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# Ideals in Medicine



By

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*Fellows of the Academy of Medicine, Ladies and Gentlemen:*

Allow me to thank you for the honor conferred upon me when elected as President of this Academy of Medicine of Toronto. It is my intention to hand over the tiller at the end of my term, feeling that the new craft has been safely launched in a calm sea, and that it is so built that it will be well able to weather any storm. As the first captain on the ship I have felt it incumbent on me to make a few remarks regarding the rules of the sea, and the dangers to be avoided in navigation. Any shortcomings in this address must be attributed to two causes—inability to do better, and hasty preparation. We have all listened to the regulation presidential address, and we have all wondered why they are delivered with such regularity and with so little benefit; however, I am forced to inflict you as a matter of custom.

During our professional career there are occasions that stand out in bold relief—occasions such as this, when one who is passing into the autumn of life addresses his fellows in his beloved profession from the pedestal upon which they have set him. It is quite probable that the sentiments expressed may not find a sympathetic response in the breasts of all, for it is neither possible nor desirable that we should all think alike, but with one sentiment I feel satisfied everyone will agree, the necessity for that spirit of unity, peace and concord in our Academy of Medicine which is so essential to the dignity and usefulness of our profession.

We have here a large city that has grown to its present proportions with astonishing rapidity. Our educational institutions, we hope, have kept pace with this amazing growth, and among them, as the chief ornament, our *alma mater*, of which we are justly proud.

After many weary years of isolated divorce the medical faculty was reunited in the bonds of matrimony, and again became one of the consorts, and not the least, of our many husbanded mother. After the consummation of this happy event a still greater and still stronger union took place when the two great educational families were merged in one. The time seemed ripe for a union, not only of the two great teaching families, but of the little medical experience meetings—our medical societies, into a much greater, more efficient, more active and a better organized body, namely, an Academy of

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Medicine. Any little effort I may have put forth to gain this desired end has been due to the inspiration of that ideal teacher, father and friend, the late Professor James E. Graham, who labored so arduously among the younger generation for the promotion of a better scientific spirit—a something to elevate them from the ordinary rut of humdrum routine practice. He early realized that the university but builds the foundation, firm and substantial as a necessity, on which must be reared the superstructure, and that both must enter into the completed building and the structure be judged as a whole. It is the finished product that we require; beyond the university walls much must be done to fit out a medical man as one of our ideals. He must leave the halls of learning a student still; he must leave the class-room for the council chamber, and our council chamber in this fair city, we hope, will be our Academy of Medicine.

I propose to consider my subject under three heads—ideals in education, ideals in practice, and ideals in the aims and conduct of our Academy.

#### IDEALS IN EDUCATION.

It may be granted that the highest purpose in the education of a medical man is to fit him to discharge his future duties. Let us consider, then, the means provided to furnish him with this equipment. Two prominent educational systems at once present themselves to our notice, the *English* and the *German*. In a recent valuable paper Sir Felix Semon draws an interesting parallel between the two systems, from which, I think, some lessons may be learned. Permit me to give you a short synopsis of their main features as described by him.

In England the course of actual study for the medical profession occupies five years, three of which are consumed in preliminary and intermediate work, only two being allowed for clinical instruction. In Germany, out of six years allotted to the course, two and a half are devoted to preliminary and intermediate instruction, and three and a half to clinical work. A sixth, or additional year for clinical instruction was added in 1904.

In Britain the medical institutions receive no State aid, and frequently the authorities are hampered in their work and in the introduction of much-desired improvements owing to lack of funds. In Germany the teaching institutions are wholly supported by the State, and the question of money does not stand in the way of the promotion of the progress of medical science.

After a very acrimonious discussion in the days gone by in connection with the question of State-aided medical education, and after the restoration of the Medical Faculty of Toronto University, the University Commission, viewing this matter from all sides,

finally came to the conclusion that the question involved not merely the necessary advancement in ordinary education, but also the prosecution of research work, in the results of which the country has so deep an interest, and from which it may reap so great a benefit. In the promotion of both the State has obligations. The extent of these obligations it may be difficult now to determine. We have, therefore, in this country accepted the wisdom of the German in preference to the lack of foresight of the British.

In the appointment of teachers the two systems present wide contrasts. With us the baneful system of "inbreeding" still prevails, and when a physician once obtains a position on the teaching staff, his promotion follows as a matter of course. This comfortable certainty does not tend to stimulate him to do further original work. To the German professor, promotion only comes with achievement, and the necessity for constant and patient research always exists.

A comparison of the emoluments received by the teachers under the two systems does not redound to the credit of the English system. With us, unfortunately, the salaries of those teaching medicine, except in a few of the primary branches, have been based upon the idea that they are able to carry on a private practice, and the fact has been lost sight of that in order to do so successfully their time must be their own. The teachers are thus hampered in their work, as they are endeavoring to serve two masters. On the other hand, the public should not be deprived of the benefits to be derived from the knowledge and skill acquired by years of faithful toil as teachers. The ideal condition is a difficult one to arrive at.

German universities, unlike ours, are State institutions, regulated and supported by the State and conducted on a uniform and officially prescribed plan. As a consequence of this uniformity a student is not confined to the sphere of one university. He may change it at the end of each term if he desires, and he frequently attends three, and even four, during the course of his studies. He is less worried by examinations than his English cousin, though the three he has to pass are conducted with a thoroughness scarcely equalled in the English examinations.

Owing to the greater number of teaching institutions in Britain and the distribution of the students over them, practical bedside teaching is greatly superior to that afforded by the German system, the crowded German clinics not permitting that close personal contact with experienced teachers enjoyed by the English student. I understand, however, that this overcrowding has been of late years overcome to some extent by the utilization of extra-mural hospitals for the purpose of clinical teaching.

From the foregoing comparisons it must be admitted that of

the two educational systems the German more closely approaches the ideal. Modern clinical methods are new in medicine, and in this field of study the Germans lead the world. Complaints have been heard here and elsewhere that candidates for the positions of house physicians, house surgeons, medical and surgical assistants are often found deficient in the knowledge of elementary laboratory work. Why? Because too much of their time has been given to preliminary studies and too little to practical work.

A training is useless unless adapted to the real needs of the person trained. The Germans have laid this truth to heart, for their regulations expressly provide that the examinations in physics and chemistry "have to keep particularly in view the requirements of the future physician." While the Germans have been making a march in advance we have been retrograding, owing to our acquiescence with the demands of the teachers of purely scientific subjects. Teachers of physiology and chemistry are intent on turning out physiologists and chemists, and not on turning out well-trained physicians to heal the sick. Students—embryo physicians—have much else to learn to fit them for their future vocations. If men desire to become chemists and physiologists and take the degree of doctor of medicine as a matter of form, well and good, but our curriculums should not be framed to suit the few and injure the many. Subjects of the greatest importance to the future practitioner have to suffer in proportion to the time devoted to purely scientific subjects.

Out of five years the English student has three removed entirely from the hospital wards. Surely the tables should be turned, and two years given to the primary branches and three to the final studies. The early work of the preliminary studies is but frugal fare, while the real banquet is composed of clinical activities. Each clinical fact obtained is as gold in the storehouse of knowledge of the young doctor. It is true that scientific and clinical training are inseparable. They must dwell together, but while the scientific training is more important to the scientist, clinical training is more important to the practitioner, and we are developing and training future practitioners.

Another place in which scientific and clinical training must go hand-in-hand is the hospital, and a hospital is sadly lacking in equipment unless properly fitted with first-class laboratories. I would go further, and say that every hospital should be provided with a practical physiologist, doing research work on the very threshold of disease. Not only should we have pathological laboratories, but we should have physiological laboratories connected with every hospital. In this way we should be able to round up the studies of the students by giving them a campus on which the clinicians and scientists may struggle for the mastery over disease.

As these requirements are expensive adjuncts, teaching hospitals, as a link in the great chain of State education, should be liberally endowed by the government.

In educational matters we must be content to build slowly and to see changes introduced with caution. Each teacher should endeavor to realize the limitations of his power. I think, however, that improvement might be made in our system in three particulars without the fear of anything but desirable results; namely, a rearrangement of the medical curriculum by which more time could be devoted to clinical work; a reorganization of our method of appointing and promoting teachers, and the requirement of a better acquaintance with the French and German languages. In support of my last suggestion I cannot do better than to quote what Sir Felix Semon says in this connection:

"When medicine is becoming more international every day, when the reading of important new papers in the original language is most desirable to many of us, when we have international medical congresses, when we come into personal contact with so many foreign *confreres*, and when not rarely patients belonging to other nationalities, and not speaking a word of English, seek the aid of many of us—a conversational knowledge at any rate, and one enabling us to read French and German medical papers in the original, is becoming every day more a requirement of the cultured medical man."

If modern languages and classics cannot be mastered by the present school system, would it not be advisable to admit to the study of medicine only those who have obtained an Arts' degree?

#### IDEALS IN PRACTICE.

"The practice of medicine is an art not a trade, a calling not a business," has been said by one well-known to all of us. Often the best part of a physician's work lies in the influence which he exercises in the community. When the young man leaves his medical school and enters upon the practice of medicine his education is not finished. It is to be a lifelong study, and the education of the moral man must keep pace with the intellectual. Whether he is a success or a failure will depend upon himself and the honest labor of head and heart which he lays upon the altar of his profession. It is said that the struggle for the ideal is the struggle for the impossible. This may be true, but we are the better for the struggle, and the world is the better for our efforts, even though the end is never gained. "To travel hopefully is better than to arrive, and the true success is in the labor."

Many believe they are doing research work because they are on speaking terms with the genuine workers and those doing original work. There is no place in our ranks for such as these, none for

the dilettante, none for the social lion or for the strategist, who uses the church to further his own ends in his struggle for a practice. The young physician in looking back among his ideals finds some few standing out in the forefront and becomes better acquainted with them than with many others. Among these we may mention Harvey, whose discovery of the circulation of the blood originated the study of physiology, medicine and comparative anatomy; Jenner, whose wonderful discovery was destined to save so many lives and banish smallpox from our midst; Simpson, whose ardent advocacy placed the use of anesthetics on a firm footing and insured to humanity the alleviation of pain; and Lister, whose

“ Faultless patience, his unyielding will,  
Beautiful gentleness and splendid skill,”

introduced the dawn of a new era of Listerism with all its beneficent results.

We all aim to achieve legitimate success, but, unfortunately, of those who enter the race but few attain the goal. Success can only be attained by hard work. Osler defines success as *getting what you want and being satisfied with it*. It is an interesting study to sit down and endeavor to fathom the depths of the minds of the great men who have made a success of their work in the fields of medicine and surgery. Parkes says of Harvey: “When anyone examines into this discovery of Harvey’s and gradually recognizes its extraordinary importance, he cannot but be seized with an urgent wish to know how the mind which solved so great a problem was constituted.” There was no accident about it; it was worked out and thought out point after point, and it had not been anticipated.

But often when success has been attained, due recognition has been withheld and the worker may become discouraged. When Marshall Hall endeavored to establish his method for producing artificial respiration, the Humane Society looked coldly upon the novel plan and ignored it for a long time. However, a life-saving institution, having so much inherent value in it, forced itself upon the public, and to-day it is universally adopted, and has been the means of saving many lives, and asphyxia from any cause has been robbed of many of its terrors.

But we admire the humbly great, such as Jenner and Lister. Humble in his tastes, Jenner resented the glare of the limelight; he sought the seclusion of the valley and not the conspicuousness of the mountain-top. He longed for neither fame nor fortune, and had quite enough to satisfy his modest tastes. To him fame was but a gilded butt forever pierced with the arrows of malignancy.

In Vienna, during the first five years of the nineteenth century,

14,600 persons died from smallpox, while in 1804, three years after the introduction of vaccination, there were but two deaths. It was here that Jenner received his first great recognition. Like other prophets, he was without honor in his own country, and it is not to be wondered at that he should receive his first great recognition abroad. He felt that his work was less appreciated in England than in other parts of the civilized world.

But it is not necessary to be a Lister or a Jenner to be a whole-souled, vigorous, intelligent and successful general practitioner. The old-fashioned general practitioner, Dr. McClure, is an undoubted success. He is a man of a very high type, and he walks by the light of his own lamp instead of by the uncertain lustre borrowed from others; he is guided by high ideals and a firm belief that right must prevail. Dr. John Brown, he who has shed a literary lustre on our profession, says of the general practitioner: "Everybody knows the doctor, and a very important personage he is. He brings us into the world and he tries to keep us there as long as he can, and he is with us at that strange last hour which comes to all when we must leave this world. People should trust and obey the doctor; they should speak the truth to him and they should reward him. On the other hand, it is the duty of the doctor to cure his patients, to be kind and true to them, to forewarn them, and, lastly, to keep his time and his temper." But the *beau ideal* of the medical practitioner of to-day is Lord Lister—the man who sent surgeons smiling into the operating room, certain of success. We are daily and hourly offering up our meed of praise to the humble Lister, and only those who remember the pre-antiseptic days, now long since passed, can appreciate to the fullest extent the greatness of his discovery. Modifications may have been made from time to time, but none of these improvements of technique has detracted one iota from the originator of Listerism.

When we look into other fields there are many we may well admire. Surely the man who prevents disease and takes away his own occupation is unselfish to the last degree, and may be regarded as an ideal. We do not pay as much homage as is due to sanitary reformers like John Simon. As a consequence of the work done by the pioneers in this field the state now interferes and forces health upon the people. Parents and children, employers and employed, vendors and buyers, are alike protected by the state health authorities, and medical supervision is provided in case of epidemics.

The doctor who travels off into the fields of literature can scarcely be considered an ideal, but such men have added lustre to the profession, though few of them have prospered as physicians. It must be acknowledged that a man cannot master two trades at the same time, though Brown advised "the fine confused feeding"



of miscellaneous reading and thinking. Anything like a complete enumeration of the medical men who have made valuable contributions to *belles lettres* would fill a volume.

To attain success we must be prepared to accept risks—risk of life, risk of reputation and risk of health. No great success has ever been obtained without labor, without hours and hours of incessant toil. We are in great need of the workers—the reapers are few while the harvest is great. Let it, therefore, be our aim throughout life to assist by every means in our power, by the force of example, by kindly encouragement, the young men who are found willing to work and who do work willingly and well. According to our ideals will be our idea of what constitutes success. There are many paths to the wished-for goal, but it requires the same exertion to travel any of them. There will be obstacles in all paths to be surmounted, and while working hard in one field it is well to broaden the mind by dipping occasionally into other fields than our own, as such a change gives rest, and such a rest is beneficial. The successful man learns rather to act than to speak. Harvey did not make a desirable family doctor, but his mind was of such a mould as often achieves success; while it fitted him for the work in hand it unfitted him for practice.

Away out in the country districts, driving for miles and miles, in daylight and darkness, in good weather and in bad, snatching sleep as best he can, without holidays, without a break, without a minute of life to call his own, works another of our ideals, looked up to by all the countryside as a guardian angel in time of danger. It would seem that he is not a man to be envied, but we know that he has the love and esteem of those to whom he ministers. He is a high type of a successful man; not, however, when judged from a pecuniary point of view, but when estimated as a man who is valuable to his fellows.

“Luckless is he whom hard fate urges on  
To practice as a country surgeon;  
To ride regardless of all weather,  
Through frost and snow and hail together,  
To smile and bow when sick and tired,  
Considered as a servant hired.”

But the poetic muse was mistaken. He understood the work accomplished but did not adequately understand the greatness of the reward.

Of late a mould of commercialism has been spreading over our profession, and it will be necessary for our Academy to give this matter due consideration at an early date. Are we to be commercial, or are we to stand by the splendid traditions of the past? Is the practice of medicine to be continued as a trade and

not an art, or as an art and not a trade? The safety of a confiding public demands that the art be uppermost, and that this ideal condition which has existed for so long shall continue to exist. John Brown, who has so beautifully said so much, tells us that "honey is not sweeter in the mouth, or light better to the eyes, or music to the ears, or a warm, cosy bed more welcome to the wearied legs and head, than is the honest, deep gratitude of the poor to the young doctor. It is his glory, his reward. He fills himself with it, and wraps himself all round with it as with a cloak, and goes on with his work happy and hearty. The gratitude of the poor is worth the having, and worth the keeping, and worth the remembering. Brown had attended the wife of Sandy Campbell, and after having met Sandy he went home and wrote that he could see written on Sandy's face the thought, "God bless him, he saved my Kirsty's life," and he could see that he ran back in his mind all those twenty years and laid out his heart on all he remembered, and that did him good, and did the doctor good, too, and nobody any ill." Gratitude is one of those things that people can give, and do give, and are never a bit the poorer, but all the richer. Charity should be written in letters of gold on the brow of every doctor, and what he gives in charity will come back to him increased a thousandfold in the heartfelt gratitude of suffering humanity. His heart should be full of love, and light, and sunshine, and uplifted with the nobleness of his calling.

"The night has a thousand eyes,  
And the day but one;  
Yet the light of the bright world dies  
With the dying sun.

"The mind has a thousand eyes,  
And the heart but one;  
Yet the light of the whole life dies  
When love is done."

#### IDEALS IN THE ACADEMY.

The work of organizing the Academy has been completed. The committees appointed for the purpose have performed their work faithfully and well, and a foundation has been laid which we hope will ensure success. A constitution and by-laws have been framed, requiring in my opinion but little change, and it is hoped that only urgently needed changes will be made. As an Academy we know no university, no school, and no circle of medical men. The Academy is for the use of the profession of the city and of the province. Let us sound a note of warning on this point at our inaugural meeting—unity, peace and concord will be best preserved

amongst us by a determination to allow the control of no party, whether that party be connected with the university or the outside profession. And in this manner we will be best able to ward off the demons of discord.

Our Academy is yet but an infant, and as the infant grows its requirements will be greater. We must appeal on its behalf to those whose good fortune it is to accumulate wealth and whose noble generosity urges them to use it for the benefit of mankind. While such benefactors will be aiding this Academy by increasing our resources and enabling us to put before the members of the profession that which keeps them in constant touch with the best developments in the profession throughout the world, they will be benefiting humanity in general.

It is essential to the vigorous life of the medical community that free discussion of the all-important problems of life and death shall take place frequently, and that there shall be an exchange of ideas and a comparison of experiences. Here the old must teach the young, and the young may do much to keep the old in touch with the march of progress. "Medicine in the not distant past but held the shadow of knowledge, it now holds the substance; it labored long in hopeless efforts to be of use, it now waits upon humanity with the most brilliant service." Much has been accomplished. The culture tube and the microscope unearthed priceless treasures, and we are now looking carefully into the question of immunity, which, once understood, will be followed by a rational therapy before which the great life-saving discoveries of Jenner and Lister may fade into comparative insignificance. But there are vast fields yet unexplored. Cancer stalks in our midst to-day just as it has done for centuries, and we are no more able to afford relief now than in the past. To meet, to discuss, to learn from one another, and to put forth a united effort we must be organized. The medical profession has always lacked organizing power, the power the Academy should be able to wield in this community. Let the first organized effort be to provide an assembly room for our meetings. In doing this no encroachment should be made upon the small trust fund already established, and no building should be begun until all the money required has been subscribed. I would suggest that committees be appointed to deal with this matter.

We should exact a high standard of conduct, but at the same time we should endeavor to protect the business interests of our brethren, and to put forth a concerted effort to do away with all abuses that tend to rob us of our just emoluments. Fair fees should be paid for the work done, but they should be properly curtailed in the interests of the best traditions of the profession. The doctor's daughter says that her father does not work for money but for the good he does; but such a sentiment, if idealistic, will not

provide her with food and raiment. Most assuredly our first consideration should be for human life and human suffering, and the well-being of the community at large, but, as John Brown says, we must have our reward. Gratitude and honor will not pay the butcher and the grocer. The incomes of our brethren have fallen off of late years, while the necessities of life have increased in cost. Easy circumstances elevate and prevent that blunting of the feelings that is produced by poverty. Charity begins at home. Let us, then, as an organized body, look into this question and endeavor to find a cure. In England it has been taken up by Sir Victor Horsley. The profession appears to be overcrowded from two factors; first, the large number entering the field; second, the greater control of disease owing to improved sanitation. Few of the liberal professions can boast a worse remuneration, and we are putting forth every effort to further curtail our incomes by further curtailing preventable disease. It is our duty, however, to see to it that the food and water supply of communities is sacredly guarded, and here in our own city there is much missionary work to be done in this respect. Pure food and water and effective drainage should be procured at any cost. By unity we can accomplish much.

Peace, gentle peace, is pleasant; but there are "wagging tongues in every parish," and doctors are estranged from one another for life owing to a lack of mutual understanding. New ideas seem to beget ruthless criticism. Such eminent men as Liston and Syme quarrelled most fiercely after being close colleagues. While we exhort the members of our profession to dwell together in peace, we do not ask them to sacrifice principle for the sake of peace. Our Academy, we hope, will promote harmony. Having reached the half-century mark, and having fought many fights, I am convinced that infinitely more good may be accomplished by the ways and means of peace. Let the methods adopted to attain our ends be manly and above board, so that the practise of our profession may indeed be an honorable calling. Bickering is said to originate with the older men. Be this as it may, it would be the ideal part of the younger men in all quarrels to keep their own counsel in the interests of peace. Envy has been called the shadow of success, and detraction the echo of its voice; but envy, so common to the human race, might wisely be buried in the deepest recesses of the heart and be known to none but its unfortunate possessor. Fellowship should actually mean what it implies; a spirit of comradeship should prevail, and if we cannot become close friends we can at least remain loyal comrades. Women have entered the lists as friendly rivals, and perhaps formidable ones, but they should be received on terms of equality. Reciprocity in medicine is no doubt an ideal condition, but in the overcrowding of the

profession we have its chiefest stumbling-block and the strongest argument against it under existing circumstances.

The well-being of our profession in Toronto has been discussed from time to time by one who has been particularly interested in the formation of this Academy. We have benefited by his kindly encouragement, advice, and princely generosity—I refer to Professor William Osler. From him I do not hesitate to take the text with which I intend to conclude my address. This is the first presidential address delivered to the fellows of the Academy of Medicine, Toronto, and the text appears peculiarly appropriate—it is a plea for *Unity, Peace and Concord*, so necessary if we are to achieve any distinct success. If on this occasion we followed the customs of a well-known English medical society we would commemorate by name not only one but all of our benefactors, and would urge others to follow in their footsteps; we would exhort young practitioners to carry on original research, and, finally, we would beseech all the Fellows of this Academy to continue in unity, peace and concord.

Ten years ago when Lord Lister visited our city he told us that the scientific investigation in which he had been engaged for the greater part of his life had been to him an unmixed joy, and when he was able to see the results of his work his joy was increased a thousand fold. What a magnificent reward! Let us hold up these rewards before our young men to encourage them to emulate Lister and others of like aim. As an Academy we will be judged by the work we do, and let us therefore hope that the work accomplished will fulfil the most sanguine expectations of the most sanguine Fellow present.