an attempt at the unification of the profession was made by the Fellowship of Surgeons and the Fellowship of Physicians, who combined to form "The Commonalty of Physicians and Surgeons of London."¹ The conjunction was of brief duration: the two partners not merely drifted apart, but became jealous rivals, if not enemies. It was not merely—though it was largely—a question of social precedence; the physicians also claimed the right to dictate to the surgeons in matters concerning their own work. For instance, they would not allow them to prescribe internal remedies. The great William Harvey was a stickler for the priority of the physicians, and in D'Arcy Power's biography is reproduced a memorial presented by him to the governors of St Bartholomew's Hospital demanding, among other things,

¹ Anticipating by over four hundred years the functions of the General Medical Council created by the Medical Act of 1858.

“that the Chirurgeons in all difficult cases or where inward physic may be necessary shall consult with the Doctor . . . and in a decent and orderly manner proceed by the Doctor’s directions for the good of the poor and the credit of the house.” The claim was conceded, as well as another to the effect that no serious operation was to be performed except “with the approbation and by the direction of the Doctor.”

The modern surgeon can well afford to smile at my reminiscence of these dead and forgotten grievances ; he has no reason whatever to feel jealous of the prestige of the physician. He has become, and he deserves to be, a popular hero. For there is something undoubtedly heroic in his function and in the qualities required to constitute mastery in his terrible yet beneficent art. It is probable that if the question of the relative status of the physician and the surgeon could be made the subject of a referendum to-day, the latter would prove easily victorious. For in surgery there is an obvious appeal to the imagination which the subtler yet in truth more difficult art

lacks ; and in a democratic age, with its crude standards, it is the obvious that counts. For my part, I should vote with the minority, for, while yielding to none in my admiration for the courage and skill of the modern surgeon, I maintain that the qualities which make a first-rate physician are both rarer and of higher human significance than those which make a surgeon of the same rank. Intellect must take priority of manual dexterity, and the greatest surgeon, if he be no more than that, is after all only a glorified artisan. His most brilliant success is a beneficent mutilation. I am on the side of William Harvey.

I have said that the modern surgeon has become a popular hero ; the same can be alleged with even more truth of the modern specialist, medical or surgical. One has only to glance through the month's illustrated magazines, or to turn a few pages of the latest novel, to find him in the act of revealing his demoniacal subtlety or demonstrating his incredible skill. How well we all know him : that keen, smooth-shaven and clear-featured face, those inscrutable eyes

that see everything without appearing to notice anything, that sphinx-like impassivity which is anything but stolid, those large yet beautifully shaped hands, the tall, spare frame which is capable on emergency of feats of strength and endurance that would make Sandow stand aghast! A veritable superman is the specialist of modern fiction, even of that high-toned variety which prides itself on its realistic sobriety and fidelity to fact. At the present moment I who write this am absorbed in a novel of the most approved twentieth-century brand (*genre psychologique*), wherein one of these marvellous creatures discovers by a mere casual glance that a man supposed by himself, his wife, and all his most intimate friends to be in robust health is in fact suffering from malignant disease of the larynx. And this without betraying by the quiver of an eyelid the least inkling of the profound emotions he experiences as a result of so startling and momentous a discovery. The specialist and the detective of modern fiction may be called first cousins: and in this connection it is interesting to note that the

superman-detective Sherlock Holmes is the product of a medical imagination and the idealized portrait of a medical man. Far be it from me to deny that the modern specialist of actuality has anything in common with his apotheosized symbol. A calling in which success obviously demands exceptional acumen and a high degree of dexterity, if it be also, as in the case of the modern specialist, in the main a *new* calling developed by new social needs and conditions, does tend to the creation of a correspondingly new type of individual. Thus, how different is the chauffeur type from that of the nineteenth-century cabman! The airman, again, promises to evolve into a distinctly new and well-defined type. The exploitation of the picturesque possibilities of such new and useful types by presentation of their "pure form" in fiction or art is a quite legitimate function of the imagination, and probably does encourage the effort of aspirants to realize a difficult ideal. On the other hand, when carried too far it has certainly a ludicrous aspect. The diagnostic powers even of a modern specialist, even in

his own little corner of the field, have limitations undreamed of by the average subscriber to Mudie's.

The nineteenth century, one is constantly being reminded, was an era of new inspirations and new departures of many kinds. One of the least observed, but probably the most important for all that, was the definite emergence and official recognition of that preventive factor of medicine which had always been implicit in its aims. The names of E. A. Parkes, B. W. Richardson, H. W. Acland, and G. Buchanan are memorable as those of the pioneers whose propagandist efforts prepared or at all events heralded the dawn. In 1875 those efforts were rewarded by the passing of a consolidated Act "establishing medical officers of health in rural, urban, port, and other jurisdictions, with summary methods of procedure. A department of public health was formed within the precincts of the Local Government Board, Government laboratories were established, and machinery was devised for the notification of infectious diseases."¹ A large number

¹ *Encyclopædia Britannica.*

of doctors combine the functions of private practice with those of public health work, but this anomaly may be regarded as a feature of transition, and is likely to prove ephemeral. The medical officer of health is rapidly attaining, if he have not already attained to, the dignity of a fixed and definite professional type. His characteristics are naturally more pronounced in the case of the whole-time rather than in that of the part-time species of his order. In depicting the psychology of the typical medical officer of health we shall derive no help from the novelist, popular or otherwise. It appears that the vigilant guardian of our homes from the ubiquitous and malevolent microbe fails to make any appeal to the imagination of his contemporaries. Yet his personality and office have picturesque possibilities which deserve idealization. Sherlock Holmes himself might have found congenial occupation in tracking down through a series of "contacts" the initial case of an epidemic of scarlet fever, or in demonstrating by a series of well-founded inductions the responsibility of a particular dairy for an outbreak

of enteric. I present this useful hint gratuitously to the first novelist in pursuit of "copy" who may chance to peruse it. In the meantime, while recording my profound admiration for the zeal and ability of our medical officers of health, I will seize this opportunity of reminding them that, considered as a body, they are only an offshoot, and a recent one at that, from the ancestral trunk of the profession. Recent developments of the agitation arising out of the publication of the Poor Law Commission's Reports, and in particular that signed by the socialist minority, would seem to have awakened in the breasts of some of them ambitions which cannot be countenanced for a moment. It would be a case of the tail wagging the dog with a vengeance if the main body of the profession were, in the matter of medical relief to the sick poor, to be subordinated, as Mrs Webb and her following desire, to the control of the existing sanitary authority. But we live in a democratic age, when every child more or less openly aspires to despotic sway over its effete and misguided parents! Prevention

is no doubt better than cure ; but that vast majority of the profession whose work (curative in the main at present, but doubtless increasingly preventive in the future) rests on the solid foundation of an intimate knowledge of and regard for the needs of the individual, will never accept the dictation of the comparatively small body whose concern is with communal considerations. The two aims are not in essence antagonistic but complementary, and must therefore be correlated, not crudely subordinated the one to the other.

The typical medical officer of health is an interesting variety of the order *Homo Medicus*, presenting in a nice combination the attributes of the official and the professional mind. On the one hand, he is absolved by his position from innumerable sordid cares and conventional requirements which bear heavily upon his unofficial brethren ; on the other, he has difficulties and anxieties of his own which we ought always to bear in mind. In his public capacity as well as in social intercourse I have invariably received from him the most perfect and

tactful consideration: a high tribute, considering that his duties must sometimes bring him into conflict—or shall we say controversy?—with private practitioners, whose point of view necessarily differs on occasion from his own. He represents, and no doubt consciously and with justifiable pride, the vanguard of the profession, that thin end of the wedge which we are driving into the solid and resistant substance of the body-politic, whereby in the not-too-distant future we intend to make our power for good plainly felt. If therefore he be ambitious, it is in our cause as well as his own; he knows that we are watching him with sympathy and admiration, and that when the day of trial comes he can count upon our encouragement and support. Only, let him not be beguiled by syren voices to harbour chimerical dreams of domination; our pride and independence would be instantly up in arms.

Like the specialist and the medical officer of health, the medical woman is in the main a new type, and one highly characteristic of our complex modern civilization.

The registration of medical women was authorized by law as lately only as 1876. This was a great victory, but there were others to be won—admission to medical diplomas and degrees at the old universities, election to medical societies, and so forth. Some few obstacles yet remain, but their conquest is a foregone conclusion; the medical woman has come to stay. After all, it was not so revolutionary a change as ignorant persons may suppose: in the Middle Ages a considerable part of the functions discharged by our profession were in the hands of women. Readers of Walter Scott will remember the surgical skill of Rebecca, the beautiful Jewess: the Jews of both sexes were celebrated for their addiction to the healing art. Hildegarde, an eleventh-century abbess of the convent of Rupertsberg, is even stated to have written a book on *materia medica*. St Clare, the first woman proselyte of St Francis d'Assisi, when installed as Superior of the Poor Sisters of Penitence at San Damiano, was exempted from the life of preaching and mendicancy imposed upon male Franciscans

in consideration of her undertaking to tend the sick and to prepare medicines. What is peculiar to the modern medical woman is that she does not live a sheltered life, practising more or less gratuitously or amateurishly, but mixes on equal terms with her male colleagues, and is economically dependent on her work. And, so far as I know, there can be no doubt that many women find such work remunerative and congenial, winning the confidence of their patients and the respect of their brother practitioners. The practice of medicine, using the term in its broadest sense, is not a distinctively masculine or feminine, it is emphatically a *human* function, affording scope for the development of the highest qualities of both men and women. It may be—and I think it probable—that some branches of practice will be found more congenial to male and others to female practitioners; but even so there will be many exceptions. One might hazard a guess that diseases of children will prove an attractive speciality to women doctors, and that they will tend to prefer medicine to

surgery. But such questions must be left to the arbitrament of experience and of their own free choice.

A very distinguished surgeon—Sir Henry Butlin to wit — has recently raised the question of the fitness of women for original research. He has expressed some doubts as to whether women will ever be able to do more than carry out researches which have been designed for them, and in which they are directed. *The British Medical Journal*, commenting in a leading article upon these misgivings, reminds us of Madame Curie, Lady Huggins, and Mrs Ayrton, “women who have done work of the highest class in experimental research.” That their work did not happen to be within the scope of medical research may be regarded as a mere detail. I agree with the writer that it will be time enough to decide that women are incapable of making additions to medical science when they have persistently failed in the attempt. And I agree with Socrates, or rather with Plato speaking in the name of Socrates, that human functions are to be assigned in virtue of disposition and capacity

and not in virtue of irrelevant considerations (for example, sex), since, "while in almost every employment the one sex is vastly superior to the other, . . . none of the employments which comprehend the ordering of a state belong to woman as woman or to man as man; but natural gifts are to be found here and there in both sexes alike; and, so far as her nature is concerned, the woman is to be admissible to all pursuits as well as the man; though in all of them the woman is weaker than the man."

But in these feminist days, when philosophers are loudly proclaiming the superiority of "intuition" to reason, it is dangerous to endorse without qualification the emphatic preference of Plato for his own sex. Besides, I own myself infected by the modern virus; I am not so sure as I should like to be, that his verdict expresses the whole truth. Certainly in all practical and perhaps too in all theoretical pursuits it does appear that woman is handicapped by her sex in a way that man is not. Certainly too, as even so ardent a feminist as Charlotte Perkins Gilman admits, man has displayed an

average superiority to woman in those avocations which, once regarded as distinctively feminine (*e.g.* cooking, tailoring), have been gradually transferred, wholly or in part, into his hands. We are all of course agreed that some women are more generally competent, even in the so-called "masculine" pursuits, than some men. That ought to dispose of the objections of the "Woman's Sphere is the Home" order of anti-feminists. Ought to—but, in fact of course, these good people are entirely logic-proof. Sex is, as I have said, an obvious handicap against women, because not merely is their share of the race-function of reproduction far more costly than ours, but also they have to meet the constant physiological outlay involved by the mere potentiality for conception and parturition, whether actually realized or not. But what I doubt, and what only experiment can decide, is whether this obvious handicap and these obvious disabilities of woman, reflected as they are in certain obvious inferiorities (justly insisted upon by Plato), are not perhaps compensated by less conspicuous advantages and superiorities

representing the positive aspect of her sexual differentiation as the disabilities represent the negative aspect. To take the concrete example that immediately concerns us, may not the average medical woman possess, in virtue of her mere sex, advantages as well as disadvantages from the point of view of professional efficiency? Weininger has a remarkable aphorism, whose truth will be recognized by every competent observer, to the effect that "No woman, not even the dullest, can be so stupid as the cleverest man can sometimes be." Of course he gives this *aperçu* an interpretation which is most unflattering to woman, but of course it is more naturally open to a contrary one, unflattering to man. Perhaps our standards of personal value and efficiency are too crude as yet for the final appraisal of such subtle discriminations.

But I will risk the accusation of irrelevancy by adding that, while I recognize the desirability of extrication from our present generally over-sexed condition, and the legitimacy of woman's claim to the full, unhampered exercise of her human as dis-

tinguished from her merely sexual functions, I believe and hope that some women will always remain who will, to put the thing bluntly, *specialize in sex*. Feminine charm is an acquisition which has cost the race more than any other that I could name. It is incredible that so dearly purchased a prize will ever be tamely surrendered for good and all; and that too in the name of mere utility, which ought never to be accepted as the supreme value. Even on grounds of utility the sex-charm of woman could be proved indispensable: what substitute have our utilitarian feminists up their sleeves of even comparable power as a stimulus to the highest and most masculine achievements? Is it a mere coincidence that the Golden Age of Hellenic culture was also the age of the cultured, self-respecting, respected courtesan? ¹

I will conclude this impressionist chapter with a few words on a medical type which, although not lying strictly within the

¹ To guard myself against misrepresentation I will point out that this is a plea for the survival-value of femininity and *not* a covert defence of prostitution.

boundary of the profession, is yet so closely associated with our work that it ought not to be left out of account. I refer to the modern dispensing chemist, or pharmacist as he properly prefers to be called. He too has been caught by the tide of social transition and is being rapidly borne out of the harbour of established use and tradition into the unknown waters beyond the bar. The pharmacist of thirty or forty years ago, with his quiet and aromatic-smelling shop, his leeches, his mystical glass jars of coloured water in the window, and his old-fashioned manners, was almost a professional man. He could charge pretty well what he liked, for he enjoyed a monopoly; and the days of under-cutting and over-competition were not yet. The advent of the hustling company of multiple "stores," cash trading, and catch-penny "lines" of outrageously boomed panaceas has changed all that. Recently qualified men, instead of stepping quietly into the inheritance of the family business, are forced to accept the position of mere employés to one or another of the great firms. Their talents are exploited; they

work to fill the pockets of shareholders; and dare hardly call their souls their own. A strictly dispensing business is only possible as a remunerative calling in the best quarters of wealthy and old-fashioned towns. The small men who manage to survive can only do so by adapting themselves to the conditions of the time—conditions which many of them loathe, but against which it is futile to rebel. They must fill their window with brazen advertisements and their shelves with nostrums and knick-knacks. They must extract teeth, poison superfluous cats, and prescribe for maladies which they cannot be supposed or expected to understand. They must dispense the incompatible mixtures or the proprietary ready-made remedies ordered by men who have forgotten the A B C of the Pharmacopœia. In short, they must live somehow, and avoid bankruptcy as best they may. It is a thousand pities; for the average pharmacist is a man (sometimes a woman, by the way) whom it is impossible not to like and respect. Intelligent, courteous, obliging, he asks nothing better than to

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earn a moderate livelihood by the exclusive practice of his own time-honoured art. It is, under present rapidly worsening conditions, tantamount to asking for a corner of the moon!

CHAPTER II

DOCTOR AND PATIENT

DR S. HILLIER, in his historical sketch of the progress of Medical Science, asserts that modern medicine rests essentially on a combination of the methods of Sydenham and of Morgagni. Who were Sydenham and Morgagni, and what were the methods they represented or initiated? The first named was a seventeenth-century physician, educated at Oxford and Montpellier. Reverting to the neglected example of Hippocrates, he discarded vain theories and premature attempts at systematization and set himself to study "the natural history of disease." He was a leader of the revolt against mere authority, the first great clinical observer; and his methods of treatment were based on experience and sound common-sense. This was a long step in the right direction;

and if its wisdom seems to you of too obvious a nature to rank as a great innovation, you must be totally ignorant of the previous conditions of medical practice. Morgagni (1682 to 1772) did for the study of the results of disease what Sydenham did for that of its actual process. By means of systematic post-mortem examinations he founded the important science of pathological anatomy, incorporating the results of his investigations in his epoch-making work *De Sedibus et Causis Morborum*. So at long last modern Medicine began to move out of the darkness of superstition into the light of day. "Accurate bedside observation followed"—not invariably, let us hope—"by complete post-mortem examinations": these, as Dr Hillier affirms, are its true foundation. Not that these would have sufficed had not the way been prepared for their fruitful application by Harvey's inestimable discovery of the circulation of the blood. Approximately, we may say that modern physiology was born with Harvey, modern medicine with Sydenham, and modern pathology with Morgagni.

Physiology and pathology belong in the main to what might be called the arcana of medical science; we shall not concern ourselves or trouble our readers with such recondite matters. As regards "the natural history of disease," however, something more must be said. It is a comprehensive phrase, including far more than at first sight meets the eye. It has an individual or subjective as well as a universal or objective bearing. In other words, it is not enough to study the symptomatology of this or that disease in a text-book, and then to flatter oneself that there is no more to be done, when one meets with a case presenting the symptoms in question, than to prescribe the remedies given in our text-book under the heading of "Treatment." More often than not such a mode of procedure would prove disastrous to our patient and prejudicial to our own reputation. The successful physician is an artist, not a mere prescribing machine. Medical art begins where medical science leaves off; and the very first principle of medical artistry is that no two patients manifest the same disease in just the same

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way, or respond in just the same way to identical remedies. The popular expression of this great fundamental truth is embodied in the saying that a doctor must "know your constitution." Here, at the outset of our inquiry, we come upon a justification of the existence of the general practitioner. It is his business in life; it might be called a speciality, to know the constitutions of his regular patients. That is the branch of "the natural history of disease," and not only of disease but of health also, in which he is or certainly should be an expert. Nor is it only a matter of observing physical and comparatively external characteristics: he must go much deeper than that. Temperament, character, occupation, habits of life have all to be weighed and taken account of, because it is futile to hope to win a patient's confidence or to handle him successfully if we regard him as a mere "case" and not as a unique individual. It will be a great help, too, if in addition to knowing and allowing for his own physical and mental idiosyncrasies we know those of

the family into which he was born. If we have attended his mother at the time of his birth; watched him cut his teeth; helped him through his attacks of measles, whooping-cough, chicken-pox, and what not; watched him grow up; noted the power or weakness of his reaction to various maladies, and the nature of his response to the numerous remedies we have had occasion to prescribe, is it not obvious that we shall thereby have added to our knowledge of "the natural history of disease" an invaluable something which, however hard we might find it to express it adequately in words, will in all future dealings with this particular patient give us an immense advantage over any stranger, however learned or skilful?

There is an old saying to the effect that the clergyman sees men at their best, the lawyer at their worst, but the doctor as they really are. Not being a clergyman or a lawyer I will refrain from any expression of opinion as to two-thirds of this aphorism; but I am firmly convinced of the truth of the remainder. There is no better test of

character than the way in which a man—or for that matter a woman or child either—undergoes the ordeal of pain and illness. The strength of a chain is no greater than that of its weakest link, and the hidden flaws of a man's moral nature are inevitably revealed in the weary hours when he lies in the grip of some grave bodily disorder. Fortunately for us doctors, who must otherwise inevitably succumb sooner or later to unrelieved pessimism and misanthropy, the hidden virtues are no less completely elicited and revealed by the test of sickness. In the course of any fairly protracted attendance upon a given patient all the best and all the worst of him is laid bare to our watchful eyes. And I will not pretend that we avert those eyes from either species of revelation; on the contrary, if we are worthy and efficient members of our calling, we take mental notes of every minutest detail of moral strength or weakness unconsciously betrayed by the sufferer whom it is our business and privilege in all possible ways to aid and succour. Understanding of a patient's character is, to say

the least, every whit as important a factor of successful diagnosis or treatment as understanding of his physical condition. What we have to avoid, and what the self-respecting practitioner does most scrupulously avoid, is any abuse of the intimate and sacred knowledge unwittingly, or in part unwittingly and in part deliberately, placed at his disposal by the patient himself or by his nearest and dearest. Not that he may gloat over them in cynical contempt or self-complacent superiority does the doctor who is worth his salt take stock of the temperamental or acquired foibles of a sick man. At peril of the forfeiture of his power for good, at peril of becoming on the contrary a positive hindrance to his patient's moral and physical recuperation, will any doctor allow himself to adopt, even in the secretest penetralia of his own silent consciousness, a censorious or mocking attitude. Even pity, unless it be of the most virile and controlled kind, will be for the most part evidence of a weakness that must be deprecated if not condemned. Not for compassion but for help is a doctor summoned

to the bedside of his patient; any emotion other than an almost impersonal reverence for the great mystery of suffering must, I hold, prove an embarrassment in the attainment of a purely objective realization of the morbid conditions which it is our task, so far as possible, to correct. If my contention, coinciding with popular belief, that sickness is the great revealer of character, be allowed, and if I have made it clear that, under certain conditions, the doctor is not only privileged to avail himself of his daily facilities for the study of character but in duty bound to do so, it follows that doctors as a class are, among other things, dedicated to the task of qualifying as true experts in human nature. As a matter of fact, I must frankly confess that the majority of them have probably never consciously realized this obligation. Until quite recently at any rate—for a change is visibly at hand—it may be safely alleged that very few doctors ever gave the psychological aspect of general practice more than a careless and passing thought. Yet, even so, I maintain—and few will dispute this—

that in all times innate or acquired psychological acumen has necessarily played a large, probably a predominant, rôle in the determination of professional success. It is here that the physician and the general practitioner have been and will remain supreme; the weak point of specialism, and in particular of surgical specialism, is its inevitable tendency to an unduly mechanical point of view. In the psychological era which is dawning the right of patients to be taken account of as individuals and not crudely pigeon-holed as mere "cases" will be something more than the theoretically acknowledged but for the most practically ignored maxim which it remains at present; it will be a much-discussed and scrupulously regarded guiding principle in every department of practice.

Granting the truth of my contention that the doctor is, or should be, an expert in that which Pope designated the proper study of mankind, certain further points remain to be noted as to the sense in which this duty and privilege should be understood and practised. I have said that, as a matter of

fact, psychological acumen has counted for much in determining the success of medical practitioners; it remains to add that it has often counted and does often count for more than it should. Psychological acumen, the power of intuitively or consciously gauging the strength or weakness of a patient's character, is a powerful weapon, obviously liable to abuse. In the hands of an unscrupulous man it lends itself to practices which cannot be too strongly condemned. The smooth-spoken professional humbug whose main asset is "a good bedside manner" is a type of parasite whose existence cannot, I fear, be denied. By cunning suggestions he fosters the morbid tendencies of his patients; discourages their healthy efforts to throw off their disease; insinuates fatalistic doctrines of incurability; ends by converting what might have been a mere episodal disorder into a perpetual debauch of complacently accepted invalidism. Such men as these are often extremely popular; I should have said amazingly so but for my familiarity with the fact that of all short cuts to wealth and power there is none

shorter than the crafty exploitation of human vices. The Nemesis that attends a success of this kind is that it is always known as such and appropriately discounted by members of the profession. Among doctors a man is valued upon the whole for what he is and knows, and not for what he earns or for what the laity think of him. In medicine there are, in fact, two distinct paths to success: the one cheap and expeditious, the other difficult and slow; the one leading to popularity, the other to the respect of colleagues; the one the reward of cunning, the other of science; the one based on exploitation of disease, the other on its cure. I trust I have made it clear in which of these two paths the doctor's knowledge and consequent control of human nature should help him to walk. It may be that an instinctive consciousness of its dangerous liability to abuse has hitherto deterred medical men from due recognition of the immense importance of the psychological factor in medicine. If so, their timidity has been the more pardonable but not the less regrettable, seeing that there is

now real danger that this powerful weapon may be filched from them by a host of unscrupulous pretenders. If it is to be wielded by the only competent hands, those of qualified medical men, these must bestir themselves and resolutely defend their threatened rights. The pity of it is, that of all the knowledge acquired by a busy doctor during a lifetime of varied experience there is, in the great majority of cases, no permanent record: so that consequently it dies with him. This is a ruinous waste, because the facts he of all men has golden opportunities to observe daily are just of the kind needed to increase our understanding of such problems as that, for example, of heredity, upon which it is not too much to say that all hopes of racial as distinct from mere civil progress must ultimately depend. This waste of knowledge has, however, been one inevitable result of the haphazard conditions under which hitherto the work of the profession has been carried on, as a mere private enterprise of competing individuals, in whose work the State has for the most part manifested no interest or concern. As

if anything could be of more vital concern to a rational community than the conditions governing good or bad inheritance, or those making for the improvement or deterioration of its members. I have spoken of medicine as a branch of natural history ; the designation applies in a sense much wider than is commonly imagined. From a biological standpoint the population as a whole takes precedence of the individual, who may almost be regarded as an abstraction. The contemporary population, considered as a whole, may be likened to a tree, of which the trunk would be the generations of the past and the fruit those of the distant future. The analogy is complicated by the fact that foreign stocks are constantly being grafted into the tree, which modify its nature in various ways. Now, if the nation is ever to realize the ideal of eugenic science by taking into its own hands and shaping for high ends the destiny at present controlled mainly by chance, it must begin by undertaking in real earnest the task of studying the natural history of its own population. The services of medical men must be en-

listed to record for the use of eugenic statisticians all those facts which are the indispensable materials of their new science. Every member of the community must have his health dossier, a precise, carefully docketed record of his parentage, birth, physical and mental characteristics, the conditions of his rearing and education, his illnesses, employments, and favourite recreations. Of course precautions would have to be taken against any possible abuse of the intimate information thus obtained: private doctors must not be asked to lend themselves to inquisitorial excesses. Those who handled the facts collected for statistical purposes need not know even the names of the individuals concerned; in any case they should not be members of the same district or circle. On the other hand, the convention of professional secrecy, sacred as it is within reasonable limits, must not of course be allowed to override supreme national interests. If it be permissible to make a man declare the amount of his private income, or compel medical men to notify cases of infectious disease, it is certainly

justifiable to requisition facts of even the most personal nature whose ascertainment may be indispensable to the well-being of the present and future generations. In order that the British oak may thrive we must take stock of all its insidious maladies of intrinsic or extraneous origin, of all its parasitic growths and unhealthy tendencies. The day will perhaps come when we shall be wise and brave enough to wield our pruning shears with confidence and vigour. At present we have not even decided into what *shape* we want our tree to grow—whether it shall have a flat top, as our socialists loudly demand, or a nicely graduated summit, as I for one consider essential.

I shall have some severe things to say later concerning Mr Lloyd-George's much-abused National Insurance Act. I am glad therefore to take this opportunity of quoting some remarks of the Chancellor's which reveal an enlightened sense of the need of some such form of investigation into the health of individual citizens as I have forecasted above. "These local health com-

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mittees,"¹ he explains, "will manage the Sanatoria and look after the medical attendances. They will have to make reports to the municipalities and the Government on the health of their districts as it affects the administration of the Act. These reports will be most valuable. For the first time you will have reports on the health of 15 millions of working-class households in this country. Think of what that means! There is no end to what you may be able to do in the way of social reform upon these searching, penetrating and all-pervading reports on the causes of disease in the homes of the people. I am not for a moment minimizing the admirable work that is done by the medical officers of health. But a medical officer of health cannot visit every house in his district. Here, on the other hand, you will have tens of thousands of medical men who will be serving those local health committees, visiting in the course of the year almost every home, and sending faithful reports to the health committee, upon which the

¹ Now called Insurance Committees.

majority will be representatives of the working classes. Therefore the doctors will not have to consider in their reports the feelings and idiosyncrasies of men on the committee who possess local interests. They will be reporting to men whose main interest is the good health of their own families. For the first time in the history of this country you have got that portentous fact to reckon with in social reform."

No discussion of the relations between doctor and patient could be considered complete which omitted mention of the vexed subject of medical ethics, or, as the laity somewhat contemptuously phrase it, "professional etiquette." The popular attitude with regard to this important matter can only be adequately described as muddle-headed; people outside the profession do not seem to have even the vaguest understanding of what it all means. I am convinced that the average well-to-do citizen secretly regards the ethical scruples of doctors with good-humoured contempt, attributing them to the pedantry begotten by over-education and lack of under-

standing of the true principles of civilization and progress. Medicine, in his opinion, is a business like any other, and should be practised on business lines. He cannot for the life of him see why a doctor should not advertise his qualifications in the papers, or employ a file of sandwichmen to proclaim the superiority of his abilities and the brilliancy of his cures. When, his dear wife being ill, doubts arise in the breast of the aforesaid citizen with regard to the accuracy of Dr Brown's diagnosis or the efficacy of his prescriptions, he is astounded at the refusal of Dr Jones to pay a secret visit to her bedroom with a view to a revision of a colleague's work behind his back. No "business man," he is well assured, would need asking twice to demonstrate the superiority of his own to a rival's wares. It is only doctors who are precluded by some absurd and antiquated code of prejudices from devoting themselves with single-minded zeal to the pursual of the "main chance." The problem is all the more inexplicable since in all other matters doctors appear to be persons of quite

average intelligence, and might fairly be expected to recognize the irrefutable supremacy of the modern Religion of Getting On. Quite possibly he has been confidentially informed by one or more of his medical acquaintances that they recognize the rationality of his point of view and would conform to it if they only dared. But the Medical Council blocks the way—a quasi-mediæval institution mysteriously endowed with the power of enforcing an obsolete and quixotic standard of conduct upon all members of the profession under pain of ignominious expulsion from its ranks. Why on earth do not all doctors rise in a body and demand the sweeping away of their nonsensical code?

Strange as it may appear, I will venture the assertion that, whatever may be the view of some negligible malcontents, the vast majority of medical men are troubled by no hankerings after the “freedom” of commercial competition. On the contrary we are disposed to hug our chains, and to declare that it would be an evil hour, both for the profession and for the public it

serves, in which they should be struck off, and their wearers released from the dungeon of recognized obligations. Not that we are concerned to deny that such release might result in the conversion of medicine into a far more eligible calling from the point of view of pecuniary possibilities than it can claim to be at present. The practice of medicine, emancipated from all restrictions save the universal one of keeping within the four corners of the common law, might well become attractive to possessors of that gift of exploitation which is under present conditions the surest and speediest road to power and affluence. It is even possible that sociologists might be gladdened by the consequent emergence of a completely new species—that of the medical millionaire, who must at present be assigned to the category of fabulous monsters. The fact remains that the demolition of the barriers dividing the profession of medicine from other callings, the commercialization of medicine, would, in our opinion, be nothing less than disastrous. Let me illuminate the subject by the exhibition of an analogous cata-

strophe, the degradation that has of late befallen the once-honoured profession of literature. Here quackery is the royal road to success, for in an age when everybody can at least read it is mere waste of time to cater for the infinitesimal minority who can also think. Here too the self-praise that is no recommendation is absolutely *de rigueur*; if a modern author were to display modesty with regard to his own gifts the lapse would be regarded as a transparent affectation. As to the fact of the commercialization of literature and as to the degradation consequent thereon, I will adduce the opinion of the late George Gissing, whose competency as a judge few will venture to dispute. In the *Private Papers of Henry Ryecroft* he thus reveals the bitterness of his heart: "Hateful as is the struggle for life in every form, this rough and tumble of the literary arena seems to me sordid and degrading beyond all others. Oh, your prices per thousand words! Oh, your paragraphings and your interviewings! And oh, the black despair that awaits those downtrodden in the fray!

Last mid-summer I received a circular from a typewriting person soliciting my custom ; someone who had somehow got hold of my name, and fancied me to be still in purgatory. This person wrote : ‘ If you should be in need of any extra assistance in the pressure of your Christmas work, I hope,’ etc. How otherwise could one write if addressing a shopkeeper ? ‘ The pressure of your Christmas work.’ Nay, I am too sick to laugh. . . . Trollope tells how he surprised the editor of a periodical who wanted a serial from him by asking him how many thousand words it should run to ; an anecdote savouring indeed of good old days. Since then readers have grown accustomed to revelations of ‘ literary ’ method, and nothing in that kind can shock them. There has come into existence a school of journalism which would seem to have deliberately set itself the task of degrading authorship and everything connected with it, and these pernicious scribblers (or typists, to be more accurate) have found the authors of a fretful age only too receptive of their mercantile suggestions.

Yes, yes ; I know as well as any man that reforms were needed in the relations between author and publisher. Who knows better than I that your representative author face to face with your representative publisher was, is, and ever will be at a ludicrous disadvantage ? And there is no reason in the nature and decency of things why this wrong should not by some contrivance be remedied. . . . None the less do I loathe and sicken at the manifold baseness, the vulgarity unutterable, which as a result of the new order is blighting our literary life. It is not easy to see how in such an atmosphere great and noble books can ever again come into being."

I trust that those of my colleagues who may harbour any secret envy of the "freedom" of commercial methods will ponder these warning words. And the general public may be thankful to the Medical Council for its enforcement of a minimum of decency upon those of us who might otherwise, under pressure of hard times and excessive competition, throw all scruples to the winds. It seems to me that so far from the commercialization of the professions

being desirable, the interests of the public urgently demand precisely the converse process, the professionalization of industry and commerce. It would, after all, only be a return to one of the healthiest conditions of the Middle Ages, when, as Mr Penty has shown, each class of producers was organized as a gild of qualified and privileged workers, and each gild imposed upon its members an ethical code protective not only of its own corporate interests but also of those of the public. Thus among the cloth-weavers of Flanders no mixing of wools was allowed, and the man who used English wool, which was the best, was not allowed to have any other on his premises. The members, beginning as apprentices, became journeymen, and finally masters. The work was not to be done under unfavourable atmospheric conditions, and when done was submitted to rigorous tests. If it fell short, the maker was fined. I fear one would search vainly among the regulations of a modern trade union for similar evidence of any concern for the competency of its members or the quality of their work. Not

that the modern workman is altogether to blame for the moral deterioration shown by his present exclusive preoccupation with problems of self-interest in the narrowest sense of the term. It has been brought about by the rise of capitalism and the consequent rupture of that integrity of individual industries which, under the gild system, had happily prevailed. The result has been a downward process of competition in cheapness ; that is, in the mere *appearance* of value not in the genuine quality of the goods produced and sold. And the abolition of that system of "medical etiquette" which provokes the amused irritation of our critics would inevitably issue in the same deterioration in every branch of our work. Not only so, but our personnel would immediately begin to decline : the profession would become attractive to those brazen hustlers who are at present wise enough to seek more lucrative and "freer" paths in life. Under favouring conditions they would force themselves to the front, since pure commercialism undoubtedly favours the survival of the unfit. Whereas, now, the heads of

our faculty are men whom we cannot choose but admire and respect, in a profession which had abjured "etiquette" they would be a set of sleek and shameless rascals generously endowed with a gift for aping the qualities that they did not possess. In other words, quackery would soon be almost as rampant within as it is at present without the ranks of our unhappy profession. And what could be a worse plight than that?

There is just one point of medical ethics upon which at any rate I am confident of the heartfelt sympathy of the laity. I refer to the obligation of what is called "professional secrecy," the ancient and honourable tradition which forbids doctors to publish in the market-place the sad secrets of human frailty and suffering which they have learned in the privacy of the sick-room. There can be no doubt whatever that we are, sociologically speaking, the true inheritors of the function formerly discharged by the Catholic priests in the confessional. A modern man or woman sends for a doctor when in the old days he would have gone to the priest. And not only, be it well understood, when

it is a question of purely physical ills. I think we may reasonably be proud of the innumerable tokens of confidence that we, each and all, receive every day of our lives. Upon the whole I am confident that we are proud of it, and that in our best moments we often remind ourselves of the duty of living up to it by keeping strict watch upon that very unruly member, the tongue, lest in some unwary moment we fatally betray our trust. Upon the whole, yes ; but, alas ! honesty compels me to add that I fear there are not a few exceptions. I well remember the surprise and discomfort with which, while accompanying a friend on his round of visits a few years ago, I noted the freedom with which he allowed himself to be drawn into discussion and revelation of the ailments of neighbours known at least by repute to the patient with whom he chanced to be conversing. I do not think he realized for a moment that he was doing anything indiscreet or dishonourable : it was an unconscious betrayal, but a betrayal nevertheless. I have little doubt that I have done the same thing myself, although I believe, or at

any rate have been told, that I am not a loquacious person. In fact, I will confess that I have caught myself *in flagrante delicto* ; and have spent some bad quarters of an hour in reflection upon the possible consequences—to myself and others. But it is one thing to let slip a few unguarded remarks, and quite another deliberately to betray a secret. The latter crime—I can call it no less—I believe to be very rare among us.

It may interest readers to know that the obligation to respect the secrecy of knowledge acquired in the course of practice was formally acknowledged by Hippocrates, practising in the fifth and fourth centuries B.C. The following is the celebrated oath by which he bound himself and his pupils to conform to principles practically identical with those of our much-abused modern “etiquette” :—

“I swear by Apollo the physician, by Asclepios, by his daughters Hygeia and Panacea, and by all the Gods and Goddesses, that to the best of my ability and judgment I will faithfully keep this oath and obliga-

tion. The Master that has instructed me I will esteem as my parents, and will supply him as occasion may require with the comforts and necessities of life. His children I will regard as my own brothers, and if they desire to learn I will instruct them in the same art without any reward. The precepts, the explanations, and whatsoever else belongs to the art I will communicate to my own children and to such other pupils as shall have subscribed to this oath, and to no others. My patients shall be healed by me to the best of my power and judgment, in the best manner, without injury and violence. Neither will I be prevailed upon by another to administer pernicious physic, nor will I be the author of such advice myself. I will never recommend means to procure abortion, but will live and practise chastely and religiously. I will not meddle with lithotomy, leaving that to operators of that art. Whatever house I am called to I will aim at making the patient's good my chief aim, avoiding all injury, corruption, and unchastity, and whatever I hear in the course of practice relating to the affairs of life that

ought to remain secret nobody shall ever hear from me. May I be prosperous and esteemed by all men as I observe this solemn oath, and may the reverse be my lot if I violate it and forswear myself."

In this brief defence of the unpopular ethical code of my profession I shall greatly have exceeded my aim if I have conveyed the impression that all doctors invariably observe its mandates. I have admitted that many of us—I am tempted to say all—unwittingly sin against at least one of its laws. But such peccadilloes are of course inevitable and pardonable, within certain common-sense limits. Unfortunately it must be added that the medical profession, like all other callings, has its proportion of utterly unworthy members. There are not a few quacks and scoundrels, I fear, duly enrolled on the medical register; we know them; but we cannot always get at them; and I fear that we do not always try. The fact is that we are only just beginning to be class-conscious, to realize our corporate unity and the duties and responsibilities it involves. The men who systematically

undersell their neighbours, quietly backbite their colleagues, and insinuate their own superiority, are too often left contemptuously to pursue their evil courses, unchecked and unrebuked. And it must be confessed that a considerable section of the public appear to be willing dupes, for many of these black sheep do exceedingly well for themselves, financially ; make a superb show with motor-cars and fur-lined overcoats ; and die in Harley Street amid pæans of obsequious press-eulogy, while better men go to the wall. Sad that it should be so ; but in an age of plutocracy, qualified only by mob-government, no calling can remain altogether exempt from that law which ordains the survival of the pretentiously inefficient, the unscrupulous, and the base.

CHAPTER III

THE DOCTOR AT WORK

I OFTEN wish that it were possible for those members of the noble army of cranks and superior persons who never weary of gibing at doctors to exchange places just for a year or so with a member of the despised craft. If I be not greatly mistaken, they would either for ever after hold their peace, or at any rate considerably alter their censorious tone. Doctoring is not—if you will pardon the vulgarism—all beer and skittles by any means. From a pecuniary point of view we have probably never been in a worse plight—a state of chronic impecuniosity is in fact the normal condition of the great majority of our number; and has to be accepted, with all its discomforts and disabilities, as a matter of course. But with that particular grievance I am not for the moment con-

cerned. Since, however, it is out of the question for the author of *The Doctor's Dilemma*, and the small fry who share his unflattering opinion of our class, to find out by personal experience where the medical shoe pinches, I must do my best to enlighten them through the imperfect medium of the written word. The next time that the snow lies thick on their doorstep, or that the temperature is some twenty degrees Fahrenheit below freezing-point, let them, at the hour of retiring, imagine that an electric bell or the whistle of a speaking-tube is installed at their bed-head. Let them further hypothecate the existence of a certain Mrs Jones, residing at the other end of nowhere, whose interesting condition, by the approved method of calculation, should culminate this very night in a still more interesting climax. Let them suppose that the calculation has been accurate, and that just at the psychological moment when, the sheets having become comfortably warmed, they are rapturously sinking down through the portals of uneasy consciousness into the desirable haven of oblivion, a loud

and prolonged peal upon the aforesaid bell awakens them to the terrible realization of duty's call. Mr Jones, meanwhile, poor distraught bridegroom, has his index finger firmly planted on the bell-push below. The bell accordingly continues to peal forth its harsh alarum into the night ; and will continue until its half-awakened victim, leaping from his warm bed into the icy bedroom, has thrown up the sash and protruded his inquiring head. The next phase of this harrowing drama finds the worn-out doctor downstairs, desperately lacing his recently discarded boots in the front hall. Anon, equipped with the mysterious bag that is his inseparable companion upon these voyages of destiny, side by side with the much-relieved Jones, he sets forth into the unknown. Well for him if, when he return, goodness knows how many hours later, he bring that bag home with him ; for then, if it be worth while so short a time before breakfast, he can tumble into bed with the sweet consciousness that this one task is over and done with. Too often it is otherwise, and the bag remains in a discreet corner of Mrs

Jones's bedchamber, left there as a hostage guaranteeing its owner's return. Of the drowsy hours whiled away by that bedroom fire in desultory but somewhat forced conversation with a monthly nurse of strictly limited outlook, I will forbear to speak. Wonderful indeed are the processes of nature; but expedition has never been their strong point. Watch the tide rising, and you will realize the truth of what I say. In the course of an hour or two it will become well-nigh incredible that full tide is actually reached twice in every twenty-four hours.

Such an episode may appear to our censorious one too trivial for serious mention. Multiply it by some hundreds or peradventure thousands; and fill in the details of a considerable percentage of difficult cases, in which the life of mother or child, or of both, depends in great measure on the readiness and skill with which you play your part. Then you will have attained some shadowy inkling of just one factor of a "general utility" doctor's life-routine, and some appreciation of his constant need of what Napoleon called "three-o'clock-in-the-

morning courage." The recent legalization of the status of registered midwives has already resulted in an enormous diminution of our obstetric work (and of our incomes, needless to add); but it has not lightened our labour in a corresponding degree. For the majority of the confinements that we now attend are either first cases (proverbially tedious and troublesome to all concerned), or those in which some complication or difficulty has arisen. In the city where I practise, fifty per cent. of all confinements are already attended by midwives alone; and the proportion will doubtless increase.

Perhaps no one who is not in such a position himself can appreciate fully the strain involved by the sense of being perpetually "on duty," liable to be called away suddenly and unexpectedly from any recreation or social function to face realities of a very different nature. For myself, I can only say that the result has been that I have gradually given up the attempt to accept invitations or to make engagements which are so often foredoomed to be ruthlessly overruled. I admire the courage of

medical men who persevere in emulation of the normal social intercourse of the laity, who accept invitations to dinner and bridge-parties with optimistic but delusive faith in being able to attend. But I do not share it. One compensation—of course not the only one—is the intense enjoyment a doctor feels, during a holiday, in the mere sense of personal freedom, in being for once in a way beyond the reach of the telephone and the night-bell. Another, often cited, and justly too, is the satisfaction of being able to bring help when and whither it is most needed; of reading the looks of relief that one's arrival may summon to distraught and anxious faces; or of the power of evolving calm and order out of a chaos of conflicting surmises, impulses and suggestions. A highly important factor of the therapeutic equipment is an unfailing supply of what may be termed "official optimism." Only those who have tried it can realize the drain upon one's health and spirits involved by the meeting of this requirement. It may seem an easy way of winning a livelihood to drive or walk from house to house, to

investigate with a facility born of long practice the condition of a given invalid, and after a few words of polite conversation to prescribe what you think, rightly or wrongly, an appropriate remedy, and to take your leave with the pleasant consciousness of having earned a fee. But apart from the fact that in hundreds of cases that fee will never be forthcoming, the matter is not so simple as all that. Nearly every house that a doctor enters is a house of trouble—a house wherein, apart from the actual suffering or danger of his patient, there exists the greater or less degree of emotional tension, inconvenience, disorganization, that illness inevitably brings in its train. The seamy side of life is the side that a doctor almost exclusively sees and lives in ; he breathes daily the tainted air of the sick-room of humanity ; the people he meets are discouraged people, people under a cloud of distress and fear. It is little short of a miracle if in the course of long years of such experience he himself does not become in his inmost being a pessimist of the most unqualified sort. In fact I think

he very frequently does. But, however this be, it is his bounden duty, in his official capacity, to conceal the fact. He must not betray the least consciousness that the battle he is fighting is, in the long run, always and inevitably a losing battle ; that the invisible enemy who confronts him at every bedside will sooner or later win the day. He must not fail to satisfy the mute expectation of patient or friends that his visit will leave them cheered and heartened, at least in some degree. In every house that he enters he must "give out" something of his best and strongest qualities, administering to its occupants a mental and moral lift. In so far as he fails to do this, he is, whatever his technical skill and aptitude, a mere artisan ; in so far as he succeeds, he is a creative artist, nothing less than that.

It is, I believe, a law of Nature that he who gives largely receives in like measure—at any rate for a time. If it were not so, it would hardly be possible for so many medical men to go on, day after day, month after month, year after year, instilling into others

optimistic feelings which they themselves, oftener than not, must know to be in great measure fallacious. The fact must be faced that the average man or woman is to a considerable extent parasitic, that is to say, dependent upon others for the moral strength and courage exacted by the task of living. If it were not so there would be little need of doctors now, and there would have been little or no need of priests in the bygone ages. To help others to live is the heavy task that is laid upon us; and if we sink under it sometimes the fact is by no means surprising. For, in addition to the normal everyday strain of contending with minor ailments, and infusing hope and courage into those who are in danger of losing both, it happens very often that we are suddenly called upon to meet the heavier demands of some exceptionally obscure or ambiguous malady involving a correspondingly increased sense of care and responsibility. In dealing with such a difficult and anxious case it is an immense help to the doctor if he can count on the confidence as well as the loyal co-operation of the patient and his friends.

Too often, alas ! it is otherwise. Just when he needs this confidence and co-operation most it may be mysteriously withheld. He may be sure that he understands the case and can meet its requirements if given a free hand ; but his efforts will be paralysed by the instinctive sense of their scepticism or mistrust. Under these unhappy circumstances he will not, if he be wise, allow so impossible a state of affairs to continue for a moment. He will immediately suggest and if necessary insist upon the obtaining of a second opinion. More often than not the mere suggestion will greatly strengthen his position, for it is a fact to which the public are by no means blind that a careless or inefficient doctor generally dreads rather than welcomes the idea of a consultation. It is accepted as a sign of strength rather than of weakness that he should be the first to suggest it. As often as not the mistrust that he has divined in those with whom he is dealing will in reality or in seeming be replaced by a tone of cordial appreciation. He will be assured by his patient and his patient's friends that they are more than satis-

fied with his conduct of the case. Again, if he be wise, he will not be too ready to accept these assurances at their face-value. He need not go the length of absolutely forcing a consultation upon them, provided of course that he feel no actual need of help for himself. On the other hand, he should only waive the suggestion on the clear understanding that his own advice is henceforth to be carried out to the letter. Such are the lines upon which a self-respecting man should act if he desire to avoid unnecessary humiliation. But however he act, it will sometimes happen—it happens to us all—that humiliation will be thrust upon him. Patients or their friends will be tampered with by interfering busybodies; persuaded more or less easily that he does not know his business; that Dr So-and-So is a much “cleverer” man. So, one fine day, he will be met at the door with the chilling announcement that Dr So-and-So has been called in and that his own services are no longer desired. And then he may console himself by sending in his account, and we will hope that it may be promptly settled. But that is not a fore-

gone conclusion! The question of "second opinions" inevitably calls to mind that of the procedure to be adopted when the need of an operation has to be considered and decided for or against. In these days, when the removal of one's appendix is in a fair way to become as much a normal incident of our mortality as an attack of measles or chicken-pox, when surgeons are claiming a presumption of the need for operative treatment for constipation and for common fractures, the question is one of almost universal concern. In his preface to *The Doctor's Dilemma* George Bernard Shaw has recently sounded a note of alarm which cannot fail to arouse misgivings of a serious nature in the public mind. He flatly suggests that the modern surgeon, intoxicated by the consciousness of his own dexterity, and blinded by self-interest to the criminality of his proceedings, is habitually addicted to the practical enforcement of operations that are not merely superfluous but positively harmful. The sinister figure portrayed is that of an artist in mutilation, who, partly for the sake of

plunder and partly for the mere fun of the thing, deliberately exploits the ignorance and credulity of his clients by luring them into his operative den. The ludicrous overstatement of this charge needs no enforcement, but it may just be pointed out that Mr Shaw's argument proceeds entirely on *a priori* lines. Such being the universal characteristic of human nature, such the temptations, and such the certainty of immunity from punishment, he argues that the abuse of the surgeon's opportunities must follow as a matter of course. This may be good enough for a Socialist, but it is not good enough for an ordinary fair-minded individual. If you are going to try a man accused of murder on these lines, you will merely have to establish the existence of a sordid motive for the deed. His guilt is a logical deduction. But of positive evidence of the alleged wholesale performance of superfluous operations Mr Shaw adduces not one iota. His accusation goes for nothing at all. Still, I am inclined to think that he may be right in his opinion that under present conditions the temptation in a

doubtful case to decide for rather than against an operation is unnecessarily strong. A colleague, in talking the matter over with me, expressed a decided opinion that the decision for or against the necessity of a grave operation should never be accepted or even sought from the man who would actually perform it. This is quite a sound suggestion ; and its adoption and enforcement as a binding rule throughout the profession would go far to obviate the possibility of such abuses as may now occur, as well as to protect surgeons themselves from such vague and unfounded charges as those just described. In the meantime there is nothing to prevent any general practitioner from enforcing, so far as his own patients are concerned, the rule that none of them shall be operated upon by the same man who has decided that an operation (of grave nature) is required.

Whether operations are or are not performed oftener than they are needed, there can be no doubt of their enormous increase in number in the past few years. The percentage of children that are operated upon

for adenoid growths of the posterior nares must, for example, be already high. And under the pressure of school inspection it is no doubt steadily increasing. Yet I can remember the time when such an operation was hardly dreamed of, and when tonsillectomy, its usual concomitant, was itself comparatively rare. As for abdominal and brain surgery, the immense increase in those departments is of course a matter of common knowledge. I often wonder whether this increase has not nearly reached its maximum, and whether the boom in surgery will not in due course be followed by a slump. The twofold explanation of this boom is not far to seek at anyrate. It is due in the first place to the discovery of anæsthetics, and to the reduction in the mortality of operations of every degree, consequent upon the application of Pasteur's discoveries which we owe to Lord Lister. The second factor is the comparative backwardness of scientific medicine, and the awakening of the professional and lay minds to a realization of the need of something more effectual than the old-time method of "the mixture as

before." Medicine being a more difficult and complex art than surgery, it has inevitably happened that it has been far slower to benefit by the great scientific revival of the nineteenth and preceding centuries. Comte showed long ago that the separate sciences attain to what he called the positive or truly scientific stage in the inverse order of their relative concreteness and complexity. The simplest and most abstract attain to what might almost be called perfection, while the most concrete and complex are still in a rudimentary state. So it has come about that while modern surgery is admired and extolled by all (Mr Shaw and his disciples always excepted), modern medicine has lagged behind, and has even fallen into some degree of contempt. And, as always happens in such cases, the superior prestige of the one rival has reacted prejudicially upon the other: physicians, despairing of their own art, have been led to adopt the surgical point of view and to copy surgical methods. This is an illustration of another rule observed by Comte, perhaps worth quoting here:

“Positive science was for a long time limited to the simplest subjects: it could not reach the highest except by a series of intermediate steps. As each of these steps is taken, the student is apt to be influenced too strongly by the methods and results of the preceding stage. Here, as it seems to me, lies the real source of that scientific error which men have instinctively blamed as materialism.”¹ In accordance with this rule, the medicine of the past generation has been distinctly *materialist*; its lack of self-confidence has engendered a sort of nihilism; its emulation of surgery has tended to a certain crudity of thought and method.

But signs are not wanting that this period of temporary discouragement is passing away, and even that the day of scientific medicine, emancipated from the overshadowing tyranny of surgical ideas, has actually dawned. For British medicine already possesses in Sir Almroth Wright a leader whose influence upon its future bids fair to equal that of Lister upon

¹ *A General View of Positivism*, by A. Comte, translated by J. H. Bridges, p. 36.

surgery. The theory of immunity is permeating medical minds; and its application will revolutionize medical practice as thoroughly as the theory of asepsis has revolutionized the sister art. It should not be forgotten, however, that behind such practical reformers as Lister and Wright stands a still greater man, Louis Pasteur, to whose genius the new era in both medicine and surgery is predominantly due. By his identification of the yeast-fungus he established the analogy between infective diseases on the one hand and the fermentation process on the other; and by his investigations into the cause and cure of abnormal fermentations in wine, of silkworm disease, of anthrax, and of rabies, he laid the firm foundations of the new science of bacteriology, upon whose completion so many hands are busy to-day. And behind Pasteur stands the modest general practitioner of Gloucester, who performed the first vaccination in 1796, and of whom it may justly be said that he builded better than he knew.

It may be objected perhaps that the theory

of immunity applies only to infective diseases, and that therefore, since the cures based upon it can only have a partial application, I am exaggerating its importance when I claim that it will revolutionize medicine and establish it upon a scientific basis. But in the first place the number of the infective diseases, or of diseases in which infection plays an important part, already large, is growing so steadily yet rapidly that it seems doubtful whether it will not cover the whole field. In the second place, the investigation of the phenomena of immunity by Metchnikoff, Büchner, Ehrlich, Wright, and many others, has already resulted in the establishment of a virtually new method of research by means of which our knowledge of and control over the chemical factors of life are growing by leaps and bounds. It seems hardly too much to hope that within a few years we shall be able to control the functions and perhaps even the growth and repair of any given organ at will. Finally, it is by no means clear to me that the law of immunity, of the curative effect of specific or semi-specific poisons, has not much

wider applications than are yet realized, or even, as Hahnemann claimed, a universal application. I look forward to a time, not so far ahead either, when much of the work now done by surgeons will be superseded by a regenerated medical art. When tumours, "innocent" or "malign," will, instead of being excised, be caused to disappear, as it were by magic, under the influence of minute doses of incredible potency and elective precision; when, as I have hinted above, we shall be able to spur or curb the activities of any organ functioning in excess or defect. When cancer, consumption, alcoholism, and the whole host of acute or chronic infective diseases, will be subject to our sway.

Sir Almroth Wright and his band of "immunizers" may bring us a long way then towards the emancipation of medicine from its present house of bondage—from its undue materialism, that is to say. But not all the way, if my view of the trend of development be correct; for, after all, the control of infective processes and the correction of gross physical ailments are only one

half and perhaps not the more important half of the medical problem. It is already evident, and every year makes it more evident, that the suffering mind is as legitimately a part of the medical sphere as the suffering body ; and that the ills of the body cannot be satisfactorily dealt with apart from those of the soul or even of the spirit. Quite recently there was published in a supplement of *The British Medical Journal* the report of a sub-committee appointed by the Council of the Association to investigate the subject of so-called "Spiritual Healing." And not very long before that the bulk of a special number of the *Journal* was devoted to contributions from leaders of the profession and others (*e.g.*, a Jesuit priest) on the possibilities of occultism, the alleged miracles of Lourdes, Christian Science, and faith healing. I think it hardly possible to exaggerate the significance of the silent revolution in the attitude of the scientific mind towards these hitherto despised problems which these facts portend. It is no doubt the case that the majority, even of those doctors who are disposed to the in-

vestigation of such matters, lean strongly to the sceptical side, and limit their concessions to admitting the occasional utility of mental healing in "functional" disorders. But, apart from the fact that the records of well-authenticated cures at Lourdes and elsewhere seem to give the lie direct to such *a priori* limitations, it is very doubtful whether the distinction between "functional" and "organic" diseases is philosophically justifiable. Besides, it is far too early in the day, and we are still far too ignorant of the subject, to lay down hard and fast lines as to what "suggestion" can and cannot effect.

This much can at least be said, that we are evidently upon the threshold of a new medical era, which I venture to define in advance as that of psychological medicine. Consideration of the recent history of our art shows that it has been constantly overshadowed by the influence of some one dominant branch of research. In my student days it was biology to which the most brilliant and promising men were inevitably attracted; and in particular that developmental aspect of biology to which the

popularity of Darwin's hypothesis had compelled the attention of the world. Then came the day of physiology. At present, bacteriology is what one might call the fashionable sphere of research; and out of the study of bacteriology has grown that power of controlling or defeating the malign activities of micro-organisms upon which I have laid so much stress. The dominant science of to-morrow will be psychology, understood in the widest possible sense. And its influence upon medical practice and the medical point of view will certainly not be less but probably far greater than that of bacteriology or any other of its predecessors.

In proportion to the artificiality of a profession, to its divorce from reality, one may expect to find its members relying upon conventional props for the sustainment of their precarious prestige and popularity. Thus, during the Middle Ages, when medicine had fallen to such depths of degradation and to such a slavish regard for the dictates of authority that it was little more than a mixture of superstition

and quackery, the personal pomp and pretentiousness of the faculty was maintained at its zenith. The less we really know, the greater our need to assume the airs of omniscience. These observations, which are by way of introduction to some remarks on the rôle of convention in modern medicine, may also supply an approximate criterion of the degree to which medical practice has achieved a truly rational point of view. Approximate only, because it has to be remembered that the conventionality of a given individual may be only in part spontaneous and sincere. In part it may also be an enforced or even an *ironical* concession to the demands of Mrs Grundy, that is to say, of his clientèle. To what extent, then, is the medical profession of to-day subject to or emancipated from the thralldom of irrational use and wont? In dress, in deportment, in our mode of thought, in the expression of our opinions upon controversial matters, philosophical, religious, political, or what not, are we upon the whole men who can claim to be upon the level of the age? Or are we, on the con-

trary, a servile and time-serving race, cautious not to offend the morbid susceptibilities of the ignorant and prejudiced, tainted with flunkeydom, timid where we should be bold, arrogant where we should be modest, censorious when we should be pitiful, zealous in respect of trivialities, and ready to accept at their face-value the thousand-and-one "lies of civilization" which are current in the world of our day? I think that the truth lies between these two extremes. The average modern doctor is a far less conventional and stereotyped individual, certainly, than his mediæval or even than his eighteenth or nineteenth century predecessor. He dresses more sensibly, bears himself more naturally, thinks more independently, expresses himself more frankly than they would seem to have done. The fear of what "people will say," though it still counts for much more than it should, is far less of an obsession to his mind. If he be a regular church-goer there is, for example, an even chance that it is not solely because it has been borne in upon him that a reputation for godliness will be

advantageous and a reputation of the opposite kind very detrimental to his practice; it may be that piety of the church-going sort is really congenial to him, and that he sees no inconsistency between its tenets and assumptions on the one hand and, upon the other, that vow of allegiance to the higher veracity implied by his choice of a profession. If he be seldom seen in the public streets—to say nothing of the fields and lanes—attired otherwise than in the irreproachable hideousness of what, in common with every shop-walker, he has accepted as his professional uniform, who shall venture to impugn the motives of so weird a choice? There may be some æsthetic appeal in the combination of a “topper” and a frock-coat to which his innermost soul responds. On the other hand—and I lean to the latter hypothesis—it may be merely that he is painfully aware that to the mind of the petty burgess, and to many other minds, a doctor who, forswearing the “cylindrical ideal,” appears publicly in tweed or flannel is—unless the extra size of his motor-car may chance to

atone for the hardihood — not a “real doctor” at all. There are worthy people, I make bold to assert, who would rather consult an empty “topper” than a head that never wears one! To my mind, the incongruity presented by the sight of a man in a tall hat steering his own car is enough to make the angels weep, or laugh; although I am free to confess that there are individualities too robust to be dwarfed by the most conventional costume. A portrait of Ibsen striding down the middle of the street recurs to me as a striking example of the triumph of genius over circumstance. His top-hat assumes the symbolic significance of a viking’s winged helm; the lapels of his frock-coat wave defiance to the universe!

I do not therefore wish to emphasize unduly the significance of dress or other externals as proofs of the conventionality of the modern medical mind. On the other hand, I am convinced that—though signs of incipient emancipation are by no means lacking—the charge is in general a just one, that doctors have not yet as a class learned

how to stand upon their own feet and to maintain their own point of view. Set the average general practitioner or, for that matter, the average consultant, in the midst of a company of artists, writers, men of the world; and if I am not greatly mistaken he will feel, even if he do not appear, somewhat at a loss. He will not be able to discard the restraints imposed by the exigencies of his daily round, wherein he has learned by sad experience—assuming that it was *necessary* for him to learn—the desirability of respecting innumerable prejudices and conversational taboos. He can discuss the weather, the rates, the servant question, a recent Court ceremony, the Röntgen rays, or—in safe quarters—Mr Lloyd-George's very last fiscal atrocity. In fact, he has all the conversational small change and a modicum of technical fluency; but where big topics are afloat he smells danger; his professional caution muzzles him; he becomes reticent, and appears more *borné* than he may actually be. To see and hear doctors at their best, you must brave torrents of “shop” by securing an

invitation to a meeting of some clinical society or to a professional dinner. In mixed company the lawyer or the Catholic priest will beat him every time.

There is nothing in the essential functions of the medical man that makes for conventionality or intellectual ineptitude. Quite the contrary; his work so far as it is honestly performed, not merely scamped, must keep him in touch with fundamental realities, and, in particular, as I have already insisted, with all the lights and shades, the heights and depths, subtle nuances, and incalculable vagaries of humanity. In these alone, one would think, he might find an inexhaustible store of raw material for illuminating *aperçus* and profound generalizations. But no! he remains dumb; his wisdom is a sealed book to his contemporaries. Silently he accomplishes his task, and silently retires from the scene, leaving no record of those innumerable glimpses of the soul revealed to his watchful eyes under the rack of suffering or in the rare expansion of un hoped relief.

No! it is not for want of raw material

that he fails to make his mark in the social arena. He is hampered not by the essentials but by the mere accidentals of his trade. His false economic position ; the isolation in which, having lacked hitherto any adequate sense of his corporate unity and responsibility, he has lived as best he may ; the privation of that leisure needful for any continuity of thought ; the constant pressure of immediate cares and anxieties ; the feeling of dependence upon private whims and caprices ; these, but above all the first named, are the conditions that cramp his dwarfed individuality. In a future chapter I shall return to this subject, and shall try to justify my hope and belief that better days are in store. If I do not misread the signs of the times, an unprecedented opportunity is now being offered to the medical profession. By seizing it boldly and with a full realization of its possibilities we may revolutionize not merely our own corporate attitude towards contemporary life but also our own position in the general regard. We may become the representatives of a new aspiration, the leaders of a new movement, the justifiers of

a new hope. The sphere of creative sociology is the promised land which we are now invited to enter. Have we the courage to shed our conventional trammels, or the imagination to realize the greatness of the proffered prize?

CHAPTER IV

THE ECONOMIC FACTOR

IN this chapter I have a tragic history to unfold. The medical profession has fallen upon evil days. It is true that we have made and continue to make a brave effort to conceal our poverty and to dissemble our fear. And the general public is only too willing to be deceived. It cares nothing whether we are well or ill paid. It regards us as its natural prey. Our poor patients, our rich patients, the State itself, above all the so-called "charitable" institutions, make common cause in sponging upon us and fleecing us in every possible way. Quackery is rampant, and the State endorses quackery by patenting its nostrums and pocketing a share of the plunder. Our lives are actually shortened by the wearing anxiety inseparable from our overcrowded and underpaid state.

Yet the impudence of modern Jacobins does not stop short of denouncing us as parasites upon the community at large. The very contrary is the fact: the community is parasitic upon us. In order to qualify ourselves for practice we submit ourselves to a long and tedious course of study; we spend hundreds of pounds; we undergo the ordeal of innumerable examinations. And in return we receive the inestimable privilege of permission to certify deaths (without remuneration) for the convenience of the State. Any ignorant charlatan is as free to practise as the President of the College of Physicians himself. The sacred right of every freeborn Briton to exploit the credulity of his neighbours must on no account be interfered with. Far better that innumerable sufferers be lured by lying advertisements into dalliance which may cost them their lives! So the cancer which in good time could have been excised and done with is "treated" by purveyors of "salves" and "absorbents"; and the money that might have been spent upon a beneficent operation is frittered away to no

purpose. When the patient is penniless and his case beyond cure, he will come whining to the hospital; and we shall be there to welcome him and to do our best without thanks or reward.

But I must not give rein to my just indignation until I have established my case. It may be questioned whether I am correct in my assertion that medicine is now in worse case than it has ever been. I will cite an authority whose impartiality there can be no just reason to impugn. Dr Hillier, in his historical sketch of medical and surgical science, describes a state of things which to modern medical readers will appear veritably Utopian. Yet it actually existed, and not so very long ago. "Medicine in the eighteenth century may be said to have reached its zenith. It was regarded more from the ethical standpoint and less from the utilitarian, worldly or business point of view. Physicians were fewer and their social position was high; those possessed of the degree of doctor ranking among the gentry. Professors were often attached to the courts of their sovereigns. The in-

come of the average practitioner would be from £200 to £300 per annum, *equivalent to three times the amount to-day*. Relatively, therefore, the profession was much better paid than at the present time." Yes, about three times as well paid, if recent estimates of our average present income can be trusted. But will anyone dispute that the work we do now is at least three times as valuable as the work we were able to do in the eighteenth century? I have no doubt on the point whatever.

The fact is, of course, that, as one is tired of saying or hearing said, we live in an age of transition; in that darkest hour which, we may hope, is to precede the dawn of a new and a brighter day. Our present economic organization is hopelessly obsolete and inadequate: it rests largely with ourselves to determine what shape it shall henceforth assume. Let us consider some of the most salient anomalies of the present "system," if it can claim to be called a system at all. Certainly we can afford to be proud of the childlike trust reposed in our integrity by a society which acquiesces

in such an arrangement. We are prosperous in direct ratio to the invalidity of the general public: the more illness there is, the more fees we earn. Our duty and our interests are not merely discordant—that much might be said of most callings, despite of the well-worn tag about honesty as a policy: they are in absolute and irreconcilable antagonism. The doctor who makes financial success his main consideration, or a serious consideration at all, may fairly be called an enemy of society. He must not strive to cure his patients, but to foster the delusion that he is curing them. He must pay them the maximum of attention with the minimum of positive result. He must rejoice in such public calamities as fill other hearts with mourning—plague, pestilence and famine are his familiar friends. For they fill his pockets; and if they also fill the cemeteries what concern is that of his? Any sanitary improvement which permanently lowers the death-rate should be observed by all commercial-minded medical men with unmixed regret. For it robs them of a permanent source of income.

It will no doubt be objected that a doctor who showed no good results would soon find himself bereft of patronage; hence, that it is a fallacy to say that we have no material interest in the cure of our patients. This would be true enough if the public were competent judges of the efficacy of our treatment. Such is very far indeed from being the case. All that is in fact necessary for financial success is to establish a reputation for "cleverness." All things are forgiven to a "clever" doctor: his patients may die by the score, and fresh victims will always be forthcoming. From this point of view I am inclined to think our general decline in prosperity may be in great measure the direct outcome of our increased scrupulosity. We deliberately prefer poverty to the exploitation of human weakness. When we can do no good we decline to do anything at all. There are plenty of quacks to batten upon the credulity and superstition of which we might, if we chose, avail ourselves profitably enough. Such dirty work is beneath our acceptance. Accordingly our incomes have dwindled,

but we have managed to retain our self-respect.

I have only the vaguest notion what the public implies by the attribute "clever" as applied to a medical man. But of this much I am certain, that as a criterion of true social value and professional efficiency the attribute of "cleverness" is perfectly irrelevant. The ideally "clever" doctor would, I fear, be of the type who is regarded with distinct disapproval by his confrères. He would be a man who, however prosperous he might appear, had as a matter of fact mistaken his vocation. Where he made hundreds in the profession, he would have raked in thousands or peradventure millions in a calling that combined "greater freedom and less responsibility." And the community would probably have been the gainer. For I have little admiration of or belief in the exploits of the so-called "clever" doctor. Among ourselves, when individual merits are under discussion, the word is conspicuous by its absence. "So-and-so is a good man. So-and-so knows, or does *not* know his work." That is all,

but it is quite enough—among the initiated. And the size of the subject's motor-car, its very existence even, does not enter into the equation, I assure you.

It can fairly be claimed for the profession of medicine that its members are distinguished above those of all other callings by the fact that they are expected to work and in great measure do work *against* their own material interests. Not content with trying to cure individual patients (although it would pay us far better to keep them just ill enough to require our services) as quickly and pleasantly as may be, we are also constantly engaged in a process which can best be symbolized as the digging of our own collective grave. We are, that is to say, always devoting a considerable portion of our energy to the prevention as well as to the cure of disease. Such efforts are by no means confined to that comparatively small section of the profession which is occupied solely in public health. Nearly all of us, to the best of our power and opportunity, co-operate in various ways in the dissemination of knowledge and the inculcation of habits

calculated to cut the ground from under our own feet. I maintain that it is a fair inference that the present unsatisfactory economic conditions of medical practice are in great measure the inevitable outcome of our magnanimous response to the impossible or well-nigh impossible demands of our position. Granted that prevention is better than cure, and is destined in ever-increasing degree to supersede it, can any sane person doubt that the fact should be taken account of? Unfortunately, doctors as a class fully share the conservative bias of all professions; and too many of us appear to be hopelessly blind to the anomaly of our traditional system. This is, however, in large measure due to the fact that our experience of the alternative (and rational) system of payment has been singularly unfortunate. The very name of "contract practice," practice based on the preventive rather than the curative idea, has been made to stink in our nostrils. We think of it as a system under which a practitioner, in return for a miserable weekly dole of one penny or thereabouts, undertakes to supervise and minister to the health of a

human being. That is the system which the great Friendly Societies, taking advantage of our unorganized state and also of our traditional weakness for a certain ill-considered altruism, have foisted upon us. That is the system under which, as under a well-nigh tolerable burden, we have long been groaning, but of late with an ever-increasing determination that it shall not much longer be borne. And that, I am sorry to add, is also to all intents and purposes the system which Mr Lloyd-George is now in the very act of riveting with the iron bolts of State authority upon our unwilling shoulders. By the time this book is published the Act in its final shape, whatever that may be, may either have become operative or been thrown into the dust-bin. In such days as these the boldest man will hardly dare to prophesy what the next six months may produce in the way of political *volte-faces*; but at the moment it certainly looks as though the Chancellor's will would prevail. I am not one of those who regard him as an enemy of mankind — on the contrary, I am inclined to accredit him with

genuinely benevolent intentions and with a spark of something that may almost be called genius besides. But as a specimen of *quack* legislation his National Insurance Act would certainly be hard to beat. If it prove otherwise than a disastrous failure, the credit will be due not to its author but to those representatives of the various threatened interests who have mitigated its crudity and injustice by innumerable amendments. It is an acknowledged fact that in the drafting of his Bill the Chancellor took the precaution of ascertaining the views of one of the bodies mainly concerned — the Friendly Societies, to wit. But seeing that the main object of this Bill was the provision of medical attendance to the wage-earners of the nation, the medical profession had at least an equal claim to be consulted. True to his demagogic bias, Mr Lloyd-George took no adequate steps to ascertain our views, treating them as a negligible factor. The stupidity of this omission will be appreciated when I add that at this very time, warned by the Reports of the Poor Law Commission of the urgency of the

problem, our Association was actually engaged in the elaboration of a detailed scheme of voluntary medical insurance. If then we had been formally approached, we should gladly have placed at the disposal of the Government the results of our collective investigation of a problem far too intricate for final solution by even the most gifted individual. But no! Mr Lloyd-George had got from the Friendly Societies all the information he needed, and did not shrink from the task of settling the whole gigantic business "off his own bat." A nice muddle he has inevitably made of the job! Cheap doctoring has been sanctified by the usage and commendation of the Friendly Societies, whom he regards as his clientèle; cheapness in general has long been one of the greatest and most revered gods of the Liberal Olympus; cheap doctoring has accordingly received the imprimatur of this Government, and is henceforth to be the enforced and well-nigh universal order of the day. A certain modicum of satisfaction may nevertheless be derived from the consideration that we have at

least made our power *felt*, and impressed our mark on the Act. If our genial adversary beat us in the end, it will not have been without resort to that ultimate weapon placed at his disposal by his great office, in whose use he has often proved himself an adept—which discretion, however, forbids me to name or define.

That the club system as a voluntary method of providing medical attendance has been in every respect a failure, I have no doubt whatever. In saying this I do not include in my indictment the splendid work done in other departments by the Friendly and other Provident Societies. As regards these, "it should be observed," says the Majority Report of the Poor Law Commission, "that the direct provision of medical attendance forms only a subsidiary part of their functions. The main object of a Friendly Society is the payment of sick benefit for the maintenance of their members during illness; the additional contributions for medical attendance are not usually obligatory. Out of nearly £20,000,000 of benefits paid to the members of the Ancient

Order of Foresters during the thirty years 1876-1905, 72 per cent. was devoted to sick pay, 16 per cent. to funeral allowances, and only 12 per cent. to medical aid." But, lest my condemnation of the club system be challenged as that of a biased witness, I will quote a few sentences from the drastic criticism of the Minority Reporters. "The contracts so extensively made by the organized Friendly Societies for medical attendance on their members are constantly producing strain and friction between the Societies and the local practitioners whom they employ, breaking at intervals into open warfare. The doctors allege that the remuneration allowed to them is so insufficient as hardly to cover expenses, whilst many persons of substantial means take advantage of the Society membership. The members of the Friendly Societies, on the other hand, complain that they only get perfunctory attendance, that the doctor favours the committee-men or other influential members, and that he seeks to recoup himself by charging fees for all the other members of the family. We need not consider these

mutual recriminations except in so far as they reveal conditions inherently inimical to the cure and prevention of disease. We have it in evidence that the club doctor is not infrequently regarded as an inferior kind of practitioner. 'I have known,' says a Medical Officer of Health, 'several cases where members of clubs, on the occurrence of serious illness in themselves or their families, have discarded the services of the club doctor and incurred the expense of employing a private practitioner. A few weeks ago I was asked by a workman whether I thought a club doctor was competent to treat a case of scarlet fever. . . . From my own experience in club practice I can testify to the extremely unsatisfactory conditions under which it is carried on.'"

It has happened to me over and over again to be called in as a private practitioner to treat patients who were entitled to the services of a club doctor, but considered their malady too serious for attendance of that kind. And many of my working-class friends have admitted that they were conscious of the absurdity of the

current rates of remuneration to doctors paid by the Society to which, nevertheless, they belonged.

Nevertheless, I maintain that the *principle* of contract practice is not merely sound, but, inasmuch as it makes for prevention rather than mere cure, preferable to the traditional system. I should not even object to its extension to all classes of the community, provided always that, beginning from an *adequate* minimum, it were so graduated in accordance with the means of the insured persons as to provide a generous "living wage" for all grades of practitioners; and that due provision were made for suitable *extras*. The principle that, since a doctor's expenditure necessarily varies directly as the average means of his clientèle, his charges must vary accordingly, is the foundation-stone of medical economics. In his Bill, as originally drafted, Mr Lloyd-George (himself, by the way, a professional man) betrayed a total ignorance of this elementary consideration. His naïveté extended to the supposition that his own sons, the sons of a man receiving £5000 a year,

should be medically insurable at 4s. 6d. per annum! Presumably this was to entitle them to the ministrations of a West End physician, with an establishment in Harley Street, several motor cars and an electric brougham, to say nothing of a few sons of his own at Eton or Oxford! No wonder that this Bill was at the outset hailed with the acclaim of all classes (except that of the proposed victims—ourselves) as a veritable instalment of the millennium. And no wonder that its author, who should be the best judge of his own intentions, has placed it on record that “this is not a doctors’ endowment Bill.” Assuredly it is not; though, considering that it imposes upon us a direct legal responsibility for the health of some seventeen million workers, it obviously *should* be! It is, or at any rate was, in its original form, a doctors’ exploitation Bill.

But we must return to our general discussion of the economic factor in modern medicine, several aspects of which still demand consideration. Prominent among these is the question of what may be called the hospital muddle and its disastrous

effects upon ourselves and the commonwealth. In every town of any size there will be found at least one general hospital, more or less precariously supported by voluntary endowments and contributions (more or less insolvent, and generally increasingly so, that is to say), ostensibly devoted to the medical and surgical needs of those who cannot afford to pay for such treatment themselves. Ostensibly devoted to *charity*—a word that covers a multitude of sins of the meanest and most despicable kind. For everybody knows that, so far at least as the out-patient department of these “charitable” institutions is concerned, quite a large percentage of those who seek and obtain advice and treatment are perfectly well able to pay for what they get. In some hospitals an attempt, usually perfunctory enough, to ascertain the eligibility of applicants is made. But there cannot be the smallest doubt that such attempts are being circumvented by the mendacity of applicants in the most shameless and systematic way. There is a feeling abroad that every man, woman or child has the in-

alienable right to avail himself or herself of the gratuitous care and skill of any hospital in the land, on the sole condition of the pocketing of all pride and self-respect—for the time being. The result is that innumerable struggling practitioners are handicapped by the competition of institutions with whose prestige they cannot hope to compete, offering for nothing that upon which their bread and butter depends. Consider for a moment what would be the effect upon the butchers or bakers of England, if in every district of every great centre there existed a shop distributing legs of mutton or loaves of bread to all who cared to take them away. It is not as if the people who crowd the out-patient rooms of our general and special hospitals were all suffering from such serious and obscure maladies as are possibly beyond the range of the average practitioner. Quite the contrary: the vast majority are the subject of common everyday maladies, and their presence and claims to attention are in many ways detrimental to the interests of those who, on account of the seriousness of their

malady, or their poverty, or both, have a genuine right to be there. In many if not most hospitals out-patient practice has become a veritable farce, because, owing to the numbers that have to be dealt with within a limited time, the efficient diagnosis and treatment of each case is a sheer impossibility. In the interests of those for whom hospitals were built and endowed, to say nothing of the claims of the medical profession to the rudiments of justice, the treatment of minor ailments in their out-patient department should be discontinued. Only such presumably obscure cases in which the private or dispensary doctor needed a second opinion for which the patient was unable to pay, or cases in which treatment by means of some costly installation or appliance was called for and otherwise unavailable, should be admitted thereto. I say without hesitation or scruple that the humanity and generosity of my profession are being consistently exploited by the community in general and a large section of the working and lower middle classes in particular, with the full knowledge if not the

active connivance of those responsible for the maintenance and administration of our much - vaunted hospital system. And I stigmatize the condition of affairs as discreditable to all parties concerned except its victims, and absolutely ruinous to them. The fact that we are willing to give our services for nothing to those who cannot afford to pay for them should be regarded by all who are in a more fortunate position as a reason for protecting us from the impositions of mean and shameless pretenders. But their proceedings are winked at if not encouraged because the moral courage and energy required for the suppression of hospital abuses are, in those who control these institutions, conspicuous by their absence.

Much the same state of lax indifference prevails in regard to the quackery that is rampant everywhere nowadays. Can any sane person doubt that hundreds of lives are ruined every year by the impudent impostors whose lying advertisements are a main source of revenue to the proprietors of newspapers and journals? The State itself, that very mundane *divinity* apotheosised by

Hegel, does not disdain to profit by their wares. To what end, I sometimes wonder, have we submitted ourselves to the trouble and expense of qualifying for the practice of our art, when every impostor is at liberty to do as much without producing evidence of any sort or degree of competency? The worst dangers of quackery could be abolished to-morrow by the simple and obvious expedient of making the quack legally responsible for the claims advanced in his loathsome advertisements. Yet nothing of the kind is done, or, so far as appears, even contemplated. The complicity of the Press is presumably responsible for this criminal negligence on the part of the powers that be. For the Press governs public opinion; and the Press has so much to lose by a censorship of advertisements! Yet it is a demonstrable certainty that if one-thousandth part of the claims advanced in these advertisements with regard to the cure of diseases of all descriptions were true, cancer, consumption, rheumatism, hernia, paralysis, eczema, anæmia, dyspepsia, baldness, obesity, and the whole host of greater and lesser

plagues that infest our civilization, would long ago have vanished from our midst. Considering the preposterous amount of perfectly superfluous legislation with which our modern statute books are cumbered and our growing population afflicted for its sins, it is more than a little strange that no attempt should be made to stem the filthy flood of charlatanry which inundates the land. Revolting pictures of blotched and pimply faces ; pseudo-scientific dissertations ; anatomical obscenities ; portraits of blatant American auctioneers masquerading as professors of this, that, or the other ; frock-coated gymnasts lecturing to a roomful of open-mouthed doctors—these are but a few choice specimens of the blasphemous banalities which disfigure the pages of every journal of the hour. The credulity of those “pale persons” who seek spiritual nutriment or physical salvation in such far from hopeful quarters would be amazing in a Bushman or a Kaffir ; it is indeed a strange comment on the millennial vaticinations of educational pioneers.

During the past ten years there has been

an unprecedented series of encroachments upon the sphere of the general practitioner, each one of which has meant a reduction of his never excessive income, and a corresponding increase of anxiety and discontent. Where he could formerly regard the competition of charitable institutions, quacks, and patent medicine vendors, if not with indifference, at all events with a certain degree of philosophical resignation, he is now forced to recognize the need of active measures. Compulsory vaccination has become a dead letter: it is now the rule rather than the exception for working-class parents to seek and obtain exemption on behalf of their none too numerous offspring. The limitation of families is among the well-to-do artisans and lower middle class an almost universal practice: where families of a dozen or more were formerly found, two or at the most three children are now the outside limit. Not only so, but the certification of midwives has created a new profession, and working-class women are as a rule attended by midwives in all except the first confinement almost as a matter of

course. This may or may not be a step in the right direction; what is undeniable is that it means a serious loss of revenue to the general practitioner. The confinements he attends now are for the most part either the proverbially tedious and troublesome first cases or those in which, owing to some abnormal difficulty, the midwife has to seek his help. In other words, his income is reduced in greater proportion than his work is lightened: he loses those easy and normal cases which formerly recouped him to some extent for the inadequacy of his remuneration in those of the opposite kind. It is by no means a foregone conclusion, by the way, that the attendance of midwives will prove a satisfactory substitute for that of medical men or women. Observation strongly suggests to my mind—and I am confirmed in this opinion by the experience of colleagues—that the women of our day need instrumental aid in labour in a very high percentage of cases. If such aid be withheld, the child will in the majority of cases be born sooner or later, and born alive, but only after protracted and un-

necessary suffering so far as the mother is concerned, and not without injury, or the risk of injury, to the infant. But the midwife, not being legally bound so to do, does not as a rule seek for medical aid in these tedious but otherwise normal cases, knowing, as she of course does, that it can, after a fashion, be dispensed with. In proof of my contention that such authorized negligence constitutes a real social danger, I will quote a passage bearing on the point from a recently published work on mentally deficient children.¹ "It has been alleged by Drs Winkler, Bollaen, and others, that the use of forceps is accountable for a considerable amount of cerebral injury and consequent mental impairment. So far from this being the case, it would appear from Shuttleworth and Fletcher Beach's statistics that *protracted pressure* without instrumental interference is a much more potent cause both of mental and nervous defect, the latter figuring more than four times as

¹ *Mentally Deficient Children*, by G. E. Shuttleworth, B.A., M.D., and W. H. Potts, B.A., M.D., third edition, pp. 88-9.

often as the former (*i.e.* 14·24 per cent., as compared with 3·31) in their combined etiological table, whilst in addition the occurrence of *asphyxia neonatorum* is noted in 12·96 per cent. of Dr Beach's cases. The late Dr Langdon Brown, indeed, estimated the frequency of this condition as 20 per cent. amongst imbecile children generally, and as 40 per cent. among those who were first-born. It is unquestionable that the *asphyxia neonatorum* so often due to protracted unassisted labours is in some cases followed by birth-palsies and enfeeblement, more or less severe, of the intellectual powers. It is probably accountable for not a few of the milder types of mental feebleness." It seems evident that, if we do not wish to have an increased number of imbeciles and semi-imbeciles burdening the community, a time-limit from the beginning of labour should be fixed, beyond which the midwife should be compelled to call in medical assistance. For the temptation to advise "leaving things to Nature" may otherwise be expected to prevail.

A great deal of the work that was formerly

done by the doctor is now being taken over by the district nurse. I need not say that it is usually done gratuitously, so far as the patient is concerned. District nurses are as a rule paid a fixed salary, raised from the contributions of charitable persons. Some of these nurses are disgracefully underpaid and overworked; and, no doubt, their services are often exploited by those who could well afford to pay for them. There is at the present day no form of charity that is not abused. And the mischief that ensues is incalculable. Years ago, while working in the slums of Liverpool, than which there can be few worse in the world, I found their help of immense value under the hopeless conditions of my own task. So it is with some reluctance that I call attention to the danger of their degenerating into a class of unqualified practitioners, acting not with but against the medical profession, salaried by wealthy busybodies to pauperize the working classes and to take the bread out of the mouths of those whose willing servants (not sweated competitors) they should be.

Another source of pecuniary loss to the doctor is the army of so-called "health visitors" who, acting as missionaries of hygiene under the medical officers of health, are sent to cross-question working-class women as to the way they feed and tend their babies. These women, with their smattering of physiology, may do good service in some cases; but they should be made to realize that their rôle is purely preventive, and should not presume, as I have reason to believe they often do, to prescribe for ailing children. It is not clear to me why the medical officer of health should be accorded the privilege of employing unqualified assistants—for the qualification of the average health-visitor cannot be taken very seriously—while private practitioners are ruthlessly struck off the register if they do the very same thing.

Since the law authorizing local authorities to appoint medical inspectors of school children was enacted it has, wherever adopted, led to the discovery of an enormous number of children suffering from defects of various kinds—diseases of the ears, enlarged tonsils,

adenoid growths, short sight, and so forth. These children are almost universally being sent, or at any rate finding their way, to the out-patient departments of general and special hospitals, and being treated there on a charitable basis, regardless of the ability or otherwise of their parents to pay. From the ratepayer's point of view, this is all very nice ; it nevertheless constitutes a flagrant exploitation of the profession and of subscribers to the hospitals. If the care of school children be a matter of public concern, it should obviously be paid for in the ordinary way. Neither the State nor the Local Authority has the least claim upon our charity. The modern parent is only too willing to shift his responsibilities on to the shoulders of any convenient bystanders, but I cannot help feeling that it is high time some other scapegoat than the long-suffering doctor were forthcoming. The privilege of working for nothing may seem enviable to those who have no experience of its numerous drawbacks : I can assure the reader that, with us, it begins to pall. The establishment of school "clinics," staffed by a panel of local

practitioners and paid for with money derived from the rates only in necessitous cases—in others from the parents themselves,—is the commonsense solution of the problem. It is therefore the one that in all probability will be scrupulously avoided.

Of the few paying patients that remain when deduction has been made for the above defections, a goodly number, when they need advice, make it a point of honour to obtain it from an unqualified person. Their favourite, because most convenient, resort is to the nearest chemist; and they will cheerfully waste their scanty earnings in encouraging him to take “pot shots” at their undiagnosed ailments with one or another of the mixtures he is so ready to compound. The fees charged for advice and medicine by innumerable highly qualified medical men are so small that, when allowance has been made for the inferior efficacy of a chemist’s haphazard treatment, it is practically certain that there is no real economy in the plan. When one’s water-pipe bursts, one does not call in a bootmaker to repair it; if one did, and he charged a few pence less than the

plumber would have charged, one would not expect to be congratulated upon one's wisdom. To consult a chemist upon a much more important matter, as to which, presumably, his ignorance is precisely on a level with one's own, is an equally reasonable proceeding. Yet it is done every day in a large majority of the chemists' shops throughout the kingdom, by people who pride themselves on knowing their way about. The wrong-headed individuals who pride themselves on "keeping clear of the doctor" would be the first to denounce anyone who invaded their province in the systematic way in which they tempt chemists, herbalists and gymnasts to invade ours. "Live and let live" is one of their cherished axioms; but although they do not greatly wish us to live they always expect us to be sitting in our front hall with our boots on when, the chemist or herbalist having failed, they send for us at three o'clock in the morning.

On the subject of bad debts I could write volumes, but will content myself with the statement that, in common with all other

medical men, I lose every year a quite considerable proportion of my nominal earnings in this way. The mere loss is, however, a trifling matter in comparison with the moral effect involved. There are, I believe, few callings which impose a heavier strain upon a man's faith in human nature than that of medicine; and the frequent disillusionments resulting from experiences of cynical baseness and ingratitude, taking the form of a deliberately planned and coolly executed bilking of the doctor, are mainly accountable for the fact. Of course, on the other hand, there are many items to be reckoned on the credit side: not all one's efforts are taken as a matter of course by any means. A wise man will prefer to concentrate his memory on these encouraging facts, and to dismiss the others as soon as may be to that outer darkness of contemptuous oblivion which is their due. I refrain therefore from airing my own personal grievances, or from tempting the reader to gloat over those all too numerous and flagrant instances of moral depravity which it would be easy enough to adduce.

And it is only fair to assume that, in these hard times, a good many, perhaps the majority, of the losses we incur through bad debts are to be accounted for by sheer inability to pay. But not all; not nearly all.

Last but not least among the conditions making for economic trouble among medical men is the overcrowded state of the profession. For this we are ourselves, I consider, largely to blame. Until quite recently it was the universal practice for first-year students to be regaled at the introductory lecture which inaugurated their course of study with a highly coloured and optimistic discourse, promising to all diligent scholars a life, if not of opulence, at least of moderate prosperity. Facts, however, have been too strong for even the most predisposed to illusion; and of late there has been sounded a much-needed warning note. We have heard fewer platitudes to the effect that merit always receives its due in the long run, that there is plenty of room at the top, and so forth. So far, good; but after all it is not of much use to warn those who are

already committed ; youths who attend introductory lectures are not likely to turn back on account of a few discouraging words. What is urgently needed is an organized effort to stem the flood of superfluous aspirants. Why should not the normal proportion of practitioners to each hundred thousand of the population be carefully determined, and the portals of the profession closed to any excess ? It only needs a little co-operation on the part of the examining bodies, and the adoption of a system of competition for vacancies, modelled upon the plan of Civil Service appointments. It is the reverse of a kindness to perpetuate the present muddle. But the vested interests of medical schools and examining bodies presumably block the way to reform. At the risk of treading upon the toes of stray Jacobin readers, I will venture to suggest that the weeding out of unsuitable applicants ought not to be based upon purely mental standards. Physical and moral fitness, however difficult to appraise, ought not to be left out of account. If the ethical traditions of the profession are to be preserved,

its personnel must be safeguarded in every possible way. The sort of acuteness that facilitates the passing of examinations is not incompatible with qualities the reverse of desirable in a medical man. Why should not some inquiry into the family and personal history form a part of the sifting process? I see no reason, except the probably insuperable prejudice of a demagogic generation. It is, after all, a matter of universal import that the profession shall escape degradation and commercialization. But this fate is in the long run inevitable, if we continue to rely upon the inadequate purely mental criterion in the choice and rejection of recruits.

Before bringing this long chapter to a close, a few remarks upon the general aspect of the medico-economic problem seem to be called for. It is not, in my opinion, regrettable that as a road to wealth medicine is not, never has been, and probably never will be, of great account. On the other hand, penury is a distinct handicap in the acquisition and maintenance of competency in the practice of any branch of the art. What is desirable is

that a man whose vocation is to help others to bear their life burdens may not be crushed by sordid worries of his own. I am not careful that the proportion between the work done and the wage earned by doctors be punctiliously apportioned. Who, after all, can say to a penny what the cure or relief of a given ailment is worth? One might as well try to appraise the value of a Beethoven sonata or any other work of art. Works of art have their "market value," bearing no relation whatsoever to their value properly so called. Even so with medical works of art: what they "fetch" is one thing; their intrinsic worth is a something incalculable in coin of the realm. I claim for my fraternity the right to a fair "living wage," redemption from the stress of commercial preoccupations, provision for the leisure and the holidays which are indispensable conditions of scientific culture and efficiency (but at present unattainable by many, if not by most), and, finally, the prospect of an old age that shall be honourable and free. If any servants of the public deserve to be pensioned, it is the men who have devoted

their active years to the relief of sickness and pain. The better, by which I do not mean the more opulent, the conditions of medical practice, the higher the type of individual that will be drawn into its ranks. And that, I repeat, is a matter of universal concern.

CHAPTER V

MEDICINE AS A GILD

SOME day our successors will look back with amazement, if not with incredulity, upon the chaotic individualism that formerly characterized, and still characterizes, the practice of medicine. In that day the preventive and healing art will have achieved an efficiency and a prestige of which we can at present scarcely dream; and it will be practised, not as now by an unorganized mob of competing individuals, but by an army of co-operating units, to each of whom strictly defined duties and responsibilities will have been assigned. This Army or Gild of Medicine will include within its ranks not only doctors but all whose functions and interests are bound up with ours. But this consummation is as yet discernible only to some few far-seeing eyes;

at present the majority of us have barely begun to realize that the go-as-you-please methods of the past and of to-day are inexorably doomed.

Consider for a moment the life of a medical man living in the main street of some obscure village, and practising among the scattered homesteads of the surrounding countryside. Every morning, after attending to a few club patients in his surgery, he starts out for a long round in his dog-cart or motor; in the afternoon there will be more patients to be seen or visited; in the evening his waiting-room will be thronged again. Perhaps he does his own dispensing; if so, his leisure, when account has been taken of emergency-calls, confinements, and minor operations, will be almost a minus quantity. The medical books on the shelves of his consulting-room will be few and obsolete; most of them on scrutiny will be found to date from his student days. And he seldom has time or inclination for more than a cursory reference to one or another, with a view to the refreshing of his memory upon some forgotten

point. He may or not be a subscriber to *The Lancet*, *The Practitioner*, or *The British Medical Journal*; if so, the chances of their being systematically read and assimilated are somewhat remote, it is to be feared. He may or may not be a member of some local Society meeting once a month at the nearest centre for the discussion of interesting cases, or of the local branch of the British Medical Association. The time and energy demanded for the regular attendance at and the derivation of profit from such opportunities he can seldom command. Gradually and reluctantly perhaps, but in innumerable cases inevitably, he gives up the struggle to remain in active touch with his colleagues or to keep himself abreast of the scientific progress of his time. The stock of theoretical knowledge, great or little, with which he entered upon his career cannot be added to; it is his working capital upon which he must subsist as best he may. True, he is not altogether debarred from the acquisition of knowledge; he has daily access to the inexhaustible wealth of nature; his faculty of observation, suppose

him to possess one, need never rust for want of material. But mere undirected and unorganized observation is not likely to carry him very far; one must know or be told what to look for, and that is precisely what he is least likely to know. So his views and methods become stereotyped; his errors crystallize into uncontrovertible dogmas; he himself is reduced to a machine reacting in certain definite and immutable ways to definite oft-recurring (or apparently recurring) demands. He has his utility and his wisdom; the countryside will miss his familiar weather-beaten features when, one day, they are seen there no more. He has his recognized abilities and shortcomings, as to which there will probably be few illusions among his clientèle. But, for all the good he derives from his membership in a learned profession, he might as well be practising upon a desert island. As an individual doing his best under impossible circumstances, he is often great and nearly always admirable; as a disciplined member of our hypothetical Army of Health, he does not even exist. He is a free-lance, a franc-

tireur. He is subject to no supervision, the recipient of no guidance or encouragement, except in the rare instances when he avails himself of the services of some local consultant. His methods may be as irrational and obsolete as he pleases, provided that he do not forfeit the confidence of his ignorant patients by some outrageous and obvious blunder. Such cases may appear to be extreme, but they are probably far from uncommon. But practical isolation is equally possible and perhaps more frequent in a crowd than in a wilderness. In any one of our great cities there are to be found medical men practising exclusively among the poor, the ignorant, and the indiscriminating, who to all intents and purposes are professional *déclassés*. They do not belong to any medical society or organization; they subscribe to no journal; they never open a medical or surgical book; they manage adroitly to cover up their mistakes without resort to consultations; they have forgotten all they ever knew, and they are content with their ignorance. They go their own sordid way, doing in some shoddy fashion

their daily and nightly work, and sinking slowly but inevitably to the unexacting level of their environment. Many of them take to drink or to drugs, and become in consequence a veritable danger to society. And all for want of the encouragement and stimulus that only the sense of *co-operative* effort and healthy emulation can supply. All through the fatal initial blunder of supposing that, once through his examinations, a medical man is equipped for life with an inexhaustible stock of knowledge; that his education ever is or ever can be complete; and that he, as a responsible individual, can afford to ignore the very existence of that army in which he has chosen to serve.

The British Medical Association, founded by Sir Charles Hastings early in the last century, exists precisely to meet the needs ignored by such individuals. In 1902 it was reconstituted upon a democratic basis, and at present its membership includes more than two-thirds of the profession. It should include them all. It may roughly be described as a Trade Union, for it is the only

considerable organization we possess by means of which we can bring the whole weight of our power to bear against attempts at exploitation or oppression. But its functions are by no means purely economic; it publishes a weekly journal containing contributions upon every subject of medical or medico-scientific interest, which must be of considerable educational value to thousands of readers. And hundreds of local meetings are held every year by its various branches or divisions, at which cases are shown and discussed and papers read by their members. The British Medical Association has of late come very much more to the front in connection with the questions arising out of the National Insurance Act. Its Council have been in frequent conference with the Government; and in May 1911 the unprecedented step was taken by the Chancellor of the Exchequer of accepting the invitation of its representative body to come and discuss with them the various points at issue. I was myself present as representative of the Bath Division on this interesting occasion, which will not soon be

forgotten by any of those who were there. I wish I could add that the result of the Chancellor's visit had produced results corresponding to our hopes. His manner was entirely sympathetic; when we came to take stock of the matter, we found that he had promised us practically nothing at all!

This much we certainly owe to him—an awakening to the danger of our previously inert and apathetic condition, a new sense of the necessity of corporate unity, which, once awakened, can hardly pass away. Thanks to Mr Lloyd-George, we have at last become *class-conscious* in a sense and to a degree that in modern times we have never been before. We are to-day in the condition of a nation suddenly confronted by the necessity of fighting for its very existence. The only chance for us lies in the subordination of internecine feuds and jealousies to the welfare of the profession as a whole. Failing this, we shall either be enslaved, or our bread and butter will be divided among our traitors and black-legs, while the loyal majority are left hungry out in the cold. That would no doubt be

a consummation entirely acceptable to innumerable cranks and busybodies, but a very shabby return for the faithful service rendered by us in the past with little material reward. I am confident that public opinion is upon the whole in favour of our obtaining fair treatment; but there is a large, vociferous, and energetic minority which would gladly see us defrauded of our rights. And it is more than possible that its evil designs will prevail. If so, it will be by the aid of our own black sheep; and we may have leisure to repent that, while there was yet time, we did not take steps to preclude the overcrowding of our profession *from below*.

But in dealing with the case of the individual practitioner we have merely touched the fringe of the problem of medical unity. Nor, after all, is the effect of our lack of unity upon our own economic welfare a matter of primary concern to the general public. From the point of view of the general public the main question is, To what extent are we *functionally* organized or the reverse; to what extent do we, in dealing with our

patients, bring to bear upon each case the ultimate resources of our science and art? The ideal obviously is that a given sufferer shall, at his own expense if he can afford it, by State aid if necessary, be sure of obtaining adequate advice and treatment—and by adequate I mean the very best. It is obviously impracticable that every doctor shall be equally learned and competent; but it is perfectly feasible that every doctor shall be in a position to supplement his own limitations by invoking the co-operation of his fellows. Where, for example, institutional treatment is an indispensable condition of cure, it should be available as a matter of course for patients of every degree. This is very far indeed from being the case at present. Institutional treatment is usually available for the very sick, often for the very poor; only with great difficulty, if at all, in the case of those of strictly moderate means. Every year many invaluable lives are crippled or cut short for want of institutional treatment, because the patients in question are inadmissible as hospital patients, and cannot afford to be properly treated in

a nursing home. When a working man or his wife imperatively needs rest and change, I can obtain from a subscriber a ticket entitling him or her to stay for a fortnight or a month at a convalescent home at the seaside without paying one penny for the privilege. When a hard-pressed tradesman or professional man, or the wife of either, breaks down, he or she, in default of means to take a similar holiday, must stay at home and—perhaps, die or go mad for want of it. Nobody seems to care: at any rate, nothing worth mentioning appears to be done or contemplated by way of meeting the urgent needs of this deserving and overburdened section of the community. It is, in my opinion, perfectly useless to look to the State for help or guidance in these matters; the State is far too busy courting popularity to consider such trifles. It is “up to us” to accept the responsibility, and so to improve and co-ordinate our available resources that we can meet the legitimate requirements of every patient who comes to seek our aid. And the very first question that confronts us when we have realized the

responsibility is that of the fate of the voluntary hospitals. With the question of out-patient reform I have dealt briefly in a former chapter; that much-abused department will certainly have to be "shut down" in the near future; and, as Mr J. T. J. Morrison has recently reminded us, the key to the situation is the recognition on our part of the powers now invested in our reconstituted Association. Its various divisions have merely to put these powers into active operation, and the out-patient scandal will soon be a thing of the past. Much more difficult and complex is the problem of the in-patient department of voluntary hospitals, metropolitan and provincial. The first point to note is that the voluntary system itself, the system by which hospitals are provided and maintained by the spontaneous gifts of charitable persons, is everywhere in imminent danger of breaking down. "The principles of charity and voluntaryism may or may not have to go," writes Mr Morrison; "that question is on the knees of the gods; in any event the annual appeals and growing deficits seem to say that these principles have been

stretched to their utmost in existing circumstances; and they have long been vitiated by grants from the rates through boards of guardians, town councils, and, recently, education authorities, as well as by the transparent fallacy of subscriptions given with phrases which prove that language is a means of concealing the thoughts of persons who regard the hospital not as a charitable institution but as a glorified club agency." Thus a firm of employers by the subscription of a guinea or two per annum will purchase what comes to be accepted as a prescriptive claim upon any beds it may be convenient to fill with sick or injured employés; an artisan who himself subscribes a few pence per annum to the hospital fund will consider himself entitled to an unchallenged call upon all that the institution has to offer in the way of unlimited care, skill, and hospitality. Necessity has no law; the hospitals have accepted these guineas and these coppers, and have mainly trusted to luck for the evasion of inconvenient demands for a *quid pro quo* in the way of accommodation. One can always

pretend that one's beds are full! But this kind of thing is not charity: it is on the one hand a canny specimen of the business instinct or a mongrel instance of the provident system; on the other hand, it is a method of living from hand to mouth because "needs must when the devil drives."

The second point that should be carefully noted is that the ground formerly covered by the voluntary hospitals only, in the provision for the institutional treatment of the sick poor, has within the past generation been enormously encroached upon by the work of hospitals equipped and maintained out of public money by the Poor Law and Sanitary Authorities. "In London alone," says Mr Morrison, "the service of beds in the well-equipped Poor Law infirmaries numbers 16,557 as against 11,362 beds in hospitals; and in the large centres of population generally the provision in Poor Law institutions greatly exceeds that of the hospitals. Thus Birmingham, with 905 beds in ten hospitals, has an aggregate of 2243 in the infirmaries at Winson Green, King's Norton, and

Ashton." When one remembers that the provision of these huge institutions was only authorized in 1867, the rapidity of their growth and the menace implied to their "voluntary" rivals is at once obvious. We are as yet merely in the budding, not even in the "green leaf" stage of this phase of charity by compulsion. What will be done in the dry? It is not only the Poor Law Authority and its infirmaries that have to be taken into account. "Under the various Public Health Acts municipal and other councils are charged with the responsibility of maintaining in health all the population within their districts. The statutory powers vested in a Sanitary Authority include the providing of a general hospital for the sick inhabitants of the locality. They may erect a hospital, or contract for the use of one, or combine with another Sanitary Authority for the like purpose. . . . There is no limitation either to the diseases which may be treated in such hospitals or to the class of persons who may participate in their benefits. . . . In pursuance of their powers the urban councils of Widnes and Barry have

each erected hospitals for accidents and urgent surgical cases. The Liverpool municipal hospitals, intended nominally for infectious diseases, have admitted and treated many other types, including cases of abdominal tumour, appendicitis, cystitis, bronchitis, and poisoning." The Sanitary Authorities already possess and control some 700 hospitals, containing upwards of 25,000 beds (mainly, of course, devoted to infectious diseases), a number which "closely approximates to the accommodation of all the provincial endowed and voluntary hospitals combined."

From all this it is obvious that the rising tide of Socialism threatens the very spirit of voluntaryism with submersion. If we do not soon bestir ourselves to save them, the hospitals at present dragging out a precarious existence in our midst will one by one be taken over by the public authorities, and pass for ever out of our own control. On the other hand, the Poor Law infirmaries which are everywhere springing up are staffed by paid surgeons and physicians, and the functions they discharge do not cover

the whole ground covered by those of the voluntary hospitals. Eligibility for admission is determined merely (and, of course, rightly) by individual need: the interest of a "case" does not enter into the question. Voluntary hospitals, on the other hand, exist partly for the good of medical science; and the justification of this lies in the fact that the appointments to their staffs are honorary. If the voluntary hospitals were to be municipalized, the important educational work which they at present discharge—I am not speaking only of those to which medical schools are attached—would presumably be jeopardized, and might be entirely lost. This would be a great catastrophe; we should, therefore, in the interests of medical and surgical science, spare no effort to retain them. Their value to the community will be in no sense depreciated, will rather be enhanced, by recognition that their function is and should be distinct from that of the infirmaries maintained by public money. We do not wish to see them filled with cases of chronic bronchitis and chronic rheumatism. We do not wish

that appointments to their staff should cease to confer that cachet of professional distinction which at present pertains to them. We shall, therefore, if we be wise, take steps to ward off the danger that threatens them, which can only be done by placing them upon a sounder financial basis. Once admit that, whereas the mere fact of illness and need constitute a claim for admission to infirmaries, scientific interest should also be a factor of eligibility for in-patients of a voluntary hospital, and the continued existence, side by side, of both species of institutions becomes intelligible and justifiable. And there ceases to be any objection to the payment by most (not all) hospital patients of such moderate charges as their means might allow, such as might cover or partly cover the cost of their maintenance and treatment, or in some cases actually exceed it. Those who while otherwise eligible for hospital treatment were too poor to pay anything would still be admitted free ; those who could pay a little would be charged a minimum rate ; well-to-do patients would pay more ; but *all would be treated alike.*

The needs of the middle-class patient for institutional treatment would be largely met; the voluntary principle would be safeguarded; the hospitals would remain, so far as their actual working was concerned, under our own control; and they would continue to fulfil their present invaluable function of maintaining a high level of scientific efficiency and providing a field of clinical, therapeutic, and pathological research. In order that this plan should succeed, it would, however, be essential to modify the arrangement by which, at present, a patient sent into a hospital by a private practitioner unattached to the staff passes entirely out of that practitioner's care and control. Provision would have to be made for co-operation in such cases between the private practitioner and the hospital surgeon or physician under whose care the incoming patient was placed. I venture to say that the need of some such provision has long been obvious to many of us, and could quite easily be met.

The reform of hospital administration and the defence of voluntary hospitals from the danger of absorption by municipal and sani-

tary authorities by no means exhausts the problem of unifying the work of the profession. It is, as I have already suggested, a question of converting a mob of competing individuals, institutions, and organized bodies into one great co-operative army, including every department of the medical and allied callings, officered by competent administrators, disciplined, alive in every member to a sense of corporate responsibility, and ready to meet and cope with every conceivable emergency without fuss, overlapping, or friction. The subject is far too wide to be treated here in detail; what I have said as to the lines upon which the hospital problem should in my opinion be treated may serve as a sample of the general policy applicable to all. It has always to be borne in mind that whereas the dominant considerations of a public health service will be economy, utility, and immediate efficiency, the profession itself has a responsibility to its own traditions, to science in the super-utilitarian aspect, and to the future. These interests can only be safeguarded in the long run by a consolidation of all their natural represen-

tatives ; and in forecasting the shape such a unified body should take the mediæval gild inevitably suggests itself as the best available model.

One important aspect of the problem of professional unity remains to be considered, that, namely, of its doctrinal basis. Just as the efficiency and stability of a Church is ultimately determined by the degree in which its workers are united in devotion to certain fundamental beliefs and aspirations, even so a profession will be weak or strong, harmonious or quarrelsome, a source of social guidance or confusion, in proportion as its members are conscious of the presence or lack of well-founded principles, upon which all their activities proceed. If, therefore, we would estimate our chances of attaining to that degree of functional unity which is or should be the aim of all of us who see in medicine something more than a mere trade, we must begin by examining the scientific and speculative doctrines revealed by contemporary practice, and by trying to answer the question whether upon the whole we are actuated by common convictions and

inspired by a common aim. But my readers need feel no alarm : I am not going to inflict upon them a tedious technical dissertation, but merely to submit as briefly and intelligibly as may be certain broad considerations and conclusions which, I ask them to believe, are the outcome of a good many years' experience, observation, and reflection. When one casts a rapid glance back over the history of medicine from the days of Hippocrates (460–377 B.C.) to the present generation, one discerns two apparently conflicting, but, in reality, complementary tendencies. On the one hand, we find records of men whose ruling conception seems to have been that disease is the inevitable outcome of some violation of the normal harmony between the organism and its environment, and that the discovery and correction of the faulty conditions is the primary duty of the physician, and in the majority of cases of more importance than any active intervention by means of drugs, operations, or what not. On the other hand, many men, equally great, have been strongly attracted by the wellnigh insuperable difficulties of attaining

to a knowledge of the infinitely complex processes of the human organism and so to a power of directly controlling and regulating these by just those means with regard to which members of the other school of thought have tended to remain sceptical. One might perhaps apply to these two opposed or complementary points of view the designation of the two fathers of medicine, calling the first that of the disciples of the Greek Hippocrates and the second that of the disciples of the Roman Galen. Further, it is to be observed that the history of medicine divides into successive periods in which one or the other of these points of view has predominated; and that, while the Hippocratic method usually prevails in epochs characterized by rational and sceptical tendencies, the Galenic gets the upper hand in ages of faith and superstition. All through the Middle Ages the authority of Galen remained unquestioned; not only so, but it was just the weakest points in his teaching which were most dogmatically approved and insisted upon. Faith in the efficacy of drugs was carried to outrageous

extremes; and the filthiest and most far-fetched prescriptions were lauded to the skies. On the other hand, the disciples of Hippocrates have often tended to an undue depreciation of the possibilities of internal medication, and have leaned strongly to reliance upon baths, exercises, the regulation of diet, climatic influences, and, in modern times, electricity. In the eighteenth and nineteenth centuries the same wave of scepticism which assailed religious dogma was active in the medical sphere. As an alternative to the abused methods of orthodox physicians (venesection in particular), the internal and external use of cold water was practised and advocated by a school of "nature physicians," of whom Hahn, Oertel, Priessnitz, and in this country Currie and Gully, may serve as examples. Hydropathic establishments sprang up all over England, and for a decade or so were the resort of genuine sufferers who cheerfully submitted themselves to the most Spartan regimen and treatment. "Hydrotherapy" as a medical sect is to-day extinct or moribund, because the immense importance of physical thera-

peutics is recognized by every modern physician, even if its practice still leaves a good deal to be desired. But we are here concerned with the question of *theory*; and my point is that the rival views of Hippocrates and Galen are to-day both in a fair way to receive their due. Disciples of Hippocrates can point with triumph to our Public Health Department, to the growing recognition of the predominance of the preventive aim, to the revival of our spas and health resorts, to the open-air sanatoria for consumption, and to the importance attached by all modern authorities to diet, exercise, clothing and climate, in the treatment of every disorder. Followers of Galen, on the other hand, have many victories to record, and the confident anticipation of many more to come. In the use of internal remedies we are within sight of a precision which would have appeared wellnigh miraculous even a few decades ago. Modern chemists can deliberately construct highly complex substances with a confident view to the attainment of definite medical effects—sleep, the relief of pain, and so forth. Quite lately a substance has been produced

which, when injected in solution into the blood of a syphilitic subject, has the sole ascertainable result of attacking and destroying the micro-organism of that disease. Of the triumphs of vaccine and serum therapy I have said something in a former chapter. And if my own forecast be accepted, the stress laid by Galen on the *psychic* factor in pathology and therapeutics will be abundantly vindicated in the by no means distant future.

A certain amount of antagonism between what may broadly be designated the hygienic and the opportunist, the preventive and the curative, points of view is no more incompatible with agreement upon the fundamental principles of science than the existence of a party system is incompatible with loyalty to the State. It is, on the contrary, desirable in the interests of medical progress in general that both schools of thought should be strongly but not fanatically represented within the profession. For outside its ranks there are a number of extremists, ever on the watch to convict us of narrowness and prejudice. If we would maintain

our catholicity we must hold ourselves ready to entertain every new possibility and to appropriate everything serviceable, however humble its source. The attitude that declines investigation on the assumption that "no good thing ever came out of Galilee" is to be avoided at all costs. It is an attitude that will inevitably lead to schism in the future, as it has done in the past.

Consider, for one example, the case of Homœopathy—a heresy of over a hundred years' standing, for the existence of which and the scandal arising therefrom our own hasty and intolerant attitude was probably not less responsible than the extravagant claims of its originator and his early adherents. We drove these men, whose only sin was a legitimate difference of opinion, from our fellowship, excluded their names from our directory; and then, when they compiled a directory of their own, made that our justification for stigmatising them as heretics and sectarians. No doubt there were faults on their side: I am not concerned with them; but for those of my own camp I do accept a share of responsibility,

and acknowledge a desire—shared no doubt by all fair-minded men—for due reparation. The result of our harshness has been that its victims have been held down to their errors; have hardened into a dogmatism and narrowed into an exclusiveness which under more tolerant and fraternal treatment would never have prevailed. Since it is now quite orthodox to believe in the possibility of immunizing by specific toxins in doses which, though material, are of infinitesimal amount, it seems that we are practically committed to an admission of the at least partial validity of Hahnemann's law. We treat tuberculosis with very minute doses of the poison secreted by the tubercle bacillus, not merely with benefit but with results that can be objectively measured. Is it irrational to suppose that where "a hair of the dog that bit you" is not available, a hair of the dog that most resembles him might prove beneficial? The appointment of a commission of pharmacologists and others to investigate the possibility of immunization by *drugs*, and the question of minimum effectual dosage, would,

I feel sure, be welcomed by many. In the meantime, if we must not meet homœopathists in consultation, there seems no earthly reason why we should exclude them from our societies. They would certainly learn something from us; it is even conceivable that some of us might learn something from them. For my part, I am ready to learn from the devil himself. But homœopathists are not devils by any means; the worst one can say of them is, on the contrary, that they are apt to be somewhat "harmless" persons! A main attraction of this cult lies, I suspect, in its proffer of an escape from reality, the prospect it holds out to timid and subtle natures of evading the responsibility of active intervention, yet of retaining for themselves and their patients the satisfaction of feeling that "something" is being done. Homœopathy promises its votaries the privilege of eating their cake without consuming it—that is, of gaining all the benefits of drug-treatment without incurring any of its drawbacks. This sounds, to most of us, much too good to be true.

From our brief survey it would appear then that no serious danger threatens the unity of the profession so far as the theoretic basis of its work is concerned. The preventive and the curative aims are not really antagonistic, but complementary; and their tendency to diverge is limited by their mutual interdependence. Some temperaments are, and will be, drawn strongly to the one side, even to the point of blindness as to its limitations; and some equally strongly to the other. Thus one may see the possibility of intense disagreement with regard to such matters as vivisection, vegetarianism, vaccination with the methods of treatment logically based thereon, and the future developments of what, for want of a better term, we will call "mental healing." But the danger of real schism is negligible so long as fanatics remain, as they are at present, in a decided minority, while the bulk of the profession is made up of men who, whether working for the public health department or in private practice, maintain a rational appreciation of both the preventive and the curative aims of their science and

art. From the Church Catholic of medicine only one faction, the homœopathists, have so far seceded—if it be not more accurate to say that they were expelled from the fold. And, as I have shown, in so far as homœopathy is not mere moonshine, orthodox medical thought is now virtually committed to a recognition of its principle as *one* of the legitimate methods of suiting the remedy to the disease. With a little tact and goodwill an end might easily be made of this regrettable heresy, and our theoretic unity re-established and assured.

CHAPTER VI

SIGNS OF CHANGE

IN the preceding chapter I have discussed in its broadest aspect the question of the relation of the individual practitioner to the body of his profession. I have pointed out the danger of isolation, the practical certainty of deterioration in efficiency incurred by a medical man who is cut off or cuts himself off from his fellows. Recent events have brought home to medical individualists with dramatic force and completeness the fact of their economic solidarity. It may safely be assumed that the further step involved by realization of their functional and theoretic solidarity will be taken ere long. But in order to enforce my conviction that the day of medical individualism is drawing rapidly to an end, and that a new era of organized co-operation is close at

hand, I wish now to invite the attention of readers to one distinctively modern phenomenon. That phenomenon is the unique rôle already played, and in increasing measure destined to be played, by *institutional* research and treatment in the work of the profession. It is indeed strange that in contemporary writings upon medical sociology one finds an almost complete failure to appreciate the significance of this trend towards institutionalism, seeing that it is impossible to form an adequate conception of the great changes that are in process unless this trend be taken into account. The obvious analogy is the revolution of industrial organization and method which was brought about by the introduction of machinery, in particular the supersession of domiciliary work by the modern manufactory. Of course, as far as medicine is concerned, the change in question is far less conspicuous, because we are as yet only in the initial stages of the process. The individual workers still remain in a vast majority, and may even be destined to continue permanently predominant, under

changed conditions, however, as I have already suggested. But the institution has come to stay ; and its evolution, if I do not greatly misread the signs of the times, has by no means yet reached its maximum scope and influence. On the contrary, it has, perhaps, but just fairly begun. Yet already, in addition to the voluntary hospitals—of which only a few of the oldest date back beyond the eighteenth century—we have the Poor Law infirmaries ; the isolation hospitals ; innumerable charitable dispensaries ; public and private sanatoriums for the treatment of tuberculosis ; hospitals for special diseases—*e.g.*, those of the eye, ear, for nervous maladies, and for consumption ; numbers of huge public and great or small private asylums ; homes for the care of the blind and for idiots and imbeciles ; private hospitals and nursing homes ; institutions for the application of the X-rays and other physical methods of diagnosis and treatment ; public and private laboratories for the examination of specimens of blood, secretions, etc., for bacteriological research, and for the preparation of serums and vac-

cines ; municipally-owned and controlled installations of mineral-water baths and appliances ; hydropathic establishments ; homes for the treatment of inebriety and the drug habit ; Zander institutes and medical gymnasia ; provident and charitable dispensaries ; tuberculin clinics ; and clinics for the treatment of school children.

The suppression of the monasteries, one of whose main functions had been the care of the sick, occurred during the sixteenth century ; and the consequent drying up of large streams of almsgiving was followed by such disastrous consequences that in 1601 legal provision had to be made for the parochial relief of the "impotent." This was the foundation of the English Poor Law system. The rise of the great voluntary hospitals, which began rather more than a century later, may probably be traced to a gradual realization of the inadequacy of the parochial method. The eighteenth century was of course a period of great intellectual activity and philanthropic aspiration ; and in the endeavour to meet this crying need these tendencies found

a natural outlet. "The oldest English hospitals," writes Mr Morrison, "as St Bartholomew's and St Thomas's, trace their descent from a monastic origin through a middle stage of municipal control, and thence by gradual transition to the management of private benefactors. During the eighteenth century charitable impulse, flowing strongly in the direction of institutions for the sick, led to the foundation of numerous hospitals in London and the provinces—for example, the Westminster in 1719, Guy's in 1721, the rebuilt St Bartholomew's in 1729, St George's in 1734, the London in 1740, the Middlesex in 1745, and the Birmingham General Hospital in 1779." It is interesting to note, as confirming my view of the analogy between the rise of institutionalism in medicine and that of the mechanical manufacturing era in industry, how exactly the dawn of the two tendencies does in fact synchronize. Spinning by machinery dates from 1738, Watt's steam engine from 1765, and Crompton's mule jenny from 1775. The demand for such inventions would

seem to have been created by the reasserted power of the deep-seated organizing and constructive instinct of the race, an instinct temporarily thwarted by the break-up of mediævalism, but at this time seeking new outlets of various kinds.

One of the most instructive of the earlier forms of institutionalism in modern medicine is the hydropathic establishment, as to which I must add a few words to what I have said on the subject, from another aspect, in a former chapter. Hydropathy as a form of medical dissent is of Continental and democratic origin. Its founder was Vincent Priessnitz, a Silesian peasant born at Gräfenberg in 1799. In his youth, being engaged in agriculture, he observed that by the use of cold-water bandages rapid relief was afforded to the sprains, contusions, and other injuries incurred by horses and domestic animals. In 1816 he was thrown and kicked by a horse, and several of his ribs were fractured. Having failed to obtain satisfactory treatment from the local surgeon, he bound his thorax with towels steeped in cold water, and resorted to copious libations of the

same remedy. In due course he recovered ; and with renewed faith in his primitive method began to apply it on heroic lines to the treatment of every conceivable human malady. His routine consisted in the external and internal administration of cold water, combined with frictions, exercise, and a coarse but liberal dietary. Patients flocked to him ; his fame grew by leaps and bounds ; in 1830 he obtained Government sanction to the opening of an establishment ; in 1840 he treated there 1576 patients ; in 1852 he died worth several millions. Priessnitz's success is all the more striking when one considers that he was a totally illiterate peasant. There can be no doubt that there was much sound sense in his method, mixed of course with a great deal of error and fanaticism. "We are fully entitled," says Dr Winternitz, "to date a new epoch for hydrotherapeutics from the time of Priessnitz's appearance." The movement set on foot at Gräfenberg was not long confined to Germany. It soon spread to England : the first hydro-pathic establishment here was, I believe,

that with which Dr Gully was associated at Malvern. Bulwer Lytton was one of his many distinguished patients; and his account of the enthusiastic atmosphere of the place and the marvellous cures accomplished makes very amusing reading. But English common sense and the national aversion to extremes led to a rapid rejection of the exclusive reliance upon *cold* water. A Derbyshire manufacturer, John Smedley, was the first to modify the severity of the Priessnitzian régime. He had been treated at Benrhyddyn on cold-water lines, with some benefit but with a good deal of discomfort. He returned in a thoughtful mood to his Derbyshire home, and proceeded to experiment upon his workmen with packs and fomentations of varying temperature. Other patients were attracted; he soon felt the need of more accommodation; and he built at Matlock Bank what was to be the nucleus of the brilliantly successful establishment which still thrives and bears his name. Visitors to "Smedley's" may still note the factory-like severity of design of the oldest portion of the huge establishment; it is told

of John Smedley that he reserved the possibility of converting his "hydro" into an additional factory—he had one in the neighbourhood already—if it failed as a sanatorium. The fact that "hydropathy" in its characteristically English form was launched by a successful manufacturer (of woollen and silk underwear) may serve to symbolize that connection between medical institutionalism on the one hand and modern capitalist machine-industry on the other to which I have already called attention. Smedley and his wife were "characters" in every sense of the word; narrow-minded Evangelicals of the non-conforming type. Their books and pamphlets are an amusing farrago of sanctimonious rant; acrid criticism of medical and religious orthodoxy; primitive woodcuts; testimonials from grateful patients; dissertations on anatomy and physiology; descriptions of their methods of bathing, douching, packing, rubbing, dieting; and fulminations against the deadly effects of alcohol, drugs, and tobacco. Such being the origin of that portentous phenomenon the British

“hydro” (abominable word!), its career has not failed to correspond. From about the middle to near the end of the nineteenth century, the species grew and multiplied, particularly in Scotland and in the northern and midland counties.¹ It soon passed from the control of amateur fanatics to that of hard-headed if usually pious business men, who seldom failed to perceive the advantage of securing the imprimatur of respectability by the appointment of a duly qualified and registered resident physician. At the outset “hydropathy” was taken seriously by its professors and their clients; genuine ailments were treated; many patients were undoubtedly cured, and not a few probably killed, by the vigorous procedures adopted. But under such auspices the taint of commercialism was not long in making itself evident in an increasing tendency to cater for mere idlers and pleasure-seekers. The majority of “hydros” rapidly degenerated into holiday resorts for the middle class; and this decadence was no doubt hastened

¹ That is, in the precise districts where modern industrialism has its own stronghold.

by the simultaneous revival of such long-neglected spas as Bath, Harrogate, and Buxton, with whose natural advantages for the treatment of gout, rheumatism and rheumatoid arthritis no artificial installation could successfully compete. The hydropathic movement has never in this country hardened into a distinct medical sect; its methods to a certain extent commended themselves from the first to the common sense of the profession; and to-day the value of baths, massage, electricity and other physical procedures is universally acknowledged. But there can be no doubt that the movement played an important part in educating both public and profession to the value of such agencies, and even more I think in calling attention to the therapeutic significance of *diet*. Thirty or forty years ago the grossest ignorance prevailed even within the ranks of the profession in regard to this matter of diet: the average general practitioner would have scoffed at the notion that it mattered greatly what or how much his patients ate or drank. That all this has changed is no

doubt largely due to the fact that sufferers from various maladies, having failed to obtain any relief from their family doctors, have been speedily cured at such establishments as "Smedley's," where careful regulation and restriction of diet has always been a primary consideration. On the doctor himself such lessons can hardly have been wholly lost, even on the unlikely supposition that the patient or his friends have been backward in "rubbing it in." At any rate, of the reality and magnitude of the change of opinion there can be no possible doubt, nor of the fact that, so far as the profession as a whole is concerned, it has been rather of the nature of an enforced than a voluntary conversion.

The end of the nineteenth century was marked in this country by another even more sudden and striking advance of medical institutionalism. As a good many readers may remember, there appeared at this time in some of the leading lay journals articles calling attention to the success obtained on the Continent, particularly in Germany, by the sanatorium treatment of consumption.

The English profession was invited to explain its apathy in regard to a method of treatment which was elsewhere a recognized necessity and a matter of course. The public was assured that the traditional view of consumption as an incurable malady was an exploded fallacy. Statistical proofs to the contrary were declared to be copiously available, and amazingly optimistic statements with regard to the percentage of "cures" obtained by such men as Walther of Nordrach, Brehmer of Gorbersdorf, Dettweiler of Falkenstein, and many others were uncompromisingly set forth. Certainly these articles, written, if I am not mistaken, by a former patient of Walther's, were splendidly calculated to achieve a sensation. They did not by any means err on the side of reticence or modesty. They were aggressive, dogmatic, and, in relation to the English doctors, distinctly censorious in tone. And a sensation they accordingly achieved. Everybody began to talk about the "open-air treatment," and to "enthuse" over its brilliant results. A sudden and irresistible demand for such treatment arose from

English sufferers—mostly, at first, from those of the well-to-do class. On the very crest of this wave of interest and enthusiasm, a medical friend of mine, who had himself been treated by and had subsequently worked with Walther, opened a sanatorium on the Mendip Hills. He had in fact long been considering the project, and had explored much of the country in search of a suitable site. Within a few weeks of the opening of his establishment he had all his beds occupied and a list of some two hundred applicants waiting their turn for admission. My friend was first or nearly first upon the scene; but he did not long enjoy his monopoly. Within the ensuing year or two sanatoriums for the “open-air treatment” sprang up like mushrooms on all the hill-tops of Great Britain. At present they can be counted by dozens, if not by scores; their advertisements are a prominent feature in our leading professional journals; their endowment is a favourite form of private and municipal philanthropy; under the terms of the Insurance Act they are henceforth to be a State-supported part of our

national system of combating the "white plague."

The hydropathic establishment, from the point of view of medical institutionalism, was only a provisional and even primitive phenomenon. The open-air sanatorium marks an advance in several respects. In the first place, it has in the main escaped the evils of lay control. In the second place, whereas the hydropathic establishment, by its unfounded assumption of providing for any and every class of malady, went far to stultify its claim to serious regard, the open-air sanatorium constitutes a step in the direction of legitimate specialization and a sane division of labour. Tuberculosis is a disease *sui generis* in many respects; there can be little doubt of the therapeutic advantage enjoyed by those who devote themselves exclusively to studying its manifold phases and aspects and to treating patients whose every detail of life is subject to scientific supervision and control. On the other hand, the extravagant promises of the lay propagandists as to the results of sanatorium treatment have

hitherto been far from justified by the event. In a statistical memoir recently published, Messrs Elderton and Perry, working under Professor Karl Pearson, have compared these results with those obtained before the advent of the open-air sanatorium. The materials for this investigation were collected by the late Dr Pollock and by Dr Theodore Williams. The authors, while admitting that the comparison is difficult by reason of the way in which the older figures were given, conclude that "the mortality among sanatorium patients does not show any improvement over that of earlier days."¹ I cannot help thinking that this very damaging conclusion is open to revision, but it seems only right that it should be made known.

Another important sign of change in the direction of institutionalism is the growth of private hospitals and nursing-homes. No town of any size is without one or more of these establishments, and it would be difficult to exaggerate their utility to the pro-

¹ *A Third Study of the Statistics of Pulmonary Tuberculosis*, by W. P. Elderton, F.I.A., and S. J. Perry, A.I.A., London, 1910.

fession or the public. Whereas, quite a few years ago, it was common for major operations to be performed in the patient's private house, it is now almost a matter of course that all operations except those of the most trivial character be carried out in one of these nursing-homes. Even apart from the question of safety—as to which there can be no doubt of the advantage of the new system—the transference often results in a saving of expense. For the success or failure of most operations depends at least as much on the after-treatment and the nursing as upon the skill of the operator himself. In a nursing-home the services of a highly trained staff are always available; in a private house the presence of one or more nurses is a source of inconvenience at a time when inconvenience is most unwelcome and deleterious. Yet it must be confessed that there is great need of special provision for the surgical and indeed for the institutional medical requirements of the moderately well-to-do. Those who are too well off to go to the hospitals (as at present organized on the purely charitable basis),

yet not able to afford the fees of the nursing-home, are often placed in a most grievous predicament under existing conditions by the occurrence of illness for which they cannot be expected to have been prepared. I have already suggested that the remedy for this grievance lies in the direction of a reconsideration of our present hospital system. But the tendencies of the age are not such as to make one very hopeful of any such remedy being adopted. It is axiomatic with modern publicists that only the working classes count. The moderately well-to-do may go to the devil for all that anybody (including themselves, I regret to add) seems to care.

A point worth mentioning in this connection is the growing importance of X-ray work for diagnosis as well as for the treatment of an increasing number of diseases (including cancer), and of the more advanced methods of electrotherapy. The necessary installations are already more elaborate and costly than such as are within the means of most general practitioners, and are certain to become far more so. The

time is rapidly approaching when in every considerable town there will be urgent need of some central installation where the patients of any private doctor can obtain any form of physical treatment or the benefits of any diagnostic refinement that their cases demand. The voluntary hospitals are the most suitable places to be chosen for the sites of such installations; there is no reasonable ground for the restriction of their advantages to any one class of the community.

All the signs of the times indicate, then, that the movement in the direction of medical institutionalism is as yet only in its initial stage. The modern operation, with its elaborate ritual of asepsis, based on an ideal of cleanliness as far beyond that of domestic usage as that is beyond the Hottentot standard, is to all intents and purposes impracticable in the domestic environment. In addition to phthisis there are a number of chronic diseases (*e.g.* locomotor ataxia, neurasthenia, the drug habit), for which specialized institutional treatment on scientific lines could probably do far more

than the most competent individual management. The sanatorium of the future will be something more than a device for exploiting the credulity of rich hypochondriacs. It will take itself quite as seriously as the hydropathic establishment was taken by the cold water enthusiasts of the nineteenth century. But every sanatorium will devote itself exclusively to the treatment of one particular malady, and will consequently attain a perfection of equipment and of theoretic and practical efficiency which on any other lines would be out of the question.

CHAPTER VII

THE DOCTOR AS SOCIOLOGIST

THE title of this chapter, and still more that of the next, must be accounted prophetic in the main rather than descriptive. It would be gross flattery to describe the average doctor as a sociologist ; one here and there may lay claim to the designation. If two swallows do not make a summer, they at any rate afford some ground for the anticipation that more swallows (and summer) are on the way. Sporadic diseases are liable under favouring conditions to manifest themselves epidemically or even pandemically ; there are many conditions which now justify the hope that the medical profession is on the eve of a great awakening, a veritable renaissance. One of the objects with which this book has been written is to prepare both lay and medical readers for the per-

ception of what I believe to be one of the chief needs of our day—a more aggressive insistence upon the medical point of view. The ecclesiastical and, more recently, the legal minds have had their innings; and have doubtless contributed many valuable factors to the formation and development of our civic ideal. They have left their marks upon civilization; and are still busily and complacently occupied in moulding or shaping it to their will. But apart from the fact that their views and methods are in many respects discredited and obsolete, it is beginning to dawn upon us that their efforts have been foredoomed to failure because they have always mistaken the means for the end. Civilization, the taming process of industrial discipline and specialization, is only a preparatory means to the social end. This true end is progress, by which I mean something far more than that amelioration of the environment which is the preoccupation of socialist and kindred reformers — racial progress, to wit; the elevation of the human type. This is fundamentally a biological, and incidentally

a psychological, problem, consequently a problem entirely outside the competency of the ecclesiastical or the legal minds. Neither dogma nor book-lore will avail us here; nothing less rare and arduous than a combination of indefatigable research, infinitely-sceptical vigilance, and indomitable faith in the creative potentialities of Nature, will serve our turn. And whence shall we seek these well-nigh incompatible qualities if not from the victorious and awakened medical mind?

But before he accept the responsibility of supervising racial evolution, which is to be his last and greatest undertaking, there are a number of more urgent, if comparatively trivial, problems to be dealt with by the medical sociologist that is to be. At present he is, moreover, in no position to deal satisfactorily with any of these, because not only of his unawakened state but also of his lack of power and influence in the community. The legal mind blocks the way; and until the supremacy, for modern requirements, of the medical mind has got itself recognized, and not merely recognized

but established on a working basis, the medical sociologist can effect little or nothing for the public welfare. Yet how obvious is the need of the supersession of legal methods in regard, for one example, to the whole vast problem of punishment and crime! The legal, which is also, of course, the theological, conception of crime, as something uncaused and unaccountable, is a monstrous anachronism; and the judicial and penal system which has been built up on this false theoretical basis is nothing else than a monument of human error and cruelty. Precisely the same set of delusions which underlay our own treatment of insanity up to quite recent years is still mischievously active in the sphere of criminology. But whereas we, drawn closer and closer to Nature by our work, have inevitably learned our lesson and amended our ways, the lawyers and the theologians are as far as ever astray. And it is not in the nature of things that they should succeed in setting their own house in order without our guidance and help. Crime and insanity are of course by no means identical; on the other

hand they are at any rate allied phenomena ; and must be approached in the same spirit and studied on similar lines. That spirit is the relative spirit—as contrasted with legal and theological absolutism, and that method is the method of the psychologist, as modern initiates use and understand the word. The psychology I am thinking of is that which, while not despising the aid of introspection, joins hands with physiology and pathology, and corrects the abstractness of its own results by the concrete solidity of theirs.

The outstanding fact about crime is that it manifests itself in the form of a disorder of conduct ; and the same is in great measure true of insanity. Until a serious effort has been made in a given case of criminality to understand and even to measure the various causes, congenital and environmental, of the moral aberrations displayed, it is hopeless to expect that rule-of-thumb “punishment” will do any good, or fail to do harm. But under the existing “system” (save the mark !) no such effort is made. The trial itself is not, as it should be, a scientifically conducted investigation

into the truly relevant facts of the case. It is an exhibition of forensic skill and cunning, an orgie of licensed special pleading, a mockery of the very name of Justice, as I understand the word. Counsel should be sworn, just as witnesses are sworn, to make the ascertainment of truth their sole object—not the winning of their “cases.” And for the barbarous conception of “punishment,” as at present understood, we must substitute the ideal of treatment, physical, mental and moral, adapted with the same care and precision to the idiosyncrasies of the patient as in any other malady. In an article contributed to the *Hibbert Journal* I defined punishment as “moral surgery.” But there are many delinquents who do not require this form of surgery—who could be cured by milder treatment. On the other hand, there are no doubt incurable cases; for these, painless extermination is the one rational plan to adopt. At present, sheer social cowardice, in the form of the utterly indefensible “deterrent” principle, is the main obstacle to reform. The deterrent idea must be abolished root and branch.

Every criminal has the right to be treated as a unique individual, as a problem that is to say, and not as an "awful warning" to hypothetical imitators. The sole question with which a rational society would concern itself is, How can we so modify the perverted instincts of this individual as to render him a useful and innocuous member of the community? If this prove impossible, we shall not consider ourselves under any obligation to keep him alive. But if it can be done, we shall do it. As to how our treatment is regarded by the outside world, including possible culprits, that will trouble us no more than it troubles members of the staff of a hospital or a lunatic asylum. Depend upon it, the best of all deterrents from crime are the setting by the State of an example of humanity (which does not imply weakness or undue laxity), and the establishment throughout the community of a well-founded confidence in the integrity and enlightenment of its constituted guardians and administrators. The folly and futility of the retaliatory and "deterrent" method of dealing with crime are a logical conse-

quence of the fact that every state of society has the crime and the criminal that it deserves. Crime is destructive criticism of the existing social order or disorder; and not purely destructive either — there is always a creative factor to be discerned in it, even in its most repulsive manifestations. In order to get rid of any particular form of crime, we have first of all to learn its lesson. This can only be done by means of thoroughly scientific investigation of its predisposing and determining causes—a task for sociologists and psychologists, not for lawyers. Criminality is potential in every human being; the circumstances under which a previously law-abiding individual breaks down and becomes an offender are the clue to diagnosis of his high or low power of resistance to temptation. And this, again, should be a main consideration in determining the treatment appropriate for his case. The cut-and-dried penalty assigned by the law for his offence may be (usually is) the one thing needful to complete his moral ruin. The existing system is condemned root and branch by the admission of experts that prison makes

men worse, and not better, citizens ; the more time a man spends in prison, the more certain he is to return to it. This is the solid ground upon which I base my claim for the supersession of the legal (and theological) by the medical point of view. The need of sociology arises from the fact that, broadly speaking, the crimes of individuals are symptomatic : Society itself is the only true delinquent. And to those for whom, intelligibly enough, the humanitarian appeal has become in these days what a red rag is to a bull, I submit that on purely economic grounds the reforms I advocate could hardly fail to justify themselves. The money we spend now on the upkeep of our judicial and penal institutions is to all intents and purposes wasted. By the substitution of a system wherein the treatment of criminality was tested by its *results*, and periodically modified in accordance with the dictates of experience, we should soon be in a fair way to a progressive diminution of our expenditure.

Another department of modern life wherein the State must be increasingly dependent

upon the guidance and co-operation of the doctor is the outcome of its growing concern in regard to the birth, nurture, and education of children. The responsibilities of parentage are fast ceasing to be a merely domestic and becoming a communal matter. At present we are only in the stage of beginning to realize that of the raw material of posterity supplied in haphazard fashion by our undisciplined lords and masters (the proletariat) it behoves us to make the best use possible. Later, it may conceivably dawn upon those who are set in authority over us (1) that a good deal of this raw material is of more than doubtful value or utility to the commonwealth, (2) that its production is capable of regulation and control, and (3) that the policy of encouraging and facilitating the multiplication of the unfit and penalizing that of the higher social types has its distinct disadvantages. In that day the State will begin to turn a deaf ear to the blatant fallacies of the Socialist and the demagogue, and will summon to its councils the medical sociologist, *quâ* eugenic expert. And he, it may be hoped, fully

equal to the occasion, will be ready to submit in irrefutable statistical form overwhelming evidence of the vast potentialities of an applied science and art of heredity. Then a new era will—not dawn, but become at any rate conceivable; the long-postponed upward march of the race will come within the range of “practical politics”; our much-vaunted “progress” will cease to be a counter in the bad old game of party clap-trap, and begin to acquire a real and definite connotation. Without good and ever better births, to say nothing of the suppression of the bad and ever worse ones, there can be no such thing as real progress. That is the Alpha and Omega of the whole matter. It is the business of the medical sociologist to know and to be prepared to teach society how good births may be assured and bad ones abolished for ever and a day. But at present he will acquire such knowledge at his peril, for nobody desires to share it. The modern statesman has unlimited faith in the power of the elementary school to make silk purses out of sows’ ears, and in his own power, out of the wealth contained

in them, to purchase a cheap and nasty millennium.

Yet I cannot leave the subject of eugenics without entering a protest against the extravagant claims of extremists, in particular of those who regard State intervention—in other words, force or compulsion—as the universal panacea. On the contrary, as I have elsewhere taken occasion to suggest more than once, it should in my opinion be regarded as a desideratum to keep the clumsy paw of the State (so far as possible) *out of* this delicate matter. In the very crudest forms of ineligibility for parentage—imbecility, gross disease, incurable mental alienation—legal prohibition may certainly be justified. For other and more doubtful forms of disqualification we should, I am convinced, rely upon moral suasion alone. And even that should be for the present employed with due caution: we are by no means in a position to dogmatize freely as to what unions can or cannot result in satisfactory births. As I pointed out in a former work,¹

¹ "Makers of Man: a Study of Human Initiative."

a strong taint of consumptivity or insanity on one or both sides has been strikingly manifest in the parentage of many men of genius. To eliminate physical unfitness at the cost of genius would be a very doubtful gain to humanity. Rather, it would be an obvious and ruinous loss. *Festina lente* should be the motto of all judicious advocates of the eugenic ideal. I agree with Galton that recognition of the immense responsibilities of procreation must be made a matter of religion.

In what I have just said it is in particular what are called "negative eugenics" that I have had in view—that is to say, the prevention of undesirable births. Positive eugenics, the promotion of good and ever better births—what Nietzsche calls "breeding *upwards*"—is a still more difficult albeit strangely alluring problem.

Here, I confess that I am somewhat sceptical as to the results to be expected by application of the cold-blooded methods of the scientific breeder. Here, if anywhere, instinct, I hold, should lead, and reason be content, reverently yet watchfully, to follow.

We know little enough at present as to the laws determining sexual compatibility ; but we do know that it exists and manifests itself in well-marked cases by unmistakable tokens. Where a very strong attraction exists, there is, in the absence of irrefutable counter-indications, a fair presumption of procreative affinity. I enter this caveat with regard to the application of eugenic principles because the very vastness of their aim renders them so fatally liable to tyrannous abuse. And much the same warning applies, by the way, to the previously treated problem of penal reform. The indeterminate sentence—an essential factor of any rational treatment of criminality—might obviously, in the wrong hands, be converted into an instrument of injustice and oppression. But the dangerous possibilities of a given ideal are a sure criterion of its value.

At this time of day it can hardly be necessary to argue the indispensability of the medical sociologist in regard to educational matters. The medical inspection of school children has come, and come to stay ; the school clinic for the rectification of the

defects thus brought to light is one of the certainties of the immediate future. Far less generally recognized, and therefore of more present interest, is the crying need that exists for what may be called therapeutic education—that is, the provision of special facilities for the combined teaching and cure of diseased or physically defective children. Dr R. W. Philip of Edinburgh has recently given grounds for his conviction that no less than 30 per cent. of school children are tainted with tuberculosis. His estimate may be excessive; there can, however, be no doubt that it harmonises with the view of many well qualified to judge. The great frequency of tuberculous infection in children is a matter of common knowledge among medical men, although in the degree and form which is called phthisis it is comparatively rare. Children tainted with tuberculosis, apart from the fact that they are a source of danger to healthy children, are obviously unfit subjects for the curriculum of the ordinary elementary school. Health must in a special and exceptional sense be for them the primary consideration. On the

other hand, since the majority of them will under proper conditions recover, their education should not be neglected. *The British Medical Journal*, in a recently published leading article,¹ has justly advocated the provision of open-air schools for tubercular children. "Such schools," the writer insists, "ought to be related to — or rather, we should say, ought to be under the medical direction of — a recognized tuberculosis organization or institution. The institution may be either a sanatorium, as in the case of the school of the Royal Victoria Hospital at Edinburgh, which has been in active operation for a good many years, or a tuberculosis dispensary, as in the case of the Kensal House School, London, which is under the medical superintendence of the Paddington and Kensington Dispensary for Consumption. The essential point in the creation and government of such a school is that in matters medical, where the child's health is primarily concerned, the direction be vested entirely in the hands of the medical staff."

¹ *The Brit. Med. Jour.*, Feb. 10, 1912, pp. 321-2.

Experience proves that a certain amount of carefully regulated mental work is a positive aid to recovery in such cases. On the other hand, the rigorous enforcement of regular attendance in all weathers at the ordinary elementary schools is fraught with grave dangers. Delicate children often need a day or two at home, and should be allowed to take it at the discretion of their parents. At present the latter must incur the expense of calling in a doctor and obtaining a certificate for every trifling ailment. More elasticity in regard to such matters is very desirable. To return to the subject of therapeutic education (if the term may be allowed): the writer of the article cited proceeds to point out that its advantages are by no means confined to tubercular children. A school for cripples exists in Liverpool, and a similar school, established in the wards of the National Orthopædic Hospital in London, has, with the consent of the Board of Education, been taken over by the County Council. A school established in the Alexandra Hospital for Hip Disease has achieved similar recogni-

tion. For more than ten years the authorities of the Council and those of the hospitals concerned have amicably co-operated in the working of these and similar schools. The time cannot be distant when, to the benefit alike of the community and of the defective children themselves, provision for such combined treatment and education will be a matter of course in every populous district. This obviously involves a great extension of the educational rôle of the doctor. It also involves a growing recognition, on the part of public and official opinion, of the indispensability of his guidance and aid in this and most other departments of social reform.

Lastly, I have to speak of the doctor as sociologist in relation to the root problem of our time, namely, poverty—the Sphinx-riddle which must somehow be solved (and not theoretically alone) if civilization is to escape from the growing perils that menace its very existence. From the points of view of the legal and theological minds, the existence of poverty is a deplorable but at the same time normal and inevitable fact. Those few representatives of either tradition

who are whole-heartedly convinced of the possibility and necessity of abolishing poverty have attained such convictions by assimilation of a spirit diametrically opposed to that of their order. The typical theologian regards poverty as a something "ordained"; an opportunity for the cultivation of patience and humility on the one hand, and for the exercise of "charity" upon the other. The typical lawyer accepts poverty in a quite detached and uncritical fashion; wastes no thought on the investigation of its deep-rooted causes; contents himself with docketing its manifestations, and, so far as possible, suppressing its evil tendencies and results. But the typical doctor, being in the great majority of cases a man who has had innumerable opportunities of studying at close quarters the intolerable sufferings and the unspeakable degradations produced by poverty, knows it as an enemy from the first. He has so often felt in his very bones the absurdity of prescribing medicine to a human being whose first needs are the bare essentials of decent existence. In his individual capacity he has had no power to do more

than avail himself of such existent means of palliation as, in the form of organized State or voluntary relief, may be available. But the time is at hand when he will no longer be confined to individual action—the time of realized corporate power and corporate responsibility, the day of the medical sociologist. From the point of view of sociology, poverty is a pathological phenomenon, a social disease. The abolition of poverty is therefore a problem of social hygiene; its accomplishment in the main a task for the medical mind. No other combines in the same degree the factors of realism and constructive efficiency—the acceptance of facts and the determination to amend them. The romantic optimism of the Socialist must be superseded by the enlightened meliorism of the (medical) sociologist. Nobody doubts the good intentions of our self-elected reformers. But what, after all, do mere intentions matter? There is, in the handling of disease (whether individual or social), no more fruitful source of mischief than the crude interference begotten of uninstructed enthusiasm. “Evil

is wrought"—we all know the tag; and it is uncontrovertible. On the other hand, the medical mind (which I intend as including the surgical) in its dealings with pathological conditions is constantly schooled in the discrimination between what is abstractly desirable and what is actually attainable. While aiming always at a radical cure, it does not disdain to resort to palliatives. Its patience is inexhaustible; its perseverance proof against all discouragement. It seldom commits the mistake of despising its enemy. It profits by its own failures, turning the knowledge thus acquired into a means of self-criticism and amendment. The medical mind at its best, modelling itself upon Nature, acquires in the end something of her own infinite resource and plasticity, as well as an almost Stoical detachment that, but for the obvious benevolence of its aims and utility of its results, might render it liable to the reproach of cruelty. In virtue of these qualifications I claim for it, not a monopoly, but a paramount adaptation to the requirements of success in the handling of intricate social

problems. What, after all, is economics but the science and art of social nutrition? Just as a citizen whose digestion has gone awry consults a private practitioner, so the modern community in its analogous predicament will be forced to invoke the aid of the medical sociologist.

CHAPTER VIII

THE DOCTOR AS PRIEST AND PHILOSOPHER

THE age in which we are living is distinguished from such comparatively stable epochs as that of mediæval Europe by the absence of any settled source of authority in spiritual affairs. It is an age of moral and intellectual anarchy. The Church has lost its grip, and seems to have no inkling of its undermined and discredited condition. Carlyle used to speak of the newspaper press as the modern equivalent of the pulpit. But the newspaper press is hopelessly discordant in its views, and thoroughly subservient to the caprices of those whom it affects to guide and enlighten. It means well, no doubt; but it can effect little, being under the iron yoke of commercial and partisan expediency. A few propagandist papers of negligible circulation aspire to

priestly or even to prophetic functions. But popular opinion leaves them for the most part severely alone, to vaticinate *in vacuo*. A new synthesis is urgently demanded: the trouble is that not one but fifty are noisily being proffered—and almost unanimously rejected.

In the meantime, very quietly and unostentatiously, the medical profession has been steadily gaining influence precisely in those departments of life—the regulation of domestic and individual perplexities—where in the Churches have been as continuously losing it. The modern clergyman or minister—I have it on unimpeachable authority—is comparatively seldom summoned to the sick-beds even of moribund members of his congregation. Where people used as a matter of course to send for a priest, they now content themselves with sending for a doctor. Presumably, experience has taught them that from a good doctor they can obtain all that they require. Of course there are many exceptions, but the rule is, and increasingly, as I have stated. The duties of the clerical profession are becoming

more and more social, and less and less individual. Preaching; presiding at debates and public meetings; the organization of "Pleasant Sunday Afternoons," concerts, bazaars—such are the functions which are superseding the visiting and exhortation of the sick, the psychological therapeutics of the confessional, and most of the other purely personal means of edification which once formed the largest and most valued element of the priestly or clerical routine. In attendance upon moribund persons I have always carefully refrained from raising any obstacle to the ministrations of clergy where any desire for them has been expressed by the patient or his friends. I have attended many deathbeds, but it seems to me that I could count upon my fingers the number in which such ministrations have been sought. Unless my experience be altogether exceptional—which can scarcely be—the practice of seeking clerical consolation or encouragement during illness is rapidly dying out. It is, at any rate, no longer, as it quite recently was, a mere matter of course. I shall be told, no doubt, that this, if true, is a sign

of the decay of religion and the shocking depravity of the age. On the contrary, I am disposed to regard it as a healthy and natural development. Modern men and women have in great measure lost that carefully inculcated fear of death which was formerly a main source of their subserviency to priestcraft and superstition. They have also, by insensible degrees, become permeated with scepticism in regard to that irrational dualism which seeks to distinguish between the sacred and the secular codes. In other words, they have lost, or are losing, that indispensable asset of a theological régime—the so-called “sense of sin.” If they be conscious of grave faults, they are conscious also of mitigating circumstances—human frailty, temptation, brave efforts at resistance and amendment. Any doctor worth his salt will not hesitate to controvert morbid fears and scruples, and to reassure those inclined to undue self-censure by a few cheerful and encouraging words. A theologian is, on the contrary, almost in duty bound to make the most of such misgivings, because by so doing he can bring the sufferer into what he is

by way of considering a "better frame of mind." And that, I take it, is one simple reason why modern men and women are increasingly apt, in times of trouble, to seek the aid of a doctor, giving the theologian a wide berth. By an altogether sound instinct of self-preservation they shun the influence that would exploit and aggravate their weakness, and avail themselves of that which makes for mental as well as physical health.

I am not for a moment suggesting that the general public on the one side or the rank and file of the profession on the other as yet consciously realize the priestly nature of the functions more or less crudely and imperfectly discharged by the latter in their personal relations with those who seek their aid. As I have in an earlier chapter suggested, the typical doctor is or becomes *ipso facto*, by virtue of his opportunities and experience, an expert in human nature—in other words, a psychologist. But the time has not yet come when he has fully risen to the level of his great and in sober verity sacred responsibilities. The systematic

study of temperament, character and conduct is not yet, but should assuredly become, a part of the educational curriculum of every medical student. At present the limitations of the average professional point of view are only too obvious. The question is, Can we transcend them? I am confident that we can and shall; and I base my confidence on the knowledge that in a certain small percentage of my medical acquaintances I discern some inkling of the fact that they are called to higher functions than that of a mere tinkering at the physical organisms of their patients. As I have already remarked, we have to help them to *live*; and this assuredly involves a great deal more than mastery of the resources of the surgical armamentarium or the medical pharmacopœia. It involves, for one thing, on our part a knowledge of *how* to live, of the things worth living for, the things to seek and those to avoid. It involves a definite scale of values. Do we at present possess one? Subconsciously, yes, I believe that most of us do. Explicitly, even, we are by our ethical code committed to a repudiation of the commercialism that

is everywhere flagrantly paramount. We do not accept the worship of Mammon. That is, at all events, a satisfactory basis; but it is only a basis, a point of departure.

The acquisition of money is *not* the *sum-mum bonum*: on that we can all, I hope, agree. But if the questions be asked: What are the *positive* and affirmative elements of your profession's ideal? What do you hold up to us as most worthy of aspiration and effort?—I can give only a doubtful and tentative reply. On the matters as to which they feel most deeply—what one must call spiritual matters—doctors are a reticent body of men. They rely far more upon deeds than upon words to express their ultimate hopes and convictions. Health, which, worthily interpreted, is after all synonymous with “holiness”—health for each and for all—is the purpose and end of their existence. From the present social chaos and spiritual anarchy to a healthily ordered and healthily functioning community, is a far enough cry in all conscience. But that is the road we invite you to travel: that is the road along which we are here to lead you,

provided always that we can find it, and that *you* consent to follow.

One thing appears to me certain: that physiology and psychology—even though the latter be carried to a degree of subtlety and precision which is as yet inconceivable—can never afford such complete and comprehensive guidance to the satisfaction of all our faculties as will suffice for our own needs or those of the community. The field of psychology is comparable to that strip of neutral territory which divides the frontiers of adjacent countries. It lies between the domains of inductive science and philosophy, belonging strictly and exclusively to neither, but in a measure to both. Psychological proficiency in any high sense of the term is unthinkable apart from an interest in cosmic and human problems of the deepest and most universal import, such interest as has given birth to philosophy and is by philosophy systematically utilized and regulated. The task of philosophy is in fact to assimilate and *think over* the results of positive science with a view to the discovery and elucidation of their spiritual significance—that is, their

bearing upon life and conduct in general. It is the task which hitherto has been provisionally discharged by theologians, whose dogmas are in the last analysis merely the symbolic expression of the accepted view as to the nature and purpose of existence. In other words, merely a popular philosophy. I do not blink the fact that in philosophy properly so called there is also of necessity an element of dogma. The philosopher is as much, perhaps more, a poet or an artist as a man of science; in the last resort he must rely upon intuition, and he is a fool for his pains if he think to give exhaustive grounds for all his conclusions. He may perhaps best be compared with a critic: we recognize good criticism when we see it, but how the critic arrived at his results is a mystery, even to himself. So with a philosopher: he speaks "as one having authority," but you must not expect logical justification for everything that he says. The difference between philosophy as such and philosophy masquerading as dogma is that, whereas the former deigns to take account of all the ascertained facts and to

stand or fall by the test of experience, the latter claims a supernatural origin, independence of all empirical criteria, and an infallibility which is final and absolute. Such monstrous claims cannot at this time of day be conceded to any body of doctrines. Of course I shall be told that the conclusions of philosophers are hopelessly discrepant, and therefore valueless. This fable has been repeated so often that those who should know better have been browbeaten into acceptance of its veracity. Nothing could well be farther from the truth. What is really amazing is the unanimity with which all the first-rate thinkers—Plato, Aristotle, Plotinus, Leibniz, Spinoza, Kant, Hegel, Schopenhauer, Emerson, down to Bergson (if one may properly number him among the giants)—agree in all fundamental respects, however loudly they may differ in respect of minor details. An *entente cordiale* between science and philosophy is all that is now needed in order that we may set about the construction of a new synthesis, vaster, more solidly based, and therefore more permanent, than any of its predecessors.

Now where, it may be asked, in all this does the doctor come in? At present he does not, to any appreciable extent, come in at all. He is not a philosopher, even in that minor uncreative degree which is implied by philosophical erudition. He does not read the great masters; he is in most cases practically unaware of their very existence, or at all events of their relevancy to the needs of his vocation. He thinks it quite enough to know how to recognize and "treat," *secundum artem*, the various diseases named in his text-books and medical encyclopædias. And until quite recently it has been enough; it is only now that the paramountcy of the biological as distinguished from the merely civic point of view is beginning to be recognized, that the demand for a wider and deeper medical culture must inevitably arise. But although that wider and deeper culture is at present for the most part lacking, the conditions favouring its attainment are abundantly evident in our ranks. Medical men are as a class keenly interested in their work, loving it for its own sake rather than for the none too

copious "loaves and fishes" that it brings to their tables. Many of them are disinterestedly engaged in some special line of study or of practical research ; perhaps the majority may be accounted well informed so far as matters of scientific erudition are concerned. It is only on the side of general and æsthetic culture—what one might call the "humanities"—that medical men as a class are still somewhat backward. That leeway they could soon make up, once the desirability of the change were brought home to them, as it inevitably will be ere long. For one thing the general trend of scientific progress (which they are by no means remiss in following in their journals and in current literature) is through psychology to philosophy—that is, through the study of human nature to the things of universal human import and value. For another, the new dangers that, in the train of impending economic and social readjustments, are threatening the very existence of the cultured classes in general and the medical profession in particular, are awakening us to an unprecedented sense of solidarity

and of the need of understanding (with a view to controlling) the causes that underlie modern unrest. Medical men feel that they must be alert if they would safeguard the sacred interests and traditions that they hold in trust for posterity. They do not mean to allow these things to be wrested from them by social quacks or demagogues—of this I am well assured. They will choose as their saviours, as guardians of their menaced rights and privileges, those of their own calling who display a clear understanding of the deep-seated malady which gnaws like a cancer at the roots of modern society. Such men will be medical seers and philosophers in the truest and highest sense of the term. They will point the way to the new synthesis that is everywhere in urgent demand. They will show how the inverted social pyramid can once more be firmly established on its base. They will be prophets of a new Catholicity, gathering from all the “isms” what leaven of truth, justice, or expediency each is capable of contributing to the common store of theory or practice,

and rejecting as dross the falsehood of extremes.

I do not mean to suggest that the medical profession is likely to monopolize the directive and controlling functions which I have outlined above. Recruits will come in from other callings: the churches, journalism, the arts, and no doubt from the aristocracy of labour. But the central body will be composed of the profession which in the public regard has come to represent the new religion whose watchword might be the motto chosen by Ernest Renan—*Veritatem dilexi*. Thus will be established a new spiritual power, which will filter and bring to a focus the scattered lights of public opinion. It will form, too, a bulwark against the disintegrating force of innumerable romantic follies and vitriolic fanaticisms. But all this is only possible on condition that the medical profession prove itself capable of rising to the level of its immense opportunity. The conventional apathy of the frock-coat and tall-hat brigade must be disregarded in favour of a more aggressive and aspiring mood. This can only come

about when the minds of the medical rank and file have been leavened by the enlightenment of a few commanding personalities. For these commanding personalities I scan the professional horizon—at present in vain. But I believe in the inevitability of their emergence. For, with all our faults and limitations—and they are not few or of little account,—it is undeniable that we have served upon the whole faithfully through the day of small duties. We, as distinguished from our ecclesiastical predecessors, have never shirked onerous duties, or feared to soil our hands. Our culture is no mere literary veneer or metaphysical smattering. We have walked hand in hand with Nature, gleaning little by little the wisdom she has deigned to bestow. On the solid ground of the insight thus tediously acquired are laid the foundations whereon some day the superstructure of our ultimate power and prestige shall be reared. For Nature never betrays those of her worshippers who refuse to take No for their answer; her smile, though not lightly won, ennobles its recipient, and sets him

in a place above and apart from his fellows.

Foremost among the many problems that await the attention of science I would name the immense but as yet unexplored possibilities of the unseen, or, as the current slang has it, the occult world. I am well aware, and gladly aware, of the existence of a strong opposition to the claims of psychic research. Nevertheless, I frankly admit myself in this controversy "on the side of the angels": I believe in the real existence of the sphere of realities hypothecated by psychic research, and in the competency of scientific methods to unveil its mysterious laws. I quite admit the legitimacy, even the necessity, of the most merciless criticism in regard to all facts alleged or results claimed. But as far as concerns mere hypothesis, frankly admitted to be such, it is every whit as legitimate to lean to the positive as to the negative extreme. The type of the modern thinker should be the *airman*, who combines in their highest forms the apparently incompatible qualities of audacity and caution. No possibility should

be condemned off-hand as too extravagant, provided that no trouble be spared in testing its truth or falsehood. For my own part, having for a good many years closely followed the progress of occultism and psychic research, I am strongly disposed to believe that there is a "something" behind it all of immense potentiality both for good and evil. We are perhaps on the eve of discoveries which may open up vistas of inconceivable grandeur, and place at the disposal of science powers of incalculable magnitude. If so, the more urgent is the need of some organized body suitable to become the recipients and guardians of this new light and the responsible wielders of this tremendous power. It may, for aught I or anybody knows, even become necessary to revive in some suitably modified form the ancient safeguard of a graduated series of initiations. Already those who profess to know are insistently warning us of the dangers of indiscriminate dabbling in occult practices. While we stand aloof, others are busily seeking; and at any moment some accidental discovery may reveal to the rash and ignorant

an "open sesame" that would place the world at their mercy. A prejudiced incredulity, manifested by refusal to investigate, may be just as unscientific as the hastiest and most unfounded acquiescence. But, fortunately, signs are not wanting of a growing disposition on the part of the profession to entertain the possibilities of "spiritual healing" and allied methods. On the other hand, ecclesiastical suggestions of co-operation are being received with a measure of justifiable suspicion. They are no doubt well intentioned enough; but may easily develop into a subtle attempt to filch from us our hardly-earned therapeutic responsibilities, and to commit us to a tacit acquiescence in outworn dogmas. The Churches would be better employed in undertaking independent researches into the general, as distinct from the medical, aspect of psychic and spiritual problems—a task from which they have hitherto somewhat superciliously held aloof. When they have qualified themselves, in the persons of their clergy and ministers, to be regarded as experts (which is at present very far from

being the case), they may renew their overtures with a better chance of success. A thorough rapprochement between us and them is as yet (*pace* Sir Oliver Lodge!) outside the sphere of "practical politics."

The practical training which the medical profession has (under stress of its campaign against governmental tyranny and exploitation) recently obtained in regard to matters of self-organization and representative government, may be expected to yield invaluable results to the community. The government of the British Medical Association might serve as an object-lesson in sane democratic methods. The debates of its Representative Body often reach a high level of dialectic force and acumen. A medical audience is very intolerant of rhetorical displays, but listens gladly to any speaker who has real substance to impart. At a Special Representative Meeting recently held at the Guildhall an important agenda of fifty pages and over three hundred items was effectively dealt with in something under three days. I call attention to this matter because it seems to me that in the

period of economic upheaval and collectivist legislation upon which the nation has entered the restraining influence of a compactly organized body of educated men — men imbued with scientific ideals and traditions — will be urgently needed. The growing power of a set of Jacobinical fanatics, whose avowed object is the obliteration of all traditional values, threatens the very existence of art and science. A *flat* society in which the right of mediocrity to regulate (if not annihilate) the existence of genius is to be ruthlessly enforced—that is the abyss towards which commercial ochlocracy is tending. The hierarchical ideal is being flouted by ignorant demagogues. But the hierarchical ideal is an *essential* condition of all that makes life worth living. These truculent gentry must somehow be compelled to keep their hands off the things they are too ignorant to value. Freedom is a noble ideal, but is not synonymous with licence. We doctors, workers ourselves, and indeed manual workers, are the last to depreciate the dignity of labour. On the other hand, we admit the claims of the

true aristocratic tradition. Democracy and aristocracy may be regarded as a "pair of opposites" destined to be resumed in a higher formula, for which I suggest the title of "sociocracy." The higher catholicity, that religion of *veracity* which accepts facts in order to control or transform them, demands, I repeat, the inauguration of a new spiritual power embodied in a new organization. Into this organization, of which for many reasons I believe the medical profession to constitute the best available nucleus, will be drawn all those constructive spirits and initiates of the modern ideal who recognize the need of vigilance, caution, and courage. Its activities will inevitably become international and in the end cosmopolitan. It will agree as to the adoption of some universal language. The claims of Esperanto will no doubt be considered, but I am inclined upon the whole rather to advocate the revival of Latin. In any case the present muddle of polyglot scientific conferences must somehow be brought to an end.

Such, then, is my conception of the destiny

and ideals of the "harmless, necessary" medical practitioner. I am fully conscious of my temerity in setting it forth, and I do so, I need scarcely add, in my personal capacity and on my own responsibility. On the other hand, I have little doubt that those who may be staggered by its seeming extravagance will in the course of a decade or so see reason to modify their scepticism. It is not enough, I admit, but it is much, nevertheless, that the stars are fighting in their courses on behalf of the supremacy in the near future of what I have called the medical mind. Under his drab coat and sober demeanour, the doctor remains a man capable of vision and aspiration; on behalf of whom it may be said more truly than of men of most other callings—*Nihil humani alienum a me puto.*



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