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## British Medical Association

(BALLARAT DIVISION).

### PRESIDENTIAL ADDRESS.

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It is just ten years since I had the honor to address you in the position of retiring President of this Society, and I would take this opportunity of thanking you for the courtesy and kindness extended to me during my year of office, and also for the honor you have done me in placing me in the presidential chair for this second term of office.

One of the saddest events that occurred during the past year was the loss sustained by the death of our old and esteemed member, Joseph Francis Usher. He was one of our original members in 1886, when the Society was founded, and was a past president, and one who took a most live interest in the work of the Association. All of us will remember, and many of us who knew him in his younger and more active days, will miss his cheery jokes, embellished with Latin tags, and ending in a cheery laugh. Dr. Usher was one of the fast disappearing school of practitioners with a hobby for botany and biology, but with a high ideal of the relationship of brother practitioners. His work is ended, and he passed, as he lived, unselfish and uncomplaining.

In glancing back over the last decade, one cannot help being almost affrighted by the immense amount of work done, and activity shown by workers along the lines of medical science. When one enters on what is called general practice, one's eyes are opened to the immensity of the field in which special knowledge is supposed to be shown by the medical practitioner. It was all very easy for the early workers in the "healing art" to become masters of the scant knowledge it was possible for them



to learn; but the later refinements of medicine and surgery were unknown, and treatment resolved itself into empiricism, or treating symptoms as they arose. I daresay many of us think if we had lived in the days of Hippocrates or Galen we could have made a name for ourselves, as, for instance, the story told of Hippocrates, when sent to treat Perdicas, a young King of Macedonia, who was supposed to be suffering from consumption. Hippocrates found that his illustrious patient was consumed of love of a Court favourite of his lately deceased father, and the story relates that, when the lady was made aware of the fact, she obligingly consented to so far aid in the treatment that the young monarch was completely restored to health. So much for the treatment of tubercle in the early ages without the aid of sanatoria with modern equipments.

But the wonderful accession of knowledge, which we are privileged to become heritors of, should have the effect of stimulating us to become worthy possessors and holders of it, and to put ourselves in the best position of applying this knowledge for the benefit of our patients. How is this to be accomplished? This year a great deal has been spoken, and something done, in the way of organisation, and here I would mention, in passing, and will, later on, refer more particularly to Dr. Worrall's excellent address on this subject. But to organise our profession is something like the task set before the Parliament of Great Britain to reform the House of Lords—we have to deal with a number of professional units who have joined a profession which has always considered itself entitled to certain hereditary perquisites, and a profession where the personal equation counts often for success as much, or even more sometimes, than actual knowledge. We see how often partnerships in medical work are failures, and in many cases the failure is due to one of the partners becoming too popular—jealousy arises, and the men separate. This "hereditary instinct," as one might call it, then seems to me one of the bars to organisation, but one which will gradually give way as the necessity is forced on us.

Then another great trouble is apathy. A great many of our profession do not even trouble to join medical associations. Every man who is recognised as a qualified and practising medical



man should join the branch of the British Medical Association in his district. But he should not only join, but should take a live interest in it. There seems to be a feeling, as there is in all societies, that the Association is "run" by a few to "grind their own axes;" or the dissatisfied one excuses his absence by saying he is too busy, or that he does not want to hear so and so—he quite knows what he will say without going to the meeting, and so on. But I would remind you that the meetings of our Association are not wholly for the purpose of reading papers; the ethical questions that come up for discussion are often of far more importance, for in the ethical questions lies the germ of organisation, and if members do not attend the meetings they cannot express their views. We must be large-hearted about the election of members, and even if a proposed member is not a *persona grata* to everyone, surely the fact of his becoming a member, and in that way bound by the ethical laws of the Association, is more likely to keep his feet from slipping than if he simply pleases himself as an outsider. There is certainly nothing in the ethical section that any medical man need be afraid of, and, in fact, it is more or less an extension of the old Hippocratic oath—"I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to anyone, if asked, nor suggest any such counsel, and, in like manner, I will not give to a woman a pessary to produce abortion." Granted that all medical men were members of the British Medical Association, it seems to me that one of the great grievances and great abuses of the profession could then be met and grappled with, viz., the lodge question. This question is always, like Micawber, "waiting for something to turn up," and it so often does turn up, but nothing further is done, that lodge doctors are despairing of anything in the way of relief. Most of the suggestions made seem impracticable, and they certainly are so as long as members of the profession are unwilling to throw in their lot with the Association, because the powerful and legitimate lodges will soon supply vacancies from the unattached doctors. Dr. Worrall, in his address, has gone fully into this matter, as also with "institutes," in which the medical men are paid certain salaries.



but he does not mention the societies that pay so much a week, and require no medical examination. These benefit societies appear to me a much greater abuse than the regular lodges, because there is no restriction, and the more members the collector can get the larger his commission, irrespective of whether they are poor or fairly well-to-do.

There is one feature of the lodge question that has rather been overlooked. The executive officers of the lodges are all shrewd business men; they are naturally anxious to get the best value for their money, and their training forces them along the lines of their business. So that to them the lodge doctor's contract is a commercial transaction, and must be agreed to on these lines. But we must also remember this, that owing to the later advances in general education, and the cheapening and popularising of literature of all kinds, the knowledge of the average patient of this class has widened greatly during the last few years, and they will not accept anyone as a doctor, nor anything for treatment—therefore one of the fears of the lodge doctors may be regarded as groundless, viz., that, if the present lodge surgeons stand out for a "fair deal," there will always be "black-legs" to take their places. I am quite sure that the lodges would not be satisfied with any of the profession who were recognised as outsiders, and who would—if medical men stood shoulder to shoulder—find great difficulty in treating their patients for want of consultants. The hospitals now are fully determined to exclude lodge patients from attendance as out-patients, and only to treat them as in-patients should the treatment required be absolutely necessary, and beyond the means of the patient to meet expenses that are outside the contract.

Another point is this, that medical officers for State schools will soon be appointed, and this will doubtless entail more work on the lodge surgeon—if he agree to perform minor operations. We all know how many of the children who are, for instance, suffering from some form of nasal catarrh, post-nasal adenoids, or enlarged tonsils, are at present allowed to attend school, but will be undoubtedly prohibited from attendance until the physical disability is removed. It would be well for lodge doctors to consider this aspect of the question, and decide how far they are to be called upon to undertake such operations.



While on the subject of medical school inspectors, I have not been able to find out just what their duties are. While we will, as a profession, warmly welcome such an advance to assist in improving the physical fitness of the children, and helping to render the schools themselves hygienic, we must object to any treatment by the inspector, nor do I suppose such would be attempted, but any such interference with the rights of the private practitioners should be firmly opposed.

During the last few months there has been a good deal of discussion as to the appointment of full time medical officers of health, in which our division took its stand, and though perhaps the "time is not yet," appointments on the lines suggested would help to mitigate a great deal of the discomforts and dangers attendant on the summer months—notably the summer diarrhoea of infants, which is the scourge and terror alike of parents and medical men during the hot months of the year. I would just like to state here that no member of our division had any wish to press hardly on any officers at present holding such positions; our only wish was to endeavour to ameliorate present abuses, and have work done that it is impossible to expect to have carried out under present conditions, no matter how zealous or hardworking may be the officers holding the offices as at present constituted. Their hands are tied, and no one can do more than talk or kick under such conditions. Our referendum for the appointment of one man to make all post-mortems showed that barely two-thirds are in favour of such a course being adopted, and, therefore, it failed, but, personally, I consider the risk taken in communicating infection is so great that one should seriously consider the subsequent results. It is difficult, in ordinary cases, to render one's hands and one's person aseptic, and the difficulty is rendered much more so after contamination in the post-mortem room.

While on the subject of contamination, I cannot help quoting to you portion of an address on "The Typhoid Fly," which begins as follows:—"Sailing on obscene wings comes the fly to us. The filthiness of his habits leads him to visit and crawl over the most offensive and dangerous material, human and animal excreta, putrifying material, tubercular sputum, infectious sores



of men or animals. Then, if we allow him to do so, he straightway wings his flight to the lips of the sleeping babe, or to our pantry, or dinner table, and that is not merely a question of smearing with filth, for the system of the child is a good culture-field for many infections, and many of the food products are very favourable nurture media for the rapid development and increase of some disease germs, so that the few typhoid or other bacteria brought by the fly may rapidly become millions. Experiments at Storrs, U.S.A., with 414 flies determined that each fly harbored upon his person from 550 to 6,600,000 bacteria—the average number was one and one quarter million.”

As Dr. Macfie says, “we have conquered many lands through the dandy tubercle bacillus and the sweet-toothed yeast plant, and now we are proceeding to capture darkest Africa with a mosquito net, and our best ammunition is not gunpowder, but quinine.” We are, fortunately, in Victoria not affected with malaria, but the picture of the ravages of the common house fly might well be painted in the most brilliant Turneresque colours, and brought under the notice of our housewives and mothers as an incentive to wage constant and mortal combat against this ever-present pest of civilisation.

Dr. Worrall, in his address, lays great stress on the necessity for organisation to prevent overcrowding in the profession. That this is so must be self-evident to all. In almost every township one sees the familiar brass plate, and in the larger towns the public, at any rate, can have no reason to complain that they are not catered for in this respect. In the review of a book entitled “Der Arzt,” the author studies the position of the medical profession in Germany, and begins with the same complaints. He thinks, however, that the profession offers a fair prospect to suitable men, and, in answer to the question as to who is suitable, philosophically replies that the principal qualifications are a sound body in a sound mind, and the capacity for taking an optimistic view of life. Probably he had in his mind the volatile Bob Sawyer, who cheerfully remarked to his friend that the practice he had bought “was a practice—a very extensive practice—and that’s all.” But with all this overcrowding it is often very difficult to get a *locum tenens*, or a young graduate, to



fill any emergency hospital vacancy; and, although German statistics show numbers of doctors without means of support, in the list of bankrupts published in Victoria the other day there was no member of the medical profession. But can we be sure that the bulk of the profession live and thrive entirely on their professional incomes? Whether this be so or not, I cannot quite take the pessimistic view that Dr. Worrall does, nor does his suggestion that the Association should place before parents and the public generally a true picture of the prospects of a medical practitioner, in order to warn their sons against entering the profession, appeal to me. Can we put on sackcloth and ashes, and say truly that we are starving? Would it not savor of fear of honest and open competition, and appear to the public that we were desirous of erecting a barb-wire fence round the portals of the profession. And, again, the suggestion of making the entrance examination more stringent is rather untenable. As it is at present, a boy has to work very hard to pass the "Junior Public" enabling him to take a medical course, and the professional examinations are (at least at the Melbourne University) up to a very high standard, ensuring an excellent, all-round knowledge of professional work. But I am entirely in accord with Dr. Worrall in saying that the teachers at the University should be large-minded, and of high moral tone, for we all know the influence of the teacher over the taught; and it is here that we must look for the betterment of the profession. Let those who have the serious responsibility of teaching the undergraduate also endeavour to inspire him with the higher ideals of the profession, so that he may, as Ruskin says, "burn all the jungle into ash-heaps, and then plough and sow." It is not so much the actual number of the professional men that causes the overcrowding as the unscrupulous tactics of those whose ambition is to secure patients and appointments by methods that would shame a professional horse-dealer. These are the men who have not learned to "plough and sow." Were these eliminated, or left in a hopeless minority, their occupation would soon be gone, and their places filled by those holding worthier ideals—not mere tradesmen. The excellent lead taken by the two medical societies in Melbourne should certainly be followed, and allow the British Medical Association to become paramount



all through Australasia. If, as suggested, the Defence Association adopted the same course, and a separate fund were created for this purpose, its powers would be vastly increased, and still more so if the power asked for by the British Medical Association should be granted (*British Medical Journal*, 30th October, 1909), viz.: "Adjudication between members of the medical profession who are not also members of the British Medical Association," and "right of all members of the medical profession, whether members of the Association or not, to approach or appeal to the various ethical bodies and authorities of the Association." At present the powers of the Defence Association are only limited to membership. Should the delinquent not be a member, it has no power to enforce any penalty, but under the new constitution all members of the profession would be under its governance, which, of itself, would be a deterrent to sharp practices. It would also be an excellent change for the profession to have one journal for Australasia. In the hurly-burly of professional work it is more difficult to note interesting facts in two papers than if the whole were contained in one cover, and I am glad to see this matter was to be discussed at the last meeting in Melbourne.

Earlier in this address I said that the magnitude of the field in which we work fills one with affright. Can we, who call ourselves general medical practitioners, hand down our designation? Rather, are not the days of the general practitioner numbered? In a large law business can one man be conversant with all the various branches of his work? or can a train be driven, with due regard to the safety of the passengers, by one man as driver and stoker and guard? Surely it is much more important, when life or limb, or subsequent disability of one sort or other is at stake, for us to see that every possible advantage of recent advances in every branch of the profession is given to our patients. In some special branches the general practitioner stays his hand, such as ophthalmic work, but why? Because he knows the patient would never forgive him if blindness followed efforts which might be successful in better trained hands. But are we as careful in attempting treatment in other forms of disease? Does the question of the "shekels" sometimes blind our vision to such an extent that operations, and other lines of treatment, are some-



times undertaken, with a result, if not disastrous, at any rate not so good as could be desired, and entailing on our patient a more prolonged convalescence and, perhaps, only a partial recovery to health?

Anæsthetic administration, for example, has now become so much better understood, and so much more scientific in its application, that it makes all the difference whether it is capably or incapably administered; and even skiagraphy, though such a recent addition to our profession, is only possible of serious and valuable application in the hands of one who can make it a whole-time study. These are only two of the branches of our great tree of knowledge that I mention at random; but one could bring forward the same arguments in operative surgery. Is a man justified in undertaking a major operation unless he has had considerable general hospital experience? I honestly do not think he is; for, no matter how simple the particular operation may appear in print and illustrations, tactus and familiarity, not only with the parts, but with the details, and judgment to cope with any sudden and unexpected emergency, is a very necessary corollary. But the difficulty of keen competition, or fear of losing our patient, again comes up, and it is this that often leads us to attempt more than we justifiably should. At present the best remedy is in fair and honorable dealing. If a patient is put into another man's care for special treatment, let that man see to it that the patient is not stolen by him.

Probably not in the far distant future partnerships may be formed by two or even three men, each of whose special line of work follows different branches, such as exists in some parts of America, in which case, no doubt, the actual cost to the patient would be less than where separate specialists have to be consulted; but, before that obtains, Victoria must encourage immigration, and give our profession a larger field in which to display our energies and skill. We are members of a profession in which greater advances and discoveries in scientific thought and work have been made and brought into practice for the betterment of the human race than in any other. There are no rich "plums" falling to our lot; no "Woolsack," with a comfortable pension to aid digestion in our later years; but we have one great privilege,



that we can carry our knowledge with us, and make practical use of that knowledge wherever we may chance to be. Let us see to it that we are not unworthy heritors of the great trust given to us. Let us keep our ideals far above any trade valuation, above underhand practices and crooked endeavours, so that our whole energy may be devoted to bettering and saving human life—the most precious thing in the world.

I feel that I have detained you too long with these somewhat discursive remarks. They have been addressed by a general practitioner to general practitioners, and if I have touched on one or two delicate matters, they are only my own views expressed feebly, with a hope of helping and stimulating our exertions, and, in the words of Oliver Wendell Holmes—"I hope you all love me none the less for anything I have told you."

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### THE TREATMENT OF GASTROENTERITIS.

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Hon. Medical Officer, Children's Hospital and Foundling Hospital, Melb.  
An address delivered before the Bendigo Branch of the British Medical Association, on 27th January, 1910.

GENTLEMEN,—I am deeply sensible of the honour of being invited to address you, and beg to thank you sincerely. The invitation was accompanied by an intimation to the effect that although treatment of the summer complaint from the point of view of the general practitioner was especially desired, the value of the contribution would be enhanced if accompanied by some remarks on the most recent views regarding etiology.

Detailed consideration of either of these branches of the subject would be out of the question in the limited time allotted. I shall endeavour, therefore, to condense briefly some of the leading features in the bacteriology of gastroenteritis, and a few of the essential principles underlying the treatment of this scourge of infancy. I shall not trouble you with a recitation of the numerous classifications and varied nomenclature applied to different aspects of this disease; other than to mention that the two principal clinical divisions of summer diarrhœas are those due to—(1) acute toxæmia (dyspeptic diarrhœa), and (2) a destructive lesion of the intestine (ileo-colitis). The acute toxæmic diarrhœa may be induced by